TIPPING THE SCALES

Australian Obesity Prevention Consensus

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obesity policy coalition

Foreword

Over the past two years the Obesity Policy Coalition and The Global Obesity Centre, Deakin University, have convened an expert advisory group of public health professionals representing a range of organisations. Through this process we have developed the agreed key components of a national obesity prevention strategy for Australia. Further, these priority actions have been endorsed by a range of academic, public health, consumer and other groups. This consensus delivers a rigorous and evidence-based agenda to our Federal Government and establishes the key elements to include in a national strategy as well as the basis for an ongoing dialogue about the best ways to address the obesity epidemic.

Jane Martin
Executive Manager
Obesity Policy Coalition

Anna Peeters
Professor of Epidemiology and Equity in Public Health
Global Obesity Centre (GLOBE)

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Acknowledgements also go to the advisory group who gave their time to debate and prioritise the consensus policy items and who have shaped the consensus into its current form. The organisational members of this advisory group included; Australian Chronic Disease Prevention Alliance; Australian and New Zealand Obesity Society; Baker IDI Heart and Diabetes Institute; Cancer Council Australia; Deakin University (School of Health and Social Development & Institute for Physical Activity and Nutrition); Diabetes Australia; Kidney Health Australia; National Heart Foundation; Obesity Australia; Obesity Policy Coalition; University of Auckland; University of Melbourne; University of Sydney (Charles Perkins Centre).

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Introduction

Australia's health, wellbeing and productivity is being threatened by an epidemic of weight-related illness. Most Australian adults (63.4%) are above a healthy weight with 27.9% obese and 35.5% overweight. More than a quarter (27%) of Australian children are overweight or obese.[1] If current trends continue, there will be approximately 1.75 million deaths in people over the age of 20 years caused by overweight and obesity between 2011 and 2050, with an average loss of 12 years of life for each Australian who dies before the age of 75 years.[2] If obesity rates could be halted in this period, half a million premature deaths could be prevented.[3]

As far as the burden of disease, the combined burden of diet and weight are now greater than that posed by tobacco smoking. As a result Australia, like many countries, is seeing an increase in diseases stemming from these risk factors including type 2 diabetes, cardiovascular disease and cancers, including endometrial, colorectal, oesophageal, renal, gallbladder, bowel and postmenopausal breast.[4,5]

The total annual cost of overweight and obesity in 2011–12 has been estimated to be $8.6 billion, representing $3.8bn in direct costs and $4.8bn in indirect costs.[6] Using a measure of wellbeing encompassing more than just economic costs, estimates reach around $120bn a year—the equivalent of about 8% of the economy's annual output.[7] Without action, the costs to society will only continue to spiral upwards. Treating the poor health outcomes without focusing on the social and environmental factors driving obesity is not adequate to manage the problem. Policies to tackle obesity will therefore not only reduce morbidity and mortality, but also improve wellbeing and bring vital benefits to the economy.

Australia lacks a coherent, sustained obesity prevention strategy. Obesity poses such a threat to Australia's physical and economic health that it needs its own, standalone strategy if progress is to be made.

These policy actions need to occur in the context of:

- Leadership
- A whole-of-government multi-sectoral approach
- An approach that considers the whole of the lifespan
- Attention to reach and effectiveness in low income, vulnerable, remote and indigenous populations
- Accountability and transparency
- Research and monitoring.

Here we outline eight policy actions for the Australian federal government, established by a comprehensive consensus process as agreed elements to underpin a national obesity prevention plan. There is scope for state/territory governments to address some of these elements where they have jurisdiction. These policies are drawn from the many national and international recommendations on obesity prevention, have been endorsed by key national community, public health, medical and academic groups, and represent the most critical and urgent components of a national obesity prevention strategy.

Priority areas

recommended action

1

Legislate to implement time-based restrictions on exposure of children (under 16 years of age) to **unhealthy food and drink marketing** on free-to-air television until 9:30pm.

