

The obesity epidemic: International facts

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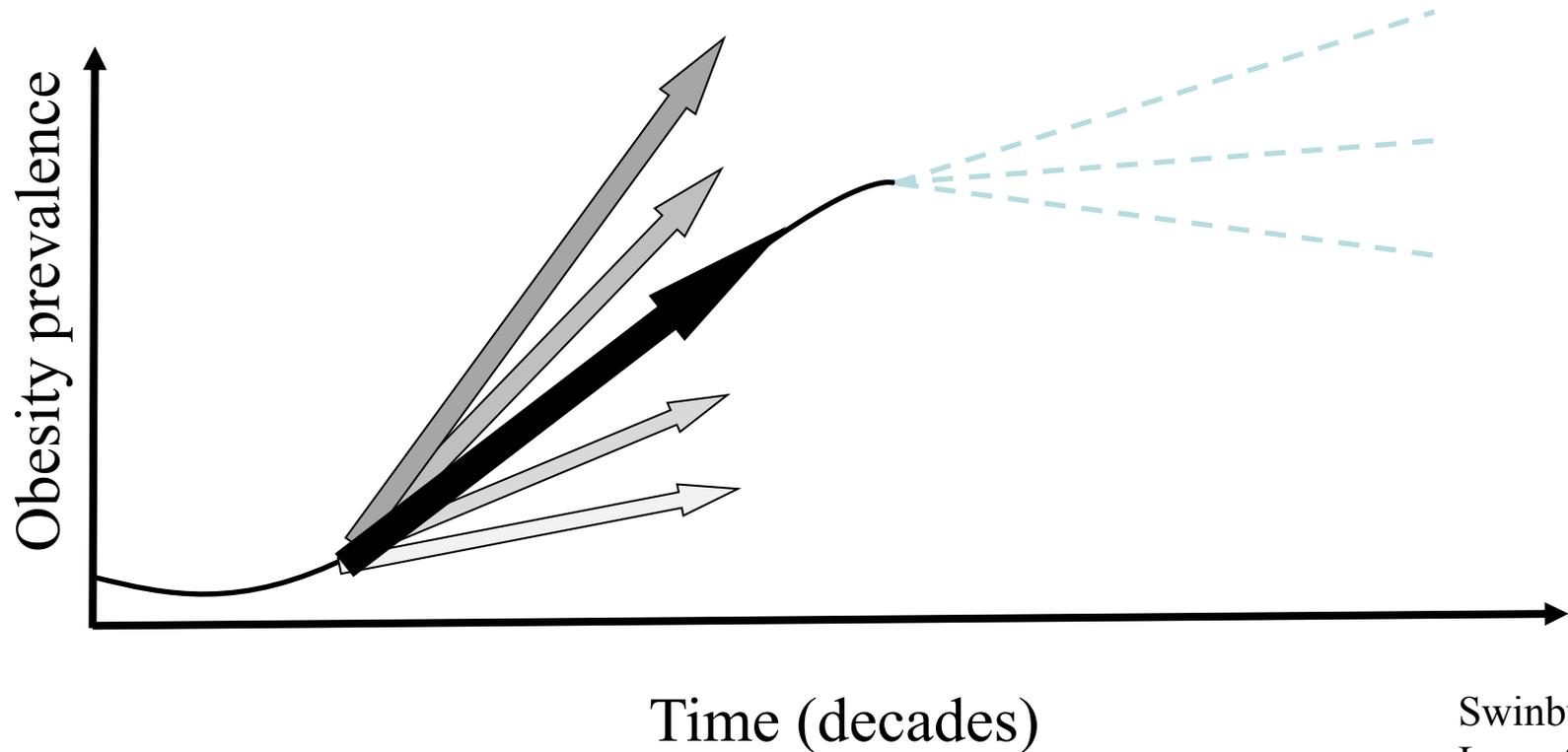
**Queensland Clinical Senate,
Brisbane, July 2015**



Outline

- What does the growth of the obesity epidemic look like?
 - Global environmental drivers (food systems) but shaped by local environments
- What will the reversal of the obesity epidemic look like?
 - Large cohort effect
 - Increasing inequalities
- What are the agreed strategies and how can we increase their implementation?
 - Managing food industry push-back, political timidity and neoliberal capture, weak public pressure

The obesity epidemic

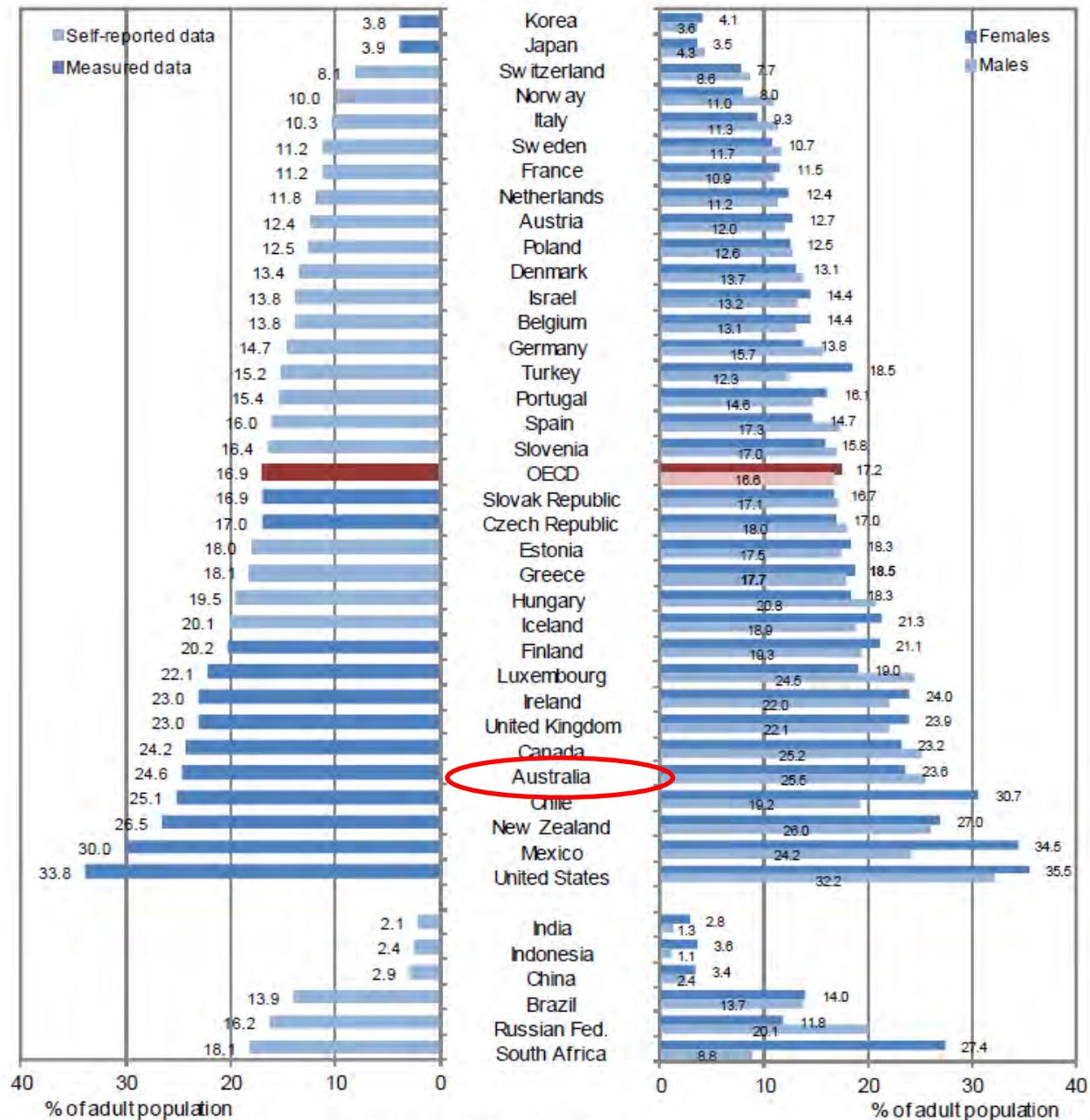


Swinburn et al
Lancet Obesity
Series, 2011

Global (food systems) drivers create the global increases
Local environments influence the steepness of the increase
Political and community leadership determine future trajectories

