



4.4 Overweight and obesity

Overweight and obesity refers to abnormal or excessive fat accumulation which presents health risks. It generally arises from a sustained energy imbalance when energy intake through eating and drinking exceeds energy expended through physical activity.

Being overweight or obese increases the risk of chronic diseases such as cardiovascular disease (including heart disease and stroke), type 2 diabetes, musculoskeletal conditions, some cancers and mental health conditions. Mortality risk also increases progressively as weight increases, with being obese presenting greater health risks than being overweight. Weight loss can help reduce the incidence and severity of many chronic conditions.

Who is overweight or obese?

- In 2014–15, an estimated 11.2 million adults (63%) were overweight or obese—6.3 million (35%) were overweight and 4.9 million (28%) were obese. One in 4 children aged 5–17 (27%, or 1 million) were overweight or obese (ABS 2015).
- Overweight and obesity was greater among men (71%) than women (56%), and increased with age from 39% of people aged 18–24 to 74% for those aged 65–74.
- Adults living in the lowest socioeconomic areas were more likely to be overweight or obese than those in the highest socioeconomic areas (66% compared with 58%).
- Overweight and obesity was more common among Indigenous adults, especially rates of obesity (43% compared with 27% for non-Indigenous adults in 2011–13).

Trends in overweight and obesity

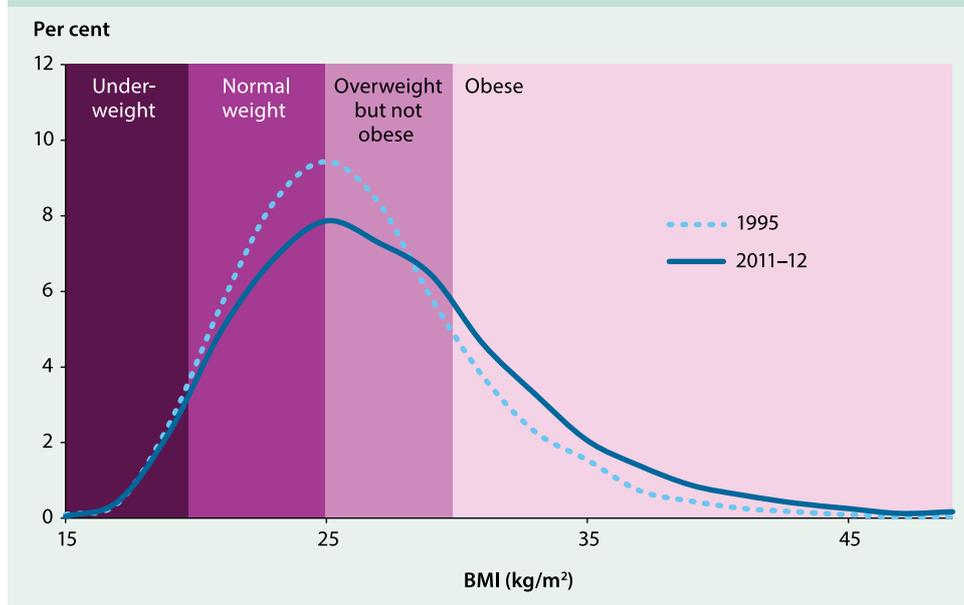
- The proportion of overweight or obese adults increased from 56% to 63% between 1995 and 2014–15. Average weights increased by 4.4kg for both men and women.
- There has been a shift in the distribution of body mass index (BMI), with fewer people in the 'normal' or 'overweight' category and more people in the 'obese' category (Figure 4.4.1).

Factors influencing overweight and obesity

The main factors influencing overweight and obesity are poor diet and inadequate physical activity. As well as being important components in weight management, a healthy diet and regular physical activity also assist in preventing chronic diseases such as heart disease, stroke, type 2 diabetes and colorectal cancer.



Figure 4.4.1: Distribution of body mass index, people aged 18 and over, 1995 and 2011–12



Minimal consumption of discretionary foods—foods and drinks not necessary to provide the nutrients the body needs, and often high in saturated fats, sugars, salt and/or alcohol—and sufficient consumption of fruit and vegetables (recommended intake of 2 and 5–6 serves per day, respectively) are good indicators of a healthy diet (NHRMC 2013).

