



Fact Sheet 4

Obesity in rural Australia¹

APRIL 2011

Obesity is one of the three areas selected for early action by the Federal Government's new Preventative Health Taskforce Agency. Obesity is preventable and its prevalence is affected by the social determinants of health, with relatively low levels of incidence among people of high socioeconomic status and relatively high levels for those of low socioeconomic status. Obesity is more common in rural and remote areas.

Prevalence

The 2007/08 National Health Survey (NHS) reported that just over 60 per cent of the Australian population are either overweight or obese. About 42 per cent of adult males and 40 per cent of adult females are overweight², with 26 per cent of males and 24 per cent of females classified as obese. Around one-quarter of children aged 5-17 years are overweight or obese.

Obesity is particularly prevalent among men and women in the most disadvantaged socioeconomic groups, including some Aboriginal and Torres Strait Islander peoples and some people living in rural and remote Australia. The NHS showed that the prevalence of obesity increased with remoteness: 22 per cent of people in major cities were classified as obese compared with 35 per cent of those in remote areas.

According to the National Preventative Health Taskforce (NPHT) Technical Report 1, compared with non-Indigenous Australians, Indigenous Australians were:

- 1.2 times as likely to be overweight;
- 1.9 times as likely to be obese; and
- over three times as likely to be morbidly obese (BMI > 40).

In a 2009 report on a study of Sydney school children, the American Journal of Hypertension reported that in 2001 the most striking differences between the most and least disadvantaged socio-economic groups were observed in the prevalence of obesity rather than overweight.

The impact of obesity on individuals in country areas may well be greater than for people in the major cities, as obesity adds to the inherent risk of almost any health condition or intervention, increasing the chances of a patient having to be referred to a higher level of care – away from their small town or isolated area.

The economic cost of obesity

Access Economics estimated the total cost of obesity in 2008 at \$58 billion, comprising \$50 billion in lost wellbeing and \$8 billion in financial costs (such as productivity costs, health system costs, carer costs and transfer costs).

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- Women in the most disadvantaged socioeconomic group had nearly double the rate of obesity of those in the most advantaged group (23 per cent compared with 12 per cent).
- Men in the most disadvantaged group were also significantly more likely to be obese than those in the most advantaged group (20 per cent compared with 13 per cent).



PHOTO: MATT DAVIS

Obesity as a risk factor

Obesity can contribute to many preventable chronic conditions such as Type 2 Diabetes, kidney disease, heart disease, cardiovascular disease, osteoarthritis and some cancers. It is estimated that in 2008 obesity contributed to 24 per cent of Type 2 Diabetes, 25 per cent of osteoarthritis, 21 per cent of cardiovascular disease and some cancers.

Tackling obesity

The NPHT Technical Report 1 confirms that physical activity and food consumption (energy intake) are the principle factors influencing a person's weight.

Physical activity

The 2007-2008 National Health Survey reported that only 28 per cent of Australians aged 15 years and over had moderate to high exercise levels. AIHW figures indicate that, compared with people in metropolitan areas - and perhaps counter-intuitively - those living in regional and remote areas were 1.16 times more likely to be sedentary. Surveys in rural Victoria and South Australia showed that only 30 per cent of men and 21 per cent of women met specified physical activity guidelines.

Access to food

Queensland's 2006 Health Food Access Basket (HFAB) Survey identified higher prices and limited availability of healthy foods as barriers to healthy eating that can compromise nutritional and health status and increase the incidence of obesity. People on

¹ Preparation of this Fact Sheet was led by Megan Andrews.

² The term 'overweight' refers to people who have a Body Mass Index (BMI) of over 25, whereas people who are 'obese' have a BMI over 30.



low incomes – and people in rural and remote areas, where food is more expensive because of transport costs – may well find it more difficult to maintain a healthy diet.

The HFAB survey compared the cost of the same basket of food in different locations. Compared with Brisbane, the average cost of a healthy basket of food was 24 per cent more in very remote stores in the State and 33 per cent more in stores that were both very remote and more than 2000 km from Brisbane.