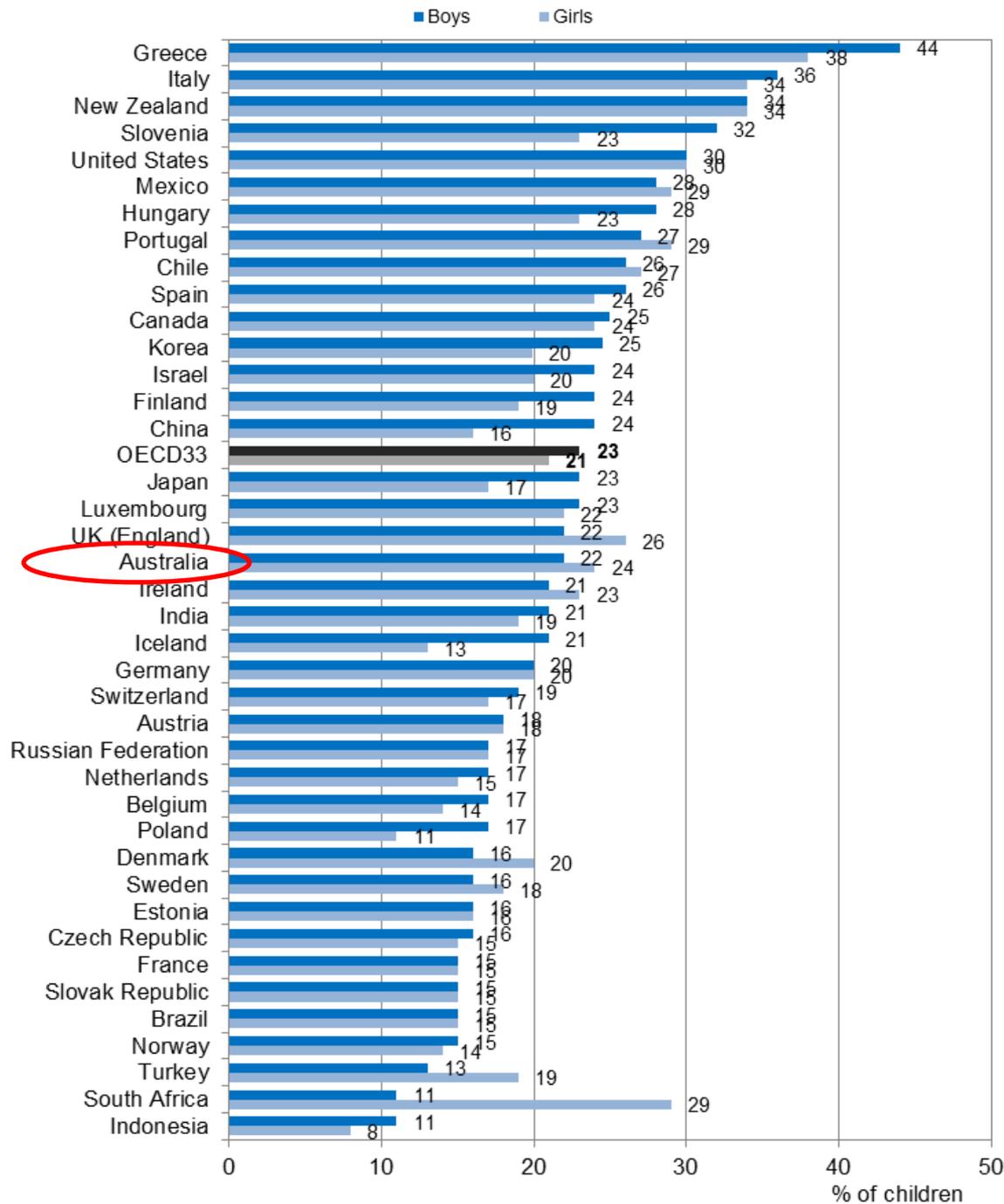
Adults: Australia 5th fattest in OECD

Obesity rates among adults, 2009 (or nearest year)

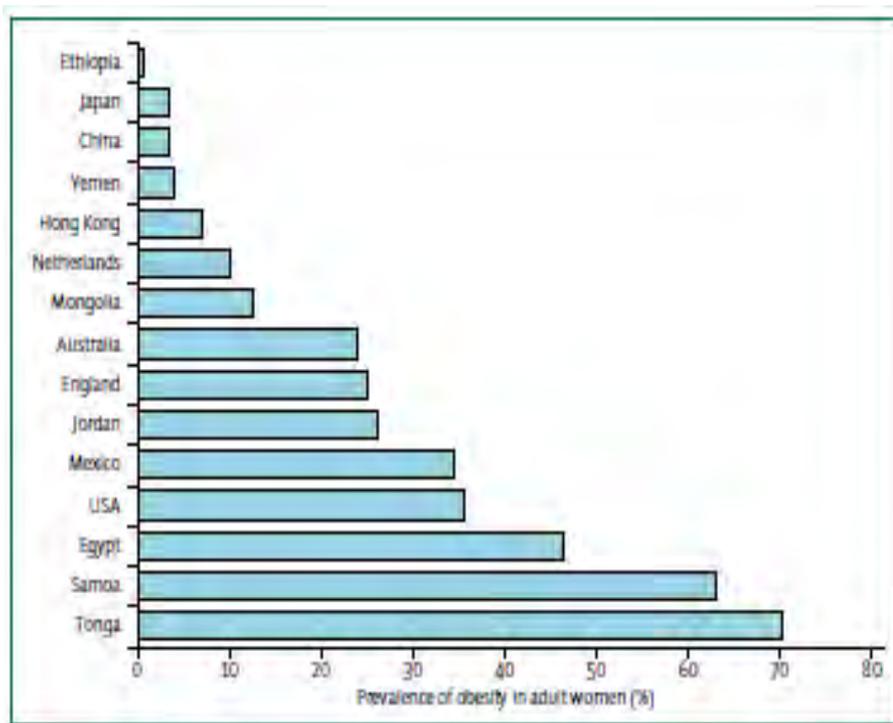


Source: OECD Health Data 2011; national sources for non-OECD countries.

Children: Australia has 1 in 4 children overweight or obese



Shaped by local environments



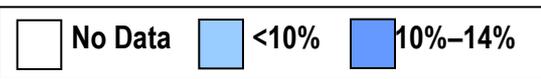
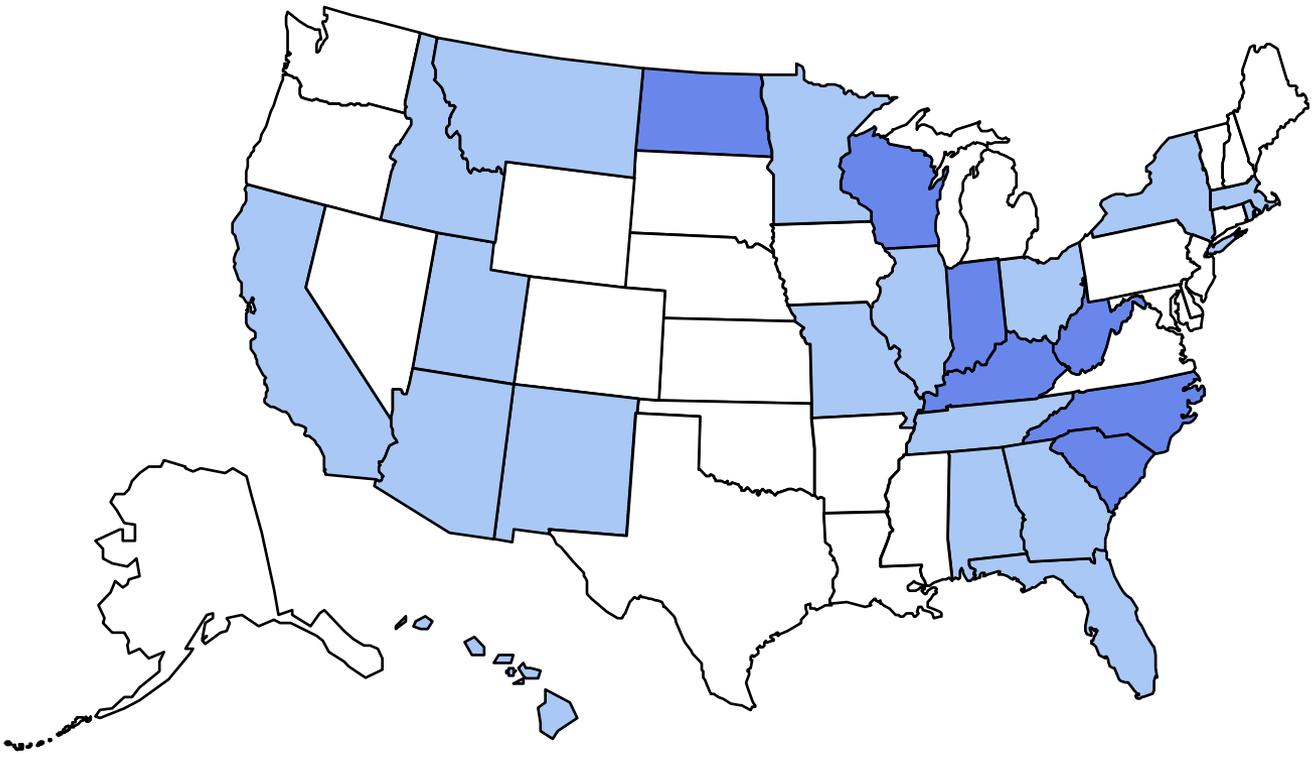
- Economic environments
 - Income
 - Income disparities
- Physical environments
 - Food
 - Physical activity
- Socio-cultural environments
 - Food, PA, body size
- Policy environments
 - Market regulations

