WEIGHING IN:
Australia’s growing obesity epidemic
Introduction

In the past 20 years, Australian governments have drafted numerous strategy frameworks to tackle obesity. With another national obesity strategy under development, this report reflects on the current state of the obesity epidemic.

Despite the focus obesity has received at various times in the past decade, no lasting comprehensive action flowed from previous strategies and, as a result, Australia has gone backwards at an alarming rate, as this report shows.

In the past 10 years the number of people living with obesity has more than doubled, from 2.7 million in 2007-08 to 5.8 million people today. Over a period of just three years, we now have 900,000 more people in the population living with obesity.

Obesity affects all sections of society, but equity is a major issue with rates being higher in communities with relative socio-economic disadvantage, lower levels of education attainment, regional and remote areas, as well as Indigenous Australians.¹ For example, it was estimated that obesity contributes to 16% of the health gap for Indigenous Australians.²

Each election cycle that we wait to take action, one million more adults will be affected, meaning the next National Obesity Strategy must do more than assess the problem and outline a high-level plan – it needs concrete, comprehensive action and funding.

Now is the time to do something significant about an issue that affects everyone, one way or another. It has become one of Australia’s important equity challenges and most expensive preventable national health problems. Action by Government alone will not be sufficient and there is an important role for social purpose organisations and businesses. However, Government policies and programs are essential to provide the leadership and appropriate framework for action and to enable and support action by other sectors. Obesity needs to be a national priority.

This report was prepared and launched by the Collective for Action on Obesity. The Collective is a platform for committed individuals and organisations from across the community to take on the obesity challenge together, with empathy and a whole of society perspective.

Key facts

- Less than a third of adults in this country are considered to be in the ‘normal weight’ range (not experiencing overweight, obesity or underweight).
- The proportion of the population living with obesity has increased by 3.4% from 27.9% to 31.3%, meaning 900,000 more people are living with obesity since 2014-15, increasing from almost 4.9 million to 5.8 million.
- If the current trend continues, more than 40% of the Australian population will be living with obesity in the next ten years.
- In the last three years, the highest relative growth was in the Class III category (BMI of 40 or higher), with the number in that category increasing by almost one third from 570,000 to 740,000 people with clinically severe obesity.

What the experts say

“If we don’t significantly increase our effort to address obesity, this problem will spiral beyond the Government and community’s ability to control it.”

Annette Schmiede, Executive Leader of the Bupa Health Foundation

“An extra 900,000 people living with obesity in just 3 years is cause for genuine alarm and the notion that 40% of the population may have obesity within 10 years is shocking.”

Stephen Simpson, Executive Director of Obesity Australia and Academic Director of Charles Perkins Centre at University of Sydney

“With the largest increase being in obesity class 3, we’re seeing the growth fastest in the most expensive class of obesity, but also the class where we see the highest risks of health complications.”

John Dixon, GP and obesity researcher at Baker Heart and Diabetes Institute

“We need to be very careful not to just blame individuals for this challenge as the stigma and shame around this topic is unfair and harmful. It is not just a lifestyle choice or due to a lack of willpower as many people assume, we know that there are strong social, biological and environmental drivers of obesity that are outside of people’s control. There are major equity considerations here with Indigenous, non-metro and people living in lower socio-economic status communities being impacted more”

Professor Anna Peeters, Director of the Institute for Health Transformation at Deakin University.
Obesity prevalence among adults

In 1990, it was estimated that around 8% of adults were living with obesity in Australia. That number has grown steadily to 24% by 2007-08\(^3\) and in the following 10 years continued to rise unabated to almost one third of all adults (31.3%) by 2017-18.\(^4\) This is much higher than the OECD average of 19.5%, where Australia ranks in the top 5 out of 44 OECD countries.\(^5\)

