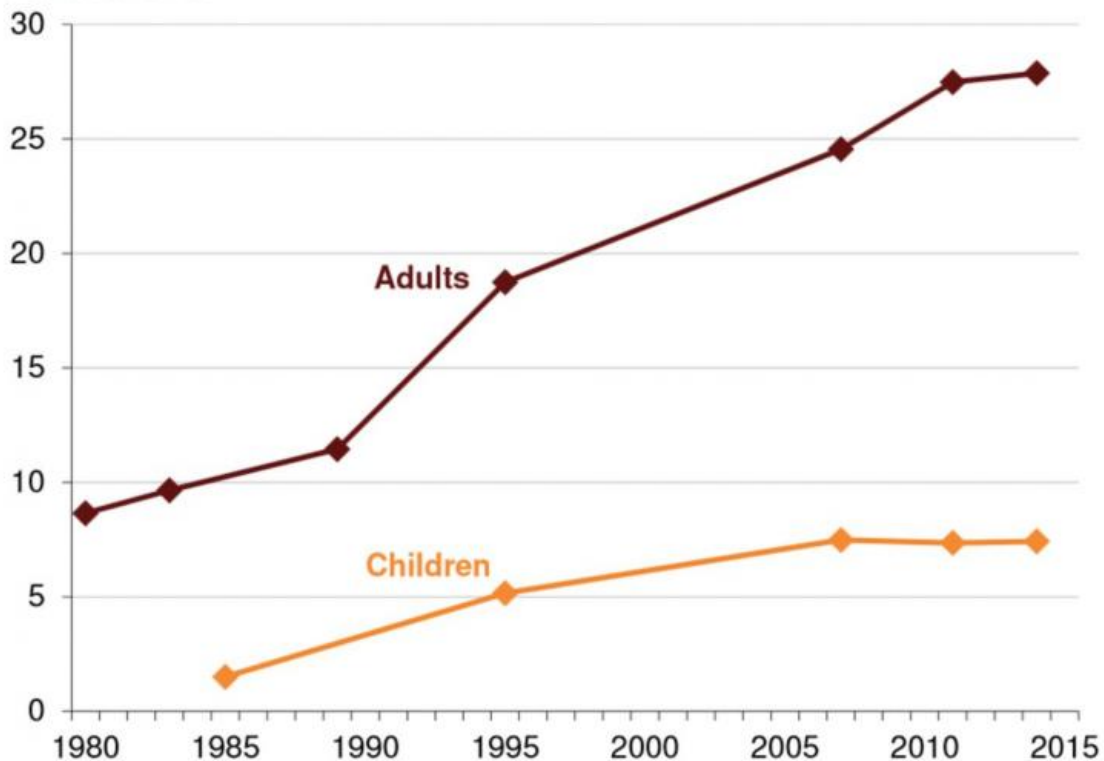


Three wins this week for tackling obesity

November 29 2016, by Dr Alessandro Demaio

Figure 1.1: More than one in four Australian adults are obese

Per cent obese



Notes: Obesity classified as BMI of 30 or more. BMI from measured height and weight. 1980, 1983 and 1989 are adults 25-64, other years 18 and over. Children aged 5-17, except 1985 which is NSW school children (kinder to year 10). Not age-standardised.

Source: Australian Bureau of Statistics (2009), Australian Bureau of Statistics (2013a), Australian Bureau of Statistics (2015a), Australian Institute of Health and Welfare (2003) and Hardy et al. (2010).

When it comes to obesity in Australia, the statistics are alarming – and generally getting worse.

The national prevalence of [obesity](#) has increased significantly over the past few decades. Roughly [three in ten Australian](#) adults are now obese, with a further 36% classified as overweight. Together, that's almost two in three of us.

Seven in every 100 children are obese (and around [one in four](#), overweight or obese) – an increase from almost zero in 1980.

