

Report card

Australia

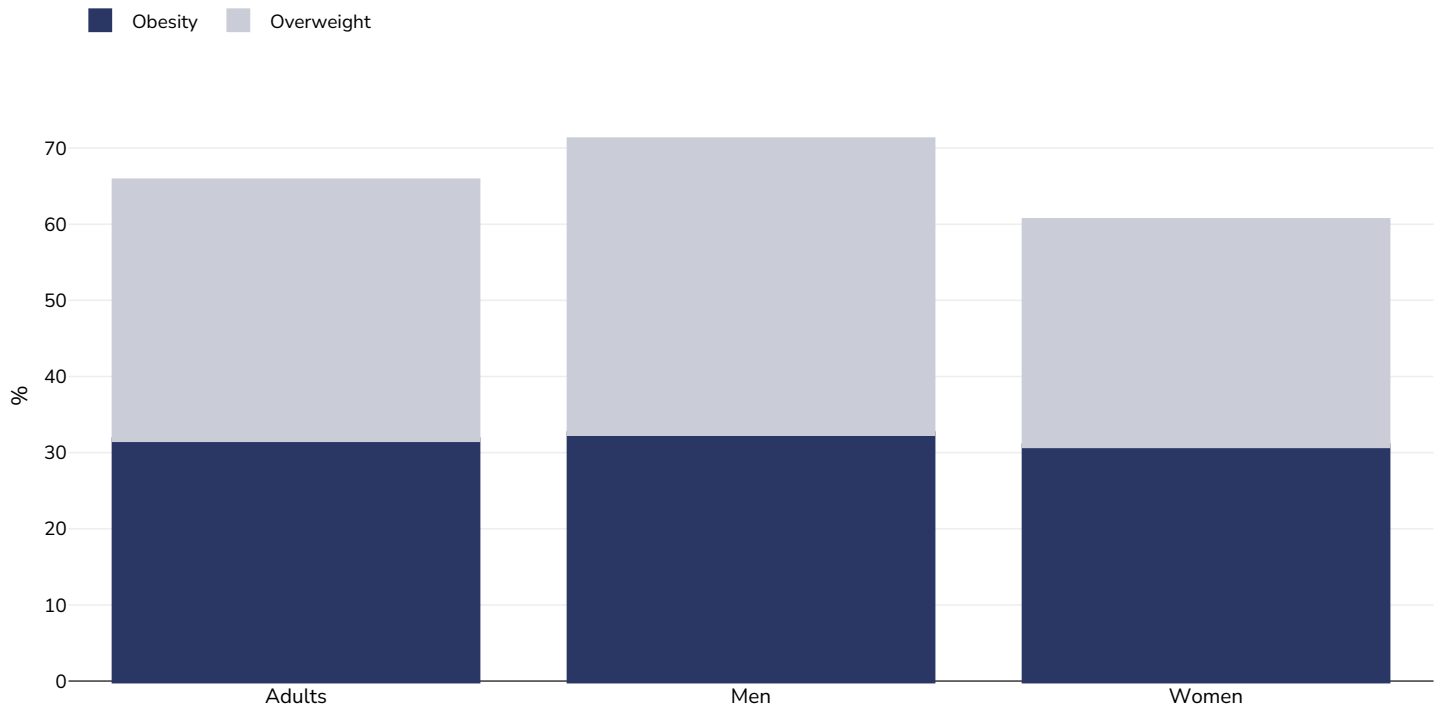


High income

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Obesity prevalence

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

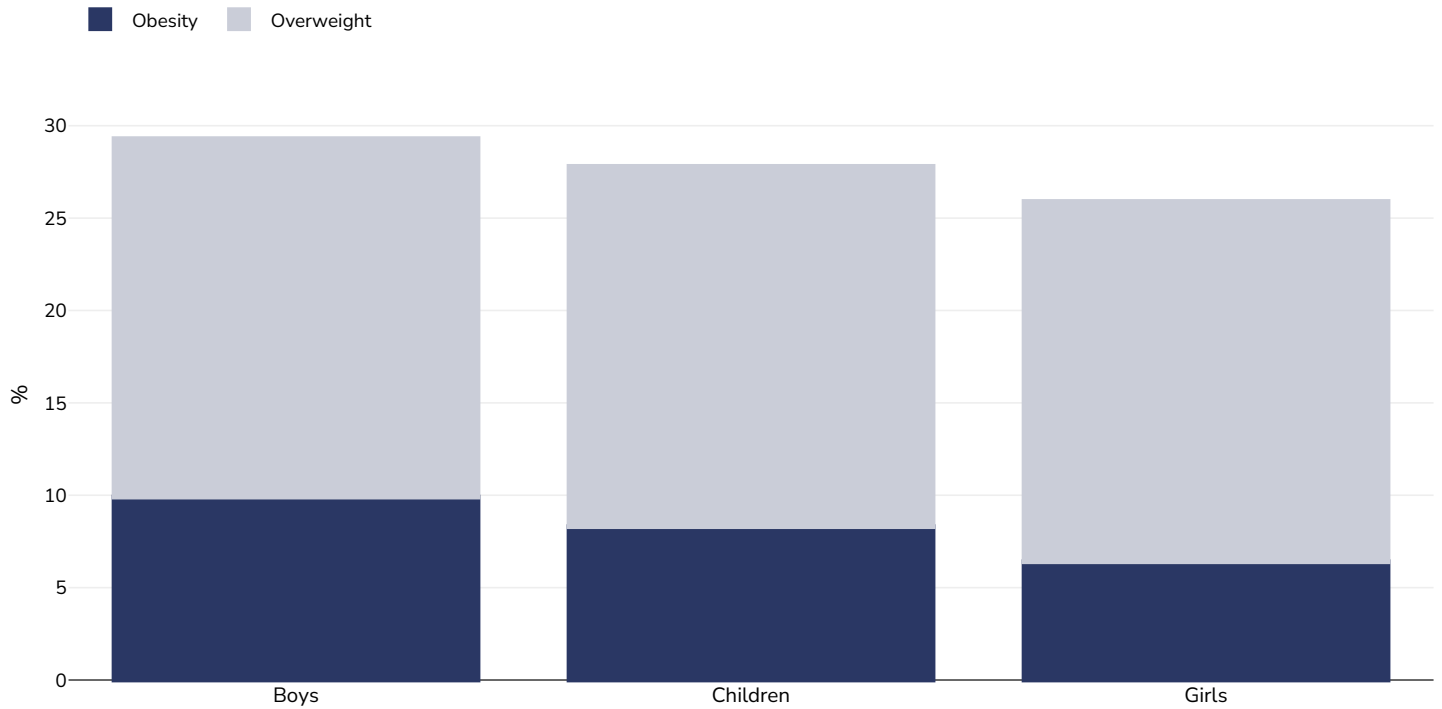
Area covered: National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2022-2023



Survey type: Measured

Age: 5-17

Sample size: ~4222

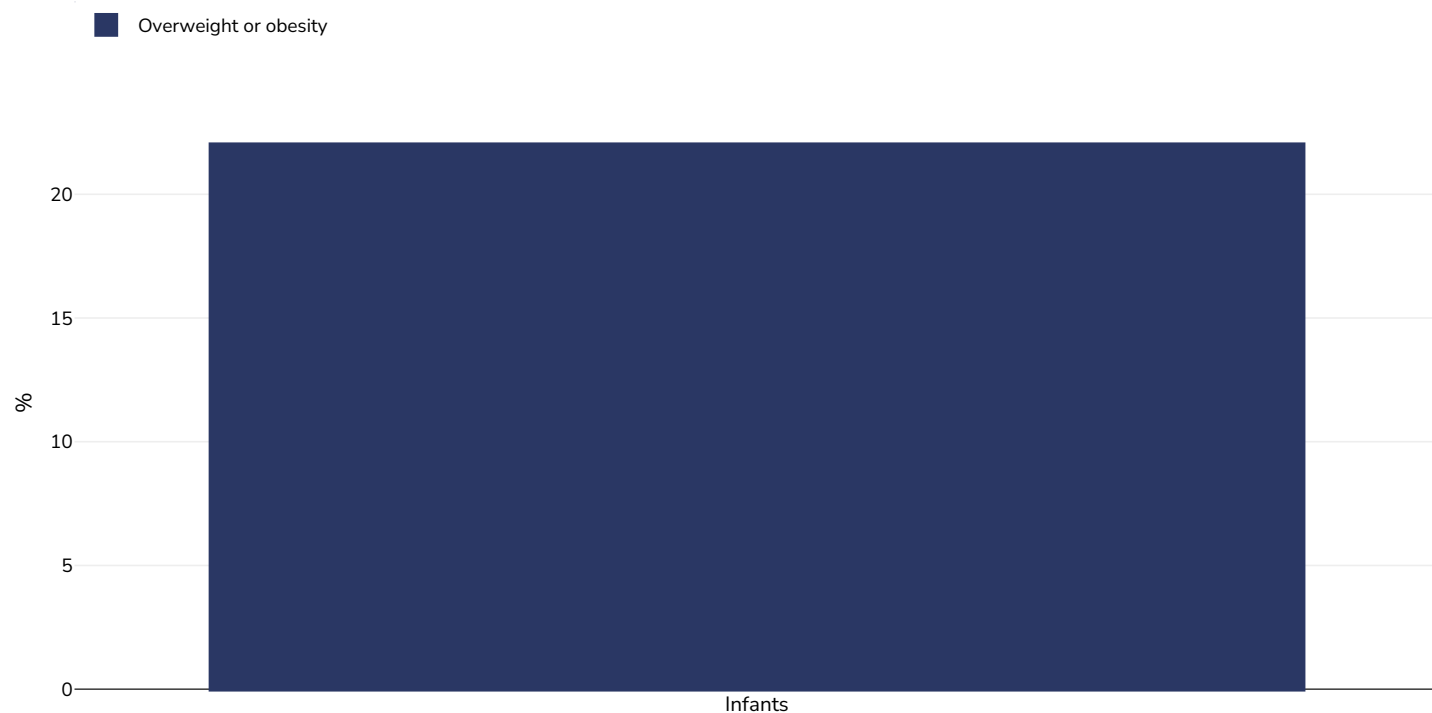
Area covered: National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Cutoffs: IOTF

Infants, 2017-2018



Age: 0-5

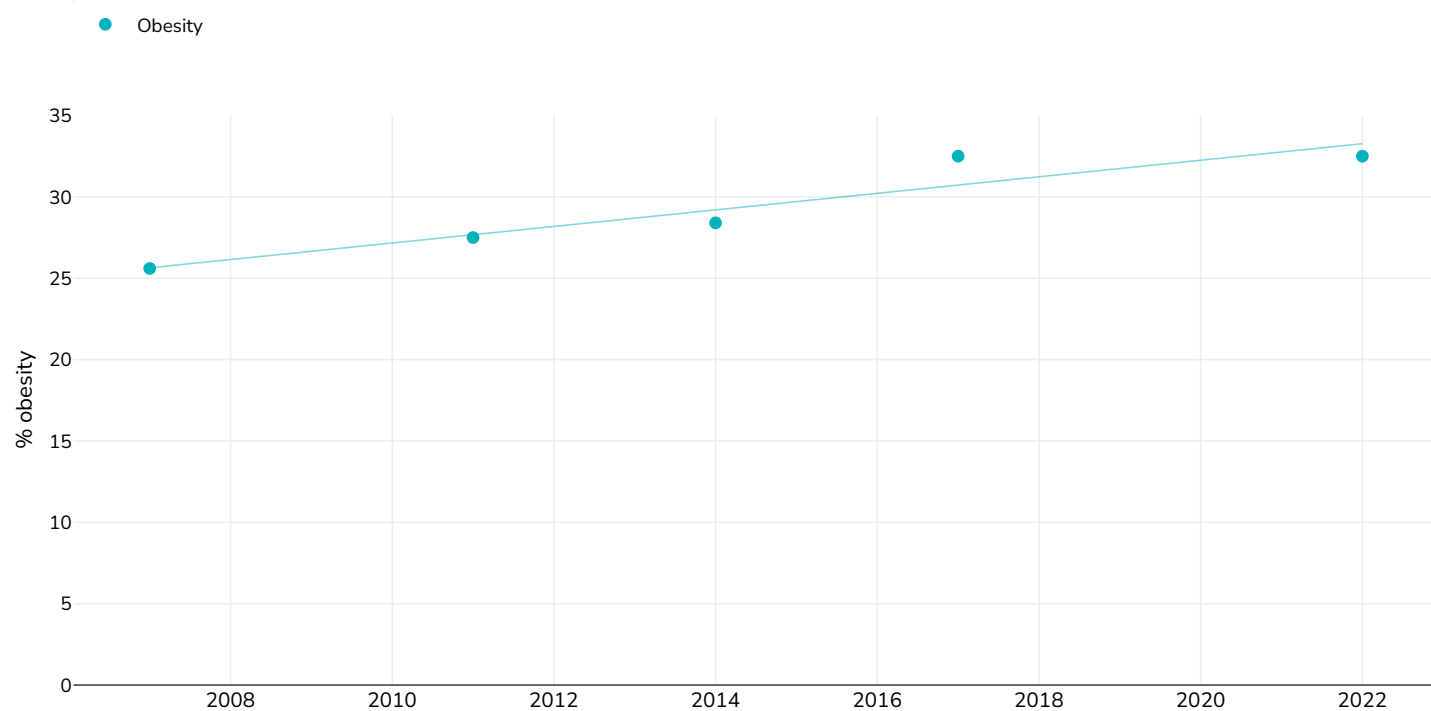
References: Other: Australia National Health Survey 2017-18

Notes: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York. For more information about the methodology, please consult <https://data.unicef.org/resources/jme-2023-country-consultations/> Percentage of children under 5 years of age falling above 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population.

Definitions: =>+2SD

% Adults living with obesity in Australia 2007-2022

Men



Survey type:

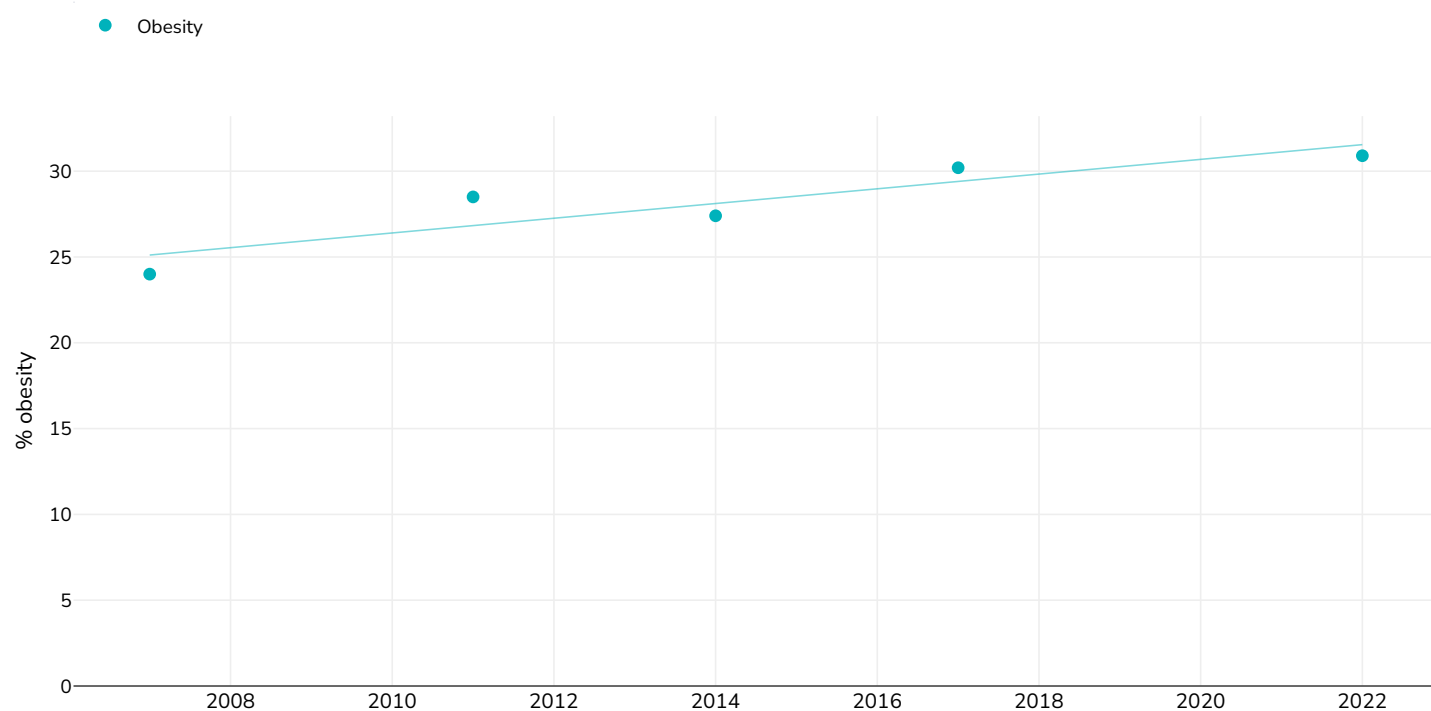
Measured

- References:
- 2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910
 - 2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease. Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011-12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>
 - 2014: Australian National Health Survey, 2014-15 First Results. Australian Bureau of Statistics. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0.55.001Appendix22014-15?opendocument&tabname=Notes&prodno=4364.0.55.001&issue=2014-15&num=&view=> (last accessed 27th September 2017)
 - 2017: Australian National Health Survey 2017-18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)
 - 2022: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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Women



Survey type: Measured

References: 2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910

2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease. Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011-12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>

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2017: Australian National Health Survey 2017-18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)

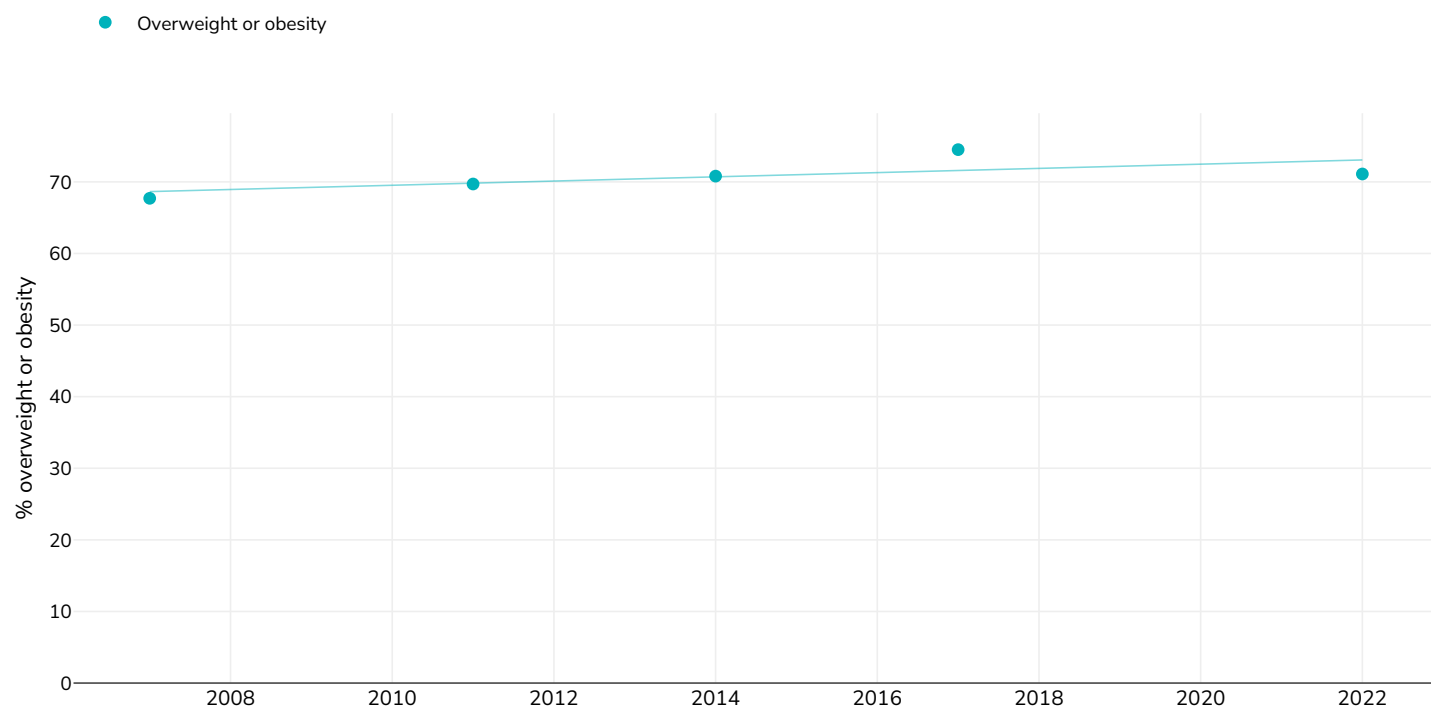
2022: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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% Adults living with overweight or obesity in Australia 2007-2022

Men



Survey type: Measured

References:

2007: Australian Bureau of Statistics (ABS). National Health Survey: Summary of results. Canberra, Australia, ABS, 2009. WHO Global InfoBase reference:102910

2011: Australian Institute of Health and Welfare 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Risk factors. Cardiovascular, diabetes and chronic kidney disease series no. 4. Cat. no. CDK 4. Canberra: AIHW. ABS 2013a. Australian Health Survey: biomedical results for chronic diseases, 2011–12. ABS. cat. no. 4364.0.55.005. Canberra: ABS. Australian Health Survey 2011-12. <http://www.aihw.gov.au/publication-detail/?id=60129550538>