Obesity prevalence in women

Obesity Trends* Among U.S. Adults

BRFSS, 1986

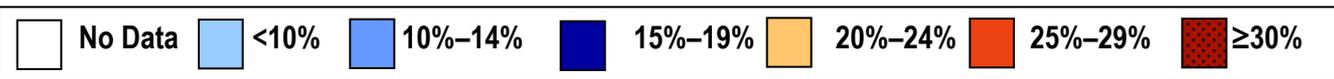
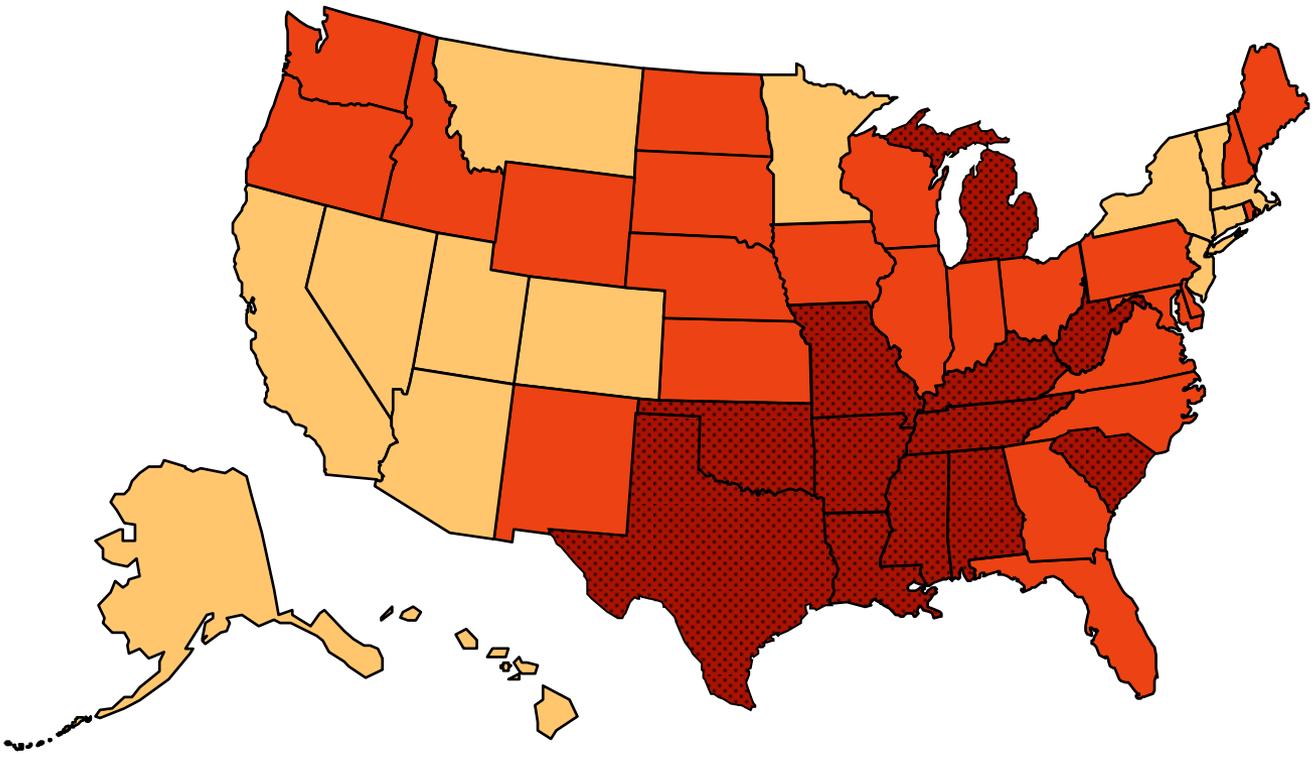
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



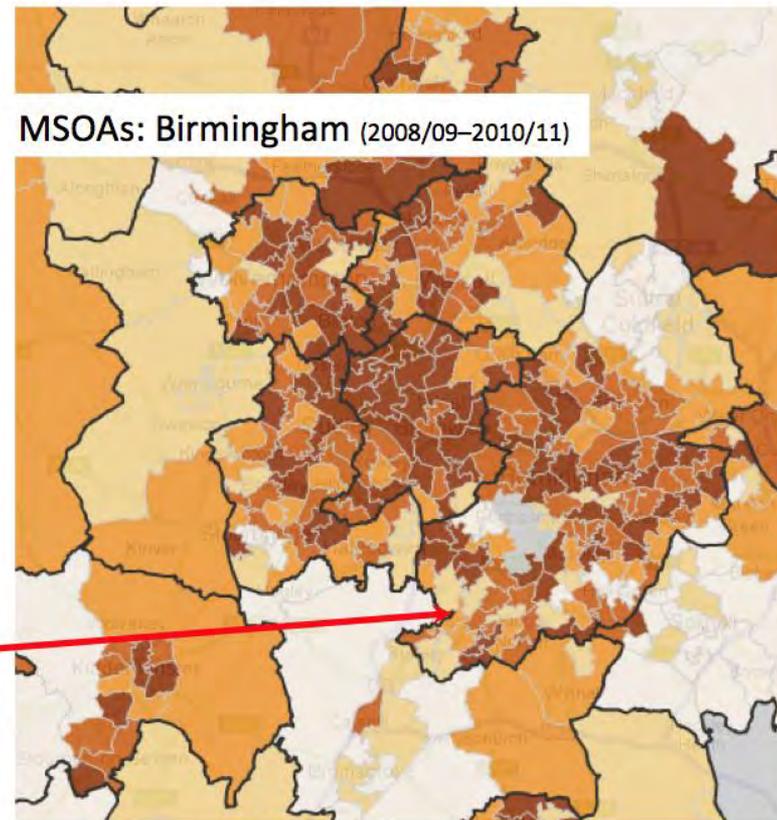
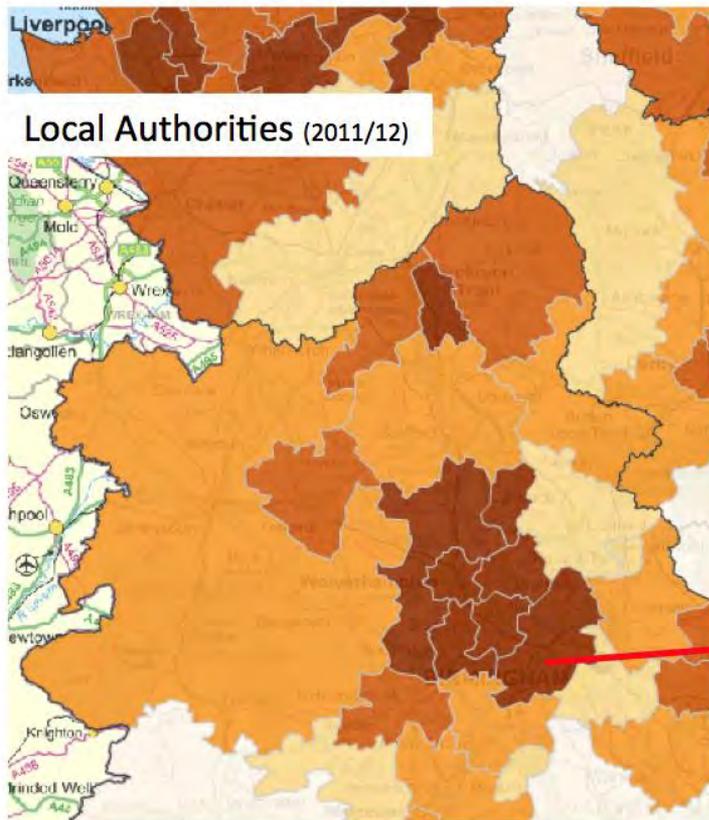
Obesity Trends* Among U.S. Adults