In June 2008 the Northern Territory Market Basket Survey showed that, on average, the cost of the food basket in remote stores was 19 per cent more expensive than in a Darwin corner store and 23 per cent more than in a Darwin supermarket.

The Queensland HFAB survey found that the availability of 'better nutrition choices' declined with remoteness, and also that the number of missing basic healthy food items was higher in outer regional, remote and very remote areas, with almost 9 per cent of HFAB food items not available for purchase in very remote stores. The NT Market Basket Survey identified cost as the key factor in determining the purchasing choices of socially disadvantaged families.

Tackling the problem nationally

The Federal Government has a number of current campaigns aimed at the prevention and/or reduction of obesity. They include *Measure Up* (www.measureup.gov.au), and *Go for 2* [serves of fruit] and *5* [serves of vegetables] (www.gofor2and5.com.au) which are both largely social marketing campaigns. There is currently a debate in Australia about the ethics and efficacy of certain types of regulation of food labelling and marketing.

There are also various physical activity campaigns which encourage at least 30 minutes of physical activity daily. They include *Be Active* (SA), *Find Thirty* (ACT, WA, and Tas) and *Find Your Thirty* (Qld).

Stephanie Alexander Kitchen Garden project (www.kitchengardenfoundation.org.au) is a nationwide program that works at the community level. Funding is available to schools to start and maintain community gardens, the produce from which is then used in cooking classes.

An example of a statewide physical activity program is VicHealth's *Participation in Community Sport and Active Recreation* (PICSAR) program, conducted at state, regional and local levels. VicHealth (www.vichealth.vic.gov.au) aims to build a sport and active recreation sector that has healthy policies and environments, and strong communities and organisations.

Queensland Health's *Lighten Up to a Healthy Lifestyle* Program (www.health.qld.gov.au) incorporates healthy eating and physical activity and is run throughout the state through various community health centres and Divisions of General Practice. It assists people to eat well, be active, manage stress and make long term behaviour changes to support a healthy lifestyle.

Some local councils, universities, and health services have community projects to address such issues, e.g. expanding footpath networks to make physical activity easier, or building and maintaining community gardens to increase access to fresh fruit and vegetables.

As well as addressing food availability, work needs to be done in many of Australia's more remote areas on the infrastructure required to store food and to prepare it.

Monitoring obesity, its influences and risk factors

Australia monitors obesity trends through National Health Surveys (NHS) and information provided by the States and Territories. The last reliable data on obesity were collected in the 2007-08 National Health Survey, which was designed to obtain national benchmarks on a wide range of health issues, and to enable changes in health to be monitored over time. People in very remote areas were not surveyed in the NHS 07-08.

The NHS findings could be further strengthened by adding other elements such as collecting cholesterol samples, having more questions about food intake, and having a continuous design so results are more comprehensive and the aetiology of diseases in populations is better understood.

Moving forward

The Commonwealth Government has legislated to establish the National Preventive Health Agency, and the National Healthcare Agreement signed off through the Council of Australian Governments (COAG) explicitly addresses healthy weight. COAG has a goal of increasing the number of Australians in the healthy weight range by 5 percentage points on the 2009 baseline by 2017.

Meeting national targets

National targets for healthy weight won't be easily met unless there are specific strategies for rural and remote areas. Developments with the proposed National Food Plan should help lay the basis for greater food security in more remote areas.

Addressing the causes of the problem in rural and remote Australia will increase the likelihood that this target is met. To date, no specific rural and/or remote strategies have been proposed. Health issues and influences differ between metropolitan and rural and remote areas, with the result that strategies and accountabilities such as social marketing campaigns, regulation, and community controlled strategies, policies and plans need to be designed to specifically target people in the bush.

One of the priority recommendations from the 11th National Rural Health Conference argued that food sovereignty and food security are critical issues for the Australian community and governments (www.ruralhealth.org.au).

The development of the National Food Plan, announced by the Commonwealth Government in August 2010, has the potential to have a significant impact on obesity. The plan will address issues such as food security, affordability of food, quality of food and sustainability of Australian food production. This initiative is still in the planning stages, but clearly will need to focus, amongst other things, on regional and remote Australia, where the nation's food is produced, but where (ironically) people's access to healthy food is relatively poor.