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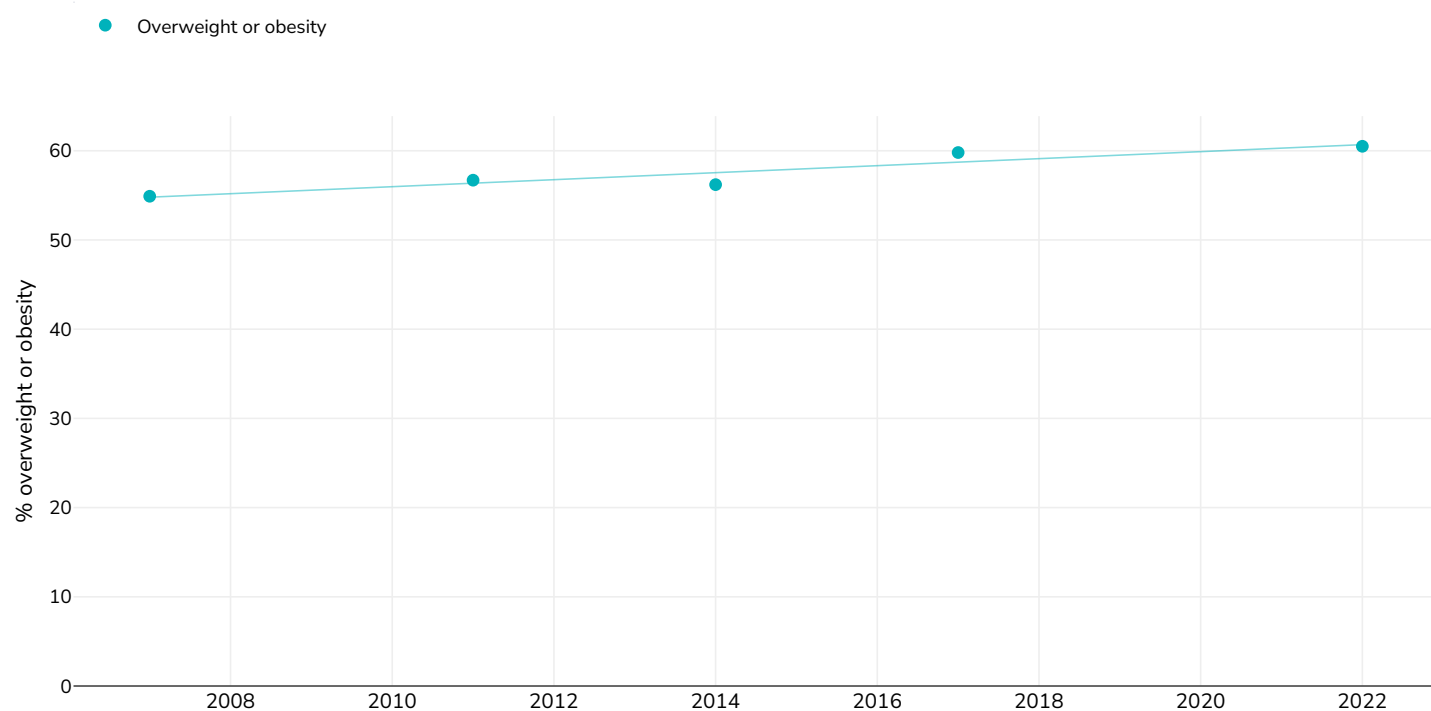
2017: Australian National Health Survey 2017-18 (provisional results). <http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~About%20the%20National%20Health%20Survey~5> (accessed 12.12.18)

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Women



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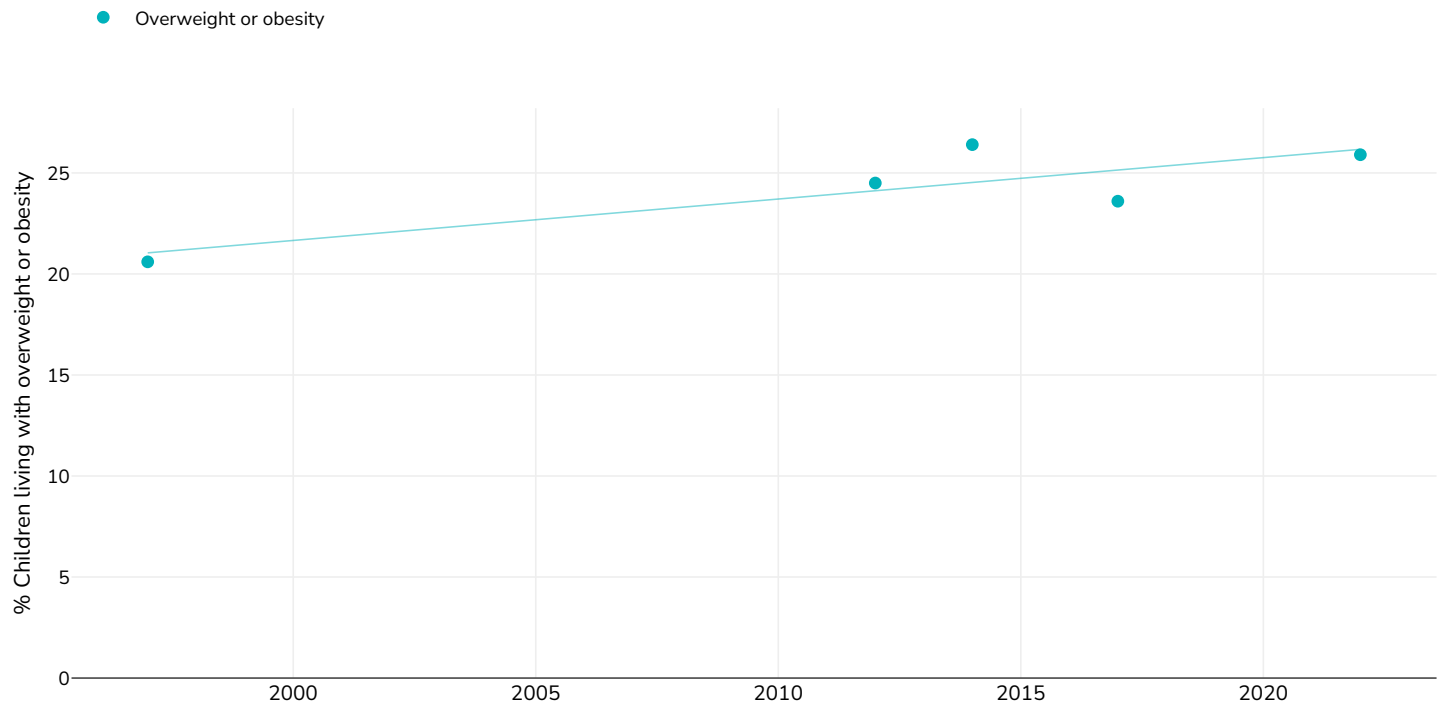
2022: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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Children living with overweight or obesity in Australia

Girls



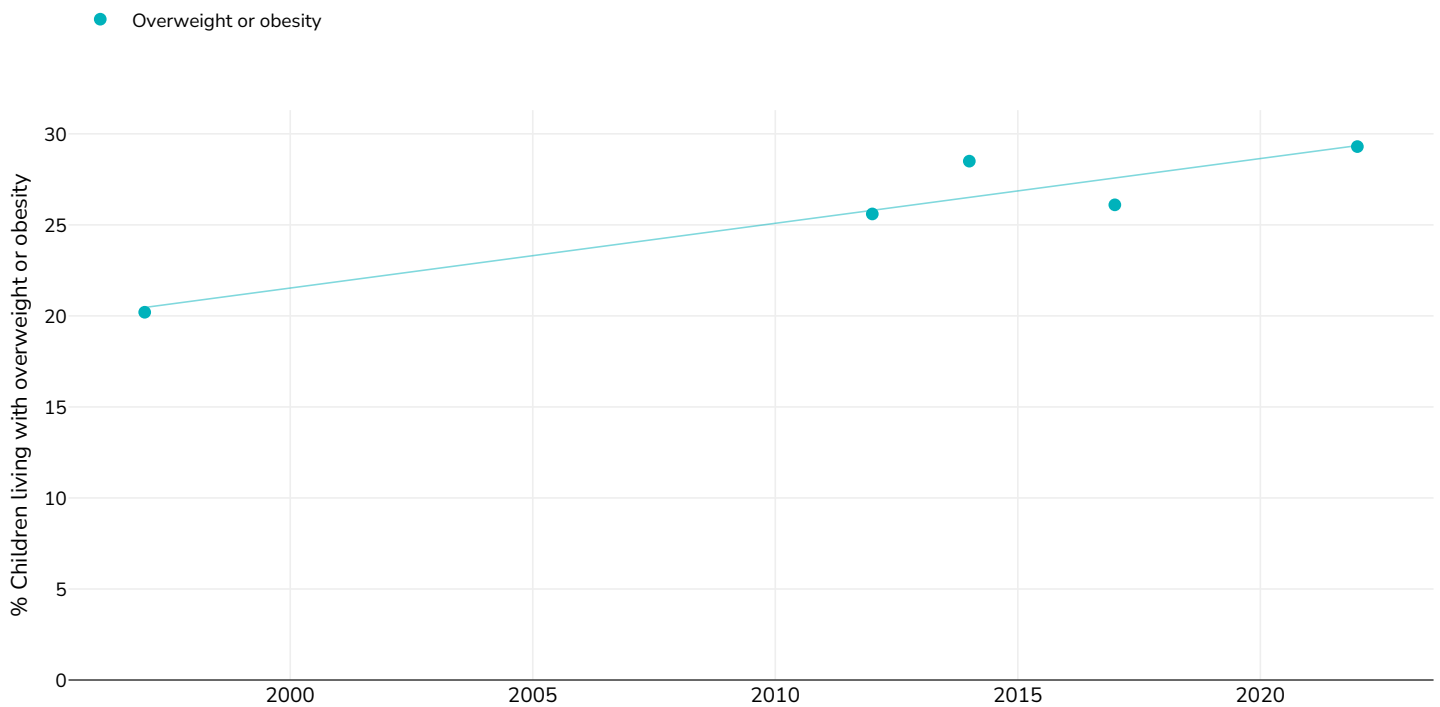
Survey type:

Measured

- References:
- 1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. *Obesity*, 15 (5): 1089 - 1095.
 - 2012: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. *International Journal of Public Health* October 2014, Volume 59, Issue 5, pp 819-828
 - 2014: Australian Health Survey First Results 2014-15 ([http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf) last accessed 4th January 2017)
 - 2017: Australian National Health Survey 2017-18 <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 02.10.2020)
 - 2022: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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Boys



Survey
type:

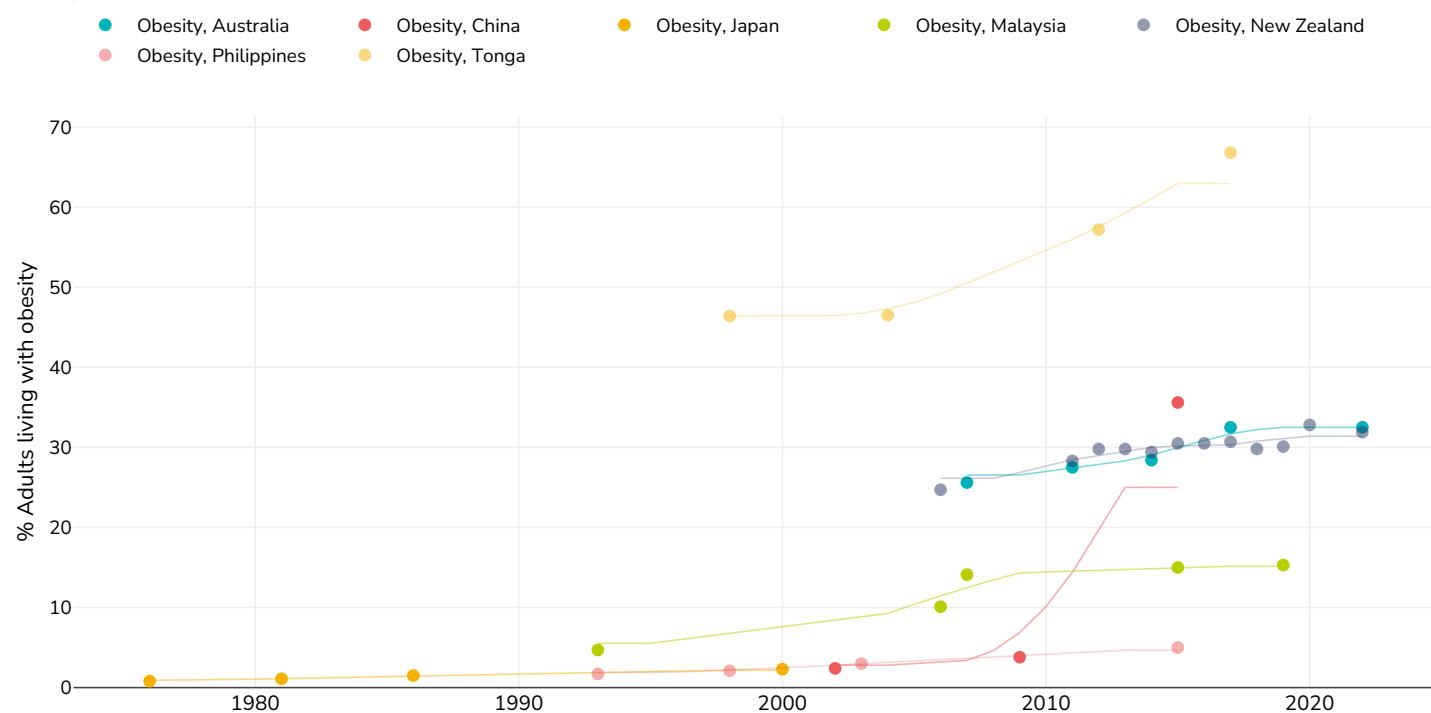
Measured

- References:
- 1997: Booth ML, Dobbins T, Okely D, Denney-Wilson E and Hardy LL. 2007. Trends in the prevalence of overweight and obesity among young Australians, 1985, 1997 and 2004. *Obesity*, 15 (5): 1089 - 1095.
 - 2012: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. *International Journal of Public Health* October 2014, Volume 59, Issue 5, pp 819-828
 - 2014: Australian Health Survey First Results 2014-15 ([http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf) last accessed 4th January 2017)
 - 2017: Australian National Health Survey 2017-18 <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 02.10.2020)
 - 2022: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

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**% Adults living with obesity in selected countries in the Asia/Oceania
Region 1975-2019, selected countries**

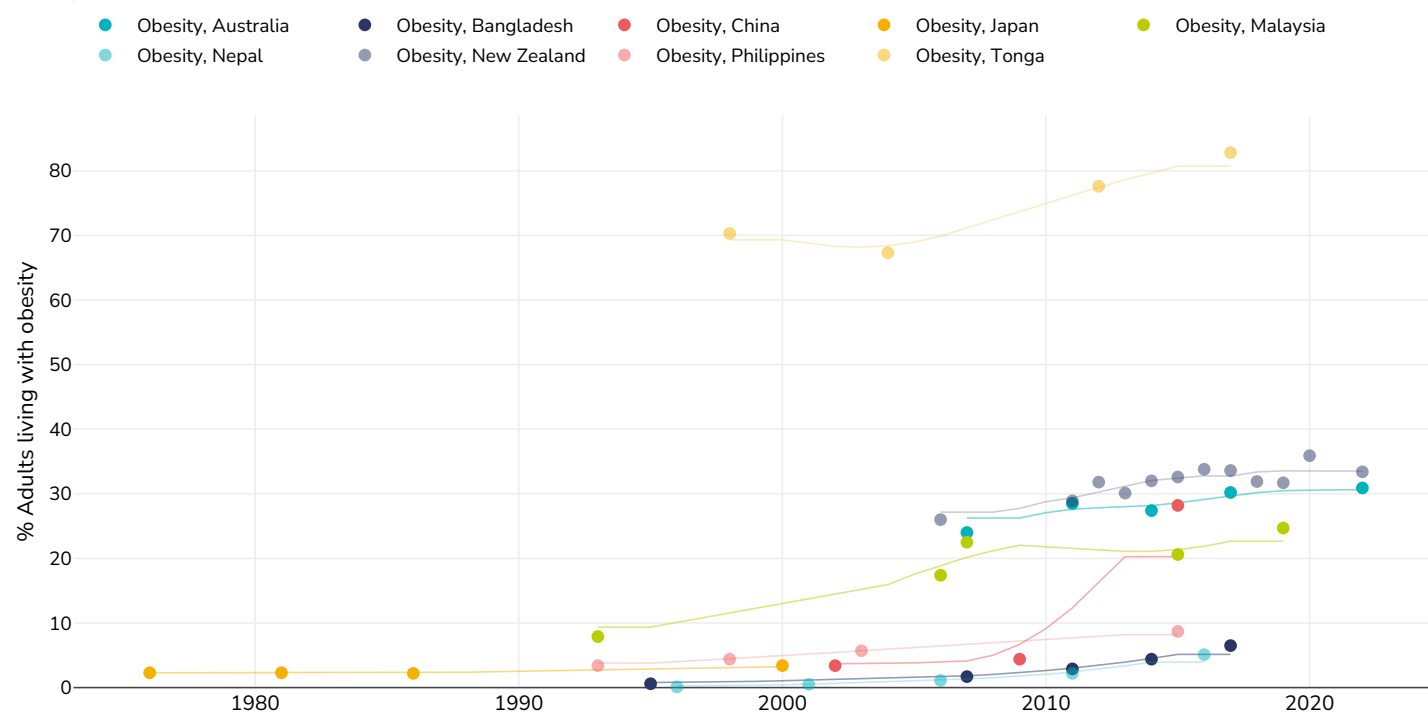
Men



- References:
- 1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
 - 1993: Solon FS. Nutrition related chronic diseases in the Philippines. Makati city, Philippines: Nutrition Center of the Philippines Report Series, vol 2, No.1, cited in Reference 53
 - 1995, 1996: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. *EJCN* (2000) 54:247-252
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 - 2000: Asia Pacific Cohort Studies Collaboration. The burden of overweight and obesity in the Asia-Pacific region. *Obesity Reviews* 2007;8:191-196.
 - 2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
 - 2002: Report of the 2002 China National Nutrition and Health Survey. 2004. (In Chinese). Chinese Ministry of Public Health (CMPH).
 - 2003: <http://www.fnri.dost.gov.ph/files/fnri%20files/nns/factsandfigures2003/anthropometric.pdf> (last accessed June 14th 2011)
 - 2004: Tonga STEPS Survey 2004
 - 2005, 2013: Chang HC, Yang HC, Chang HY, et al. Morbid obesity in Taiwan: Prevalence, trends, associated social demographics, and lifestyle factors. *PLoS One*. 2017;12(2):e0169577. Published 2017 Feb 2. doi:10.1371/journal.pone.0169577
 - 2006: Ministry of Health and Population - MOHP/Nepal, New ERA/Nepal, and Macro International. 2007. Nepal Demographic and Health Survey 2006. Kathmandu, Nepal: MOHP/Nepal, New ERA/Nepal, and Macro International.
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Women



References:

1976, 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190

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2001: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11

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2003: <http://www.fnri.dost.gov.ph/files/fnri%20files/nns/factsandfigures2003/anthropometric.pdf> (last accessed June 14th 2011)

2004: Tonga STEPS Survey 2004

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2006: Ministry of Health and Population - MOHP/Nepal, New ERA/Nepal, and Macro International. 2007. Nepal Demographic and Health Survey 2006. Kathmandu, Nepal: MOHP/Nepal, New ERA/Nepal, and Macro International.

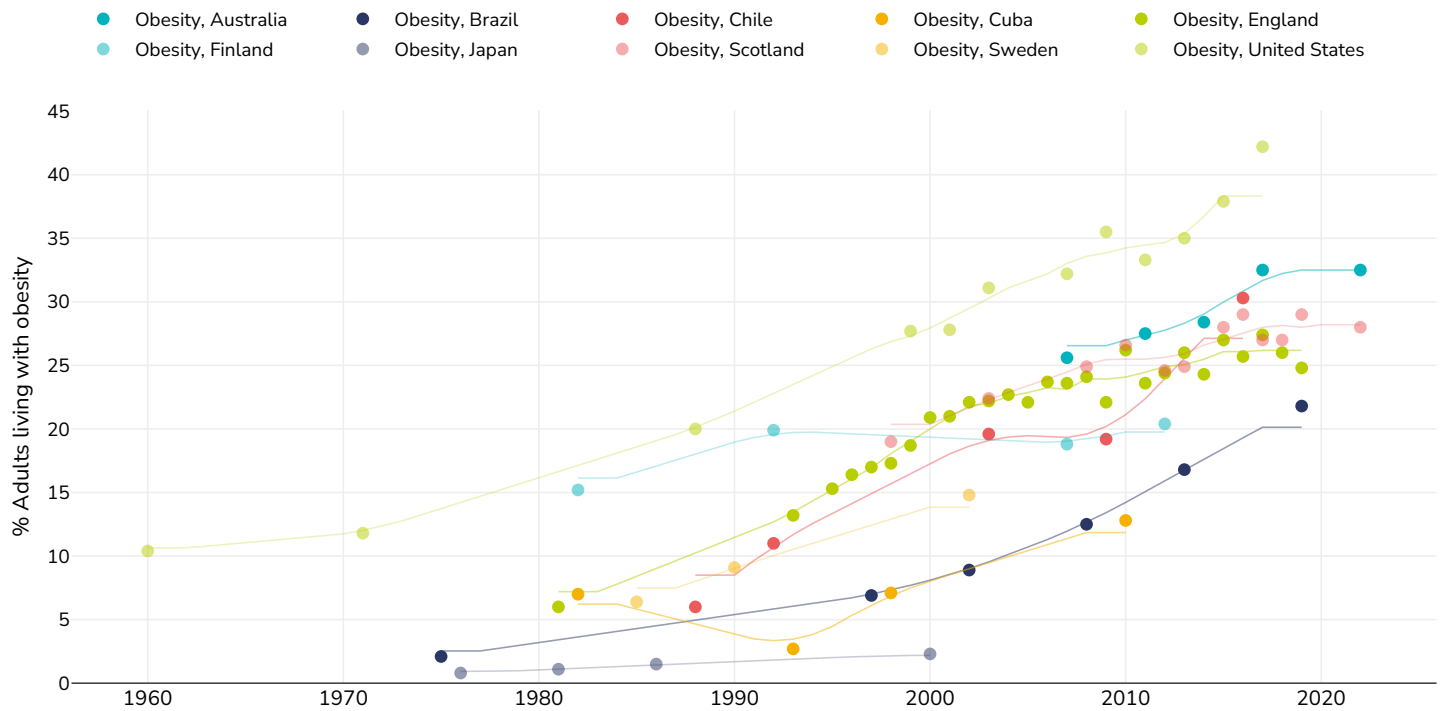
2007: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 2008. Bangladesh Demographic and Health Survey 2007: Key Findings. Calverton, Maryland, USA: NIPORT, Mitra and Associates, and Macro International.

2009: Yan, S., Li, J., Li, S., Zhang, B., Du, S., Gordon-Larsen, P., Adair, L. and Popkin, B. (2012), The expanding burden of cardiometabolic risk in China: the China Health and Nutrition Survey. *Obesity Reviews*. doi: 10.1111/obr.11467

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

**% Adults living with obesity in selected countries worldwide 1976-2018,
selected countries**

Men



References:

1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47

1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112

1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190

1982, 1993: Rodriguez-Ojea A, Jimenez S, Berdasco A, Esquivel M. The nutrition transition in Cuba in the nineties: an overview. *Public Health Nutrition* 2002;5(1A), 129-133

1985: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 Aug;29(8):916-24

1990: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 online published ahead of print.

1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under- to Overweight. *Journal of Nutrition* 2001;131:S893-S899

1995: Health Survey for England 1995.

1996: Health Survey for England 1996.

1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196

1998: Scottish Health Survey 1998

1999: Health Survey for England 1999.

