

OBESITY IN RURAL AUSTRALIA

...good health and wellbeing in rural and remote Australia

Work on obesity - one of the lifestyle risk factors associated with chronic disease - is specified as a priority under the Act establishing the Australian National Preventive Health Agency. Obesity is preventable. Its prevalence is affected by the social determinants of health, with rates of obesity higher in rural and remote areas than in the cities.

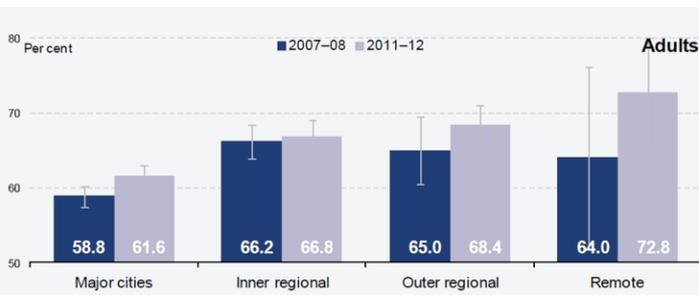


Prevalence

Results from the 2011-12 Australian Health Survey, with information from 47,000 Australians from urban, regional and remote locations, show that 63 per cent of the population are either overweight or obese. This is an increase from 56 per cent in 1995 and 60 per cent in 2007-08. Around one-quarter of children aged 5-17 years are overweight or obese.

In 2010-11 there was an increasing rate of adult overweight/obesity by remoteness. The rate of overweight or obese adults was 61.6 per cent in major cities and increased to 66.8 per cent for inner regional areas, 68.4 per cent for outer regional areas and 72.8 per cent for remote areas.

Proportion of overweight or obese adults by remoteness:



That Survey also involved the collection of biological samples, and initial results show that one in three Australians have high cholesterol levels.

Obesity is particularly prevalent among men and women in the most disadvantaged socioeconomic groups, including some Aboriginal and Torres Strait Islander people and some people living in rural and remote Australia.

According to the Australian National Preventive Health Agency (ANPHA), compared with non-Indigenous Australians, Indigenous males and females were:

- slightly less likely to be overweight; but
- respectively, 1.6 and 2.2 times as likely to be obese.

Women in the most disadvantaged socioeconomic group have 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 are also significantly more likely to be obese than those in the most advantaged group (20 per cent compared with 13 per cent).

The COAG Reform Council reported that in 2011-12 at least 68 per cent of people from regional and remote areas (irrespective of SES) were overweight or obese compared with a similar percentage (67 per cent) from disadvantaged parts of Major cities, and a substantially lower percentage (57 per cent) of people from advantaged parts of Major cities.

Obesity as a risk factor

Obesity is a risk factor for many chronic conditions such as Type 2 Diabetes, kidney disease, cardiovascular disease, osteoarthritis and some cancers.

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).

Tackling obesity

Physical activity and food consumption (energy intake) are the principle factors influencing a person's weight.

Physical activity

The 2011-12 Australian Health Survey reported that 66.9 per cent of Australians aged 15 years or older were either sedentary or had low levels of exercise. This appears to be an improvement on 2007-08 when 71.6 per cent had such levels of exercise. 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 Healthy Food Access Basket (HFAB) Survey identified higher prices and limited availability of healthy foods as barriers to healthy eating. People on low incomes – and people in rural and remote areas, where food is more expensive because of transport costs – are likely to find it harder to maintain a healthy diet.

Compared with Brisbane, the average cost of a healthy basket of food was 26 per cent more in very remote stores in the State and 31 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 the cost of the food basket in remote stores was 19 per cent higher than in a Darwin corner store and 23 per cent more than in a Darwin supermarket.

The 2010 WA Food Access and Cost Survey found that the cost of an average basket of healthy food was 23.5 per cent higher in very remote areas compared with Major cities. Welfare recipients needed to spend about 50 per cent of their income on food compared with 16 per cent for the average person, and the quality and range of healthy foods decreased with remoteness.

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 and prepare food.

Tackling the problem nationally

The Australian National Preventive Health Agency (ANPHA) provides the catalyst for strategic partnerships to promote health and reduce health risk and inequalities, including through the provision of technical advice and assistance to all levels of government.

The Federal Government has a number of current campaigns aimed at the prevention and/or reduction of obesity, including Measure Up, www.measureup.gov.au and Go for 2 [serves of fruit] and 5 [serves of vegetables], www.gofor2and5.com.au Shape Up Australia (www.shapeup.gov.au) provides access to credible, evidence-based obesity prevention and healthy lifestyle information,

services and programs. There is currently an important debate in Australia about the ethics and efficacy of certain types of food labelling and marketing.

There are a number of state-based physical activity programs, some of which can be found at www.vichealth.vic.gov.au and www.health.qld.gov.au Physical activity campaigns encouraging 30 minutes of physical activity daily include Be Active (SA), Find Thirty (ACT, WA, and Tas) and Find Your Thirty (Qld).

The Stephanie Alexander Kitchen Garden project (www.kitchengardenfoundation.org.au) provides support for schools to have community gardens, the produce from which is then used in cooking classes.

Moving forward

The National Healthcare Agreement signed off through the Council of Australian Governments (COAG) includes a goal of increasing the number of Australians in the healthy weight range by 5 percentage points on the 2009 baseline by 2017. The COAG Reform Council reports no progress towards this goal. Nationally, there was no significant change in the proportion of adults or children at a healthy body weight between 2007–08 and 2011–12. In 2011–12, 69.3 per cent of children were 'normal weight' (BMI 18.5–24.9), up from 67.7 per cent in 2007–08. The 2018 target is 72.7 per cent. In 2011–12, 35.4 per cent of adults were 'normal weight', down from 36.9 per cent in 2007–08. The 2018 target is 41.9 per cent.

To work effectively, social marketing campaigns, regulation, and community controlled strategies relating to obesity need to be designed specifically for the bush.

One of the priority recommendations from the 12th National Rural Health Conference argued that food security is a critical issue for rural Australia and therefore for governments. See the recommendations at www.ruralhealth.org.au

The National Food Plan, daff.gov.au/nationalfoodplan/home released in May 2013, addresses food security, the affordability and quality of food, and the sustainability of Australian food production. It will need a specific focus on rural and remote Australia - where the nation's food is produced but where, ironically, people's access to healthy food is relatively poor.



National targets for healthy weight will not be easily met unless there are specific strategies for rural and remote areas.