The problem

It is estimated that in 2009, food companies spent $402 million and $149 million respectively on food and non-alcoholic drink advertising in Australia.[8] Food companies target children through ubiquitous advertising across a number of different platforms and use a variety of integrated techniques. Children are particularly vulnerable to advertising as a child's capacity to comprehend and critically interpret advertising messages develops over time.[9]

There is **unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity**.[10] Following examination of the available evidence, the World Health Organization (WHO) has found that advertising of unhealthy food influences children's food preferences, purchase requests and consumption patterns, such that there is a clear rationale for action to be taken by member countries.[11]

Australia's current approach to regulation is largely voluntary and self-regulatory, and has done little to reduce children's exposure to this marketing. **The WHO recommends a reduction in exposure of children to, and the power of, all unhealthy food marketing.** A complex system of voluntary codes and initiatives has been developed by the food and advertising industries. Marred by a conflict of interest, these codes and initiatives are clearly self-serving, with narrow tests and definitions of key terms that severely limit their scope, and a poor complaint systems with a complete absence of sanctions that impede their effectiveness.

Government regulation, contained within the Children's Television Standards, applies only to television advertising featured during limited children's programming, which is largely outside peak children's viewing times.[12] **Over the course of a year, the average Australian child will see 35 hours of food advertising on television, of which over half will be for unhealthy foods.**[13] A recent study found that children are continuing to be exposed to high volumes of unhealthy food marketing on television and that there was no change in the rate of unhealthy food advertising on TV between 2011 and 2015, despite changes to the self-regulatory codes.

The solution

Children have a right to be protected from commercial exploitation in the form of unhealthy food marketing. The federal government must act to meet its obligations as a signatory to the WHO Global Action Plan.

As part of a comprehensive approach to overweight and obesity, legislative action is urgently required to reduce all forms of marketing of unhealthy food seen by children.

As a first step, restrictions on unhealthy food marketing to children on free-to-air television must:

- Apply to persons under the age of 16 years.
- Apply to the times when the greatest numbers of children are likely to be watching television (between 5:30pm and 9:30pm).
- Define 'unhealthy foods' with reference to established nutrient profile criteria, such as the nutrient profiling model used in Australia to determine whether a food can carry a high-level health claim.[14]
- Apply to unhealthy food brand marketing.
- Be monitored and enforced by a government or regulatory agency.
- Carry meaningful sanctions that are strictly enforced.

Restrictions on unhealthy food marketing to children are supported by an overwhelming majority of Australians. A national study conducted in 2012[15] and a New South Wales study conducted in 2014[16] each found that approximately three-quarters of participants would support implementation of measures that limit children's exposure to unhealthy food marketing.

Example

In the United Kingdom, restrictions on the advertising of products high in fat, salt and sugar (HFSS) during television programs directed at or of likely appeal to children have been in place since 2007.[17]

A 2010 review found that the HFSS regulations had reduced exposure of children to HFSS advertising by 37%, and had reduced children's exposure to advertisements featuring licensed characters and promotions.[18] There was also a significant shift in the content of food advertising towards non-HFSS products.[19]

recommended action

2 **Set clear reformulation targets for food manufacturers, retailers and caterers** with established time periods and regulation to **assist compliance** if not met.

The problem

Australians spend more than 58% of their food dollar on discretionary foods[20] and the average Australian household spends 27% of their weekly household food budget on dining out and fast food.[21]

Consumption of foods high in saturated fat, added sugar and/or salt is directly associated with overweight and obesity.[22]

The latest Australian Health Survey data shows that **Australians are eating too much saturated fat, salt and added sugar in the form of discretionary foods,** well exceeding the targets recommended by the WHO to improve population health.[23] More specifically, Australian adults are consuming:[24]

- 31% of their daily energy (kilojoule) intake from fat, of which 12% is from saturated fats. The WHO recommends no more than 30% of dietary energy intake comes from fats, and no more than 10% from saturated fats.
- 60g of added sugar per day, with 81% of this from discretionary foods and drinks. The main sources were sugar-sweetened beverages, muffins, cakes and confectionery.

The solution

The Healthy Food Partnership should work to establish meaningful reformulation of packaged and processed foods and foods sold for immediate consumption outside the home, as an essential element of a comprehensive obesity prevention strategy.