2000: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295(13):1549-1555

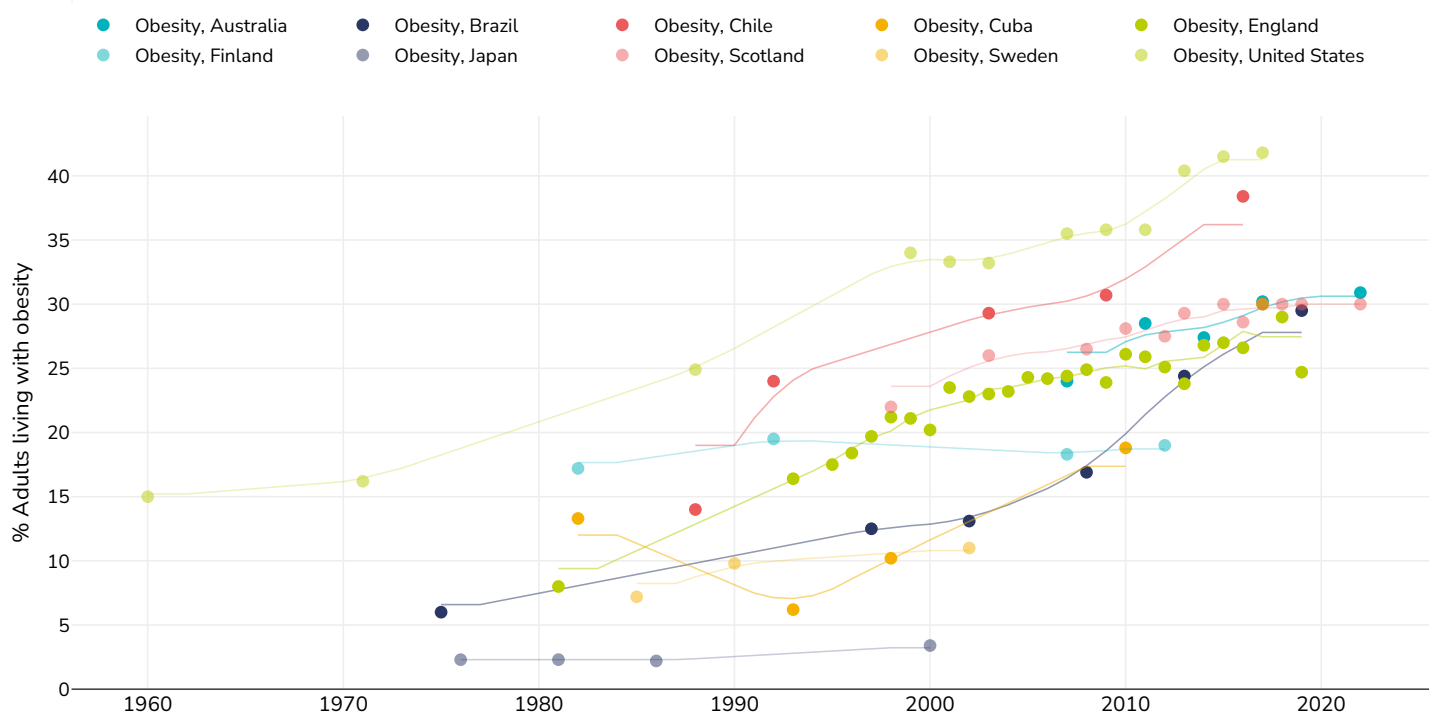
2001: Health Survey for England 2001.

2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.

2002: 2002 FNS Report. Final results on the National Health Survey

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Women



References:

1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47

1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. *2002. Public Health Nutrition*:51(1A), 105-112

1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190

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1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under- to Overweight. *Journal of Nutrition* 2001;131:S893-S899

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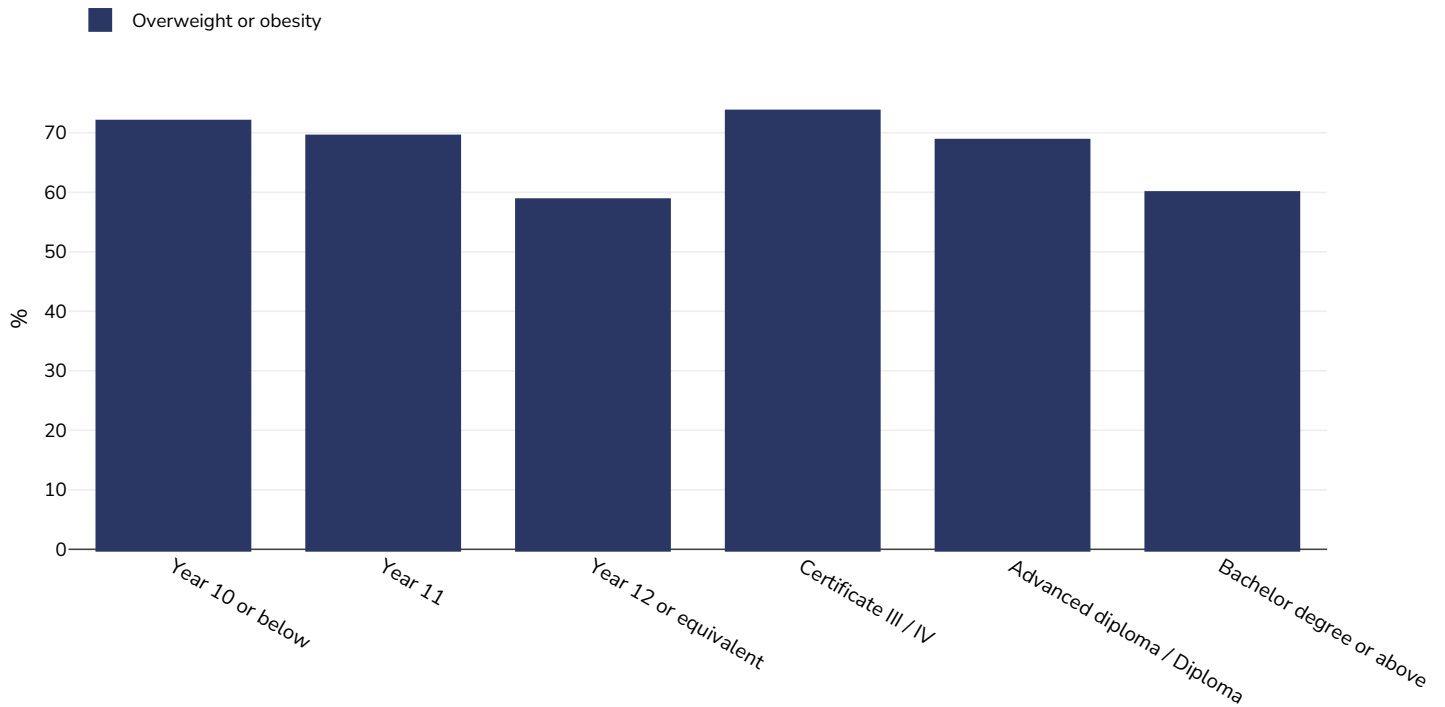
2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.

2002: 2002 FNS Report. Final results on the National Health Survey

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Overweight/obesity by education

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

Area covered: National

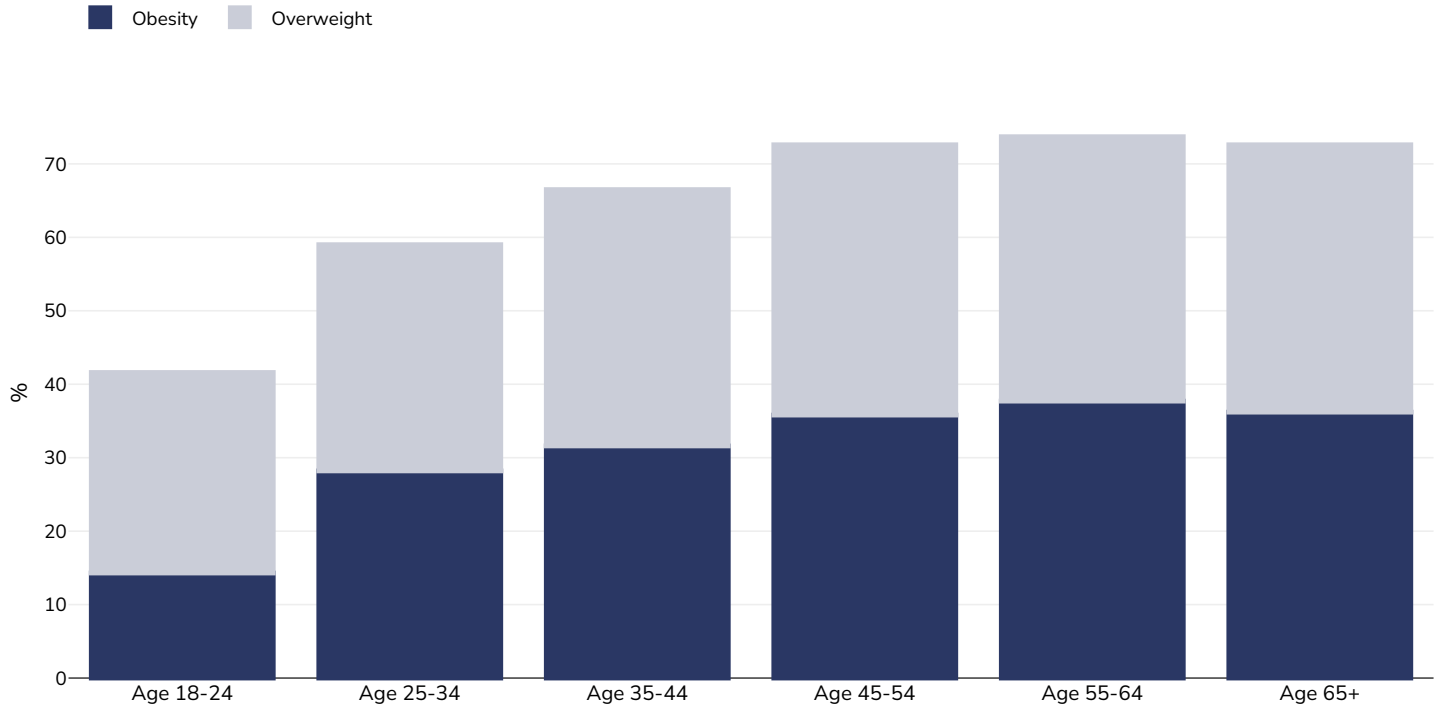
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Overweight/obesity by age

Adults, 2022-2023



Survey type: Measured

Sample size: ~12846

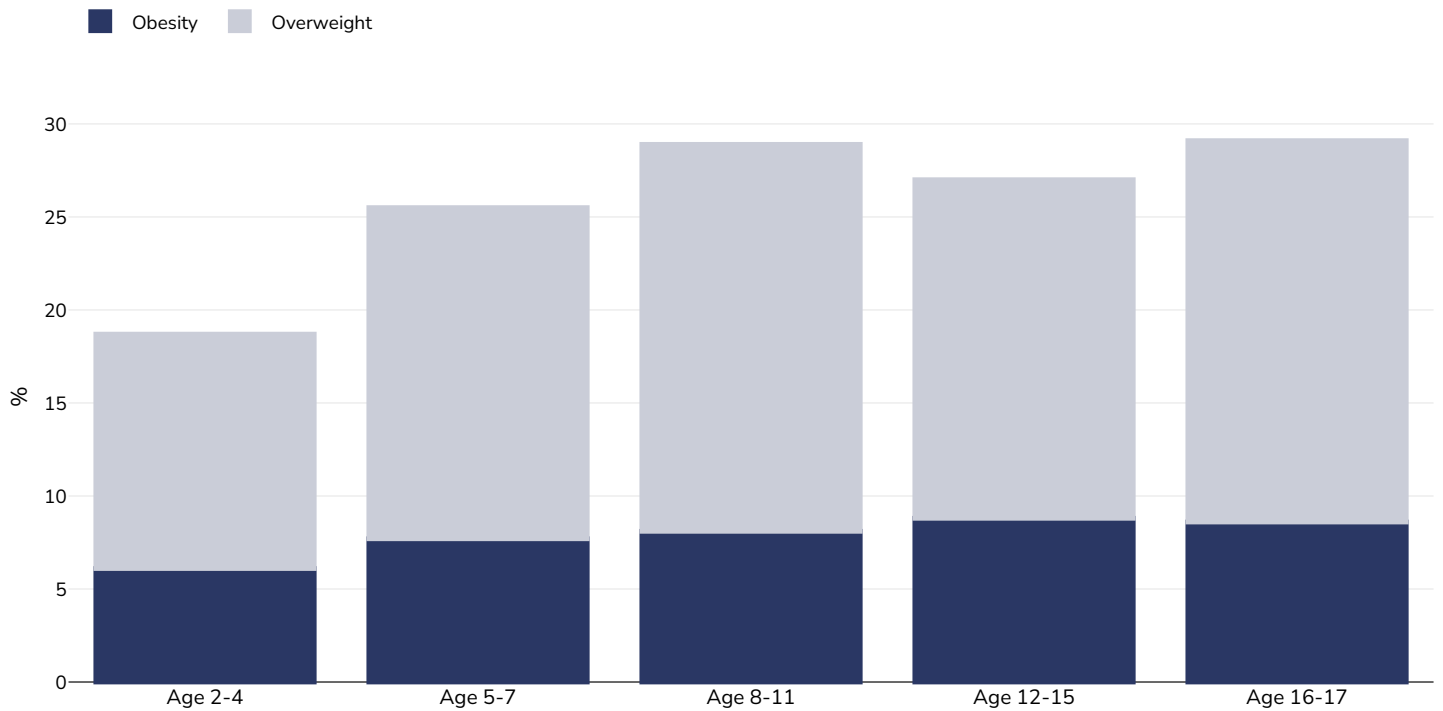
Area covered: National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2022-2023



Survey type: Measured

Sample size: ~4222

Area covered: National

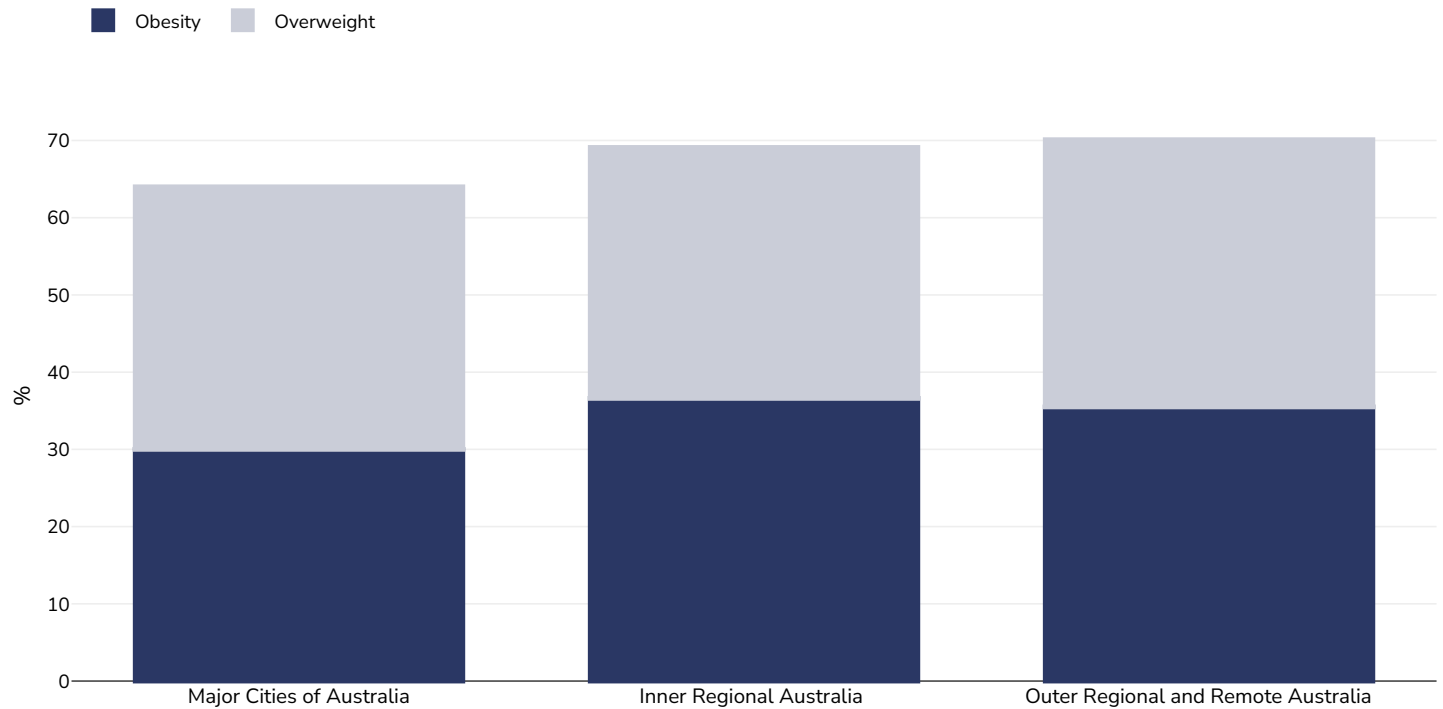
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 56.8% of child respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Cutoffs: IOTF

Overweight/obesity by region

Adults, 2022-2023



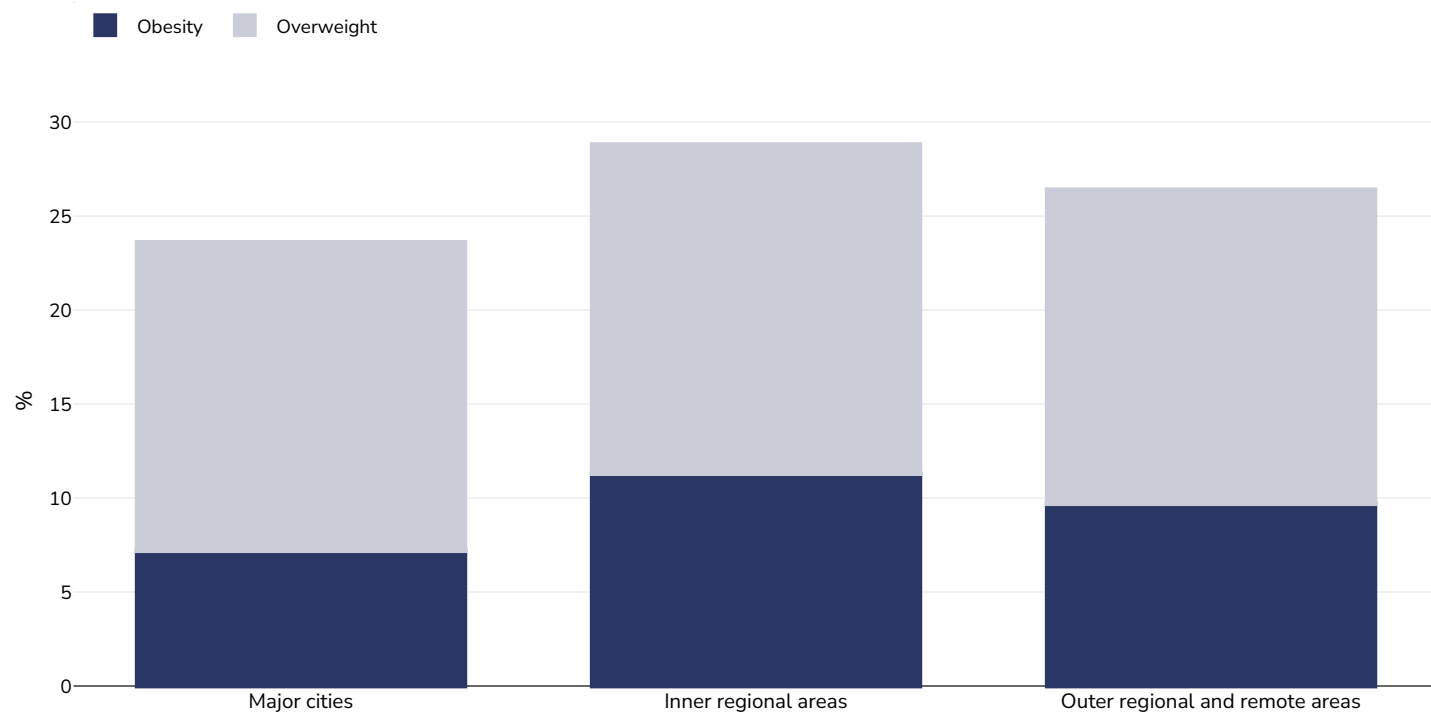
Survey type:	Measured
Age:	18+
Sample size:	~12846
Area covered:	National

References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

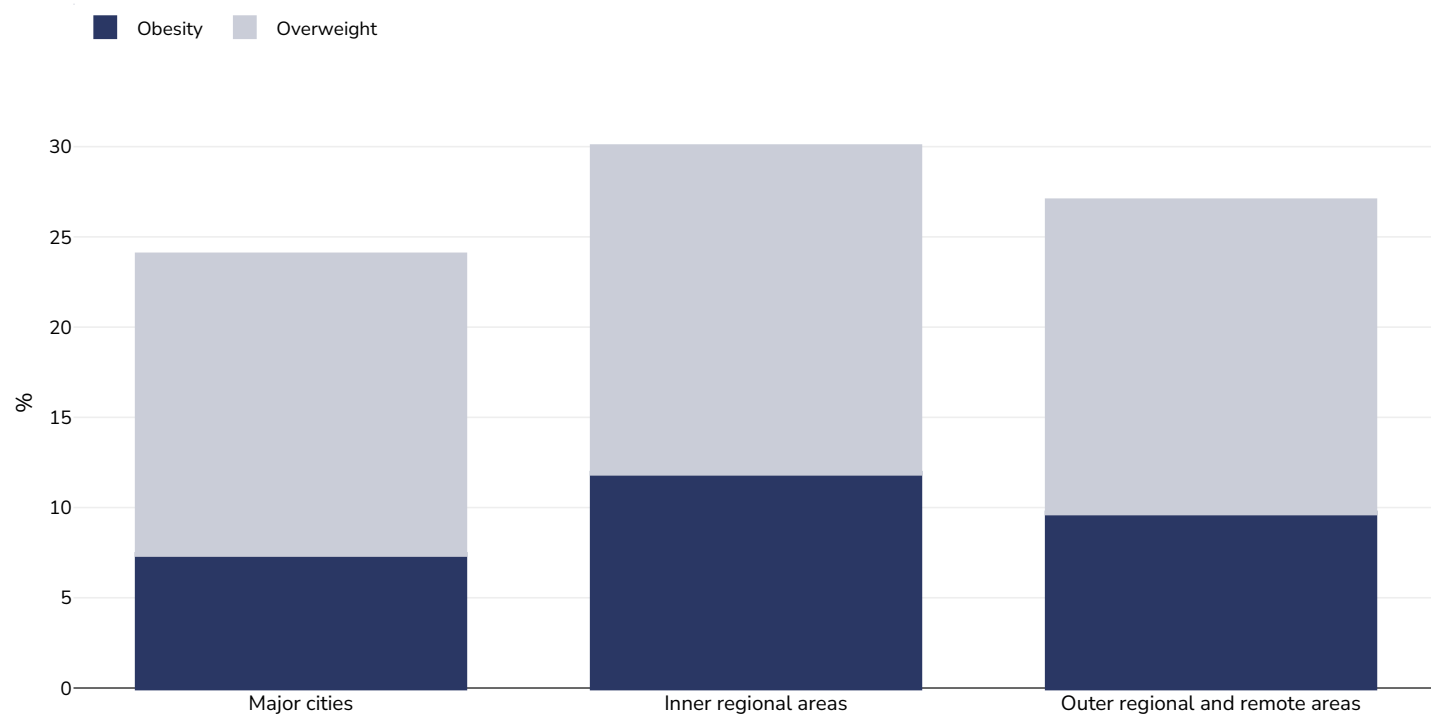
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2017-2018