- In 2014–15, 93% of adults did not eat five serves of vegetables, and 50% did not eat two serves of fruit per day (ABS 2015).
- Discretionary foods contributed 35% of energy intake for adults, and 39% for children and young people aged 2–18 in 2011–12 (ABS 2014).

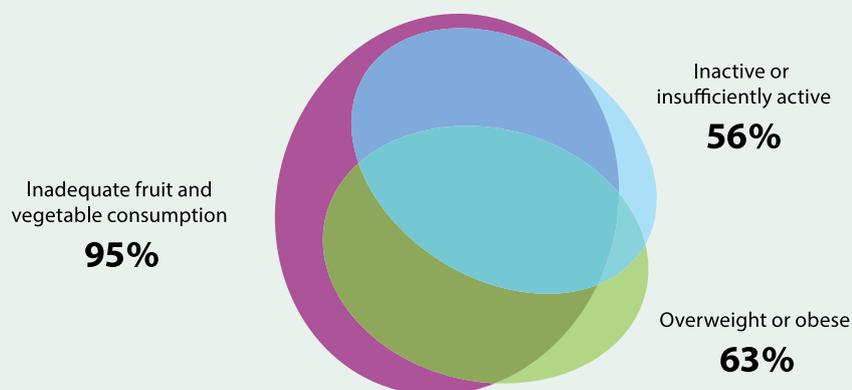
For adults aged 18–64, the recommended minimum level of activity for health benefits is 150 minutes of moderate intensity physical activity or 75 minutes of vigorous intensity physical activity, or an equivalent combination of both, each week (Department of Health 2014).

- Almost half of adults aged 18–64 (45%) were inactive or insufficiently active for health benefits in 2014–15, with rates higher among women (47%) than men (42%) (ABS 2015).
- The proportion of the population inactive or insufficiently active increased with age in 2014–15, from 40% for those aged 18–24 to 59% for those aged 65 and over.
- Among children and young people aged 5–17 years in 2011–12, 80% did not meet physical activity recommendations on all 7 days of the week. Rates increased from 64% for those aged 5–8 to 94% for those aged 15–17 (ABS 2013).

The combination of overweight or obesity, poor dietary intake and/or insufficient physical activity further increases the risk of chronic disease. In 2011–12, most adults who were overweight or obese were also inactive or insufficiently active, and/or had inadequate fruit and vegetable consumption (Figure 4.4.2). Almost one-third (31%) of adults had all three risk factors. This increased to over half (54%) for those with diabetes and 42% for those with cardiovascular disease.



Figure 4.4.2: Graphical representation of the overlap between selected risk factors for chronic disease, people aged 18 and over, 2011–12



What is missing from the picture?

Better data are needed to monitor trends in overweight and obesity among particular groups over time, especially children. Longitudinal research into factors associated with overweight and obesity, such as changing patterns of health, nutritional status, vulnerable populations and education could provide further public health benefits for Australians.

Regular data on food, nutrition and physical activity will inform policy development and resource investment, and assist in evaluation and monitoring. Some data used to report on these aspects are self-reported and may be prone to under-reporting; exploring ways to obtain additional measured data could eliminate some of this bias.

Where do I go for more information?

For more information on overweight and obesity, nutrition and physical activity, refer to www.aihw.gov.au/overweight-and-obesity and www.aihw.gov.au/food-and-nutrition. The following reports are available for free download: [Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: risk factors](#); [Risk factors contributing to chronic disease](#) and [Australia's food and nutrition 2012](#).

References

- ABS (Australian Bureau of Statistics) 2013. Australian Health Survey: physical activity, 2011–12. Cat. no. 4364.0.55.004. Canberra: ABS.
- ABS 2014. Australian Health Survey: nutrition first results—foods and nutrients, 2011–12. Cat. no. 4364.0.55.007. Canberra: ABS.
- ABS 2015. National Health Survey: first results, 2014–15. Cat. no. 4364.0.55.001. Canberra: ABS.
- Department of Health 2014. Australia's physical activity and sedentary behaviour guidelines. Canberra: Department of Health. Viewed September 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/pasb>>.
- NHMRC (National Health and Medical Research Council) 2013. Australian dietary guidelines. Canberra: NHMRC.