This will both improve community access to healthy food and influence behaviour change.

The partnership should focus on reformulation to reduce nutrients which negatively impact upon health. This has the potential to **facilitate a positive shift in the food environment** and population-wide improvement in diet.

Reformulating processed food products to make them healthier has the potential to impact palatability, profits and the consumer expectations of a product. Therefore, food manufacturers are likely to face a conflict of interest when encouraged to make these changes.

To ensure compliance with food reformulation goals, the partnership must **set clear, specific nutrient reformulation targets, with a set timeframe** for each target to be met. Ideally, reformulation goals should be backed by government regulation or co-regulation, which will enable action to be taken where food manufacturers fail to meet the targets. It is important that reformulation targets are aligned with the Australian Dietary Guidelines and complement the Health Star Rating System, which has already been observed to generate reformulation of some packaged food products among major Australian manufacturers. There is an opportunity for the Healthy Food Partnership to support manufacturers to make these changes.

A 2012 Australian study concerning public opinion on food-related obesity prevention policies found that there was a **very high level of support for government-enforced food reformulation**, with 87% of participants supportive of reformulation to reduce fat, salt and sugar in processed foods.[25]

Example

In 2000, the United Kingdom Food Standards Agency implemented a salt reduction strategy, providing the food industry with voluntary targets for over 80 processed food categories and engaging in a simultaneous public awareness campaign. These targets were reset in consultation every two years, which enabled the Food Standards Agency to achieve a reduction in salt consumption by 0.9g per day between 2005 and 2014.

3 recommended action

Make the Health Star Rating System mandatory by July 2019.

The problem

An average Australian supermarket stocks about 30,000 packaged food items, many of which are energy-dense, nutrient-poor, processed foods.[26] Discretionary foods that are high in fat, salt and sugar, such as confectionery, sugary drinks, savoury snacks, biscuits and sugary cereals account for 35% of kilojoule intake for adults and up to 41% for children.[27]

The WHO recommends that, as part of a comprehensive strategy to tackle overweight and obesity, member countries implement interpretive front-of-pack labelling systems supported by public education programs for adults and children.[28]

To make informed decisions about processed foods, it is essential that consumers from all demographic groups are provided with nutritional information in a way that enables quick and easy comparison of products.

At present, in Australia it is mandatory for products to feature a Nutrition Information Panel (NIP). The NIP provides the amount of energy and macronutrients per serve size (where serves vary greatly between products) and per 100g. In this respect, the NIP fails to translate into simple and accessible information about the relative healthiness of products, and is particularly difficult to interpret for consumers from lower socio-economic groups, non-English speaking backgrounds, those with low literacy, as well as children. The appearance of the industry's voluntary Daily Intake Guide and a range of other health claims on some products further contribute to consumer confusion.

In light of these concerns, in June 2014 an interpretive front-of-pack Health Star Rating System was introduced in Australia. The Health Star Rating System is intended to provide consumers with a quick, easy and reliable way to compare the nutritional value of similar packaged foods and would work most effectively if adoption was widespread. It would reduce the likelihood of consumers being misled by claims, descriptions and images on food packaging and encourage manufacturers to reformulate their products in pursuit of a higher star rating.

Government implementation of mandatory interpretive front-of-pack labelling has considerable public support. An Australian 2012 study found that the majority of participants support the government requiring traffic light labelling on food packaging, with 88% of participants indicating that they would use this information to make selections.[29]