BRFSS, 2010

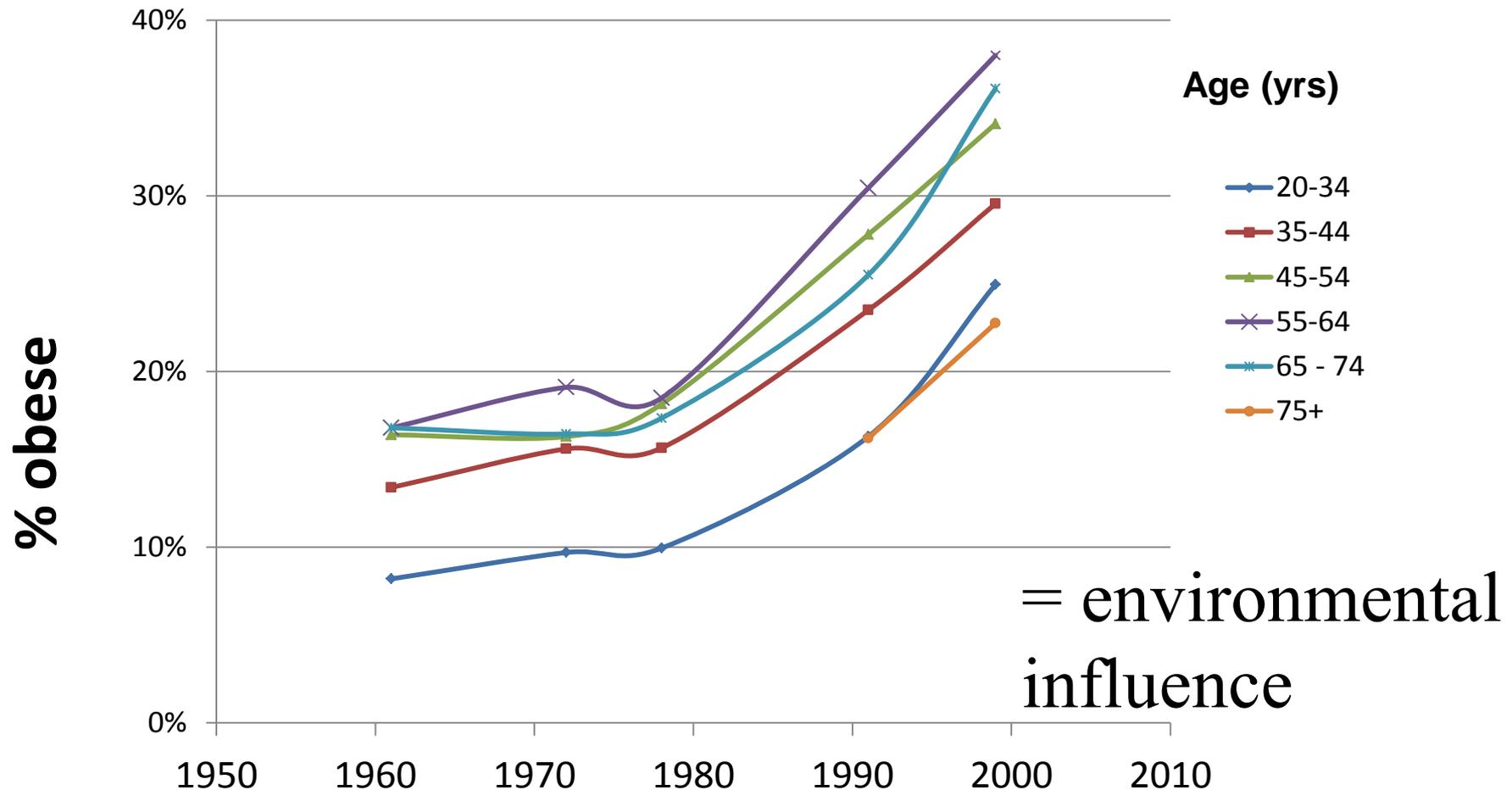
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England's National Child Measurement Program



