The Australian Prevention Partnership Centre

submission to the

Senate Select Committee into the Obesity Epidemic in Australia

July 2018

About The Australian Prevention Partnership Centre

The Australian Prevention Partnership Centre (the Prevention Centre) is a national collaboration that is finding effective ways to prevent the epidemic of lifestyle-related chronic diseases. We are funded by the National Health and Medical Research Council (NHMRC), Australian Government Department of Health, NSW Health, ACT Health and the HCF Research Foundation.

We conduct internationally significant research that aims to achieve sustainable, evidence-based, whole of system solutions and arm governments and health decision makers with the best evidence that will lead to people avoiding chronic disease and staying out of hospital.

We work in partnership across multiple research institutes, the private sector and government agencies and in every state and territory to develop and promote the evidence and tools to effect change. Our research is co-produced with partners in health and from other sectors, improving the likelihood our findings will be relevant, useful and adopted by policy and practice.

We welcome the opportunity to make a submission to the Senate Select Committee into the Obesity Epidemic in Australia and are pleased to see this critical area as a key topic for investigation.

Key points and recommendations

Overweight and obesity are leading contributors to the burden of disease in Australia. Almost two thirds (63%) of Australians aged 18 and over are now overweight or obese. Women are more likely to be obese (as compared to overweight) than men. The proportion of Australians who are obese has increased and the proportion who are of a healthy weight has decreased. The growing rate of severe obesity is of particular concern and almost doubled between 1995 and 2014–15.1

It is important to address overweight and obesity in children as these conditions have lasting effects into adulthood, as well as social and economic impacts.2 However, while childhood is a critical lifespan period, it is not the only one. Other key intervention periods are post-high school (young adulthood) and before and during pregnancy for women.

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A diet consistent with the Australian Dietary Guidelines is recommended to maintain a healthy weight. However, we know that fewer than 4% of Australians are eating this way. The current excess high energy diet consumed by most Australians cannot be balanced by increased physical activity alone.

Obesity is influenced by a complex interplay of individual, environmental and societal factors. To be effective, any national approach must address key leverage points in the inter-related obesity, food and nutrition, and physical activity systems.

A national strategy to tackle obesity must:

- Explicitly recognise that the determinants of obesity go beyond individuals
- Address all the inter-related elements in the systems that contribute to obesity, including food and nutrition and physical activity
- Include considerations of equity, recognising that obesity is more common in socioeconomically disadvantaged populations
- Focus on ensuring key infrastructure, such as monitoring and surveillance systems, practice and population-level guidelines
- Ensure cost-effective regulatory policy actions to improve obesogenic environments

**Taking a systems approach to obesity**

Obesity is a complex problem, caused by multiple inter-connected factors including people’s background, their environment and their ability to make healthy choices.

This complexity means we need a new way to tackle the problem. Approaches that solely focus on individual behaviour change and that do not take into account an environment that supports or inhibits that behaviour change are unlikely to be successful. To effectively prevent obesity and other chronic health problems in the long term, we need to recognise all the contributing factors and how each of these interacts.

Equally, simple, independent, one-off solutions are not working. Assuming any one intervention will solve a complex problem like obesity is likely to be futile. Instead, we need change at several levels that reinforce each other. This is called a systems approach.

Systems thinking is way to make sense of a complex system, by exploring the relationships, boundaries and perspectives in a system. It can show governments the best places to intervene to make a difference.

The Prevention Centre’s research produces specific tools and methods to help better understand the system that causes obesity and the complex problems within it. We have shown that, to change health behaviour, we need a range of governments, organisations and individuals to coordinate their work and approach the problem from many different angles and in dynamic, flexible ways.

**Understanding where to intervene**

While there is good evidence for the effectiveness of policy interventions to address overweight and obesity, little is known about how these interventions may interact and potentially reinforce one another. Systems modelling provides a way of exploring different mixes of strategies and safely testing the impact of assertions about individual strategies.

In partnership with NSW Health, the Prevention Centre has developed a dynamic simulation model to determine what interventions will be required to achieve the NSW Premier’s target of a 5% reduction in childhood overweight and obesity by 2025.

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A dynamic simulation model is a ‘what if’ computer tool based on data and expert evidence that tests the likely impacts over time of a range of policies and programs to address complex issues.

The initial insights from the model have indicated that a combination of interventions is required to meet the Premier’s target. These include addressing:

- The built environment
- Infrastructure
- Food policy
- School environment
- Clinical service delivery.

The model is able to forecast a number of outcome indicators. These include the number of overweight and obese children; estimates of awareness of the benefits of healthy food and active lifestyles; level of consumption of sugar-sweetened beverages; and the effect of limiting promotion of unhealthy foods to children on the consumption of energy-dense, nutrient-poor food. This means the model can be used to investigate a number of policy questions.

