



Special Issue

Who will take responsibility for obesity in Australia?

R. Stanton, OAM*

2866 Nowra Road, Fitzroy Falls 2577, Australia

ARTICLE INFO

Article history:

Received 13 October 2008

Accepted 12 December 2008

Available online 20 February 2009

Keywords:

Obesity

Prevention

Food consumption

SUMMARY

Obesity is increasing throughout the world. With its strong links to many health problems, the costs associated with obesity will strain future health budgets. Urgent action on obesity is needed and this needs to extend beyond treatment. Diets may work in the short term but their long-term success is poor. Bariatric surgery can be effective, but it is expensive and its long-term effects are unknown. Common sense dictates that attention should be focused on preventing obesity. Experience with other public health measures, such as reducing cigarette smoking, indicates that government intervention will be essential for success in preventing obesity. In practice, however, governments are reluctant to take responsibility for this multi-factorial problem that is exacerbated by modern lifestyles because it involves standing up to vested interests. The real need is to take action to alter food consumption patterns, change transport options and reform urban planning (including housing and workplace environments), so that healthy choices are easy and physical activity returns to being a normal part of everyday life.

© 2009 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Background

There are strong links between excess body fat and cardiovascular disease, type 2 diabetes, many common cancers, gallbladder disease, osteoarthritis and dementia.¹ All these health problems add to the strain on national health budgets, as well as increasing morbidity for the majority of the population. The fact that each of these problems is multifactorial is often an excuse for inaction on obesity. The real need is to understand and change the political, social and environmental factors that underpin the obesity epidemic.

Discussion

In Australia, there is no mystery regarding the causes of the obesity epidemic that is affecting both genders and all ages. Data show that more energy-dense foods are being consumed, with 10–15-year-old children increasing their kilojoule intake by 13% over a 10-year period.² There has been no increased consumption of core foods over a 10-year period during which the number of children who were overweight or obese more than doubled. Indeed, children's consumption of milk, breakfast cereals, fruit and all vegetables except potato chips declined. However, their intake of sweetened beverages, sweet and savoury snack foods, biscuits, confectionery and fast foods – commonly called junk foods – all increased. This

was not surprising as these products are heavily (and selectively) promoted to children.³

Advertising and availability have been effective in 'normalizing' the consumption of junk foods. The average supermarket now stocks more than 1800 different snack food lines. Snack foods, fast foods and other unhealthy items that are high in fat, sugar or both make up 80% of all Australian food advertisements.⁴ A study in Victoria reported that 93% of children's lunch boxes contained junk foods, with an average of three such foods per child.⁵

Total physical activity has also declined due to increased use of private cars for transport, a decrease in home chores and an increase in sedentary behaviour, especially screen time. The media publicity given to assault or injury in children enhances a culture of fear, so many parents do not allow children to walk to school and restrict their free play. Local councils have removed play equipment from parks through fear of being sued if injuries occur.

Obesity represents the commercial success of marketing energy-dense, cheap foods and drinks, and also labour-saving devices (including cars) and passive entertainment that minimizes physical activity. Exposure to the obesogenic environment starts early in life with food companies specifically targeting children with internet, television, magazine and packaging promotions.⁶ From submissions made to Food Standards Australia New Zealand, it is clear that many food companies and their industry and advertising organizations are unlikely to change their promotional pitch to children unless regulation requires them to do so.

In efforts to change the current mismatch between the energy intake from foods and drinks and the output from physical activity, it is tempting to concentrate on solutions that target physical

* Tel.: +61 24465 1711.

E-mail address: rstanton@snoopashoal.com

activity. Unlike attempts to change food and drink consumption, there is no counter campaign to recommendations promoting physical activity. Advising individuals to be more active is also seen as a positive approach, whereas recommendations to consume less junk food are perceived as negative and generate disparaging accusations about ‘food police’ and ‘the nanny state’.