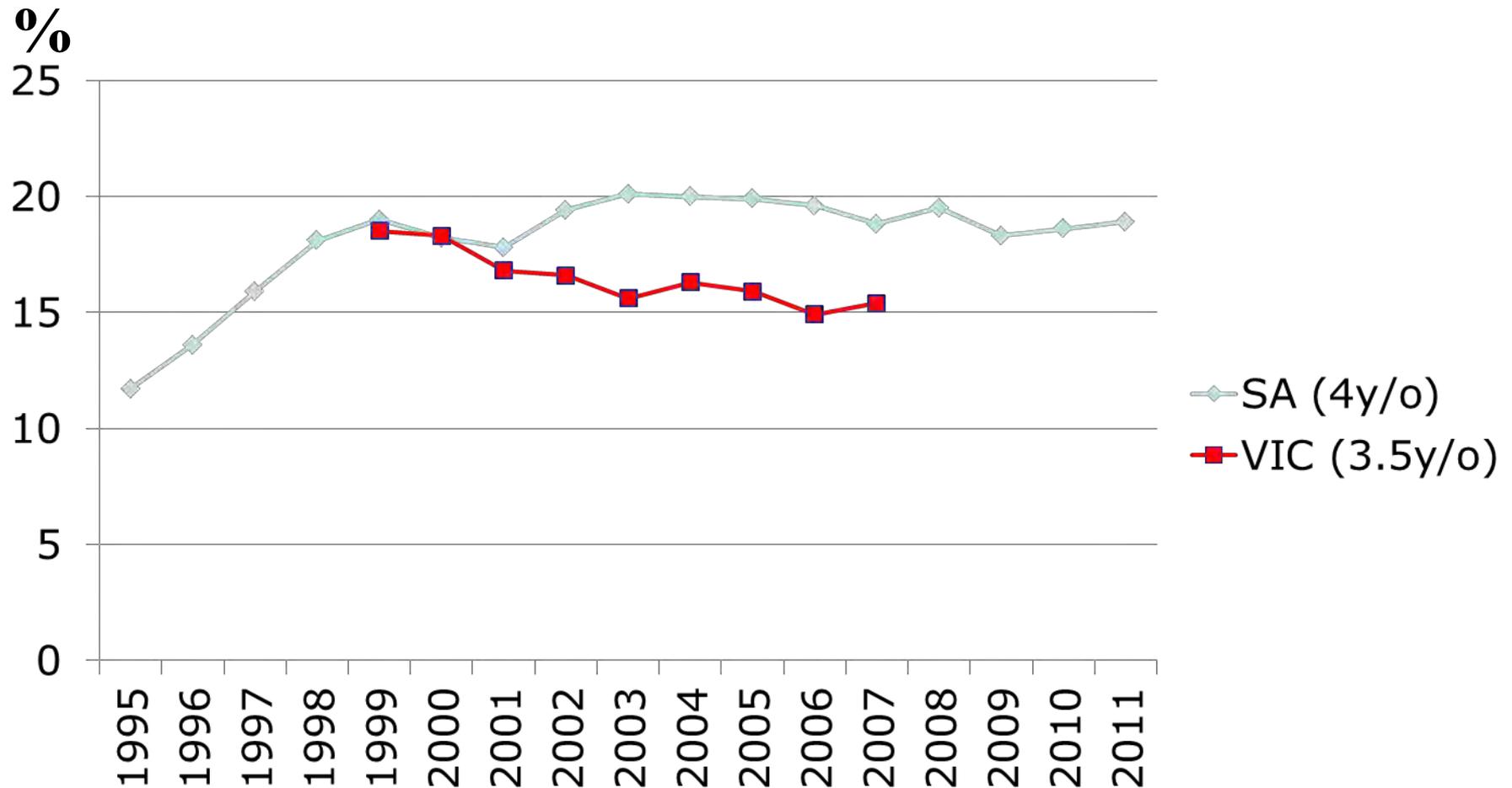
Obesity increase by age group



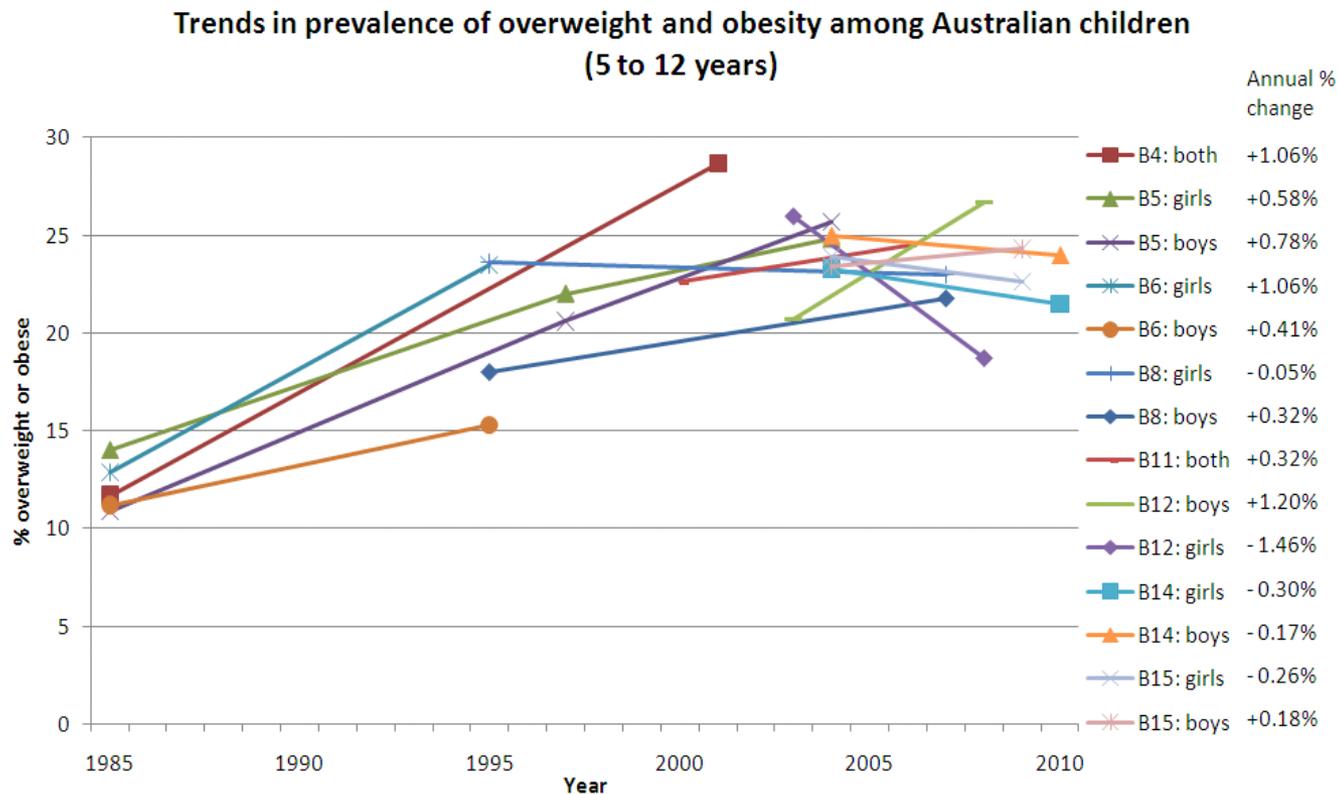
What will the reversal of the epidemic look like?

- Prevention in children
 - Central focus for many reasons
 - Plateau and downward trends starting
 - Good evidence for effectiveness and cost-effectiveness of community interventions
 - No good effectiveness evidence for high risk groups
- 2/3 adults overweight or obese
 - Mass sustained weight loss is unlikely
 - Halting the age-related increase in weight through clinical and community efforts is plausible
 - 'No K is OK' concept has real merit