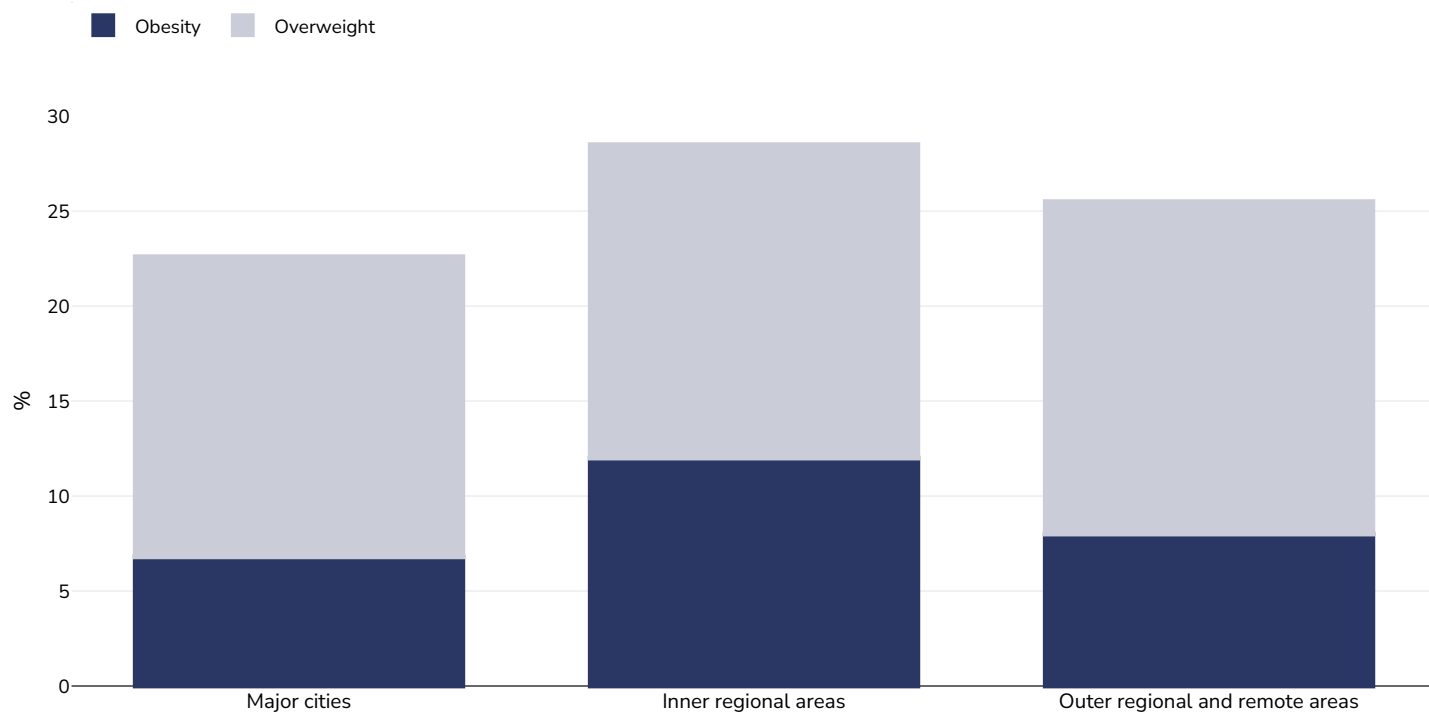
Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Boys, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

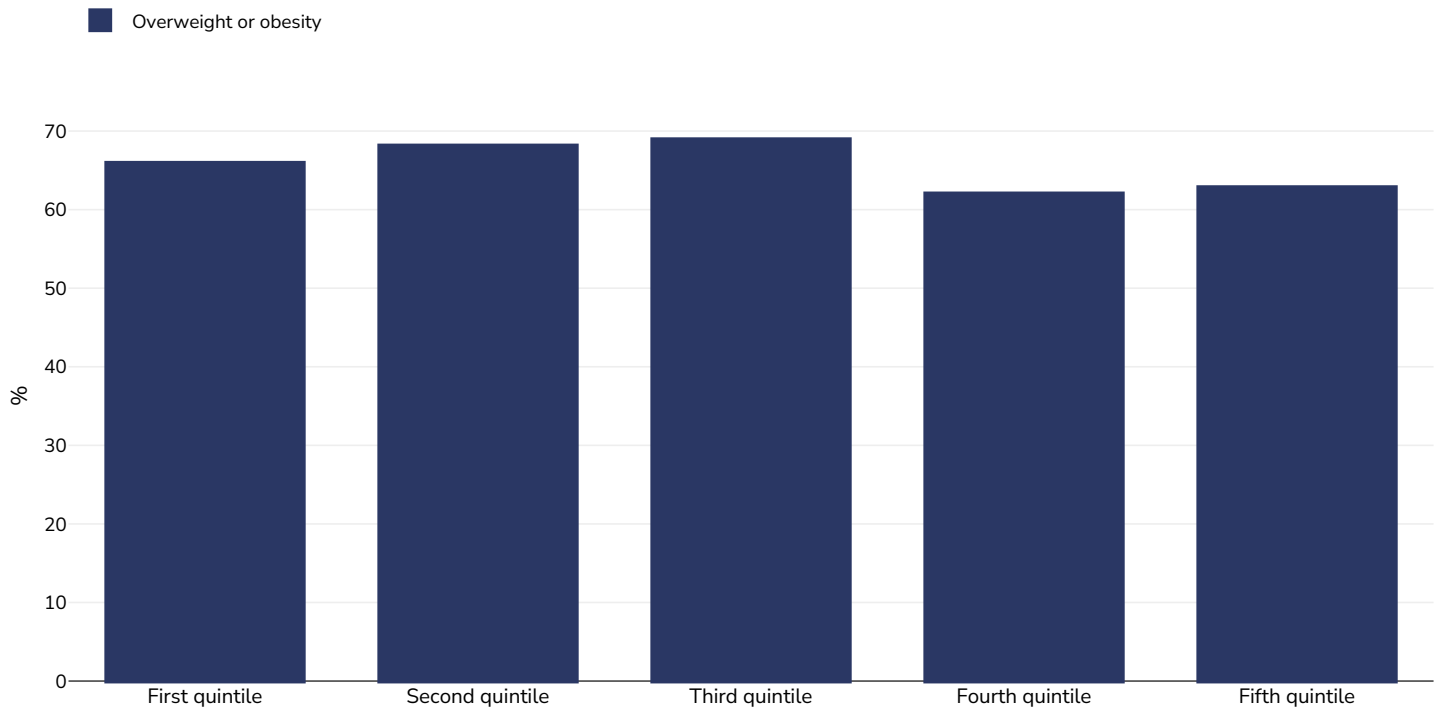
Girls, 2017-2018



Survey type:	Measured
Age:	2-17
Sample size:	3769
Area covered:	National
References:	Australian National Health Survey 2017-18 Available at: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions (accessed 27.10.2022)
Notes:	Remoteness area uses Australian Statistical Geography Standard Remoteness Structure, 2016 (ABS 2018b). Excludes very remote areas of Australia.
Cutoffs:	IOTF

Overweight/obesity by socio-economic group

Adults, 2022-2023



Survey type: Measured

Age: 18+

Sample size: ~12846

Area covered: National

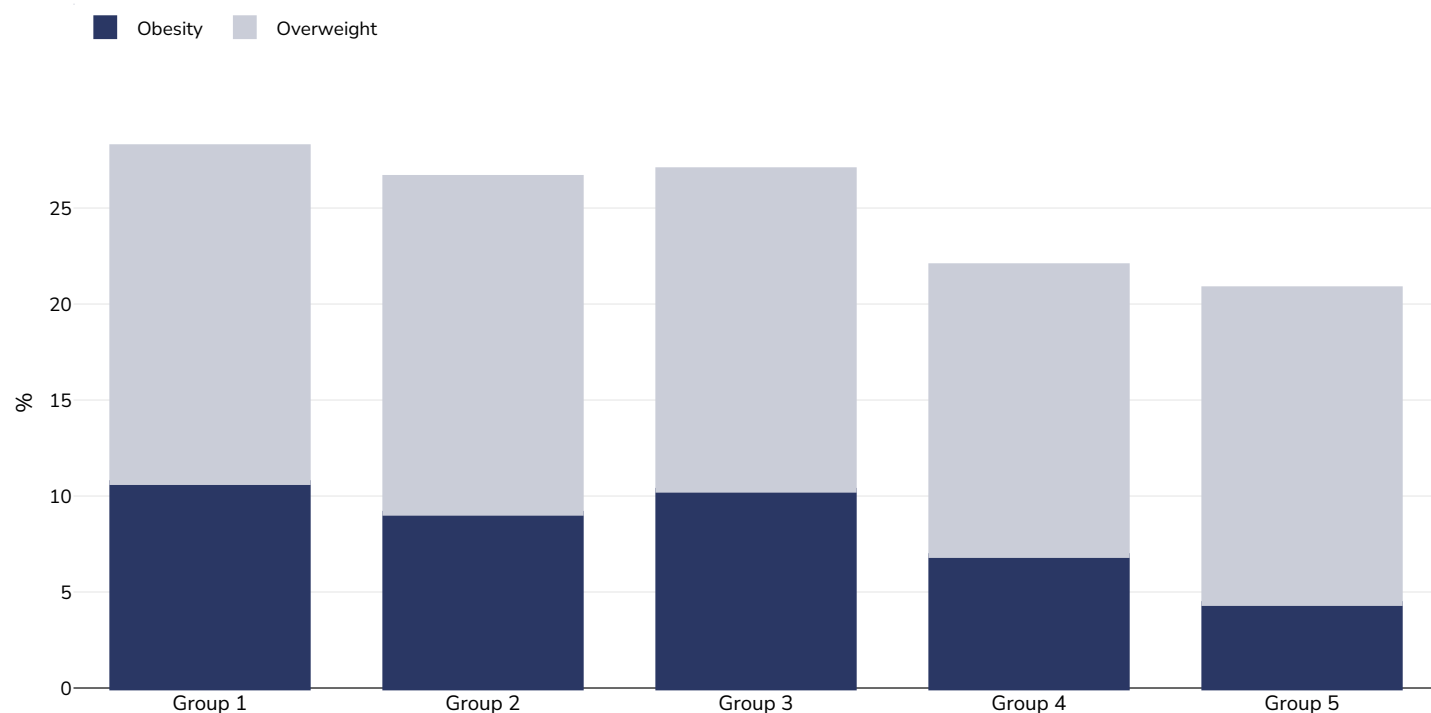
References: Australian National Health Survey 2022-2023. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/waist-circumference-and-bmi/2022#body-mass-index-bmi-> (Accessed 03.01.2024)

Notes: Provision of height, weight and waist measurements were voluntary. Self-reported health status, height, and weight was collected for all participants. In 2022, 41.8% of adult respondents did not have their height and/or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight

Definitions: A lower Index of Disadvantage quintile (e.g. the first quintile) indicates relatively greater disadvantage and a lack of advantage in general. A higher Index of Disadvantage (e.g. the fifth quintile) indicates a relative lack of disadvantage and greater advantage in general.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

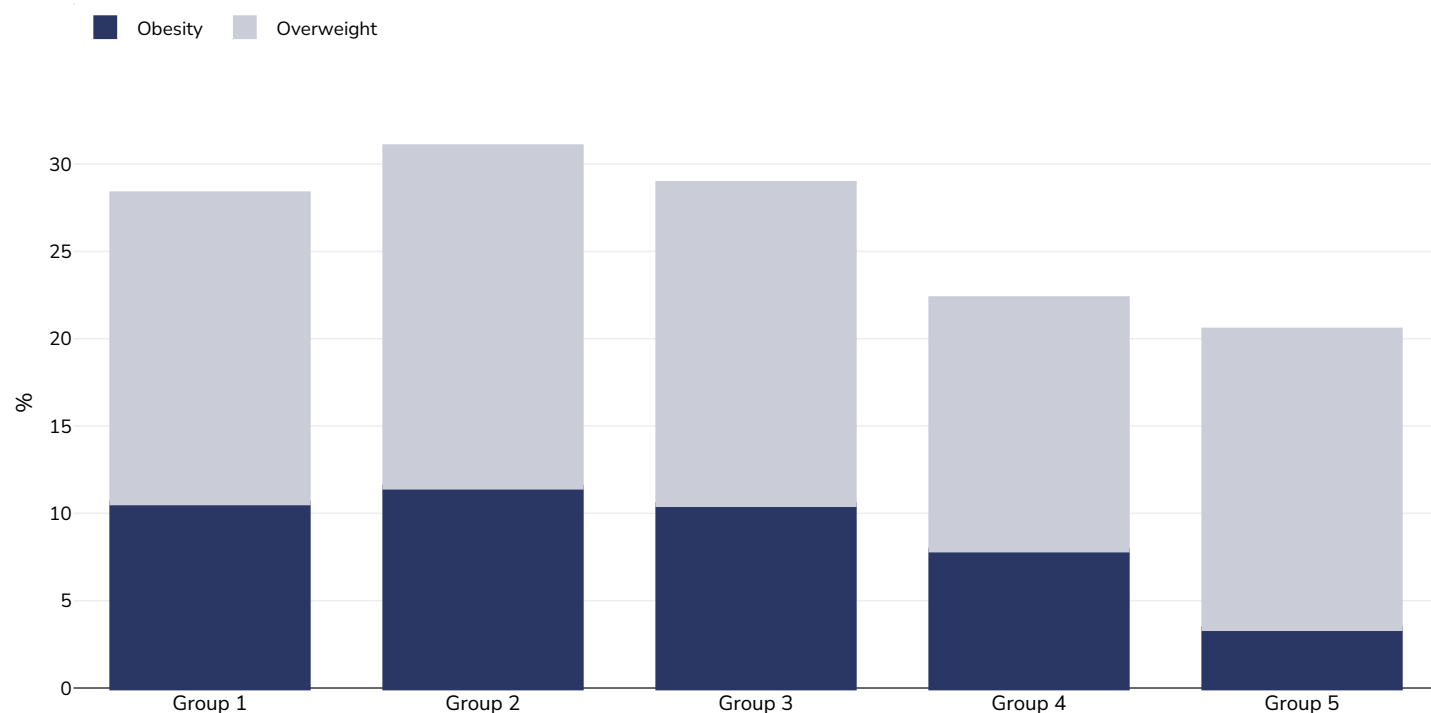
References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Boys, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

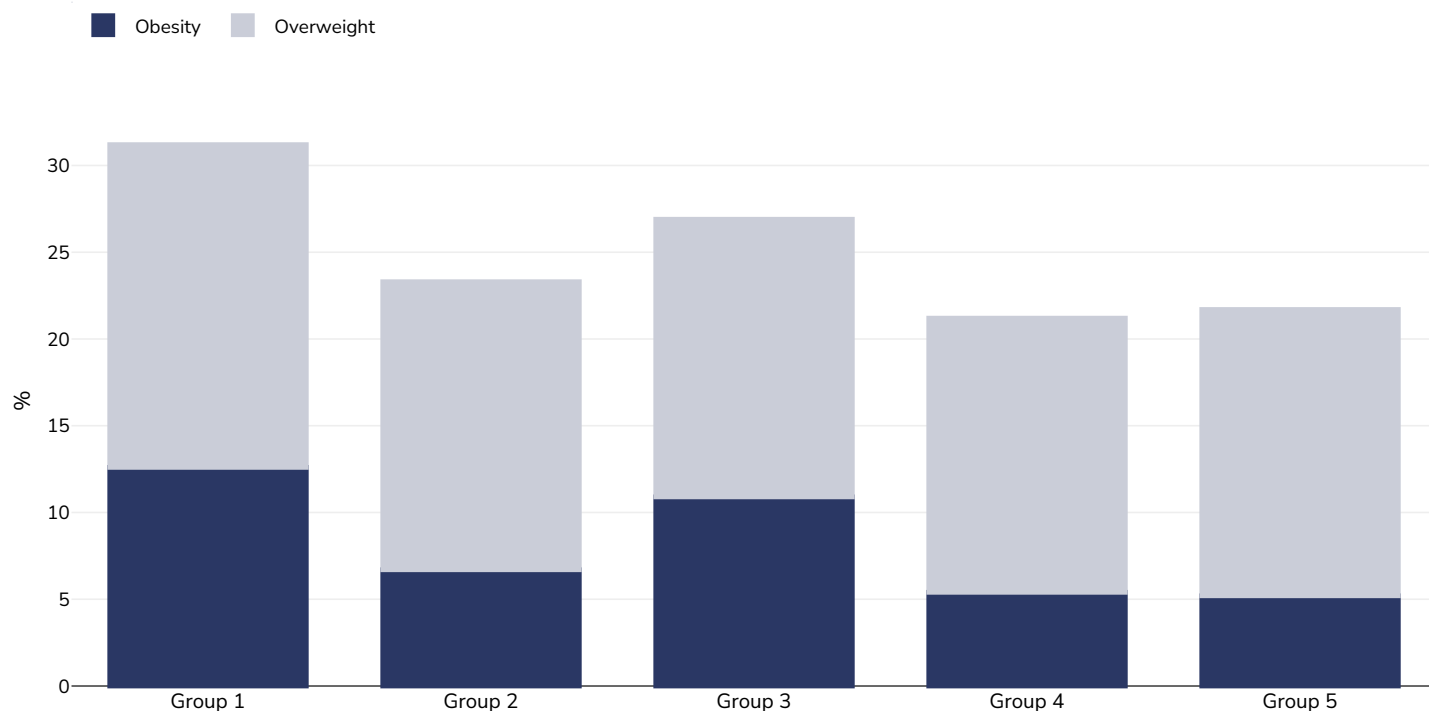
References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Girls, 2017-2018



Survey type: Measured

Age: 2-17

Sample size: 3769

Area covered: National

References: Australian National Health Survey 2017-18 Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#chronic-conditions> (accessed 27.10.2022)

Notes: Socioeconomic areas are quintiles of Socio-Economic Indexes for Areas 2016 (SEIFA 2016), specifically the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2018c). Lower socioeconomic areas have greater overall levels of disadvantage. "This index ranks areas on a continuum from most disadvantaged to least disadvantaged. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. We cannot conclude that an area with a very high score has a large proportion of relatively advantaged people, as there are no variables in the index to indicate this. We can only conclude that such an area has a relatively low incidence of disadvantage."

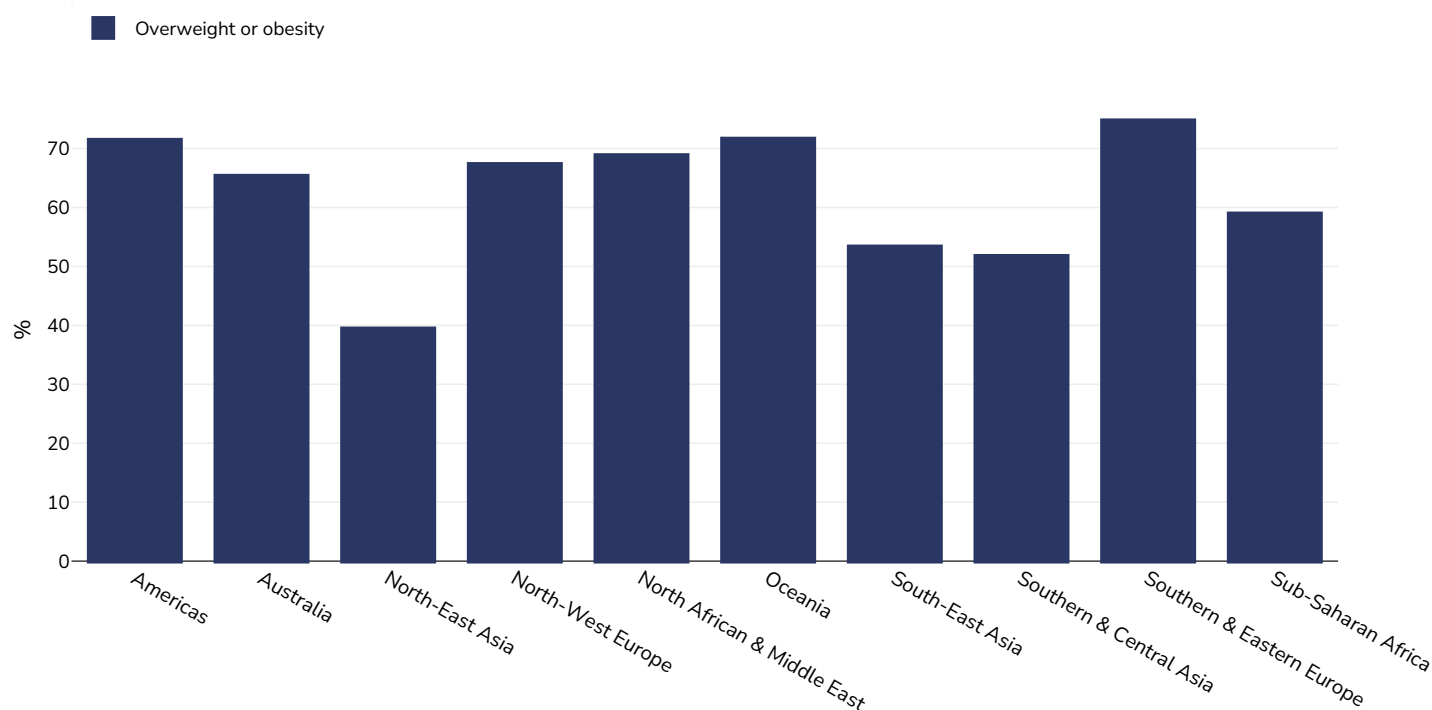
Definitions: Group 1: Most disadvantaged areas Group 5: Least disadvantaged areas

Cutoffs: IOTF

Overweight/obesity by ethnicity

Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

Men, 2011



Survey type: Self-reported

Age: 18+

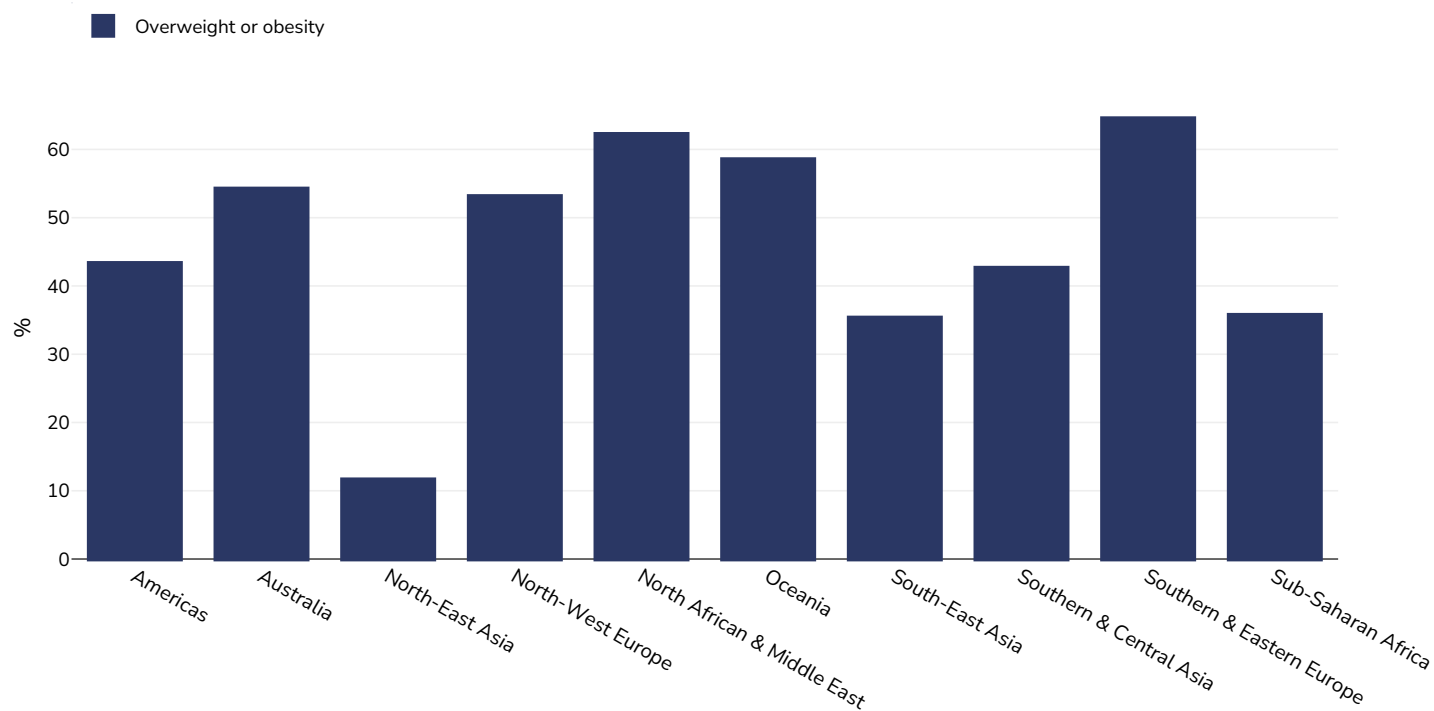
Sample size: 16,044

References: Menigoz, Karen, et al. "Ethnic Differences in Overweight and Obesity and the Influence of Acculturation on Immigrant Bodyweight: Evidence from a National Sample of Australian Adults." *BMC Public Health*, vol. 16, no. 1, 5 Sept. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC5011908/, 10.1186/s12889-016-3608-6. Accessed 30 Sept. 2021.