Increasing physical activity should be part of any solution to obesity, but on its own it cannot solve the problem. The current energy imbalance would require walking briskly for 80–90 min/day just to balance current intake so as to prevent further weight gain.⁷ It is unrealistic to expect this time commitment from most people, and the current energy imbalance must address input as well as output.

In a modelling approach designed to assess the likely population health benefit and strength of evidence for various interventions, an Australian group found that the greatest benefit would come from reducing TV advertising of high-fat and high-sugar foods and drinks to children.⁸

Another analysis looked at developing and implementing a comprehensive obesity prevention strategy by systematically identifying policy gaps, barriers and opportunities for obesity prevention.⁹ This structured approach identifies regulatory interventions in Australia that could shape the food system and physical activity to prevent obesity. For example, factors that create an obesogenic environment (but could be changed with appropriate regulation) include land-use laws that permit many fast food outlets, or agricultural subsidies that result in an oversupply of ingredients such as sugar. Barriers to preventing obesity include factors such as food safety laws that encourage pre-packaged rather than fresh foods in school. Regulatory gaps include failure to regulate food marketing to children and mandatory easy-to-understand front of pack signpost nutrition labelling.

Two of the world’s experts in diabetes and obesity have noted that voluntary restrictions have never been shown to work, and claim that the development of obesity in children and adolescents could be arrested within 1 year of government introducing a coherent programme.¹⁰ The six regulatory measures promoted to prevent obesity and type 2 diabetes in Australia include:

- ban all marketing of food to children, including television advertisements;
- establish strict food and physical activity requirements for schools;
- remove junk foods and drinks from all publicly funded premises;
- require ‘traffic light’ food labelling (based on nutritional profiling) on all foods, drinks and meals, wherever sold;
- adjust fiscal policies to progressively change the relative prices of foods and drinks high in fat or sugar in favour of vegetables and fruit; and
- specify urban environmental requirements favouring pedestrians and cyclists.

State governments in Australia have started to make changes to the foods and drinks permitted for sale in schools, and one (Queensland) has extended the principle to all publicly funded premises. However, controls over advertising and promotion of junk food to children, and changes to labelling requirements require commitment and action from the Federal Government.

The Australian Government has commissioned many reports on obesity over the years. Recent reports include: ‘Better health outcomes for Australians: national goals, targets and strategies for better health outcomes into the next century’¹¹; ‘A growing problem: trends and patterns in overweight and obesity among adults in Australia 1980–2001’¹²; ‘Australia’s health 2006’¹³; ‘Acting on Australia’s weight: a strategic plan for the prevention of overweight and

obesity’¹⁴; and ‘Healthy Weight 2008 – Australia’s Future. The national action agenda for children and young people and their families’¹⁵ and many others.¹⁶ Unfortunately, there has been little action as a result of their recommendations. Policies pursued by the Howard Government, which was in power until November 2007, framed obesity as the responsibility of the individual. This approach is also favoured by most sections of the food industry. The newly appointed Rudd Government has set up yet another inquiry into obesity.¹⁷ At this stage, there has been little action.

In submissions to Food Standards Australia New Zealand, public health nutritionists and the food industry think that better food labelling could help consumers to make better food choices.^{10,18,19} However, these two groups have different ideas on the best approach to labelling, and this is not surprising since their aims are different. Public health advocates want a labelling system that turns customers off particular products, whereas the food industry wants to give more information and then leave the choice to the customer.