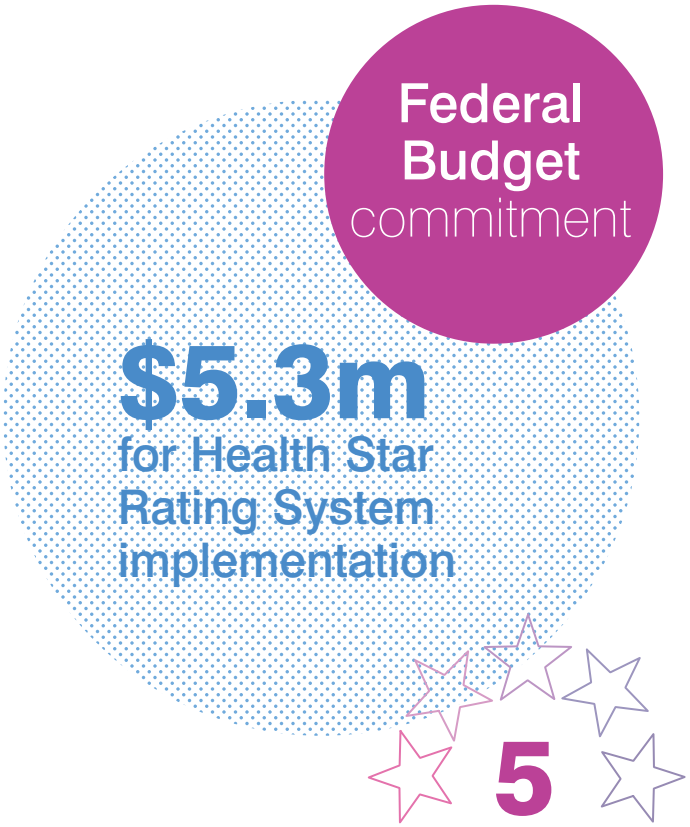
The solution

Given the potential conflict of interest that food manufacturers face in terms of managing product taste, competitiveness, consumer appeal and profit margins, and the voluntary nature of the current system meaning that uptake is not universal, we recommend mandatory implementation by the federal government.

We note that the 2016 Federal Budget has committed $5.3m to the ongoing implementation of the Health Star Rating System, including funding for a public awareness campaign and monitoring and evaluation.[30]

Further, adjustments to the algorithm to more closely align to the Australian Dietary Guidelines would benefit the operation of and confidence in the system.

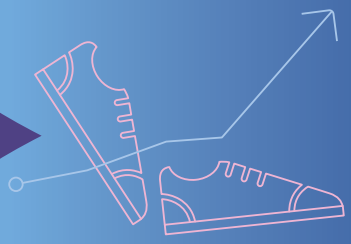
A review of the Health Star Rating System is underway.[31] This review represents an opportunity for the federal government to scale up its commitment to consumer education, make adjustments to the algorithm as well as making the Health Star Rating System mandatory.*



*As the Heart Foundation is currently evaluating the Health Star Rating System, it would be a conflict of interest for the organisation to comment publicly on its successfulness or its merits.

recommended action

4 **Develop and fund a comprehensive national active travel strategy** to promote **walking**, **cycling** and use of **public transport**.



The problem

Despite our image as an active nation, eight in 10 Australian children and almost one in six Australian adults do not meet national physical activity requirements.[32]

The WHO recommends that in order to address obesity, member countries implement comprehensive programs that promote physical activity in children and adolescents, including the creation of safe, physical activity-friendly communities which enable and encourage the use of active transport such as walking and cycling.[33]

Past and present policies and practices concerning transport have largely promoted the development of car-oriented built environments and car use, limiting the potential for active transport.

In Australia, physical inactivity contributes to 21.2% of the burden of disease for cardiovascular disease, 29.7% for endocrine disorders and 6.4% for cancer.[34] Participating in regular physical activity can reduce cardiovascular disease-related deaths by up to 35%.[35]

Physical activity also has a number of co-benefits, including reductions in air and noise pollution, reduced cost of passenger transport and infrastructure, reduced traffic congestion, improved public safety and improved transport options for disadvantaged and vulnerable groups.

The solution

Active transport is a highly practical and sustainable way to increase the physical activity levels of Australians on a daily basis.[36]

By shifting transport modes away from motor vehicles, effective design of urban environments has the potential to contribute substantially to physical activity, with people-friendly spaces adding between 45 and 90 minutes of walking per week.[37]

A comprehensive national active travel strategy (such as that set out in the National Heart Foundation 'Blueprint for an Active Australia') should include a combination of interventions that promote walking and cycling to increase activity levels among Australians and the provision of safe travel environments.