<table>
<thead>
<tr>
<th>Year</th>
<th>% with overweight and obesity</th>
<th>% with obesity</th>
<th># of adults with obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>38%</td>
<td>8%</td>
<td>1,224,000</td>
</tr>
<tr>
<td>2004-2005</td>
<td>53%</td>
<td>18%</td>
<td>2,415,000</td>
</tr>
<tr>
<td>2007-2008</td>
<td>61.1%</td>
<td>24.4%</td>
<td>2,761,400</td>
</tr>
<tr>
<td>2011-2012</td>
<td>63.4%</td>
<td>28.3%</td>
<td>4,038,600</td>
</tr>
<tr>
<td>2014-2015</td>
<td>63.4%</td>
<td>27.9%</td>
<td>4,943,900</td>
</tr>
<tr>
<td>2017-2018</td>
<td>67.0%</td>
<td>31.3%</td>
<td>5,844,200</td>
</tr>
</tbody>
</table>

The number of Australian adults that are overweight and living with obesity has also been consistently increasing since 1990 with current rates at 67% of the population.

However, it is the proportion of people living with obesity that has been growing the fastest in the past 10 to 15 years from 18% in 2004-5 to 31.3% in 2017-18.

The number of adults living with obesity has more than doubled in the last ten years, from 2.7 million people in 2007-8 to 5.8 million people in 2017-18.

http://www.abs.gov.au/Ausstats/ABS@.nsf/7d12b0f6763c78caca257061001cc588/90dcb75bd8e76335ca2573da0016e5141/OpenDocument


Looking into the future

If we continue to see the same rates of increase as the past three years, the number of adults living with obesity will be:

- 6.8 million in 2021-22
- 7.8 million in 2024-25 and
- 8.9 million by 2027-28\(^6\)

At current rates of growth, more than 40% of the Australian adult population will be living with obesity within a decade.\(^7\) Even if growth started to plateau in the next decade, the current rates are still too high to ignore.

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Obesity among children

A quarter of the nation's children over 2 years of age, more than 1.2 million, are now living with overweight and obesity. The overall number of children with overweight or obesity has started to plateau in the last six years, however the proportion with obesity has continued to increase in that time.

<table>
<thead>
<tr>
<th>Year</th>
<th>% overweight &amp; with obesity</th>
<th>% with obesity</th>
<th># of children with obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>24.6%</td>
<td>7.0%</td>
<td>249,000</td>
</tr>
<tr>
<td>2014-15</td>
<td>27.4%</td>
<td>7.5%</td>
<td>348,200</td>
</tr>
<tr>
<td>2017-18</td>
<td>24.9%</td>
<td>8.1%</td>
<td>396,400</td>
</tr>
</tbody>
</table>

The number of children living with obesity has increased by 60% since 2011-12 from 249,000 to 396,400 or 24,500 additional children each year.

The prevalence of obesity amongst children means that people will live with obesity for a greater portion of their life. Research shows that health and mortality risks increase with the number of years someone is living with obesity. Children experiencing obesity are five times more likely to also experience obesity as adults.

Overweight and obesity in childhood is linked to poor mental and social health outcomes, as well as complications and chronic conditions. These include Type 2 diabetes, asthma, sleep apnoea, orthopaedic and gastrointestinal problems, and non-alcoholic fatty liver disease which previously were conditions mostly found in older adults.

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Obesity among adolescents

The discourse around obesity is often focused on adults or children and the specific needs for adolescents may be lost in this approach.

Adolescence is one of the most rapid phases of human development, associated with considerable physical, neurodevelopmental, psychological and social changes. The pace of brain development in adolescence and into young adulthood is second only to that of early childhood. Like children, adolescents experiencing obesity are five times more likely to also experience obesity as adults.

Among adolescents aged 16-17 years, we are seeing an alarming trend with a 57% increase in the incidence of obesity in just the last 3-year period.

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In 2014-15, 7.9% of 16-17 year-old adolescents were living with obesity and the rate has since increased to 10.3%. That figure increases to 15.5% for 18-24 year-olds.\textsuperscript{15}

Adolescence is a critical life-stage in the development of obesity as it is a period of increased autonomy which is often associated with irregular meals, changed food habits and periods of inactivity during leisure, combined with physiological changes that promote increased fat deposition, particularly in females.\textsuperscript{16} It is an important period during which young lives can pivot rapidly—in both negative and positive directions.\textsuperscript{17}

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Life with obesity

As we go through life, it becomes harder to turn things around which is evident in the rising incidence of obesity across a lifecycle. The increasing incidence of obesity among young people has flow on effects for later life. When obesity is experienced earlier in life, people are more likely to have obesity later in life and a higher likelihood of more severe obesity.18

Clinically severe obesity is associated with higher health risks, mental health challenges (from stigma), mortality and health system costs.19 In the last three years, the highest relative growth was in the Class III category (BMI of 40 or higher), with the number in that category increasing by almost a third from 570,000 to 740,000 with clinically severe obesity.