The UK Food Standards Agency (FSA) has proposed and researched a ‘traffic light labelling’ scheme with colour coded symbols on the front of foods to indicate their energy, fat, saturated fat, sugar and salt level. The system has been adopted by some supermarkets and has resulted in reduced sales of foods with red codes. Research by the FSA,²⁰ the consumer agency ‘Which?’²¹ and the European Food Information Council shows that the traffic light system is effective and helpful. Shoppers rate it as quick and easy to understand, with the benefits applying across all socio-economic groups.²⁰

The food industry in Australia campaigns against traffic light labelling²² and prefers a front of pack ‘thumbnail’ labelling system that relates a serving of the food to the percentage of the daily intake (DI) for energy, protein, fat, saturated fat, carbohydrate, total sugars, fibre and sodium plus any added vitamins and minerals. The serving size is decided arbitrarily by the manufacturer, and the DI values are targets designed for assessing the intakes of a population rather than an individual. The values used in Australia are based on the needs of an average adult of normal weight. Using the nutrient reference values for Australia and New Zealand,²³ the energy figure used in the percentage DI (8700 kJ) is applicable to men who do not need to lose weight, women under 30 years of age who are more than 1.8 m tall, or women aged 31–50 years who are more than 1.9 m tall. Only one-third of Australian men do not need to lose weight, and few women fit the height category for this energy level, although it may be appropriate for those men or women who are very active. The DI values for energy are thus not appropriate for the majority of adult men and women, and do not apply to children. The DI values also do not distinguish between nutrients for which increased consumption may be better (such as dietary fibre) and nutrients for which consumption needs to be restricted (such as saturated fat, sugar and salt). The values for sodium are based on the upper limit of intake rather than the much lower adequate intake levels used in Australia’s nutrient reference values.²³ Among breakfast cereals, products may have 12 or more symbols and these can be applied to products that consist of any quantity of refined sugar. Could busy shoppers read and interpret the information at a glance, and would it turn them off buying the product?

Independent and extensive consumer research by the UK consumer agency Which? has found low levels of understanding and high levels of confusion with schemes similar to the Australian food industry’s preferred DI labelling scheme.²¹ In contrast, traffic light labelling was easily understood and helped consumers to decide not to purchase foods high in saturated fat, sugar or salt.

Conclusion

Responsibility for preventing obesity lies with many players. No one doubts that individuals play a role in what they eat and drink

and how active they are, but individuals surrounded by an environment which encourages them to consume junk foods and lead sedentary lives find it difficult to swim against the tide. Schools have an educational role, and those that sell junk food or accept sponsorship from companies selling these products undermine classroom lessons and provide a confusingly poor example. Governments play a large role, extending from their influence over the physical environments in which we live and work, provision of public transport, and regulations that influence our choices of food, drinks and physical activity. The food industry is involved in a major way through the types and quantities of products they produce and market, and this is intertwined with their advertising partners whose persuasive efforts encourage the consumption of particular products. There is also a multi-million dollar weight loss industry that offers various diets, supplements or weight loss 'treatments', although there is virtually no evidence of long-term success for any of these products.²⁴

In seeking a solution to obesity, all players must be involved. Individual informed choice is always important, but it is difficult, if not impossible, for many citizens to make informed choices when governments do not exercise their jurisdiction over many of the structures and regulations that otherwise promote an obesogenic environment. Successful public health measures almost always require regulatory changes. The real challenge is to look at the ways in which each level of government could help to change the obesogenic environment to make healthier food choices easy and less expensive, and physical activity the norm.

Decisions for the future will also need to consider sustainability issues. Highly processed, packaged foods, overproduction and overconsumption of food, food wastage, and houses and travel options that are energy-hungry are ultimately unsustainable. Perhaps addressing the problem from this perspective offers the greatest hope for the successful treatment of obesity.

Ethical approval

None sought.

Funding

None declared.

Competing interests

None declared.