Overweight & obesity prevalence

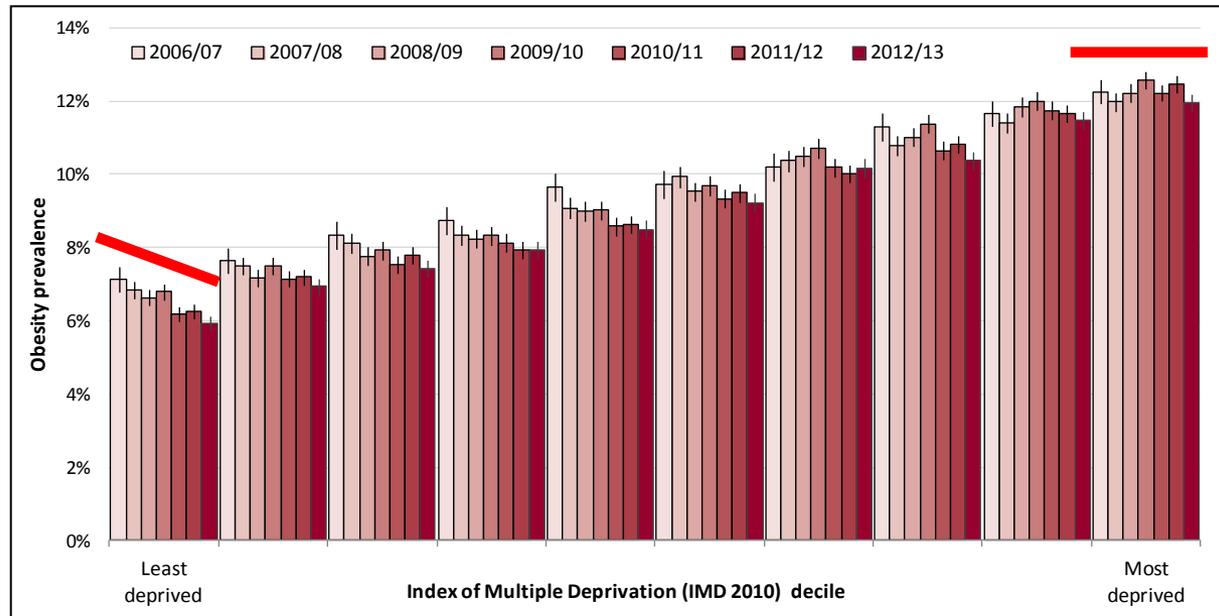


Overweight/obesity plateaus

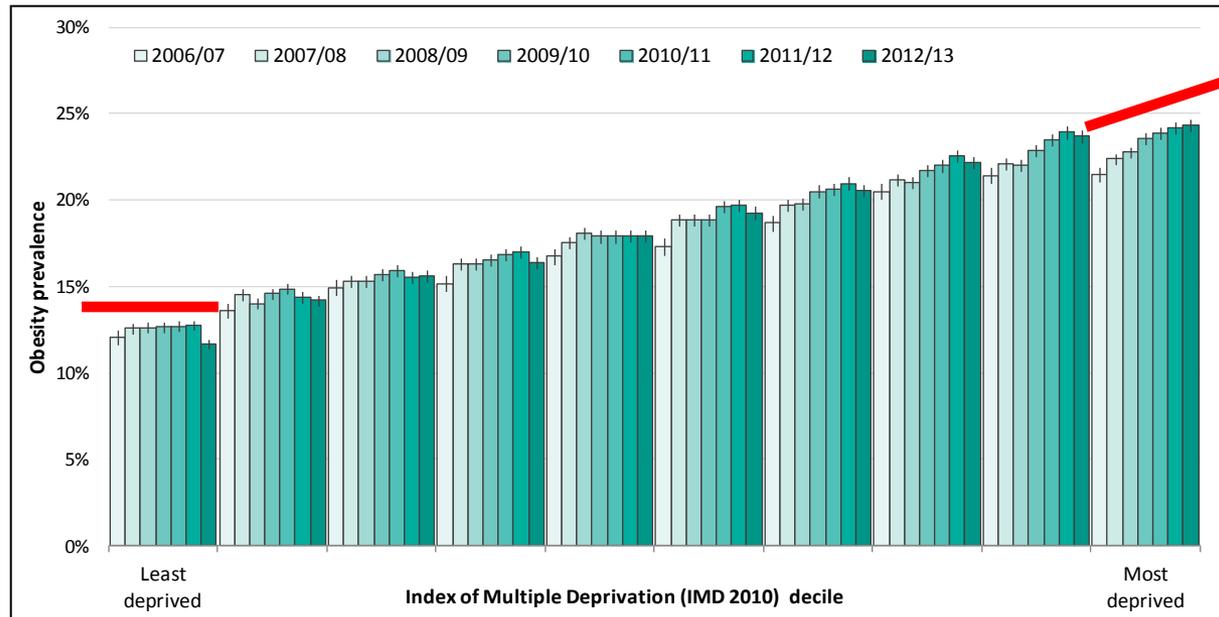


England child monitoring data

4-5 year olds
By year &
deprivation
decile



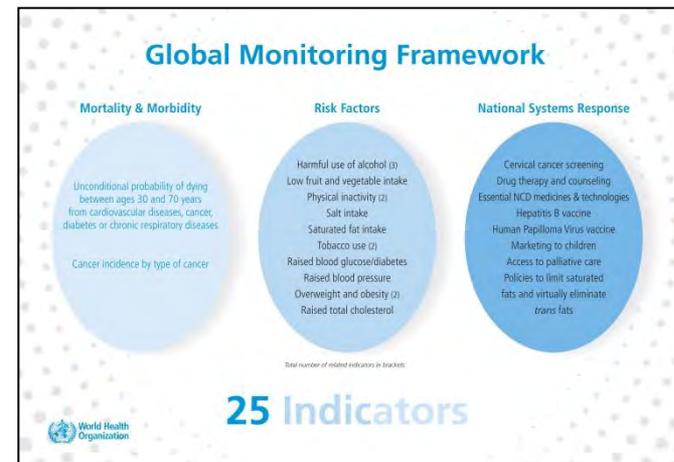
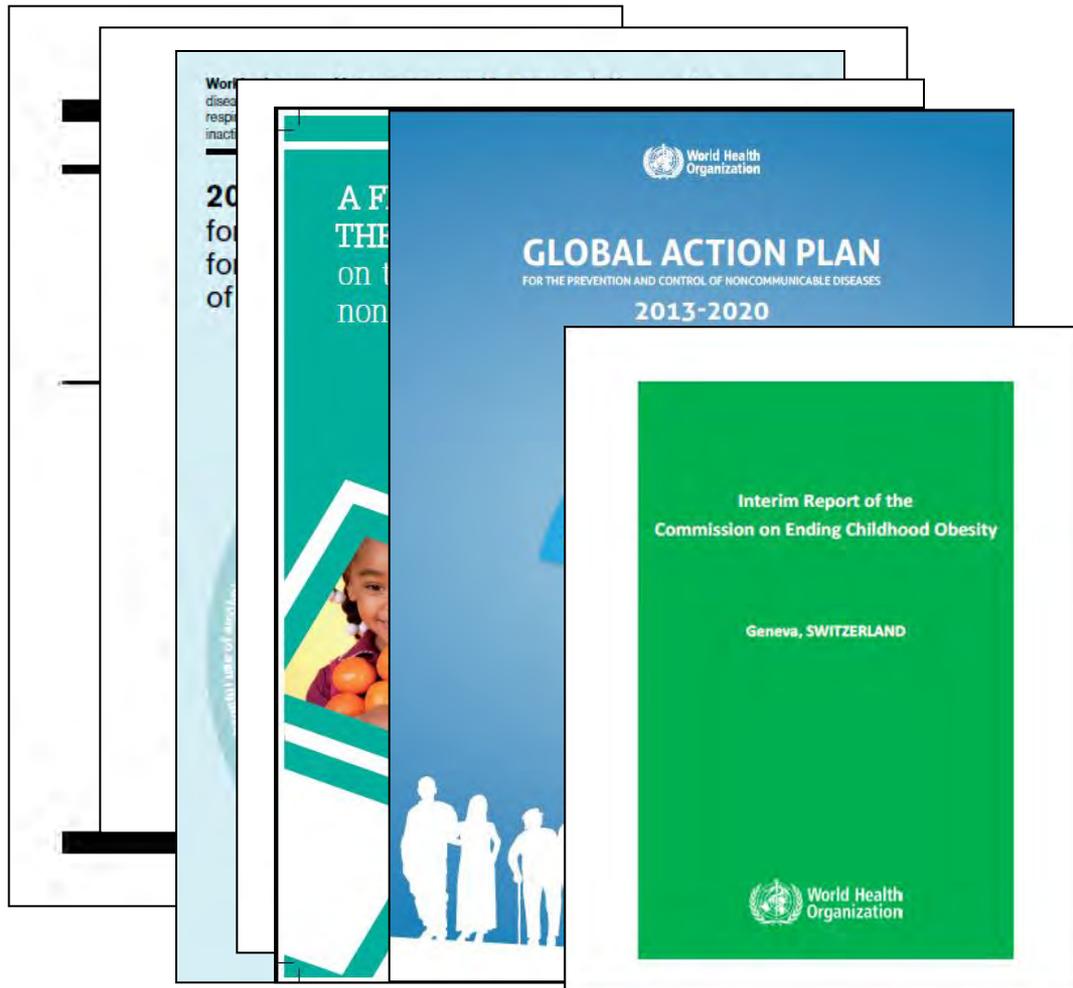
10-11 year olds
By year &
deprivation
decile



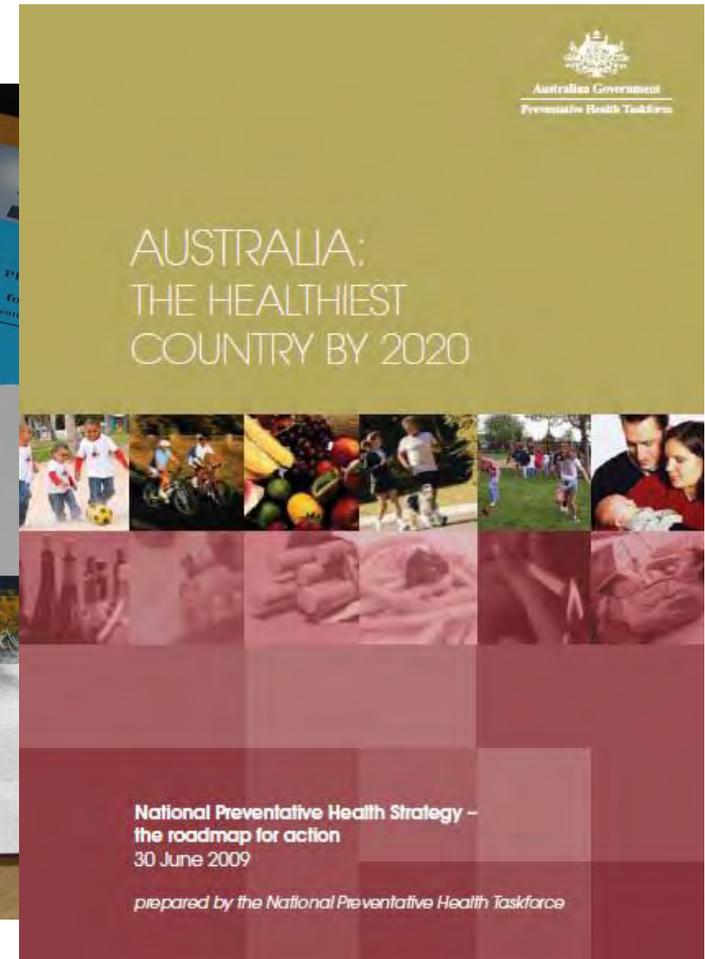
Maximising the downswing

- Children
 - Focus for prevention – systems approaches
 - Extra effort not to increase inequalities
 - Targeted programs (well evaluated)
 - Population policies/regulations
 - Monitor growth throughout childhood
 - Measure growth at touch points – primary care, pre-school checks, immunisations, school nurse/dental nurse, surveys etc
- Adults
 - Focus of no extra weight gain
 - Linked into community and primary care systems approaches

What needs to be done?



