



5. Conclusion

Although obesity is a relatively new area for prevention globally, there is evidence about interventions to improve diet and physical activity, and there are also lessons from other areas of successful health promotion action, such as tobacco, HIV/AIDS and road trauma reduction, which are transferable to obesity. While many pieces of this jigsaw are known, community readiness for a set of hard-hitting, multifaceted interventions on obesity may at this stage be similar to that in the early days of the tobacco control effort. Furthermore, as Australia is one of an early group of countries internationally to commit to a concerted effort, there is much evidence about the effectiveness of interventions that is yet to be gathered. These factors speak to a 'learning by doing' approach – that is, the staged trialling of a package of interventions accompanied by good monitoring and evaluation. This involves drawing upon available evidence from current initiatives addressing obesity; other public health areas in which comprehensive approaches have been taken, such as chronic disease at the population level; and the experience and evidence-based strategies and policies of other jurisdictions.

Despite the evolving nature of the evidence base for combating obesity, the advice from the World Health Organization is several-fold: legislate to support the healthier composition of food products; limit the marketing of food and beverages to children; enact fiscal policies to encourage the consumption of healthier food products and promote access to recreational physical activity; change physical environments to support active commuting and create space for recreational activity; create healthy school and workplace environments; undertake mass media, education and information campaigns to promote healthy diets and physical activity; and offer health advice and preventative services in primary healthcare settings.(87)

In addition to the specific evidence related to interventions for obesity, public health principles as applied to other successful areas of health promotion suggest the need for a combination of strategies that are applied at multiple levels and are targeted at the general population as well as the high-risk groups.

Evidence about chronic disease causation points to the need to adopt a life-course approach, with an emphasis on child and maternal health, due to the importance of the intra-uterine environment.(144) As obesity prevalence is highest in low-income populations, intensive efforts will be required in disadvantaged communities. Excellent coordination is also required across governments, as well as partnerships with communities, the private sector and the healthcare system.

While no country has been successful in reversing the trend of rising levels of overweight and obesity, in the short term policy reforms should, at least, aim to reduce the rate of increase in obesity. For example, the UK cross-government strategy has an initial focus on children and aims to reduce childhood overweight and obesity to 2000 levels by 2020.

In the first instance, a combination of regulation, social marketing and community-based programs will be necessary. The Australian Better Health Initiative (ABHI) is laying the groundwork for interventions through social marketing and community-based interventions in school and primary care settings. There is an opportunity to build and learn from these efforts, to scale up in a significant way, and to complement these initial efforts with further interventions in other settings (such as workplaces) and with environmental interventions, including legislation and regulation.(145)



Benefits for Australia in meeting the challenge of obesity

Reductions in the prevalence and incidence of overweight and obesity would lead to significant improvements in the health and wellbeing of individuals and families, and substantial savings to the healthcare system and to overall workplace productivity. Weight loss in people who are overweight and obese improves physical, metabolic, endocrinological and psychological complications.(109) Obesity-related mortality can be reduced through intentional weight loss: even a modest loss of 5–10% of body weight can lead to significant health benefits.(109)

Improvements in dietary behaviours and physical activity levels would lead to significant social and economic benefits; for example, it has been estimated that 70,000 premature deaths could be averted in the UK annually if the population's food intake met the dietary guidelines.(67) If more people were physically active for 30 minutes a day, estimates suggest the Australian healthcare system could save \$1.5 billion annually.(146) This amount is the gross cost and refers to direct health expenditure, in the public and private sectors, for the prevention, diagnosis and treatment of medical conditions attributable to physical inactivity. In comparison, direct health costs of sports injuries and the cost of participating in fitness-related activities was estimated to be \$831.4 million. These figures clearly demonstrate that the cost of physical inactivity far outweighs the cost of participating in fitness activities and the cost of healthcare for sports injuries.

Other estimates indicate that \$8 million per year could be saved for every 1% increase in the proportion of the adult population that is sufficiently active.(147) Physical inactivity costs at least \$400 million annually in direct healthcare costs. This amount would be more than doubled if indirect costs, such as time off work and the social costs of inactivity, were included.(147)

Research has similarly shown that increasing fruit and vegetable consumption in Australia by just one serve a day would save between \$8.6 million and \$24.4 million in healthcare costs relating to various types of cancer. In addition, over \$150 million would be saved in costs related to cardiovascular disease. These estimates would be far greater if savings in indirect costs such as absenteeism and the social costs of poor nutrition were also taken into account.(147)

A national food strategy for Australia

Australia lacks a comprehensive national food strategy. Such a policy should be considered in the context of preventative health, and more specifically for its role in the prevention and reduction of rates of overweight and obesity in Australia. In the UK, for example, the 2008 document 'Food Matters', commissioned by the Prime Minister from the Cabinet Office Strategy Unit, sets out a future strategic framework for food policy and practical measures for addressing issues around food and health, food and the environment, and other concerns. (67) The document presents a series of actions for government to address the challenges presented by the health and environmental impacts of food production and consumption in an integrated way. This includes working with the agriculture sector to look at ways to mitigate and adapt to climate change, working with the food supply chain to reduce food and packaging waste, and engaging with all stakeholders in the food system – primary producers, processors, food manufacturers, retailers, individuals in the transport, storage and retail sectors, and consumers – to develop a vision for the future of food.

There are therefore important gains to be made from implementing a comprehensive approach to obesity prevention. Australia is in a position to provide leadership internationally and to make a significant contribution to the growing evidence base on effective obesity prevention strategies and programs.