References

1. World Health Organization. *Controlling the global obesity epidemic*. Geneva: WHO; 2007.

2. Cook T, Rutishauser I, Seelig M. *Comparable data on food, nutrient intake & physical measurements from 1983, 1985, 1995 national nutrition surveys*. Canberra: Australian Food & Nutrition Monitoring Unit; 2001.
3. Kelly BP, Smith B, King L, Flood V, Bauman A. Television food advertising to children: the extent and nature of exposure. *Public Health Nutr* 2007;**10**: 1234–40.
4. Chapman K, Nicholas P, Supramaniam R. How much food advertising is there on Australian television? *Health Promot Int* 2006;**21**:182–3.
5. Bracks S. *School lunch boxes full of junk food: new study*. Melbourne: State Government Victoria; 2005.
6. Marketers plug into pester power to target parents. *B&T*. Available from: <http://www.bandt.com.au/news/13/0c012513.asp>; 11/07/2008 [last accessed 03.07.08].
7. Erlichman J, Kerbey AL, James WPT. Physical activity and its impact on health outcomes. Paper 2: prevention of unhealthy weight gain by physical activity: an analysis of the evidence. *Obes Rev* 2002;**3**:273–87.
8. Haby MM, Vos T, Carter R, Moodie M, Markwick A, Magnus A, et al. A new approach to assessing the health benefit from obesity interventions in children and adolescents: the assessing cost-effectiveness in obesity project. *Int J Obes (Lond)* 2006;**30**:1463–75.
9. Sacks G, Swinburn BA, Lawrence M. A systematic policy approach to changing the food and physical activity environments to prevent obesity. *Aust NZ J Health Policy* 2008;**5**:13.
10. Zimmet PZ, James WPT. The unstoppable obesity and diabetes juggernaut. *Med J Aust* 2006;**185**:187–8.
11. Commonwealth Department of Human Services and Health. *Better health outcomes for Australians: national goals, targets and strategies for better health outcomes into the next century*. Canberra: Australian Government Publishing Service; 1994.
12. Australian Institute of Health and Welfare. *A growing problem: trends and patterns in overweight and obesity among adults in Australia 1980–2001*. AIHW Bulletin No. 8. Canberra: Australian Institute of Health and Welfare.
13. Australian Institute of Health and Welfare. *Australia's health 2006*. AIHW Cat. No. AUS 73. Canberra: Australian Institute of Health and Welfare; 2006.
14. National Health and Medical Research Council. *Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity*. Cat. No. 96 0928 8. Canberra: National Health and Medical Research Council; 1997.
15. National Obesity Taskforce. *Healthy weight 2008 – Australia's future. The national action agenda for children and young people and their families*. Canberra: Commonwealth Department of Health and Ageing; 2003.
16. Biggs M. Parliamentary Library Australia, Oct 2006. Available from: <http://www.aph.gov.au/library/INTGUIDE/sp/obesity.htm>. [last accessed 08.09.08].
17. Australian Government House Standing Committee on Health and Ageing. *Inquiry into obesity in Australia*. March 2008. Canberra. Available from: <http://www.aph.gov.au/house/committee/haa/obesity/index.htm>, [last accessed 08.09.08].
18. Obesity Policy Coalition. Available from: http://www.opc.org.au/downloads/positionpapers/OPCpriorities_for_action.pdf. [last accessed 08.09.08].
19. Australian Food and Grocery Council. Canberra. Consumers eat up new labelling. Media release 21.07.08. Available from: <http://www.afgc.org.au/index.cfm?id=682> [last accessed 08.09.08].
20. Food Standards Agency UK. Signpost labelling research. November 2005. Available from: <http://www.food.gov.uk/foodlabelling/signposting/signpostlabelresearch>. [last accessed 03.07.08].
21. Which? Healthy signs? Which?. Available from: <http://www.which.co.uk/documents/pdf/healthy-signs-88449.pdf>; 2006 [last accessed 03.07.08].
22. Australian Food and Grocery Council, submission to response to Inquiry into Obesity in Australia, 30 May 2008. available online from: <http://www.aph.gov.au/house/committee/haa/obesity/subs/sub054.pdf> [last accessed July 3 2008].
23. Australian Government. *Nutrient reference values for Australia and New Zealand*. Canberra: Commonwealth of Australia; 2006.
24. Williams L, Germov J, Young A. preventing weight gain: a population cohort study of the nature and effectiveness of mid-age women's weight control practices. *Int J Obes* 2007;**31**:978–86.