We should stop blaming individuals, it is unfair and doesn’t work

The word obesity is loaded with stigma, blame and shame. This stigma is unfair, a barrier to action and harmful. It also contributes to the challenge as it can lead to unhealthy eating and weight practices and avoidance of physical activity. Stigma arises from the misunderstanding of obesity drivers. It is not just a lifestyle choice or due to a lack of willpower or self-control. The science shows there are strong social, biological and environmental drivers. Blaming individuals has not worked. Obesity stigma is associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem.20 This stigma can also lead to a lower quality of care for patients with obesity, ultimately leading to poorer health outcomes and increasing risk of mortality.21

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18 Centres for Disease Control and Prevention, Childhood Obesity Causes & Consequences. https://www.cdc.gov/obesity/childhood/causes.html
The impact on the community

Obesity puts huge pressure on the health system. The risk of complications and mortality impacts increases with higher BMIs and the cost to people’s health and quality of life are immense. Overweight and obesity is a driver for 22 high-cost diseases including diabetes, musculoskeletal conditions (e.g. osteoarthritis and back pain), cardiovascular disease, kidney disease, asthma, dementia and various cancers. For example, it was estimated that 4,000 cancer cases each year are caused by overweight and obesity. It was also estimated that 7% of the total health burden in Australia in 2011 was due to overweight and obesity.

Economic costs

In 2015, PwC and Obesity Australia released the report ‘Weighing the Cost of Obesity: a case for Action’ which outlined the considerable economic costs of the obesity challenge. It estimated that in 2011-12, obesity cost the economy $8.6 billion in direct and indirect costs for that year.

It was estimated that the average additional costs from obesity was $790 in direct costs (e.g. health care costs) and $990 in indirect costs (e.g. productivity and foregone tax) per person, per year. The healthcare costs for people living with more clinically severe obesity (class 3) are almost triple those of class 1.

| Cost of obesity per person in 2011-12 for adults (18+) by cost type and obesity class levels in 2014-15 dollars |
|--------------------------------------------------|-----------|-----------|-----------|
| Obesity classification | Direct cost | Indirect cost | Total cost |
| Class 1 | $580 | $890 | $1470 |
| Class 2 | $1050 | $900 | $1950 |
| Class 3 | $1450 | $1730 | $3180 |
| Total ave per person | $790 | $990 | $1780 |

If we apply the same additional cost per person assumptions (with inflation estimates) to the current population estimates of people living with obesity from 2017/18, then the cost of obesity in 2017-18 is estimated to be $11.8 billion. This is made up of $5.4 billion in direct health costs and $6.4 billion in indirect costs. These estimates are conservative and do not include the considerable quality of life impacts for individuals or their families and carers.

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About the Obesity Collective

This report was prepared and launched by the Collective for Action on Obesity. The Collective is a platform for committed individuals and organisations from across the community to take on the obesity challenge together, with empathy and a whole of society perspective.

The Collective so far has brought together people from over 100 different organisations committed to seeking to address obesity in Australia, including:

- Large corporations such as NAB, PwC and Bupa;
- Professional colleges such as the RACGP;
- People with lived experience of obesity;
- Community and consumer groups such as YMCA and Choice;
- Indigenous organisations such as Indigenous Allied Health Australia;
- State health departments;
- Pharmaceutical and medtech companies;
- Leading academic institutions such as Sydney, Deakin and Monash Universities; and;
- Clinical experts.

The number of organisations who have joined the Collective is growing rapidly, reflecting the breadth and depth of concern about this issue across all parts of the community.

Find out more about the Collective [here](#).