Australia's contribution to reports



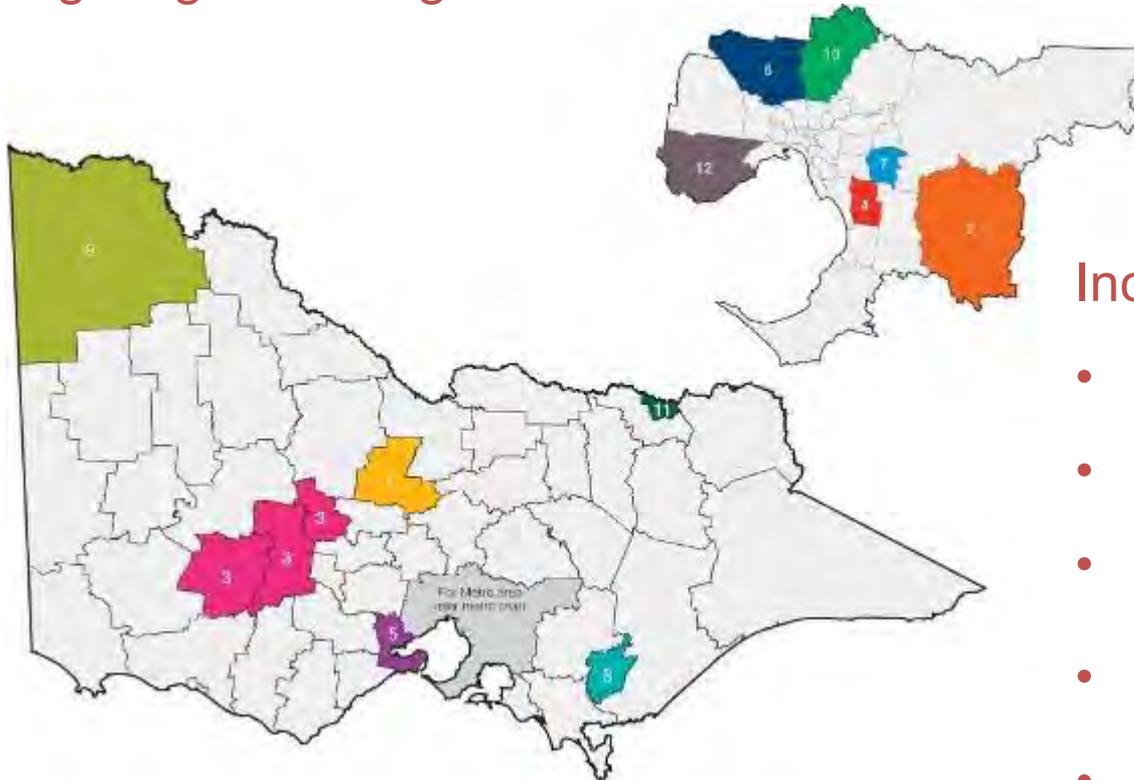
Why has progress been so patchy?

- Food industry push-back
 - Highly successful at lobbying and preventing regulations
 - Soon govt policy space will be far more restricted with foreign investment treaties like TTPA
- Governments
 - Captured by the neoliberal philosophy of minimum government regulations
 - **'Chill effect' of entering a long dog fight with industry**
- Civil society
 - Support for change/regulations/govt action is quiet
 - **'Obesity' is often not the rallying point**

Increasing implementation

- Taking a systems approaches on everything
- ‘Infecting’ communities with the ‘prevention virus’
- Supporting community ‘bootstrap’ engagement and ownership
- Reframing to gain wider ‘movement’ support
- Engaging the clinical health systems and linking with public health / community actions
- Close monitoring – individuals, populations, environments, policy action
- Increasing accountability

Comprehensive health promotion initiative targeting 14 local government areas



Including:

- 938 early childhood centres
- 520 schools
- 4,409 workplaces and
- over 1.3 million Victorians
- 150 new positions in LGAs

A systems approach to chronic disease prevention

Healthy Together Bendigo

Improving people's health where they live, learn, work and play.



Design by Design Experts

For more information on Healthy Together Bendigo, or to register your interest please visit

www.bendigo.vic.gov.au/healthytogether

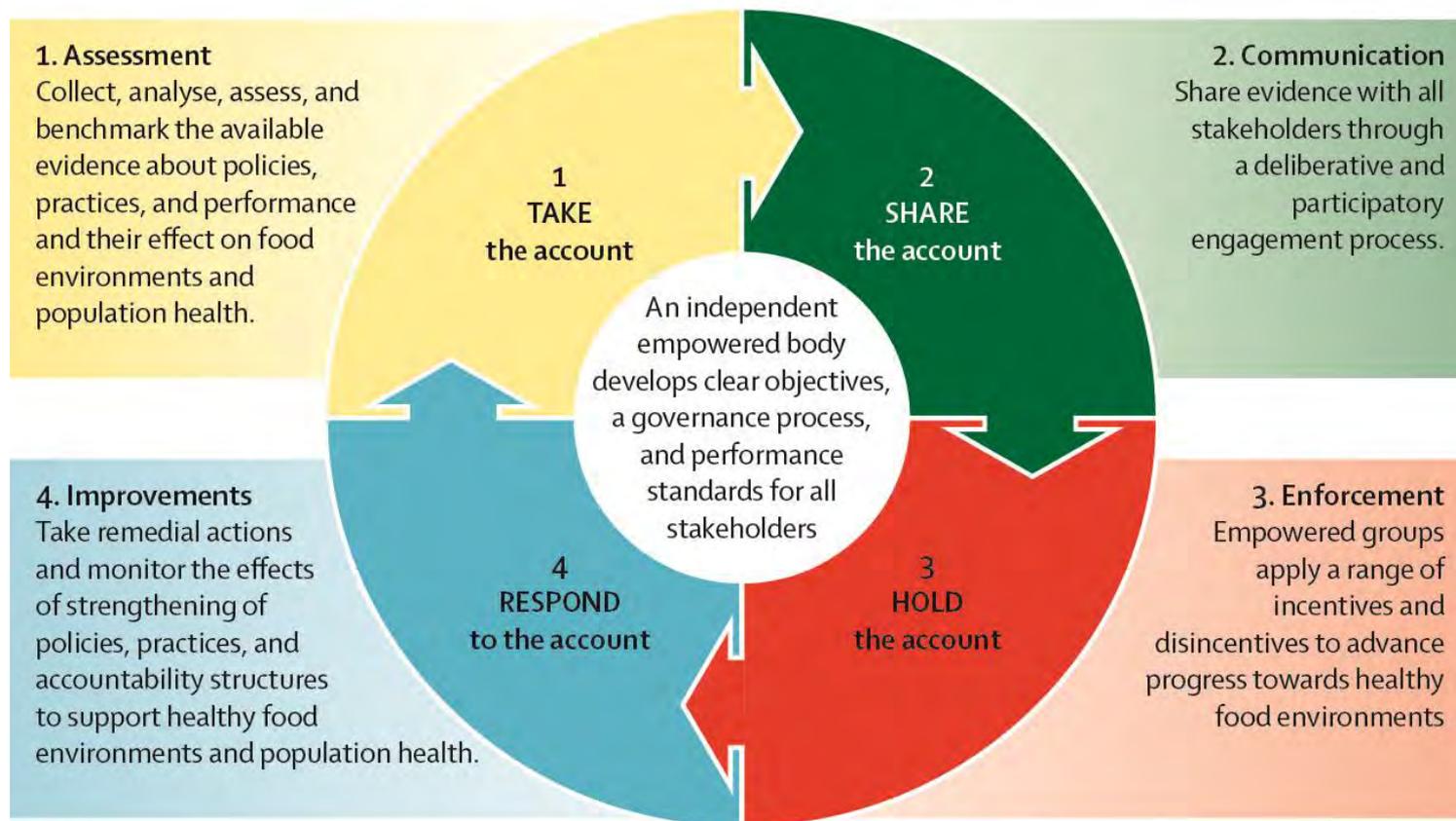


A jointly funded initiative of the State Government of Victoria and the Australian Government

- Chamber of Commerce
- Rent reductions for healthy catering policies
- Design of healthy food outlets into new developments
- Mayors leading community challenges
- Council meetings discussion on leadership for systems change
- Healthy cafes, pubs, restaurants
- Performance measures for CEOs to deliver HTV