Definitions: Country of birth

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Women, 2011



Survey type: Self-reported

Age: 18+

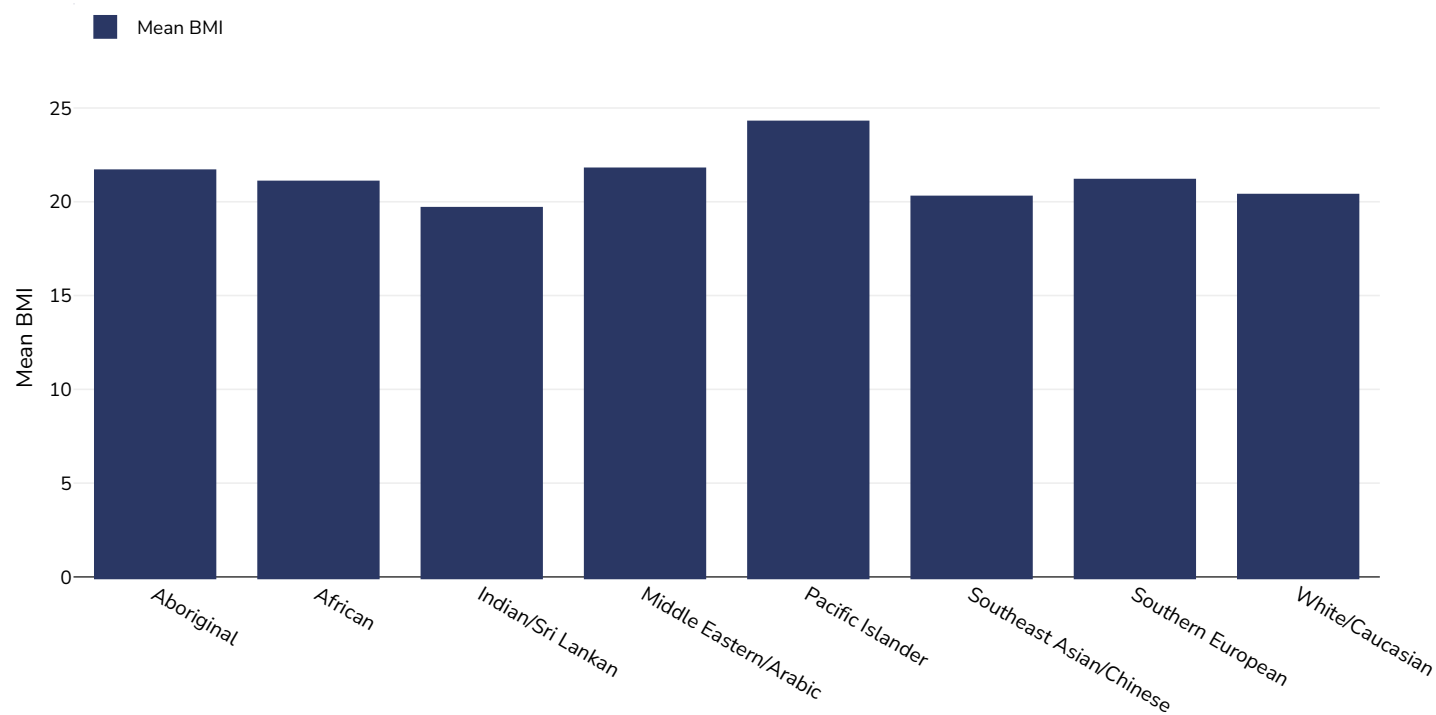
Sample size: 16,044

References: Menigoz, Karen, et al. "Ethnic Differences in Overweight and Obesity and the Influence of Acculturation on Immigrant Bodyweight: Evidence from a National Sample of Australian Adults." *BMC Public Health*, vol. 16, no. 1, 5 Sept. 2016, www.ncbi.nlm.nih.gov/pmc/articles/PMC5011908/, 10.1186/s12889-016-3608-6. Accessed 30 Sept. 2021.

Definitions: Country of birth

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2012



Survey type: Measured

Age: 6-18

Sample size: 12869

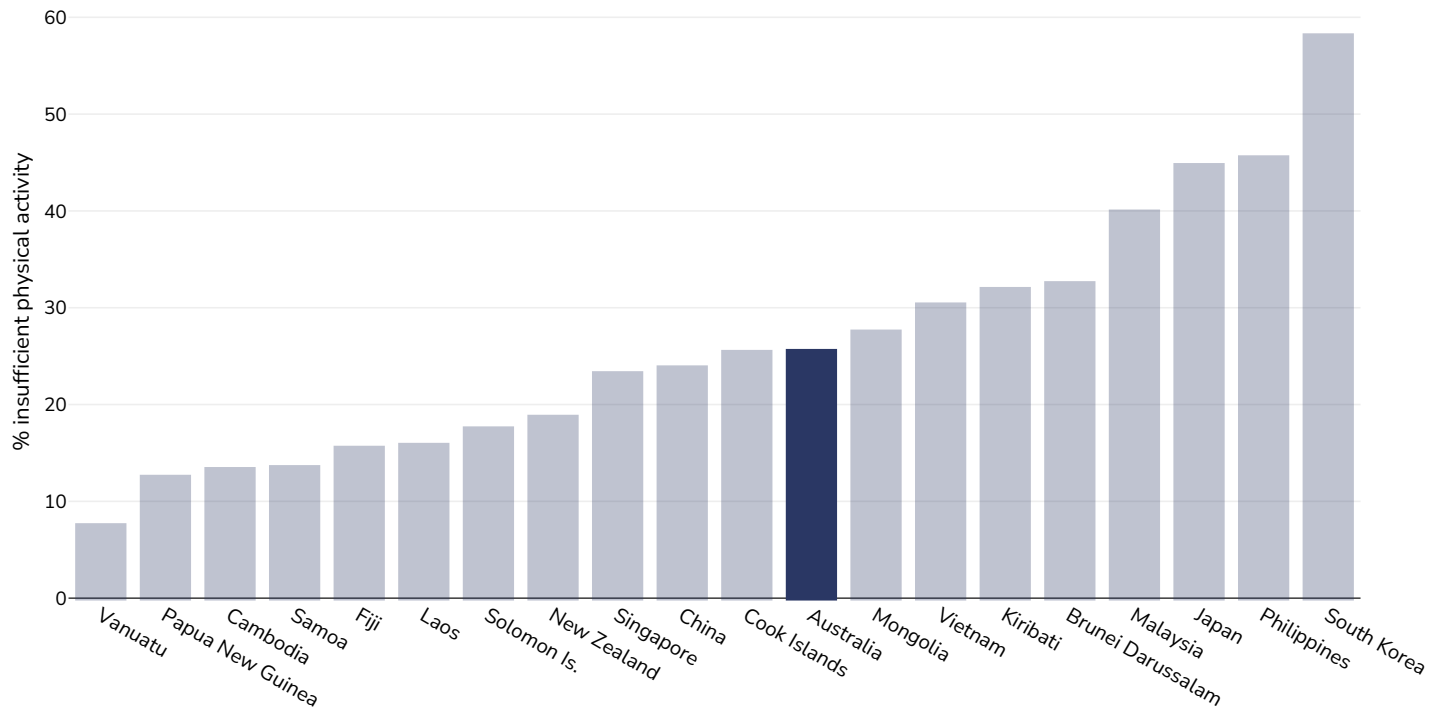
Area covered: National

References: O'Dea JA, Dibley MJ. Prevalence of obesity, overweight and thinness in Australian children and adolescents by socioeconomic status and ethnic/cultural group in 2006 and 2012. *Int J Public Health*. 2014 Oct;59(5):819-28. doi: 10.1007/s00038-014-0605-3. Epub 2014. Accessed 30.09.21.

Cutoffs: IOTF

Insufficient physical activity

Adults, 2022



Survey type: Self-reported

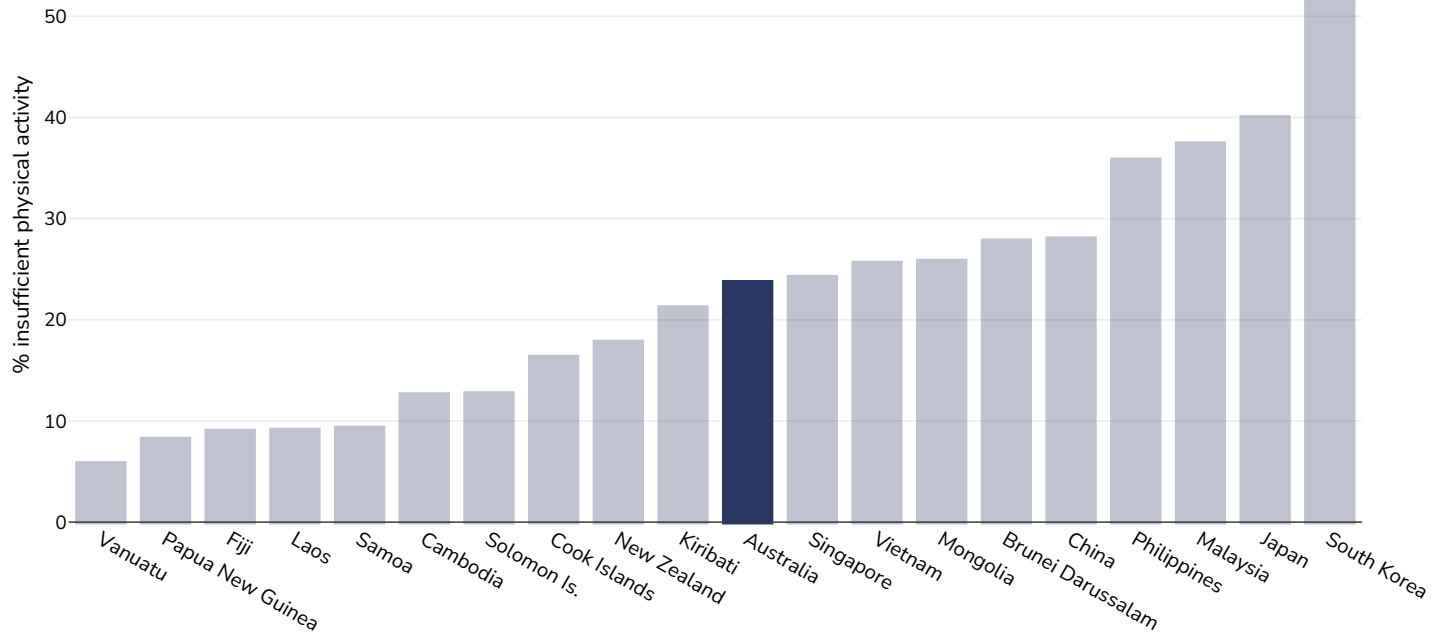
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Men, 2022



Survey type: Self-reported

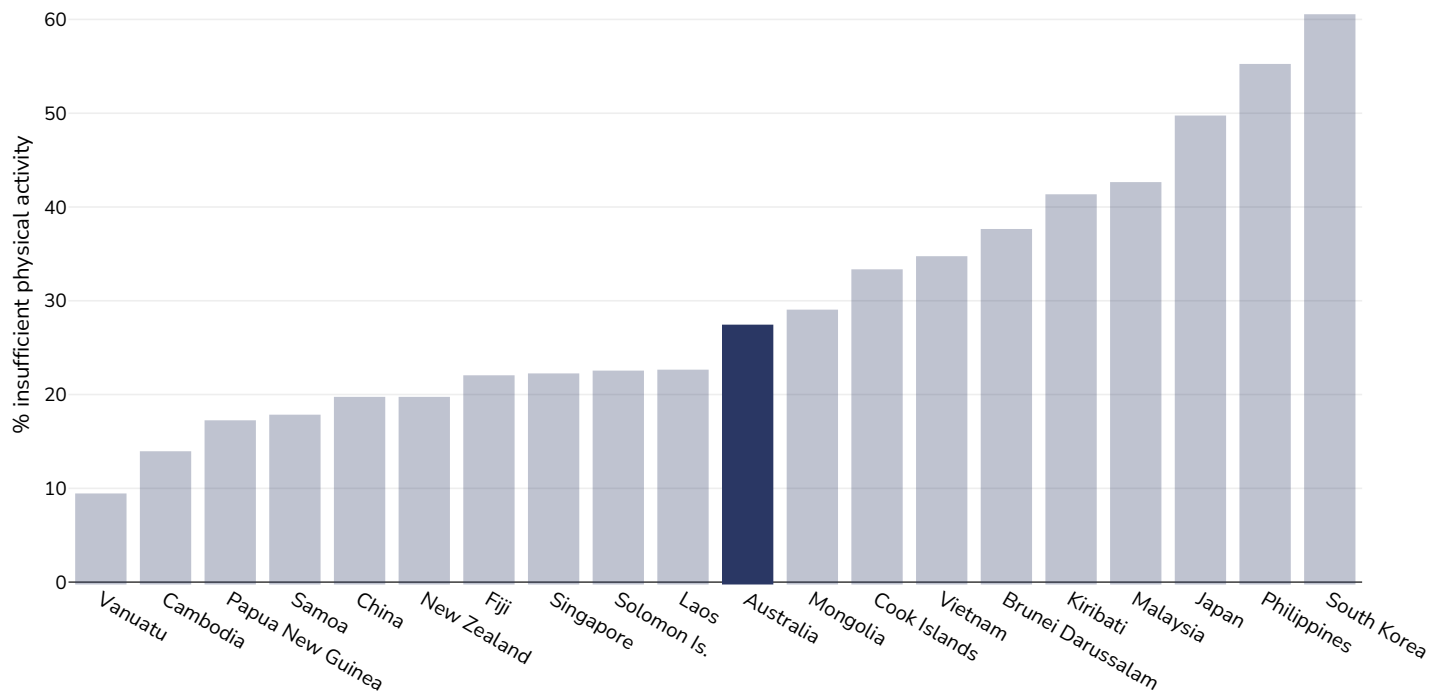
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Women, 2022



Survey type: Self-reported

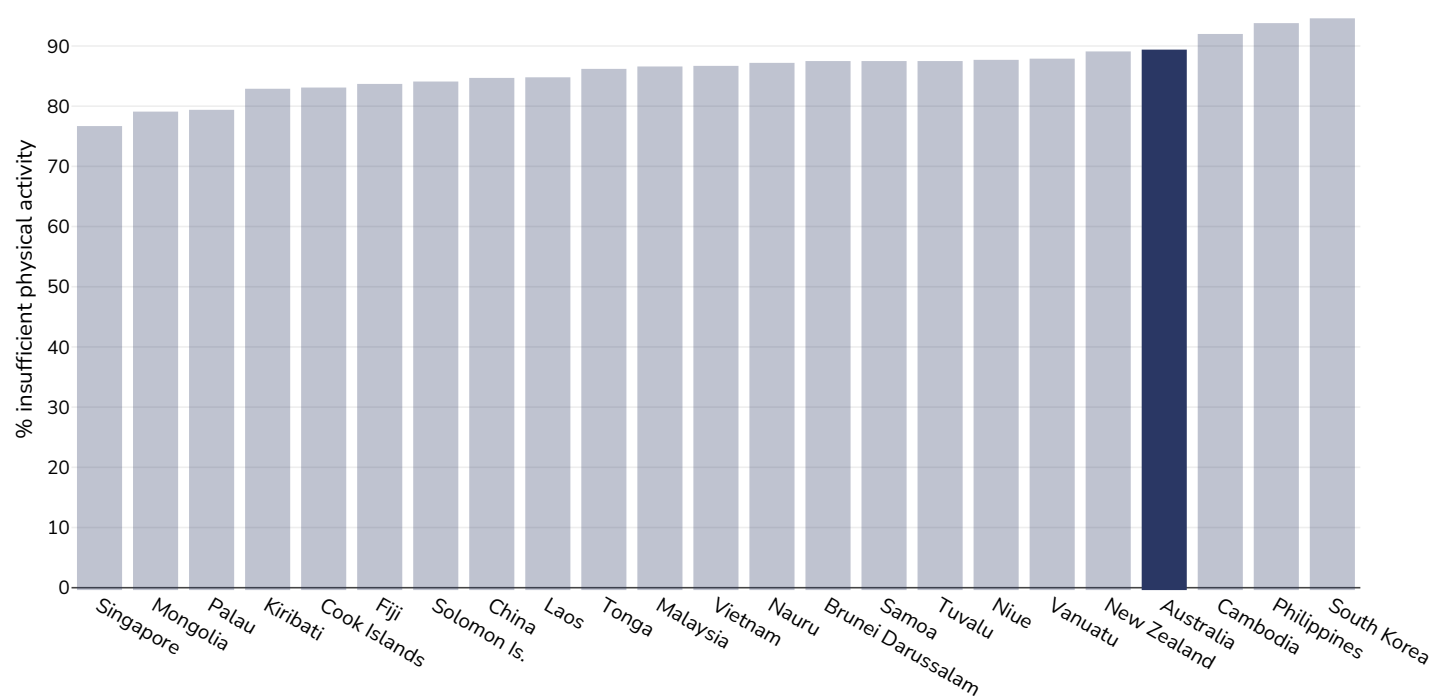
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Children, 2016



Survey type: Self-reported

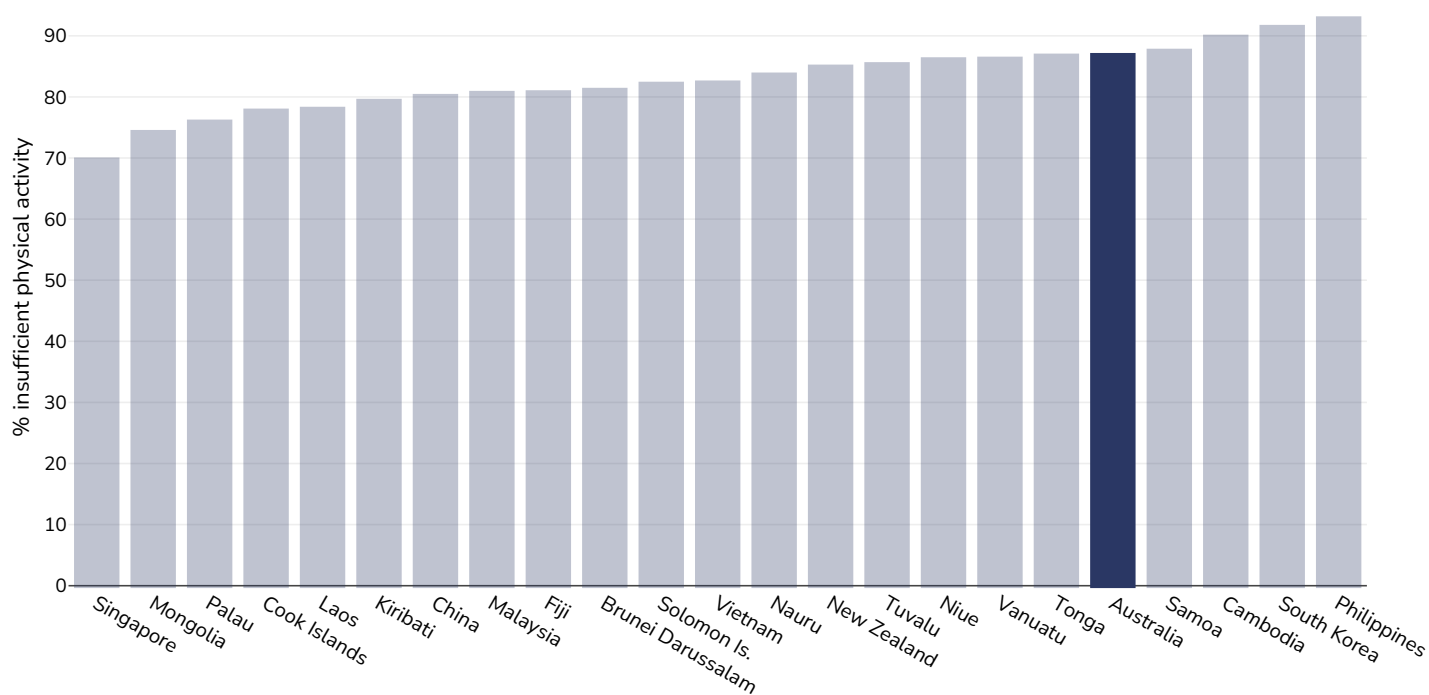
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)