A 2015 Australian survey conducted by the Cycling Promotion Fund and the National Heart Foundation found that 70% of people would support an increase in government funding to improve infrastructure for cycling, walking and public transport.[38]

5 recommended action

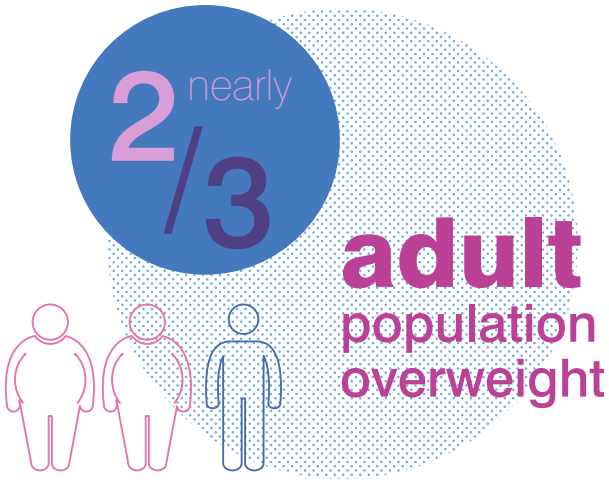
Fund high-impact, sustained public education campaigns to **improve attitudes and behaviours around** diet, physical activity and sedentary behaviour.

The problem

Australians spend 58% of their food dollars on unhealthy foods, 35% of the average adult's energy intake comes from these foods and nearly two-thirds of the adult population is overweight or obese. Only 7% of Australians eat in accordance with the recommendations set out in the Australian Dietary Guidelines.[39]

It is clear that the purchase and consumption of unhealthy foods is being driven by a number of factors. The current preference for unhealthy food appears to be generated by a food environment in which the availability, accessibility, advertising and promotion of discretionary food plays a significant role in 'normalising' the consumption of these foods. Comprehensive and evidence-based public education campaigns can cut across these industry messages and therefore play a significant role in assisting the public to make more informed choices about the food they buy and eat.

The WHO has identified public education campaigns as an effective means of disseminating messages about overweight and obesity prevention at a population level.[40] A substantial science base concerning principles of effective public education campaigns can be sourced from a number of previous areas, such as tobacco, and can be applied to obesity prevention.



The solution

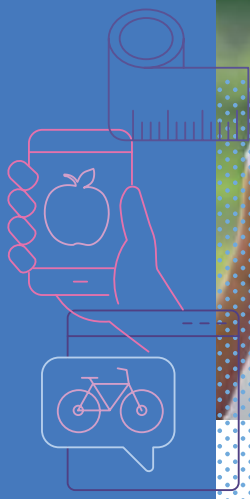
Evidence concerning the effectiveness of public education campaigns indicates that they can play a significant role in positively influencing health behaviours including physical activity and diet.

Example

The Western Australian LiveLighter campaign is a comprehensive public education program that addresses the rising rates of overweight and obesity. The campaign is based on science, social marketing principles, formative research and best practice public education approaches. It is unique for explicitly presenting graphic anatomical images of visceral fat to illustrate negative health effects of overweight, alongside recommending alternative behaviours.

The campaign has achieved strong penetration in a media environment containing much editorial, advertising and entertainment content in relation to overweight and obesity. Evaluation has provided evidence that overweight adults were significantly more likely to recognise the self-relevance of the principal ad, and that LiveLighter has generally reached and resonated with West Australian adults and families, encouraging debate about obesity as an issue and the role of the obesogenic environment.[41]

Although a relatively new campaign, having only been in market a few years, LiveLighter has demonstrated increase in knowledge of health harms related to weight gain.[41] The second phase of the campaign, which focused on the impact of sugary drinks on weight, resulted in a decrease in consumption of sugary drinks amongst overweight adults (54% cf 47%),[42] and the indications are that the campaign has had positive impacts in Victoria too.[43] There has been no evidence of increased negative stereotypes of overweight individuals as a result of the WA LiveLighter campaign.[44]



6 recommended action

Federal government to place a health levy on sugary drinks to **increase** the price by **20%.**