NB: Systems audits tell us much more

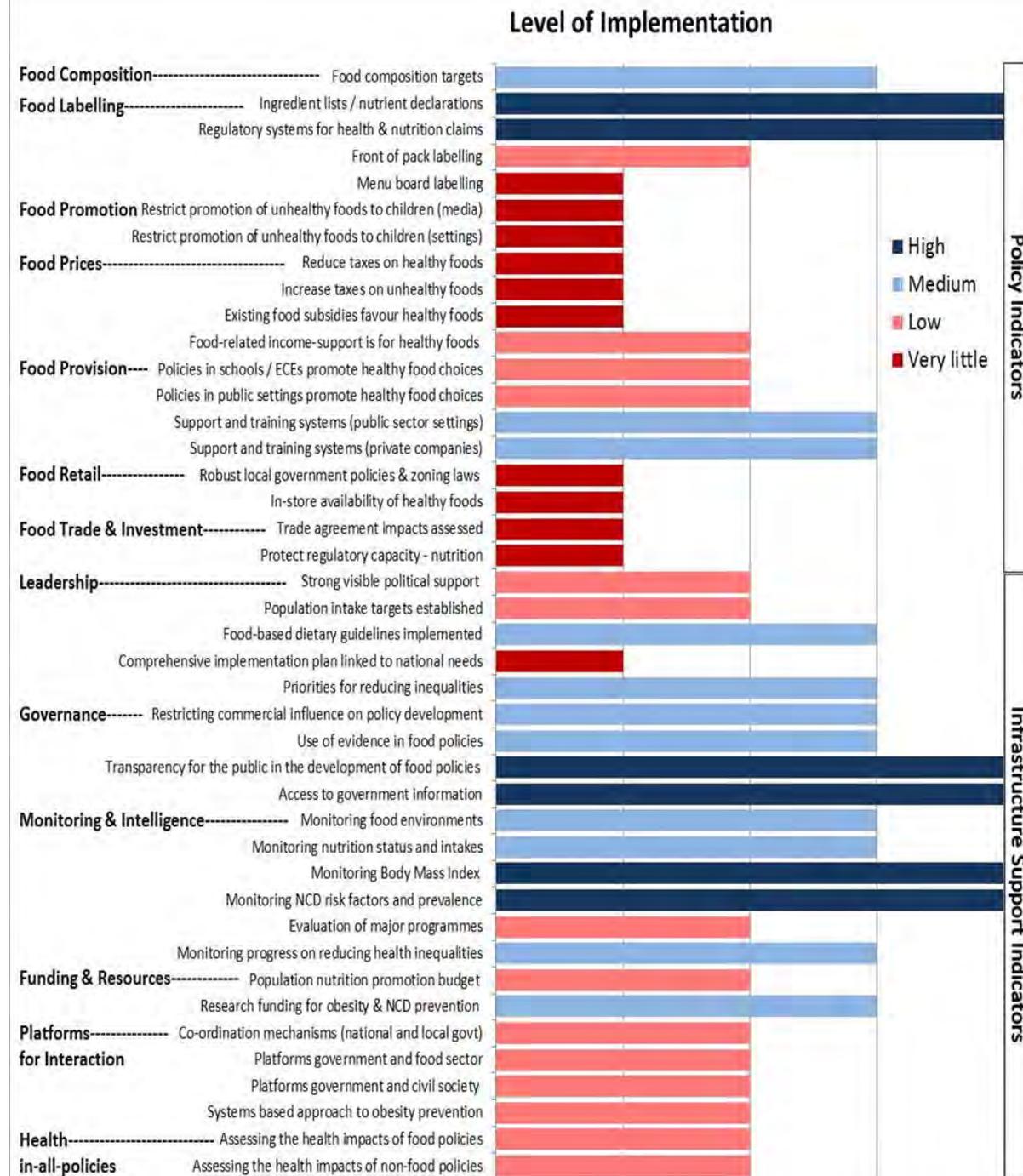
Accountability framework (Swinburn Lancet 2015)



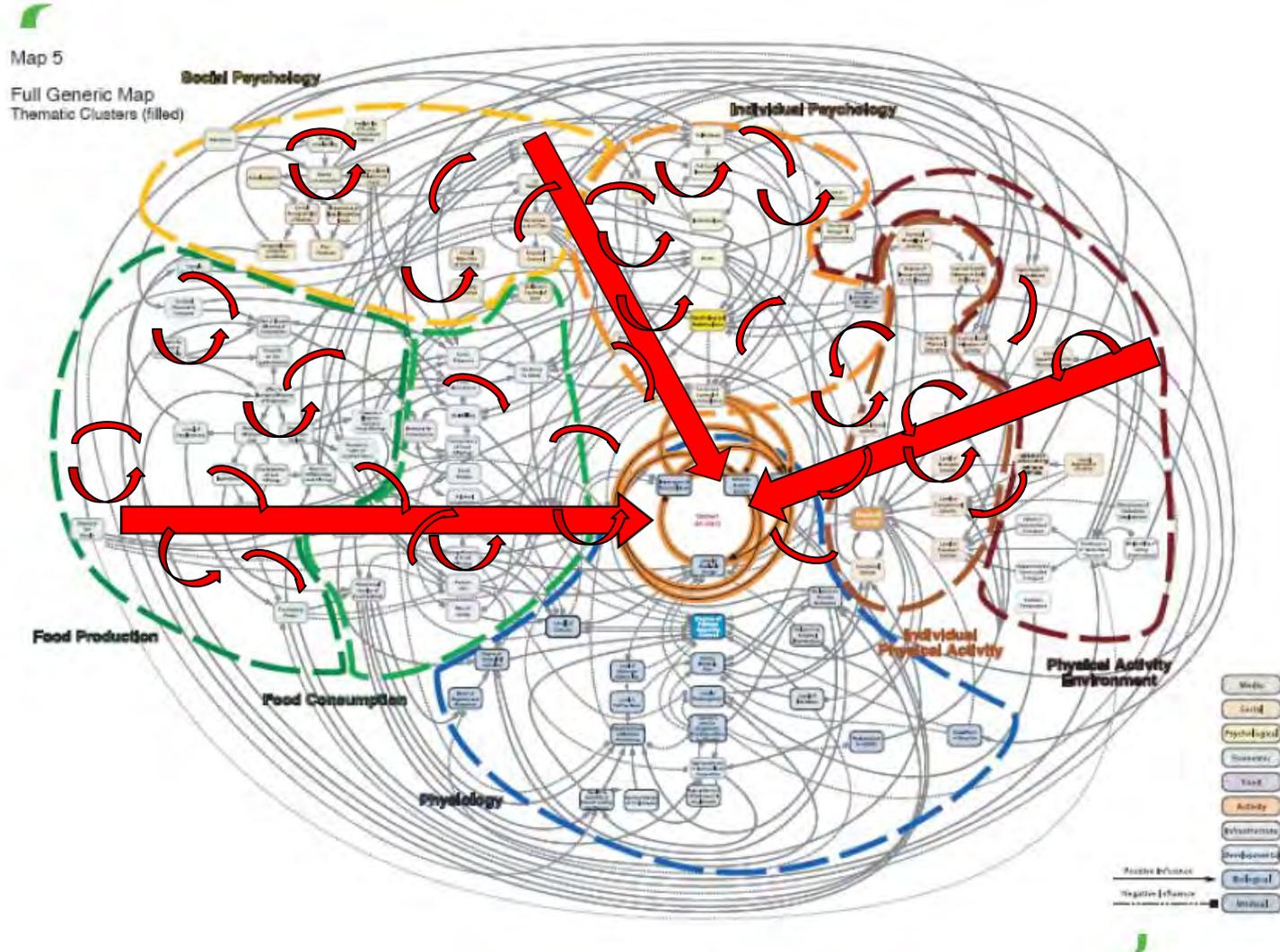
The governance process should be transparent, credible, verifiable, trustworthy, responsive, timely, and fair and have formal mechanisms to identify and manage conflicts of interest and settle disputes.

NZ Food-EPI

- Positives: international standard in 6
- Stronger infrastructure than specific policies
- Major gaps in implementation
 - Marketing to children
 - Fiscal policies
 - Comprehensive plans & funding



Preventing obesity



Some linear policy drivers and many small systems changes are needed