Overweight and obesity are [second only](#) to tobacco, in being the largest contributors to Australia's disease burden.

If no further action is taken to curb obesity growth, [leading economists](#) estimate a total of A\$87.7 billion in additional direct and indirect costs to the Australian economy by 2025.

As this public health challenge continues to grow, year on year, it is easy to feel like we are making limited progress. That we are letting the window for close, and failing not only ourselves and our peers – but also the next generation of young Aussies.

Yet despite all the challenging updates that crossed my desk this week, three good news items stood out. Here, I share them with you – because to paraphrase a favourite quote, let's not risk quitting as we look forward at the long road ahead, but also take inspiration from a moment's glance back, and the many miles already covered.

New report on a sugary drinks tax – recovering the community costs of obesity

Hot off the press this week, is a [new report](#) from the Grattan Institute

focusing on the role and impact a "sugary drinks tax" might have on the health of Australians, and our federal budget.

Reflecting the building thirst for effective policy, it [lays out](#) the evidence for a tax levied at a rate of about 40 cents for every 100 grams of sugar in our drinks. Containing a whopping 210g of sugar (roughly seven times the adult [daily recommendation](#)), this would increase the price of a two-litre bottle of soft drink by about 80 cents – but could raise around A\$500 million in annual revenue to recoup some of the hidden social costs of obesity.

While the authors acknowledge that one single policy is never a panacea, this [latest report](#) supports building evidence from around the world that shows price can play a crucial role in addressing obesity. It also reminds us that increasing the price of sugary drinks is not about taxing, punishing or implementing a new levy, but moving towards [truer pricing](#) of what these products actually cost.

Whether you agree or not, this latest analysis is well worth a thorough read.

TEDx talk on the politics of food

With growing support for smarter policies on obesity, a strengthening counter-current emerges. Food and politics go together like vegemite and toast, and in this new [TEDx talk](#) from the Australian National University's Dr Phil Baker, we learn the realities and challenges facing us as consumers and our food systems at large.

Not to be missed, Phil [insightfully asks](#) and answers what really influences our food choices, and what we can do about it.

New study shows 30 seconds and primary care, is time and money well spent

Finally, as someone working in public health to build and advocate an evidence-based case for greater action on obesity, it can sometimes feel a little like "two steps forward, one step back". For clinicians and GPs working to address obesity with their patients, the tools available can appear similarly lacking.

The last piece of good news this week is a [recent study](#) published in the prestigious health journal, The Lancet. Despite the sometimes pervasive thinking that a limited impact on obesity can be accomplished in brief consultations with our GP, this new study shows the opposite. Through rigorous research methods, it reaffirms both the importance of strong, well supported [primary care](#) – and 30 seconds with your doctor – in bringing in the waistline.

The large study followed more than 1800 patients over one year and found that a behaviourally-informed, very brief, physician-delivered opportunistic intervention is both acceptable to patients and an effective way to reduce population weight.

In other words, it found 30 seconds of structured advice and a referral to a free weight-management group, with follow up after from the GP, was associated with 2.4kg weight loss at 12 months. Sounds small, but added over years and in contrast to the usual upward trend of weight, this is very good news.

It also supports the thousands of doctors, nurses and allied health professionals around the nation working hard to improve the health of us all.

Chin up – progress is being made

While meaningful action on obesity remains alarmingly elusive – our social appetite for accusations of "nanny statism" or individual blame continue to stagger.

But as we near the end of the month that saw an impressive, mounting list of American cities vote in progressive sugar taxes, and a year that saw global leaders and bodies support swift and [comprehensive action on childhood](#) obesity – we cannot lose sight or momentum.

It can be easy to look forward at the long road in front – yes, it will be long – and falter. But instead, let's focus on the strong strides already made, the building movement for action and the [incredible work](#) being done by so many to move the dial on obesity policy.

After all, the challenges faced today will just make reaching that finish line tomorrow, all the more sweet. Pun intended.

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