The problem

The World Health Organization (WHO) recommends that energy from free sugars be limited to less than 10% of daily energy intake (around 12 teaspoons), with a further reduction to below 5% (six teaspoons) recognised as providing additional health benefits.[45] Over half of all Australians exceed the 10% recommendation.[46]

In 2011–12, Australians consumed an average of 60 grams of free sugar per day (around 14 teaspoons), with 52% of this free sugar coming from sugary drinks (including fruit juice and sugar free to alcoholic beverages).[47] A single can (375mL) of soft drink provides up to 40 grams (10 teaspoons) of added sugar.[48]

While overweight and obesity are complex conditions with multiple causes, there is evidence demonstrating a substantial association between sugar-sweetened drink consumption, long-term weight gain and increased risk of type 2 diabetes.[49] Sugar-sweetened drinks are energy dense and nutrient poor, and the association with weight gain appears to be related to the reduced effect of satiety of sugars in a liquid medium.[50]

In Australia, and globally, sugary drinks are marketed as part of an everyday diet, are widely available, and are often cheaper than bottled water—all factors contributing to high levels of consumption.

The solution

The WHO has urged member governments to consider economic policies and measures that discourage the consumption of less healthy food and drink options to reduce rates of obesity.[51] The WHO has also recently recommended that governments tax sugary drinks to address type 2 diabetes, overweight and obesity and tooth decay. The measure is also acknowledged as cutting healthcare costs and increasing revenues to invest in health services.[52]

As part of a comprehensive approach to reducing sugary drink consumption, a levy on sugary drinks that raises price by 20% is likely to significantly reduce consumption, resulting in clear health benefits and contributing to the reduction of chronic disease in Australia. The levy could apply to all non-alcoholic beverages with added sugar, such as sugar-sweetened soft drinks, energy drinks, fruit drinks, sports drinks and cordials, potentially excluding 100% fruit juices and milk-based drinks.[53]

A recent Australian study found that increasing the price of sugary drinks by 20% could reduce consumption by 12.6%.[54] This reduction in consumption has the potential to generate a decline in the prevalence of obesity of 2.7% among men, and 1.2% among women, and could reduce the number of cases of type 2 diabetes by 800 per annum.[55] The study also estimated that the levy could raise revenue in excess of $400 million per year, even when taking into account changes in consumption in response to the tax.[56]

To generate maximum chronic disease reduction impact, the considerable revenue raised by the levy could be used to fund a national obesity prevention strategy, with remaining funds allocated to support healthy lifestyles.

A sugary drinks levy is also likely to give rise to a number of other health benefits, including the reformulation by manufacturers to reduce sugar content, a decrease in rates of dental caries, public education about the risks associated with sugary drinks and a compensatory increase in sales of healthier drinks, such as water and low-fat milk.

A 2015 survey conducted by the Obesity Policy Coalition of 1,203 Australians found that 85% of people supported the revenue from a tax on sugary drinks being used for programs to reduce childhood obesity, with 84% support for the funding of initiatives to encourage children to play sport.

Example

There are a number of different fiscal models that have been used internationally to increase the price of sugary drinks. The United Kingdom has announced plans to introduce a soft drink levy in 2018. This levy will be imposed at the manufacturer or importer level to encourage companies to reformulate by reducing the amount of added sugar in the drinks that they sell.[57]

In January 2014, the Mexican government implemented an excise tax on sugar-sweetened beverages of approximately 10% as an anti-obesity measure. Evaluation data demonstrates that the tax was generally passed on to consumers. As a result, purchases of taxed beverages decreased by 5.5% in 2014 and 9.7% in 2015, yielding an average reduction of 7.6% over 2 years. There was also a 2.1% increase in the amount of untaxed beverages purchased.[58] The policy has had the most impact in lower socio-economic groups. The success of the Mexican experience demonstrates that even a relatively small levy on sugary drinks can result in a noticeable reduction in demand.

7 recommended action

Establish obesity prevention as a national priority with a national taskforce, sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.

There is an urgent need for the federal government to demonstrate leadership in relation to the issue of overweight and obesity. Given that obesity is one of the greatest public health challenges confronting Australia, government recognition of obesity prevention as a national priority is crucial. Creation of a national obesity taskforce will enable coordination of the measures that are needed to address unhealthy diet and physical activity, as set out in this national obesity strategy.