Boys, 2016



Survey type: Self-reported

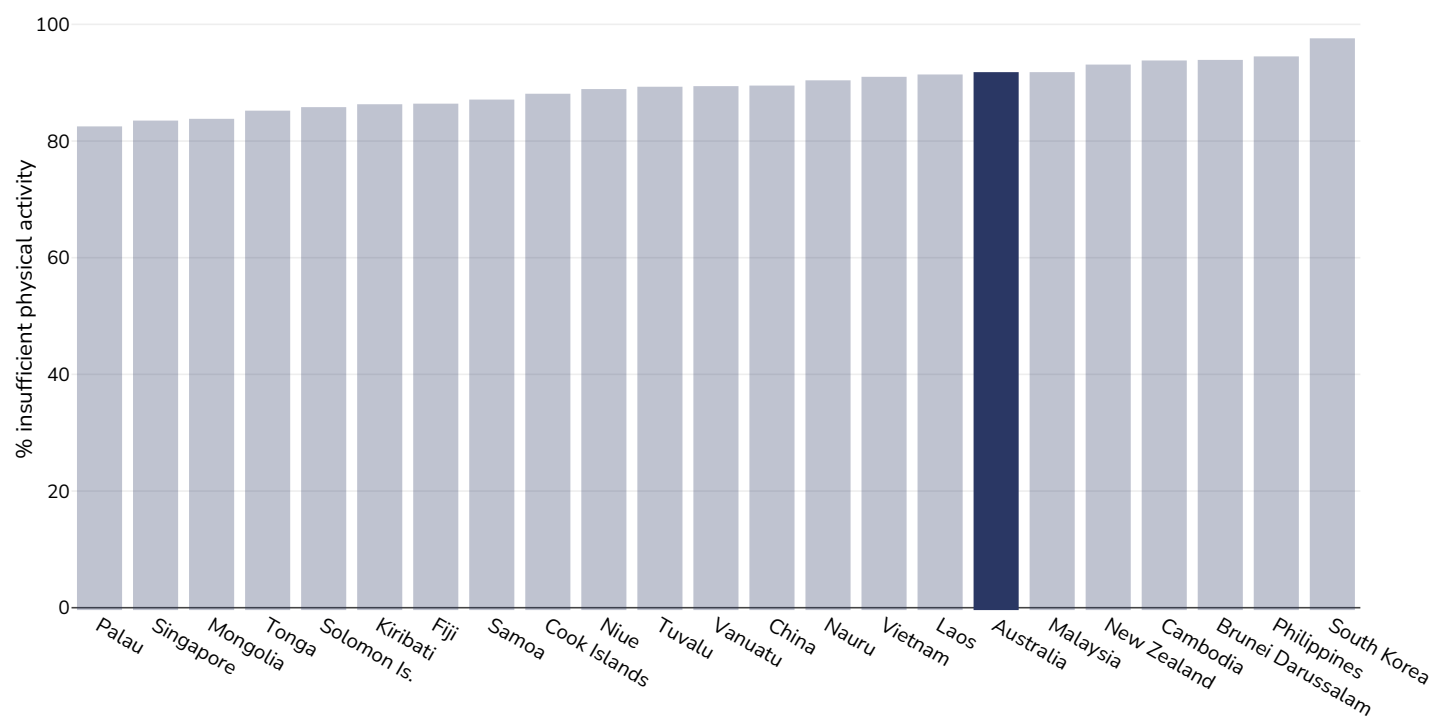
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)

Girls, 2016



Survey type: Self-reported

Age: 11-17

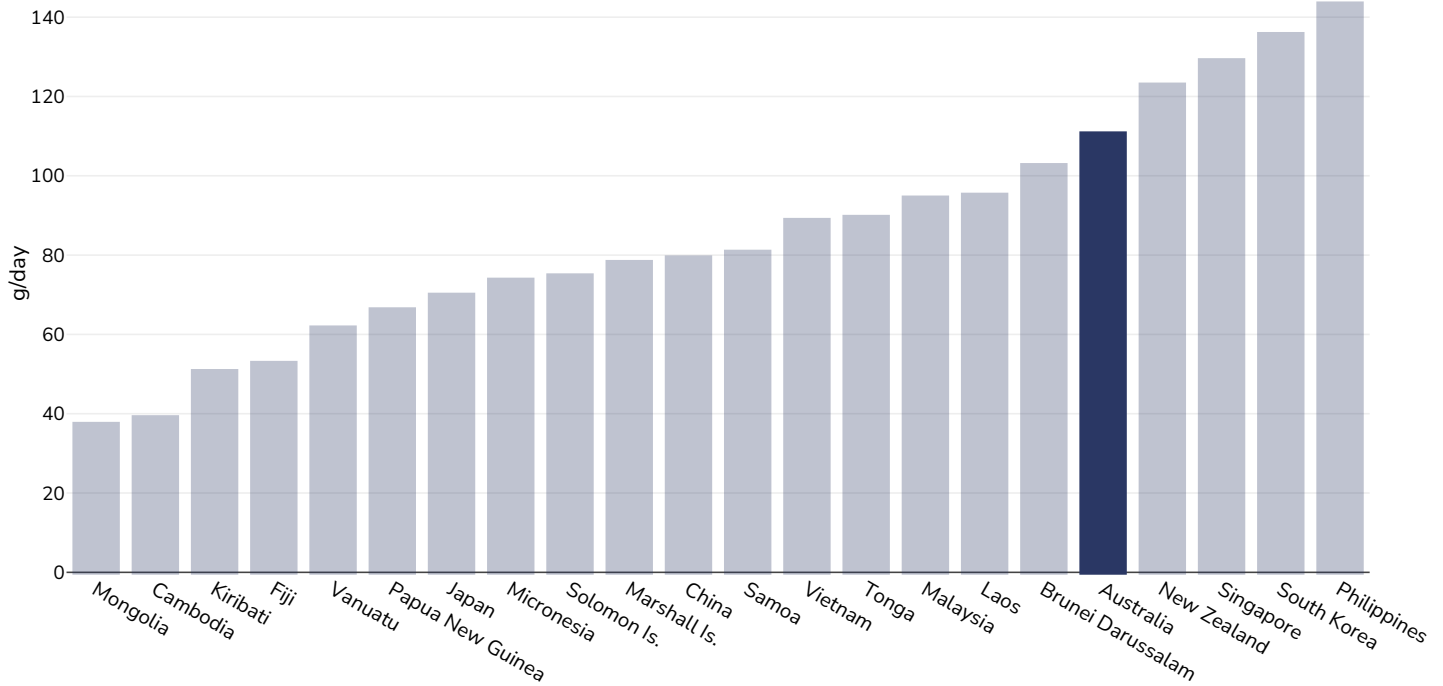
References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)

Estimated per capita fruit intake

Adults, 2017



Survey type: Measured

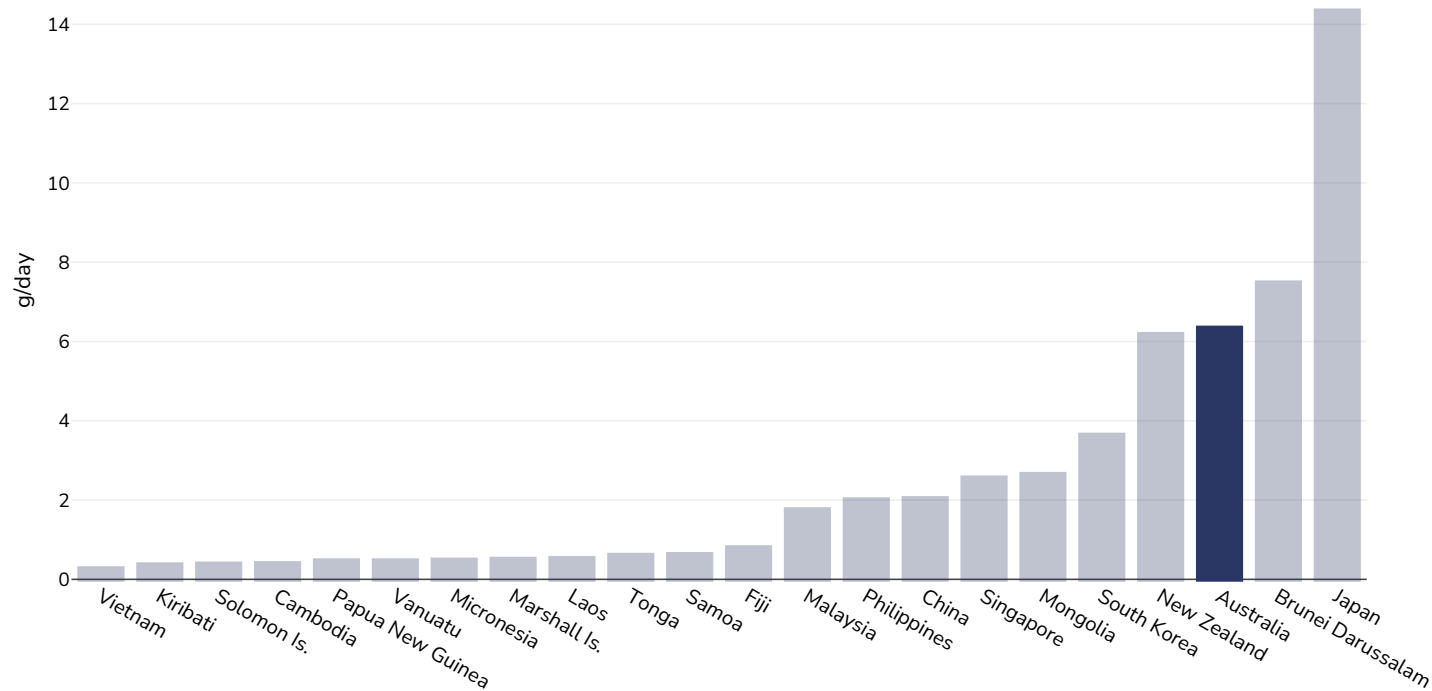
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions: Estimated per-capita fruit intake (g/day)

Estimated per-capita processed meat intake

Adults, 2017



Survey type: Measured

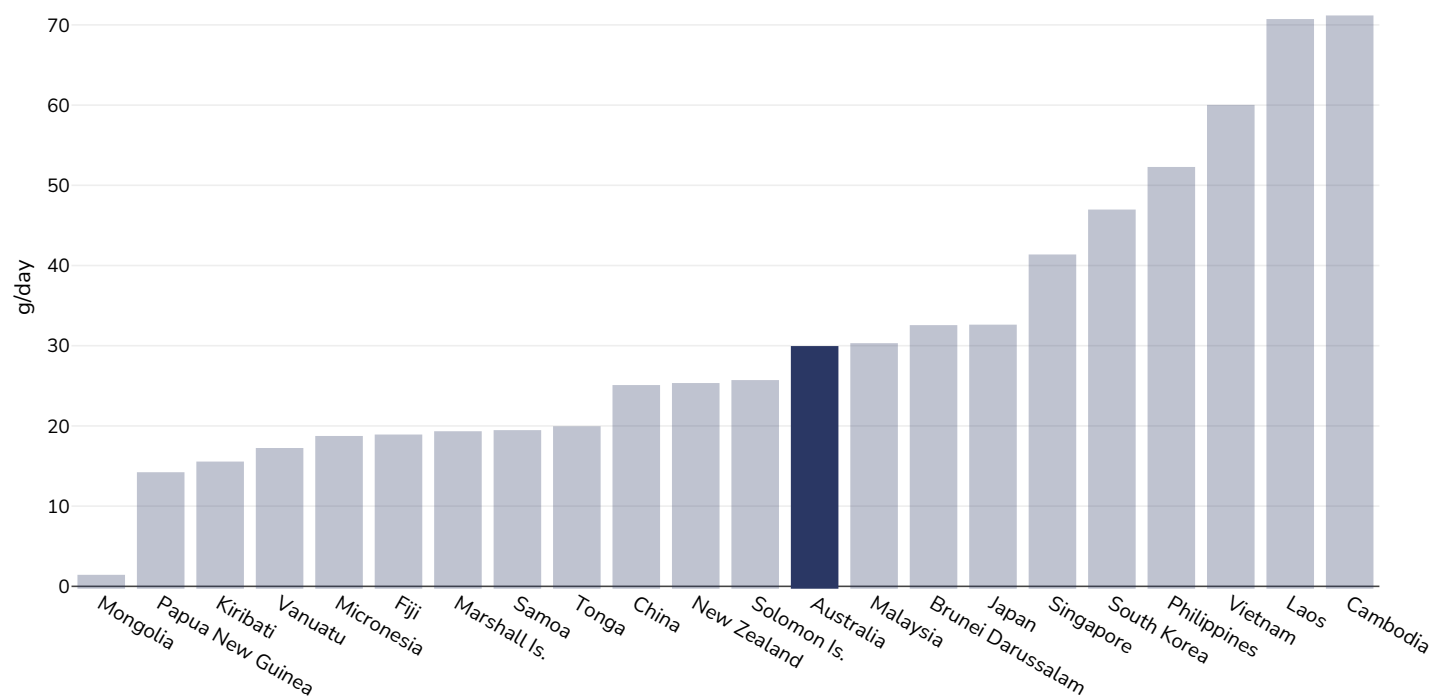
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions: Estimated per-capita processed meat intake (g per day)

Estimated per capita whole grains intake

Adults, 2017



Survey type: Measured

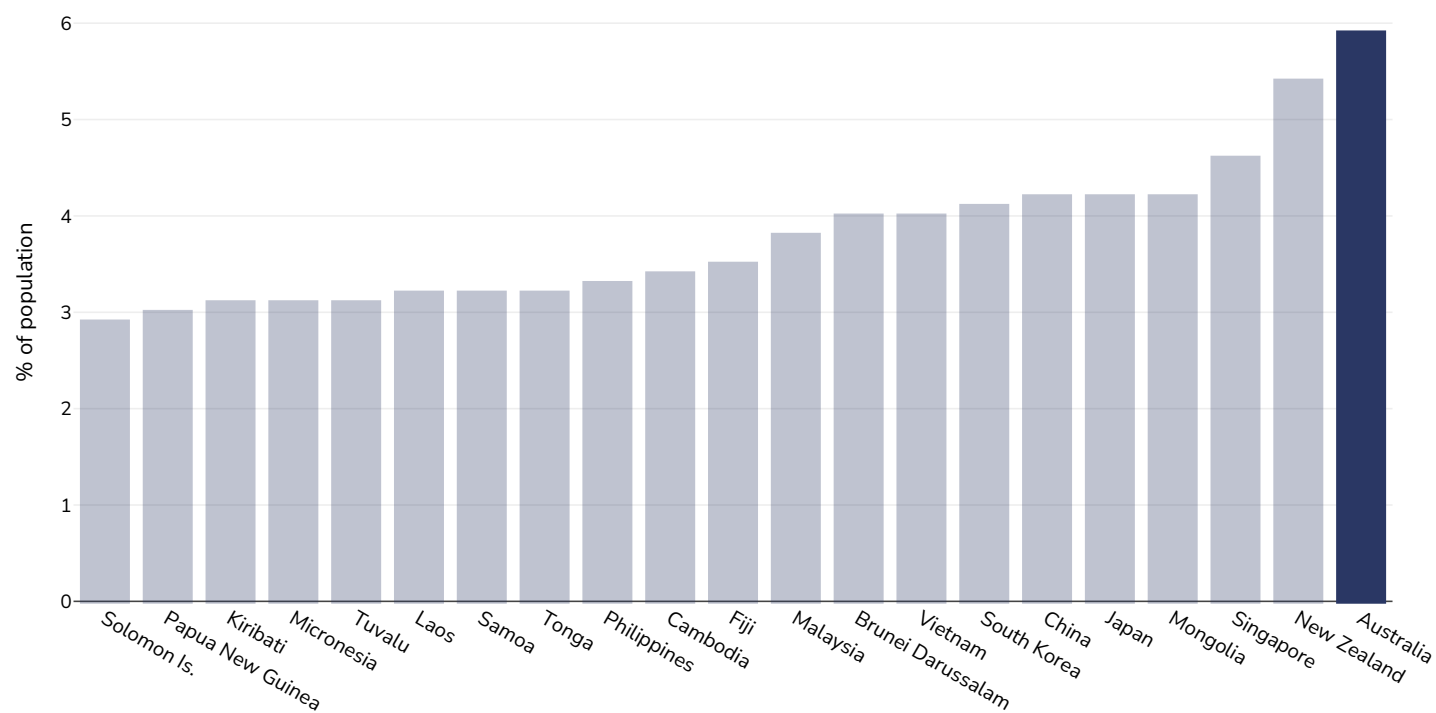
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation <http://ghdx.healthdata.org/>

Definitions: Estimated per-capita whole grains intake (g/day)

Mental health - depression disorders

Adults, 2015

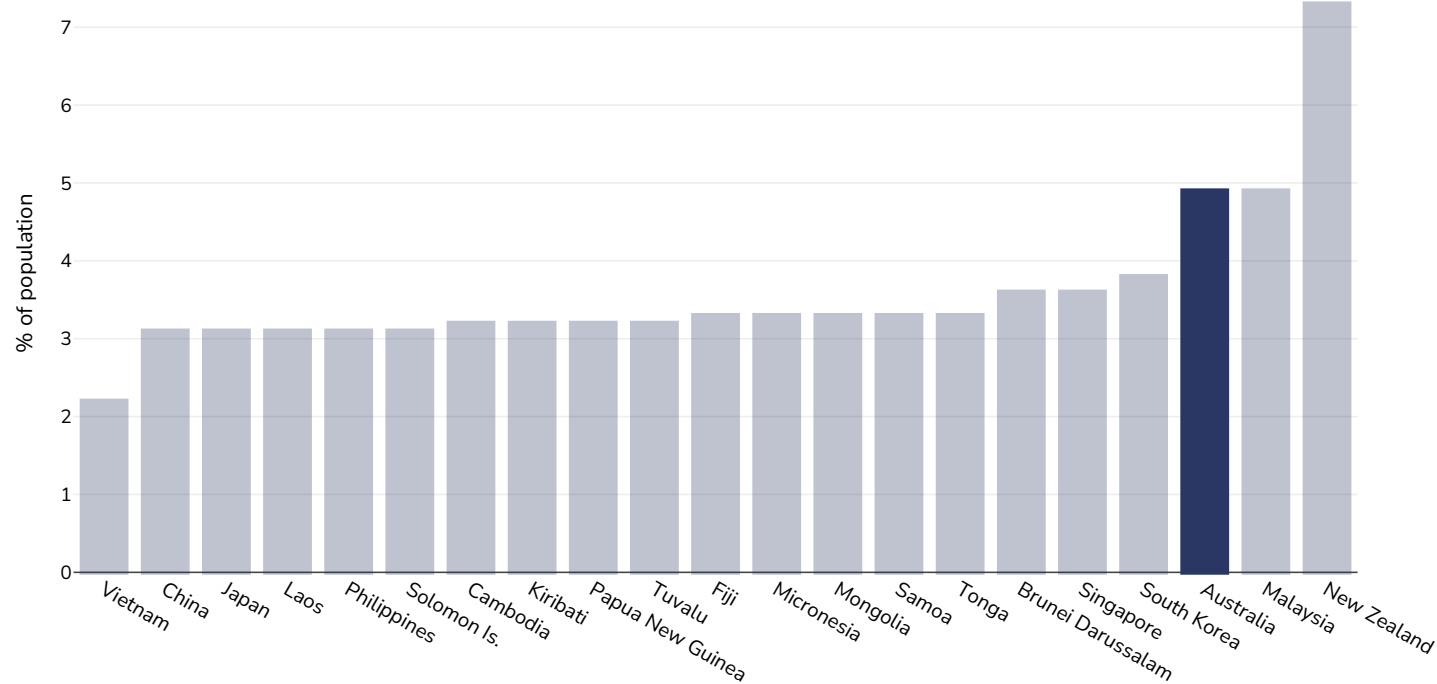


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

Mental health - anxiety disorders

Adults, 2015

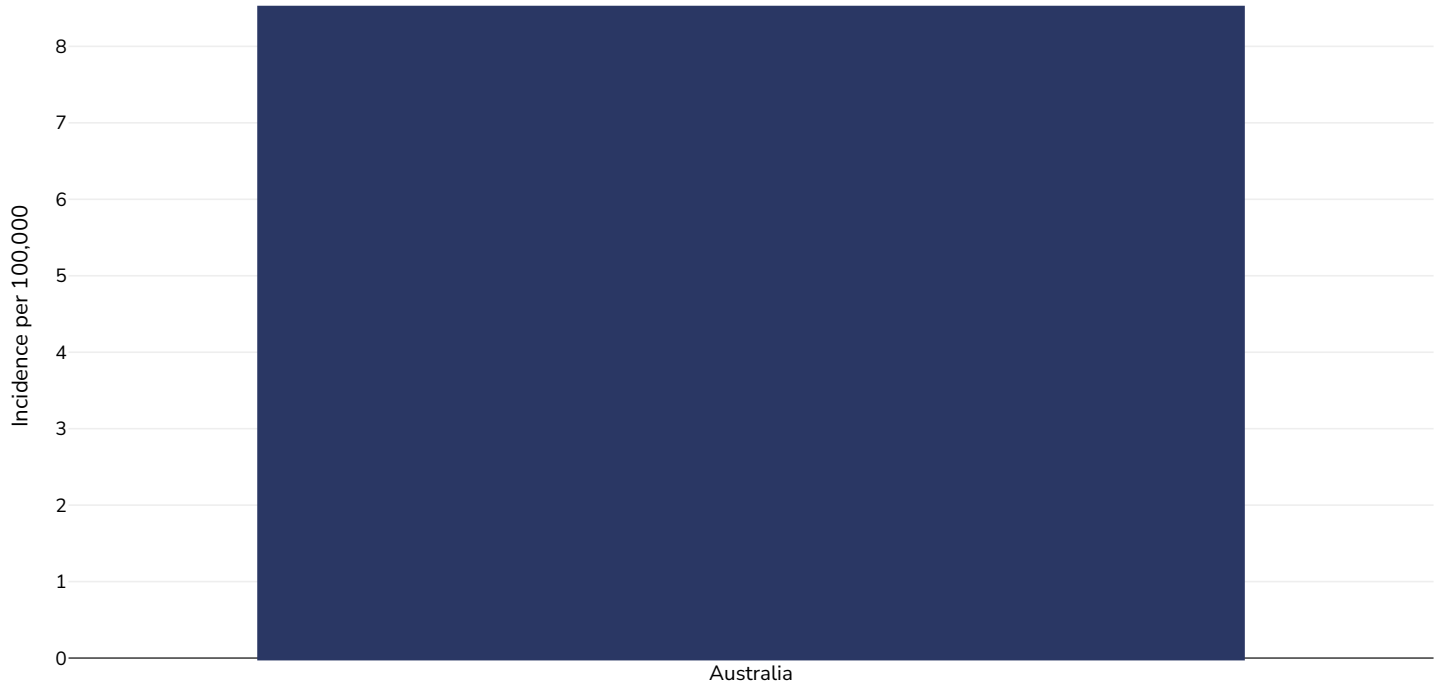


References: Prevalence data from Global Burden of Disease study 2015 (<http://ghdx.healthdata.org>) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

