

Symposium 2: Nutrition and Chronic Disease – Part B

The obesity epidemic in Australia: can public health interventions work?

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Background - The rapid rise in the obesity epidemic in Australia has been well documented in adults from several national surveys since 1980. The awareness of the size of this epidemic in children is low because the monitoring of obesity is non-existent, yet overweight/ obesity is undoubtedly one of the biggest health threats facing Australian children. Major public health interventions are urgently needed, and Australia has a vast experience of the successful control of other epidemics to draw upon for this latest challenge.

Successful public health interventions - Several epidemics in Australia have been turned around by a concerted public health and clinical effort including cardiovascular diseases, smoking, road deaths and other injuries, HIV/AIDS, cot death and some cancers.¹ All have had to overcome substantial barriers such as vested commercial interests, addiction, unknown causes, and strong social norms, desires, or taboos. Some have had a major clinical component (eg hypertension, cervical cancer), some have had a strong social marketing and education approach (eg cot death, HIV/AIDS), and others have had strong policy and environmental components (eg tobacco, road deaths). All have had significant, ongoing funding and political commitment and have taken as comprehensive approach as possible. The lessons for obesity are clear – if there is a similar commitment, the epidemic can be reduced. The current individual-based approaches to obesity have only a modest long-term success rate, and many potential population-based strategies have not been attempted or evaluated. This means that more comprehensive and innovative interventions are needed with a strong emphasis on evaluation so that the evidence base for effective interventions can be developed.

A comprehensive program for obesity – The appropriate target groups for a comprehensive obesity program are children and high-risk adults. For the latter group, the modest weight loss (about 10%) that is achievable through lifestyle and pharmacological means has significant clinical benefits for preventing and managing diabetes and cardiovascular diseases.² For children, management programs in primary care are also needed but more importantly, children's food and activity environments need to be made less 'obesogenic'. A process of developing the 'Best Investments for Childhood Obesity' has been undertaken for the Department of Health and Ageing. About 50 experts around Australia contributed to the development of a framework for a comprehensive program and gave their opinion on the likely effectiveness of each of the components. This was accompanied by a review of the current evidence of effectiveness of interventions and a modelling process to fill the gaps where empirical evidence was not available. An economic analysis assessed the 'warranted investment' for reducing obesity prevalence given the cost of overweight/obesity complications in adulthood. Four action areas were considered essential: monitoring and research; whole-of-community demonstration projects; communication and education programs; coordination and training. Key settings for potential action were schools, preschools, neighbourhoods, fast food outlets, breastfeeding, and primary care. Key sectors for action were influencing the food supply towards healthier foods and reducing the huge number of television food advertisements in Australia that target young children. The home setting and parents need to be incorporated into all areas of action. Funding and policy leadership is urgently needed from Federal and State governments to implement a comprehensive program to combat this escalating epidemic.

References

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2. World Health Organisation, Obesity: preventing and managing the global epidemic. Report of a WHO consultation. 2000. Geneva: WHO, 2000; 253.