In recent years, there has been increasing impetus from international bodies such as the WHO for member **governments to take responsibility and leadership on this issue**. It is recommended that member nations coordinate action plans which address global goals, such as those set out by the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020,[59] by adopting decisive overweight and obesity prevention policies and implementing multiple complementary and comprehensive initiatives.

A national obesity taskforce, comprised of members with a range of expertise and broad knowledge base, will be best placed to draw upon existing domestic and international measures to ensure sustainable, long-term execution of this anti-obesity strategy.

Given the diverse and complex environmental factors that contribute to overweight and obesity, a national taskforce would have the means to implement policies across the numerous relevant federal government portfolios. A centrally coordinated national obesity taskforce would also work to promote **cooperation between all levels of government in Australia,** as well as all relevant sectors of industry, civil society and the wider community.

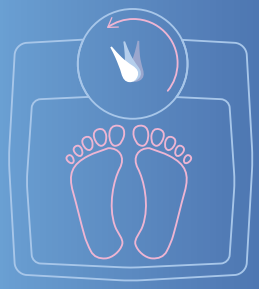
To effectively implement this comprehensive national obesity strategy, the taskforce must receive **adequate resourcing** over the long term. Given that overweight and obesity have increased gradually over the past 30 years, this is not an issue that can be addressed only over the short term.

Implementation of a national plan should also include monitoring and evaluation of the impact of policies, including the impact on the most at-risk population groups. Globally, obesity prevention and control is a relatively new area. In this respect, regular review of leading indicators of behaviour change, as well as consideration of evidence from other jurisdictions, is required to ensure continued effectiveness.

recommended action

8

Develop, support, update and monitor comprehensive and consistent diet, physical activity and weight management **national guidelines**.



A key element underpinning all initiatives that form a national obesity plan is the availability of up-to-date, evidence-based nutrition, physical activity and weight management guidelines. In the recent Ending Childhood Obesity report, the WHO recommended that member nations ensure that appropriate, context-specific nutrition and physical activity guidelines for adults and children be developed and disseminated in a simple, understandable and accessible manner to all groups in society.[60]

Dietary and physical activity guidelines are tools that inform public health policies, but are also used by a wide range of organisations and individuals, including health professionals, food manufacturers, teachers, town planners and members of the community.

Given that nutrition and physical activity research is continuously evolving and new studies are published regularly, frequent revision of the Australian Dietary Guidelines (ADG) and the Australian Physical Activity Guidelines is required. The Australian Weight Management Guidelines, which provide specific advice concerning the management of overweight and obesity in adults and children, should also be **frequently revised and disseminated by the federal government** to assist clinicians and members of the public to address the factors contributing to overweight and obesity.

The 2013 ADG represent an evolution of the 2003 edition, with new key messages that are supported by a considerably stronger evidence base, following review of new data concerning associations between food, dietary patterns and health outcomes.[61] Frequent revision of physical activity and nutrition guidelines will also take into account advances in methodology for generation of guidelines.[62] Given Australia's poor compliance with the ADG,[63] it is **essential that guidelines are accessible and useful to health professionals and the wider community**.[64] Monitoring community compliance and attitudes, as well as advancements in scientific evidence, is necessary to ensure that dietary and physical activity guidelines remain relevant.

Guidelines specific to **early childhood nutrition and physical activity** should also be reviewed and updated frequently. These guidelines are of particular importance given that a child's first years are critical to establish healthy habits and physical activity behaviours that reduce the risk of obesity in later life.[65] There is also good evidence of the effectiveness of these policies.

Current Guidelines and Recommendations:

- Australian Dietary Guidelines (2013)[66]
- Australian Infant Feeding Guidelines (2012)[67]
- Australia's Physical Activity and Sedentary Behaviour Guidelines – for Adults, Children and Young People (2014)[68]
- National Physical Activity Recommendations for Children 0–5 years (2014)[69]
- Choose Health: Be Active – A physical activity guide for older Australians[70]
- Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (2013)[71]

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