**Benchmarking obesity prevention policies in Australia**

In an Australian first, we conducted a systematic analysis of Australia’s policies for addressing unhealthy diets and obesity. It looked at how national, state and territory policies measure up against international best practice and identified recommendations for each jurisdiction.

The project found that Australia is leading the world in the implementation of some policies to address unhealthy diets, including:

- Aspects of food labelling (such as regulations regarding health claims, and the Health Star Rating system)
- Food prices (no GST on basic foods)
- Regular monitoring of population body weight.

However, Australia is significantly lagging behind other countries in some critical areas, including:

- Development of an overall national strategy and implementation plan for improving population nutrition
- Efforts to restrict marketing of unhealthy food to children
- Taxes to increase the price of unhealthy foods (especially sugary drinks).

At a state/territory level, policies among global best practice benchmarks are:

- Menu labelling regulations (ACT/NSW/QLD/SA)
- Support and training systems to help schools and organisations to provide healthy foods (VIC)
- Independent statutory health promotion agencies (VIC/WA)
- Public education campaigns regarding nutrition and obesity (WA)
- Mechanisms to incorporate population health considerations into all policy development processes (SA).

However, there is inconsistency between the states and territories in their level of implementation of internationally recommended policies. The project’s key recommendations for states and territories are:

- Improve the healthiness of foods and reduce the promotion of unhealthy foods in settings controlled or managed by governments
- Incorporate population nutrition considerations and healthy food environments as part of planning provisions
- Implement policies to increase awareness and compliance with existing healthy food provision policies in schools
- Improve monitoring of food environments (particularly food provision and promotion).
The project builds the case for strategic commitment to invest in improving population nutrition and preventive health, and for a coordinated national action, underpinned by a national strategy, to ensure that successful policy initiatives are broadly applied.

The price and affordability of healthy and current (less healthy) diets in Australia

We studied the price and affordability of healthy and current (less healthy) diets in Australia. This was a unique study in Australia because it costed the price of diets that people actually eat, using dietary data from the 2011–12 Australian Health Survey. It then compared this to the recommended diet in the NHMRC Australian Dietary Guidelines. The project found that:

- Current (unhealthy) diets, including alcoholic drinks, cost more than healthy diets in Australia, across households in all socioeconomic areas surveyed
- The majority (53–64%) of households' food budget is being spent on ‘discretionary’ choices, including sugary drinks, takeaway foods and alcohol
- A healthy diet is already unaffordable for low-income families, costing up to 31% of their disposable income
- Expanding the GST to apply to all foods in Australia would make healthy diets more unaffordable, potentially worsening diets and increasing the GST incidence and prevalence of diet-related chronic disease
- Healthy diets can be more affordable than unhealthy diets in Australia, but other factors, such as convenience and promotion, may be as important as price in determining food choices.

The project developed the Healthy Diets ASAP (Australian Standardised Affordability and Pricing) methods, which can be used to investigate the real-world impact of fiscal policy actions in Australia, such as a tax on sugary drinks.

Why childhood overweight management needs a place in the health system

In Australia, there is no national universal public health service for families of children who are already overweight or obese, despite well-established evidence about the effectiveness of these services. There is no routine monitoring or screening of growth and weight status in children, despite clear evidence of the effectiveness of childhood obesity management programs.

We have identified barriers and enablers to the universal availability of childhood obesity management services through examining two state-wide programs, Go4Fun® in NSW and PEACH™ in Queensland. The programs are both free healthy lifestyle programs for families with children of primary school age who are above a healthy weight for their age. Their aim is to improve the weight status of participating children through changes to their nutrition and physical activity.

The project found that childhood overweight and obesity management programs will only succeed long term if they are embedded into the health care system. Without a clear position in the health care system – whether as prevention, treatment or part of universal health care – programs are vulnerable to external factors such as changes in government, funding priorities and philosophical differences.

Relevant, practical strategies to tackle obesity

Two of our newer projects funded by Australian Government’s Medical Research Future Fund are focusing on generating relevant, practical strategies that will improve the translation of research to policy and practice:

Tackling childhood obesity with big data and simulation modelling. This project will build on our dynamic simulation modelling work in the ACT and NSW to develop new evidence on the impact of childhood overweight and obesity on chronic disease over people’s lifetime. It will also develop an interactive national decision support tool to inform best investments to reduce child and adolescent overweight and obesity.
Generating and translating knowledge in health promotion and lifestyle improvement prior to and during pregnancy to reduce the burden of maternal obesity: Over half of women in Australia are overweight or obese when they become pregnant, which increases the risk of complications such as gestational diabetes, pre-eclampsia, caesarean section and large-for-gestational-age infants. This project aims to create, capture and deliver health promotion, lifestyle improvement and obesity prevention strategically targeting women during pre-conception and pregnancy, generating new knowledge in implementation of effective interventions and strategies at scale.