Oesophageal cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

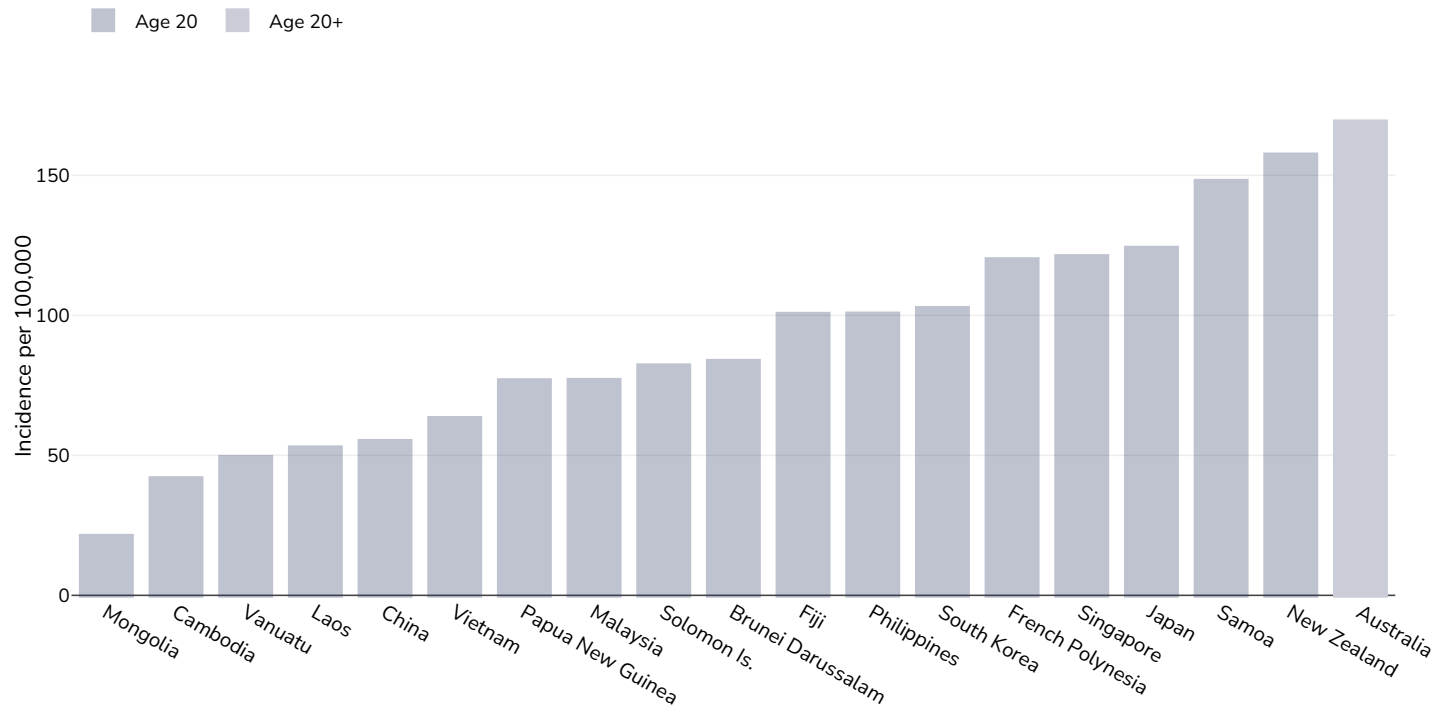
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Breast cancer

Women, 2022



Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Colorectal cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

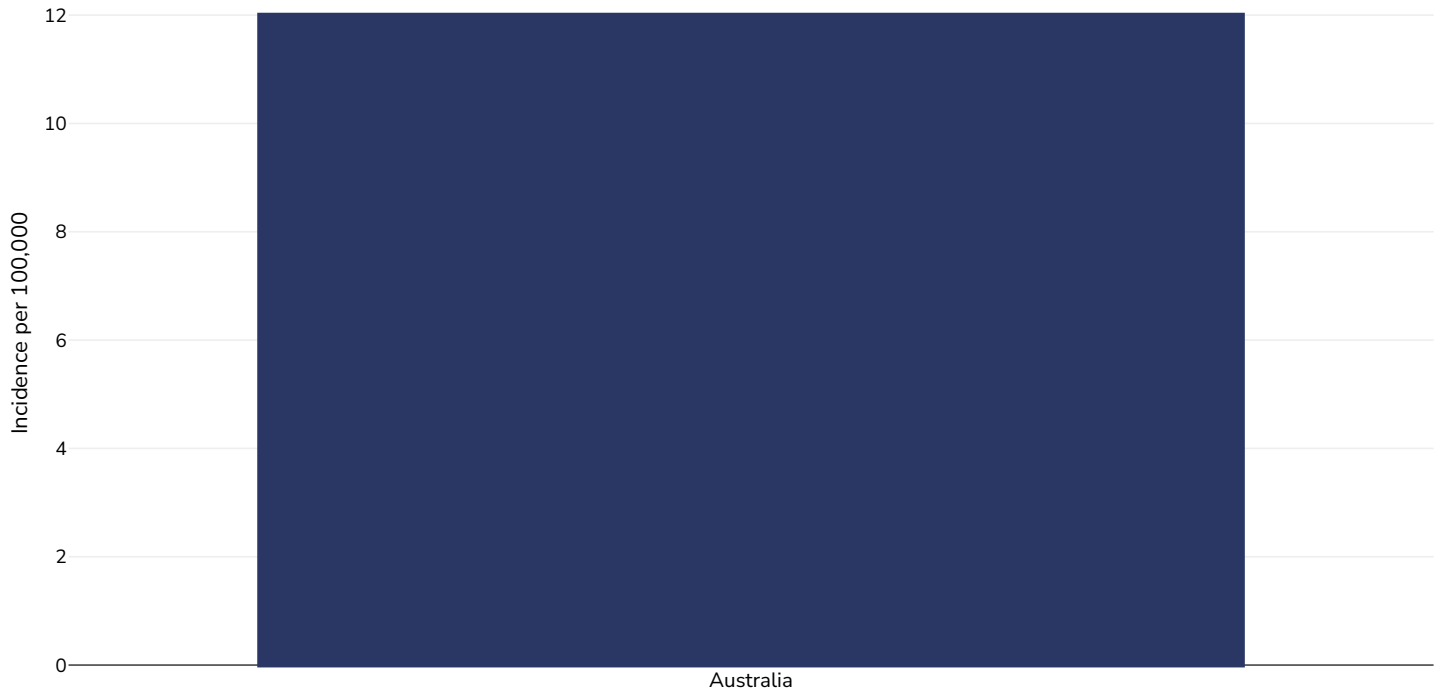
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Pancreatic cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

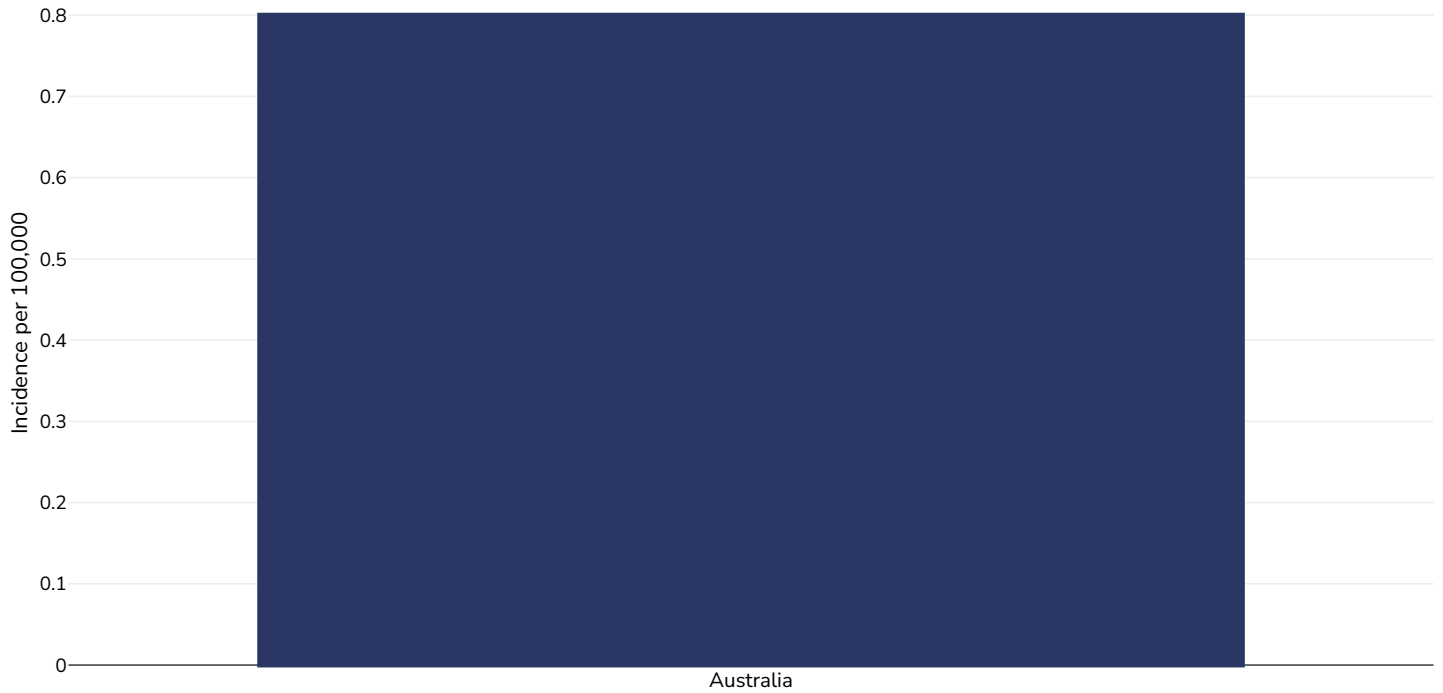
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Gallbladder cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

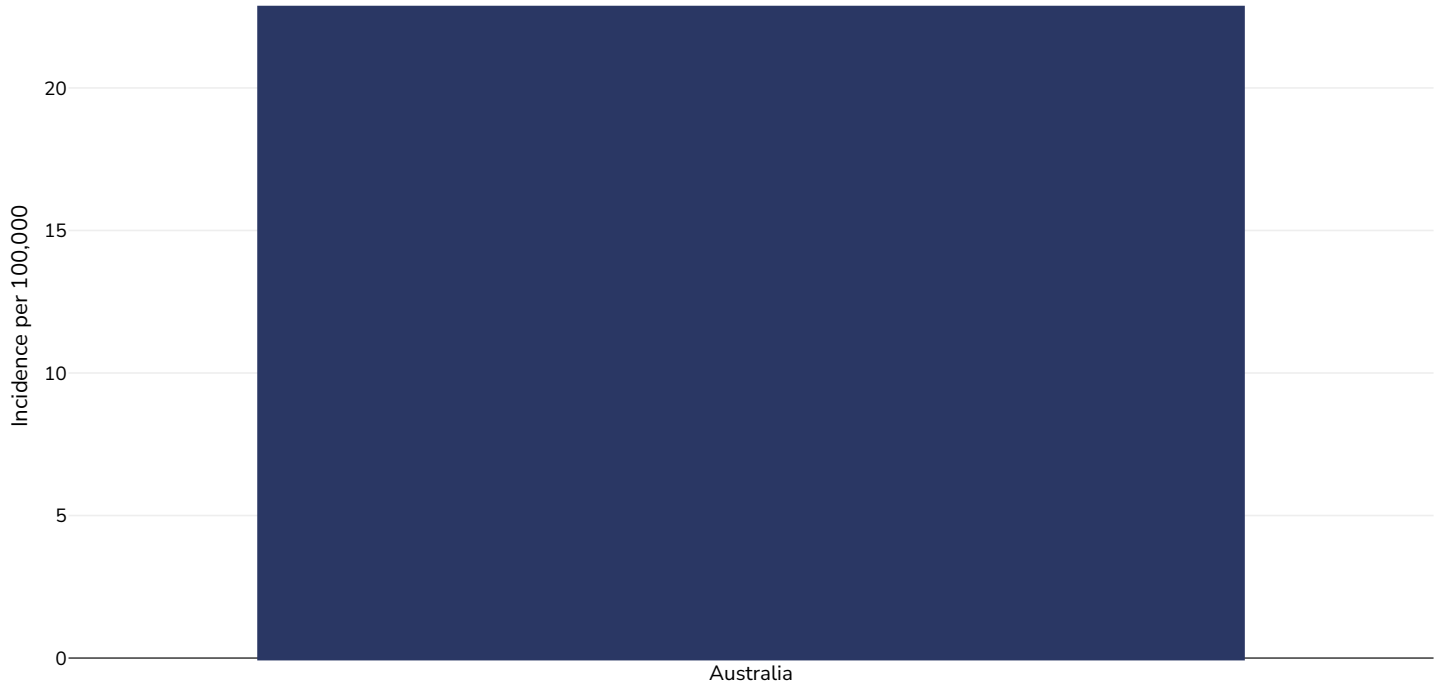
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Kidney cancer

Men, 2022



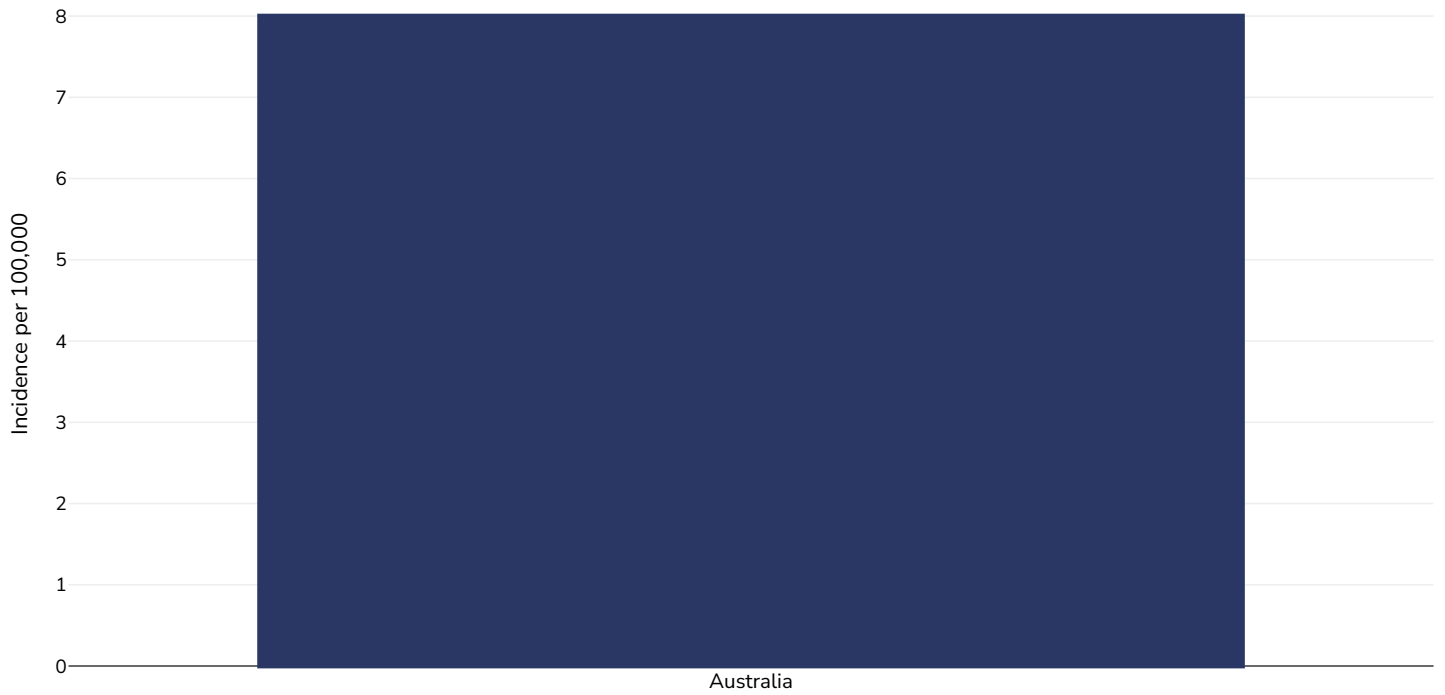
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Cancer of the uterus

Women, 2022



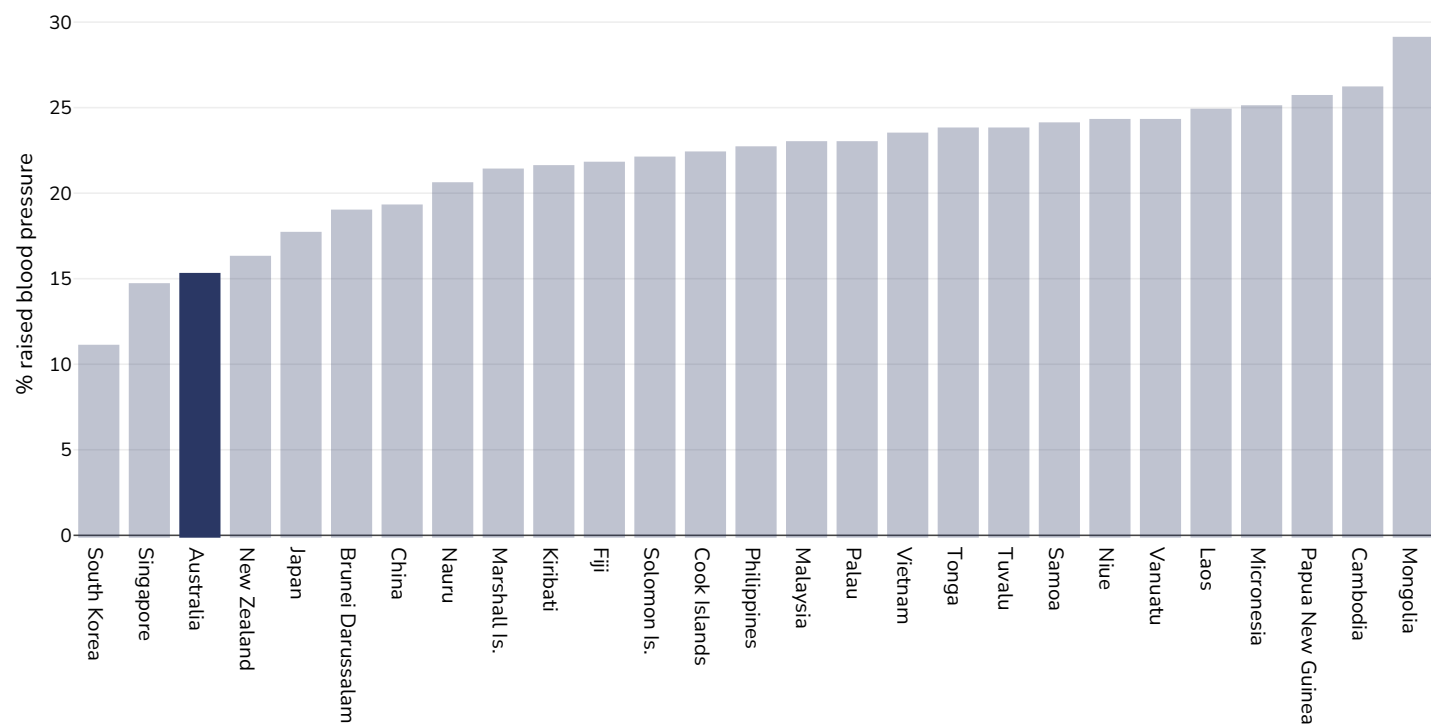
Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Raised blood pressure

Adults, 2015



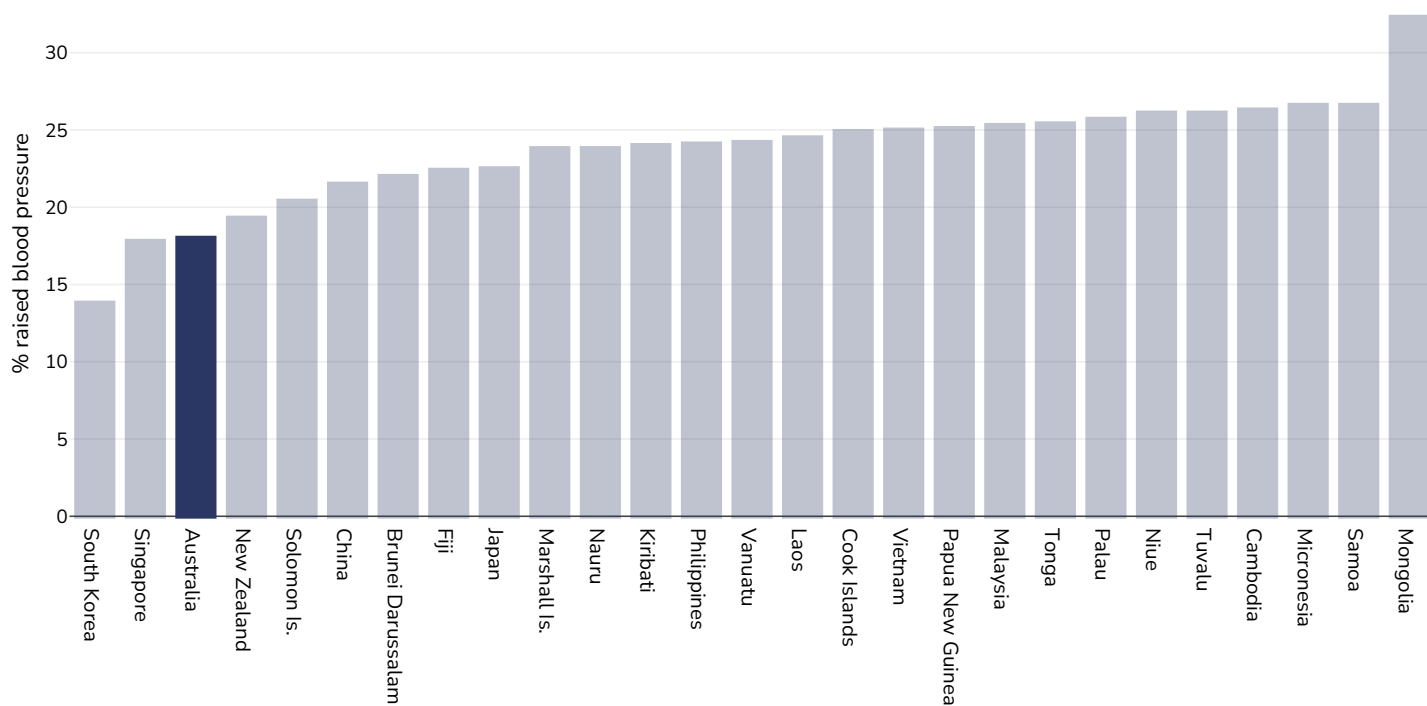
References:

Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

Age Standardised estimated % Raised blood pressure 2015 (SBP \geq 140 OR DBP \geq 90).

Men, 2015



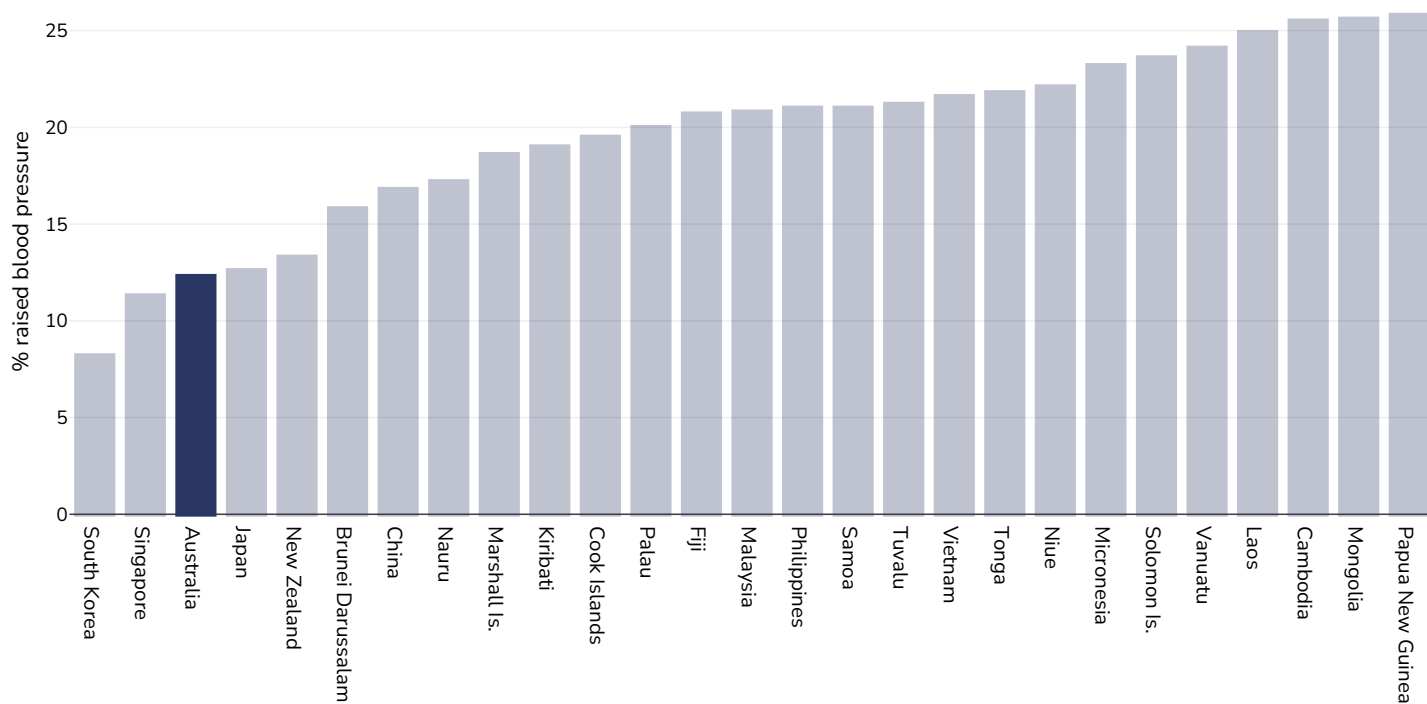
References:

Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

Age Standardised estimated % Raised blood pressure 2015 (SBP \geq 140 OR DBP \geq 90).

Women, 2015



References:

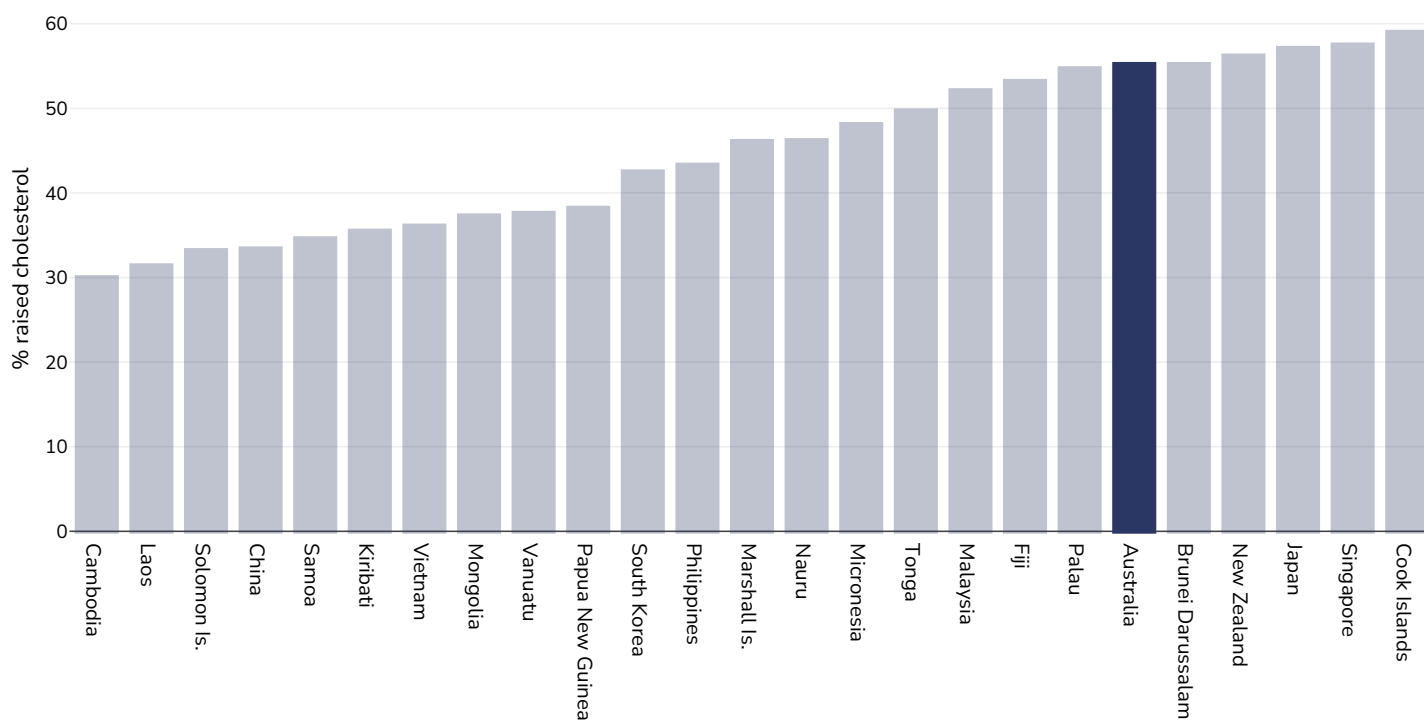
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A875?lang=en>

Definitions:

Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Raised cholesterol

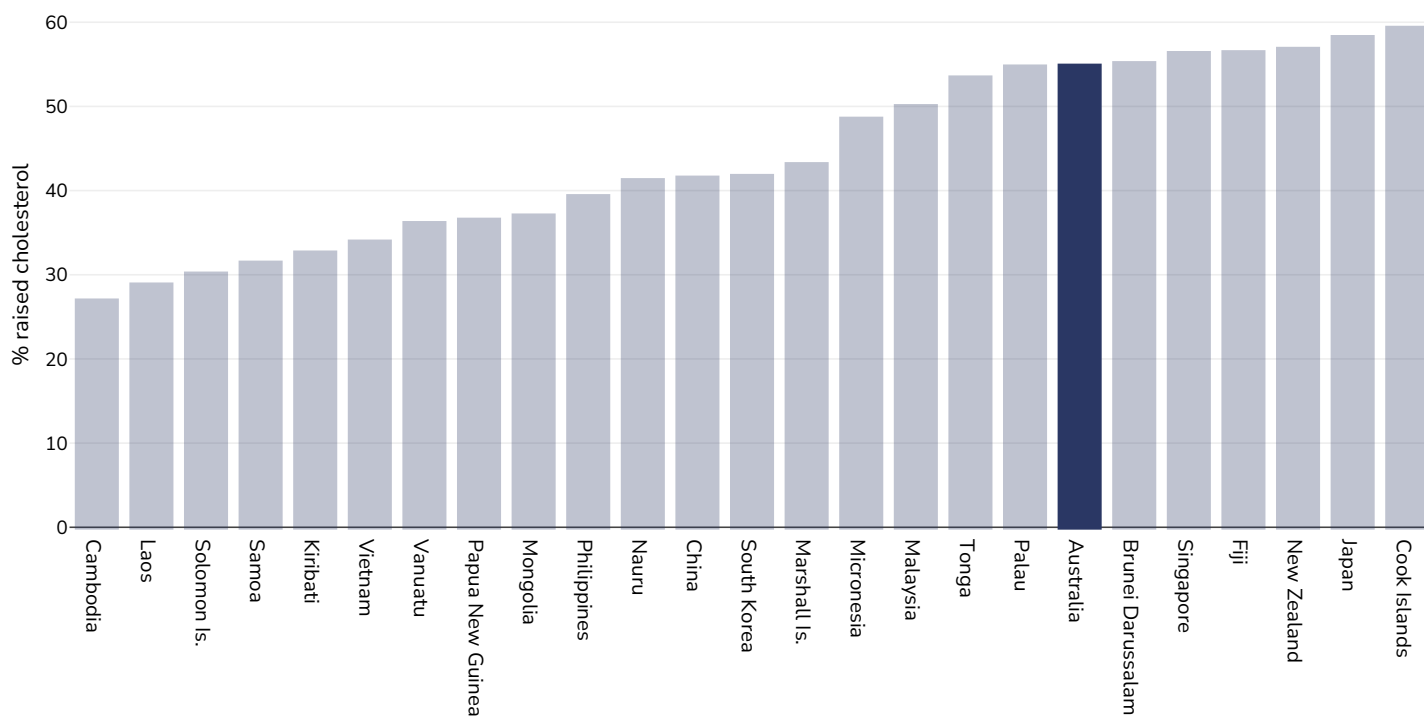
Adults, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

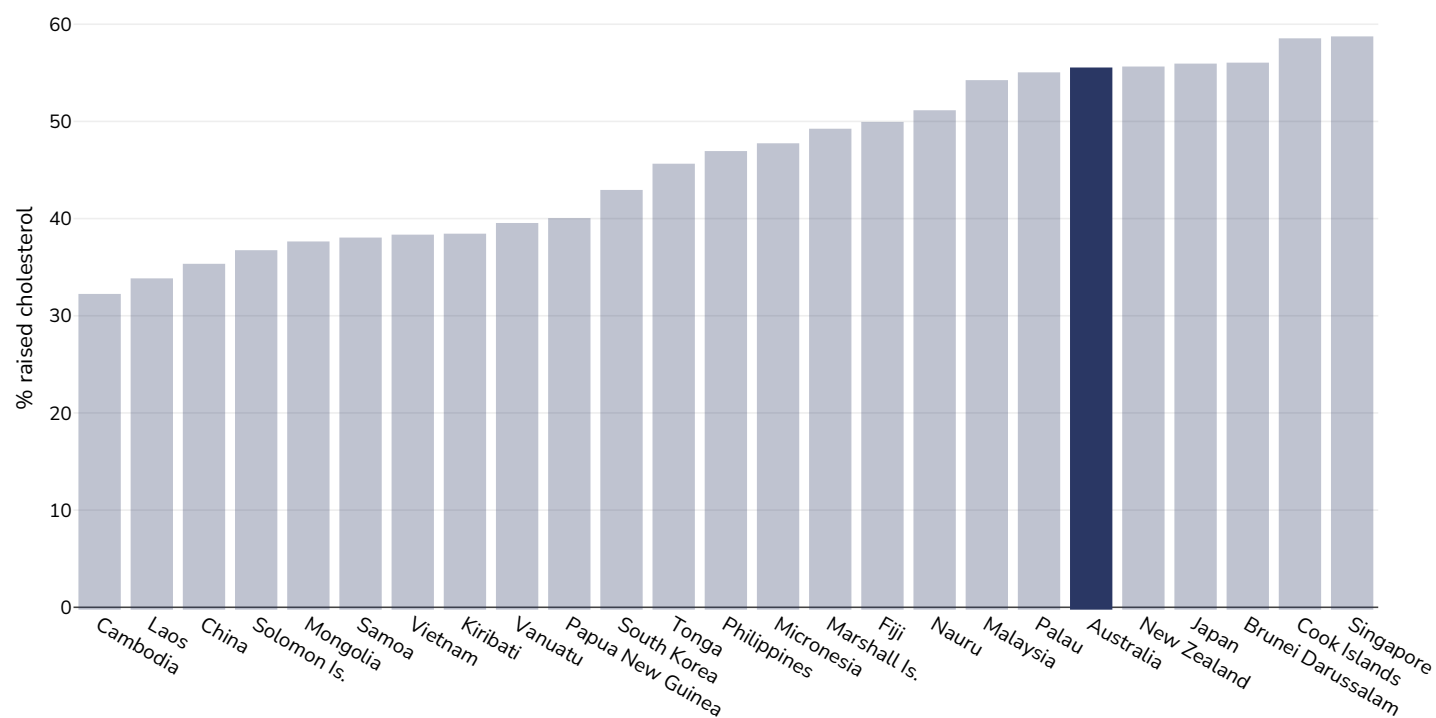
Men, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

Women, 2008

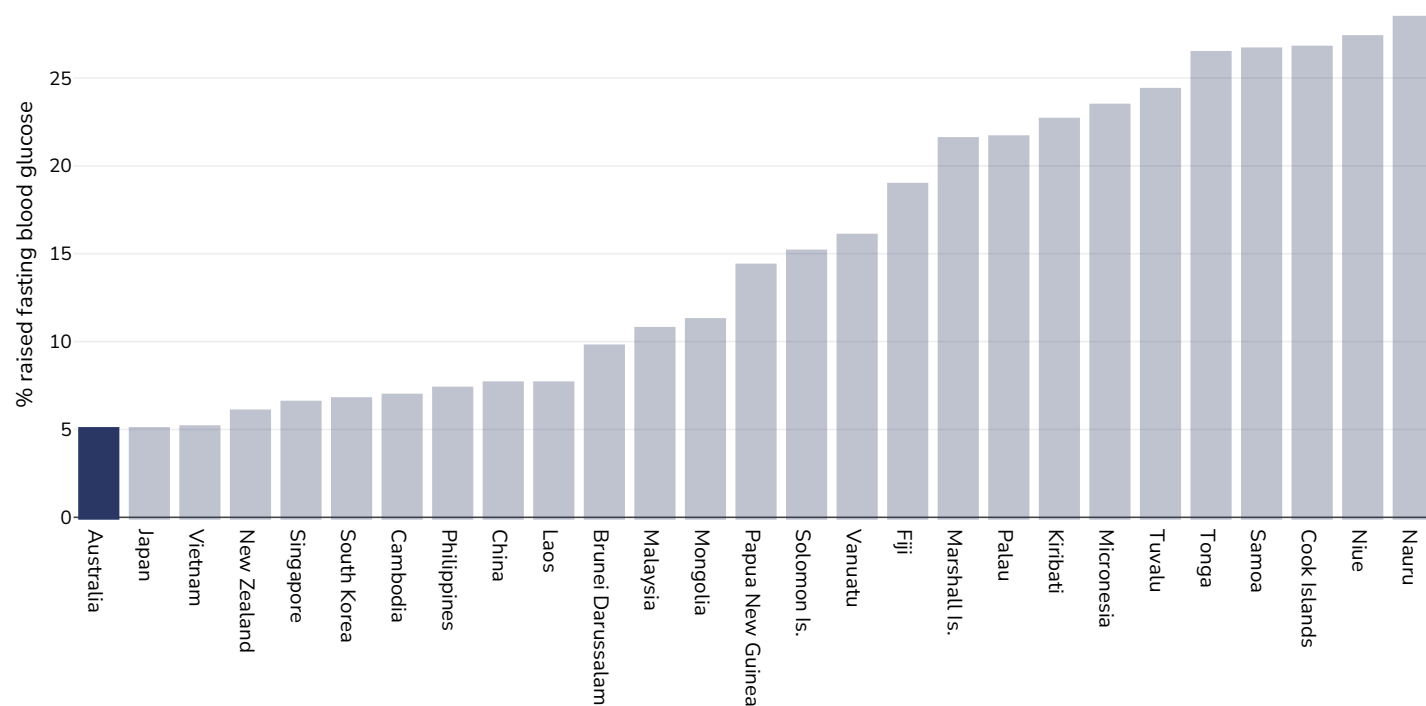


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).

Raised fasting blood glucose

Men, 2014



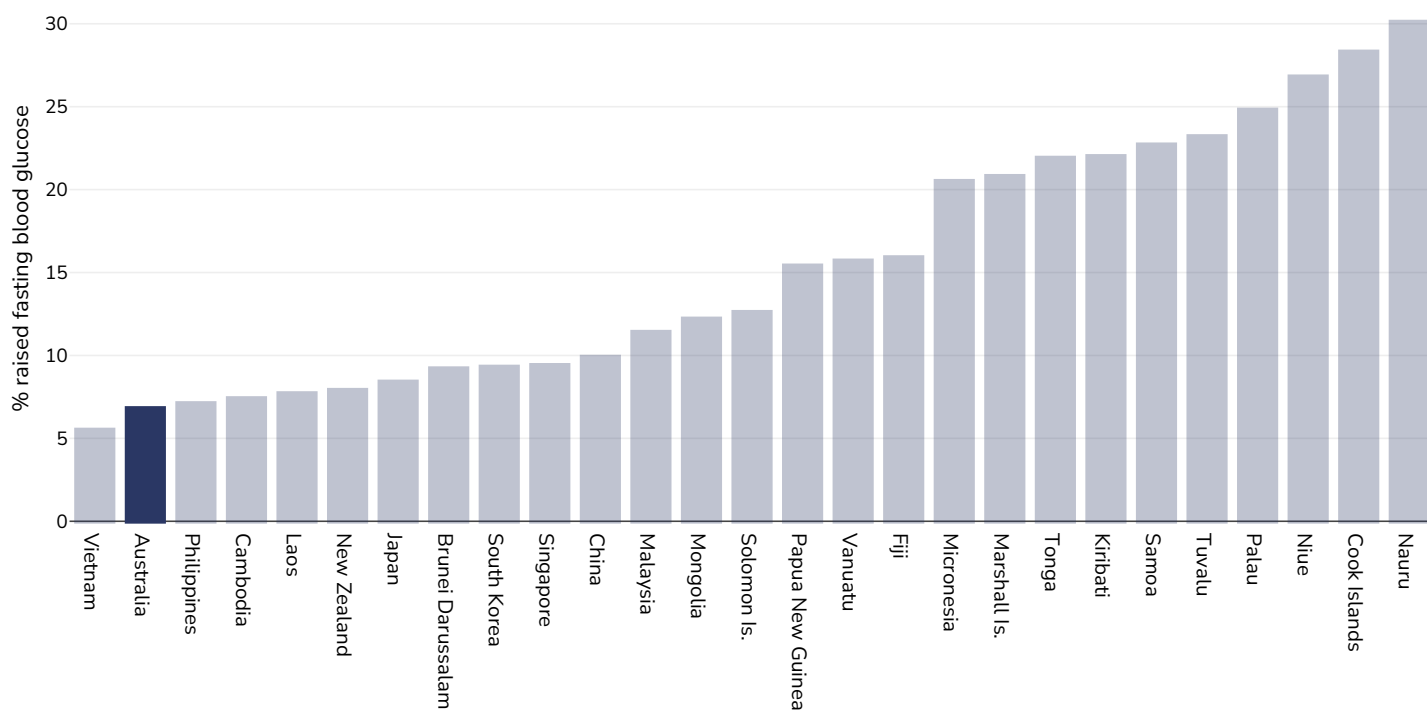
References:

Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).

Women, 2014



References:

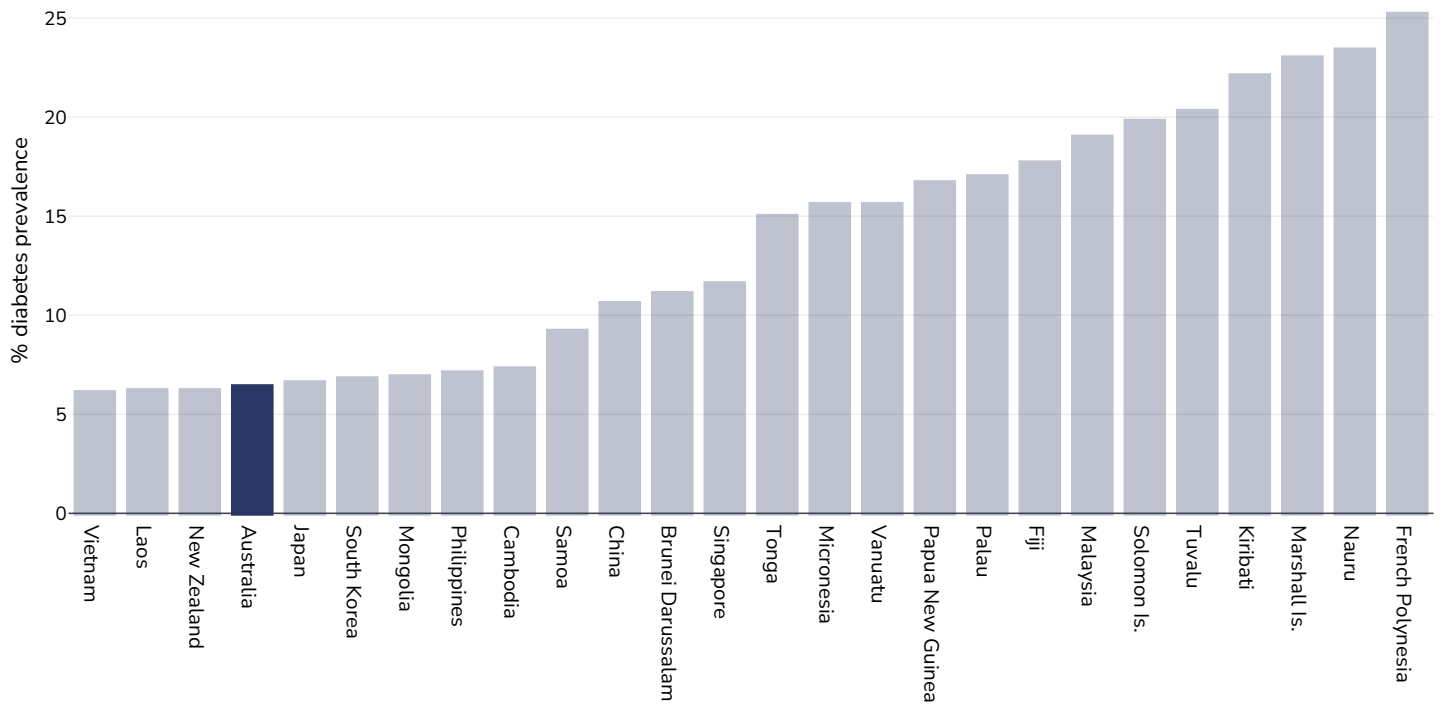
Global Health Observatory data repository, World Health Organisation,
<http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions:

Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).

Diabetes prevalence

Adults, 2021



Age: 20-79

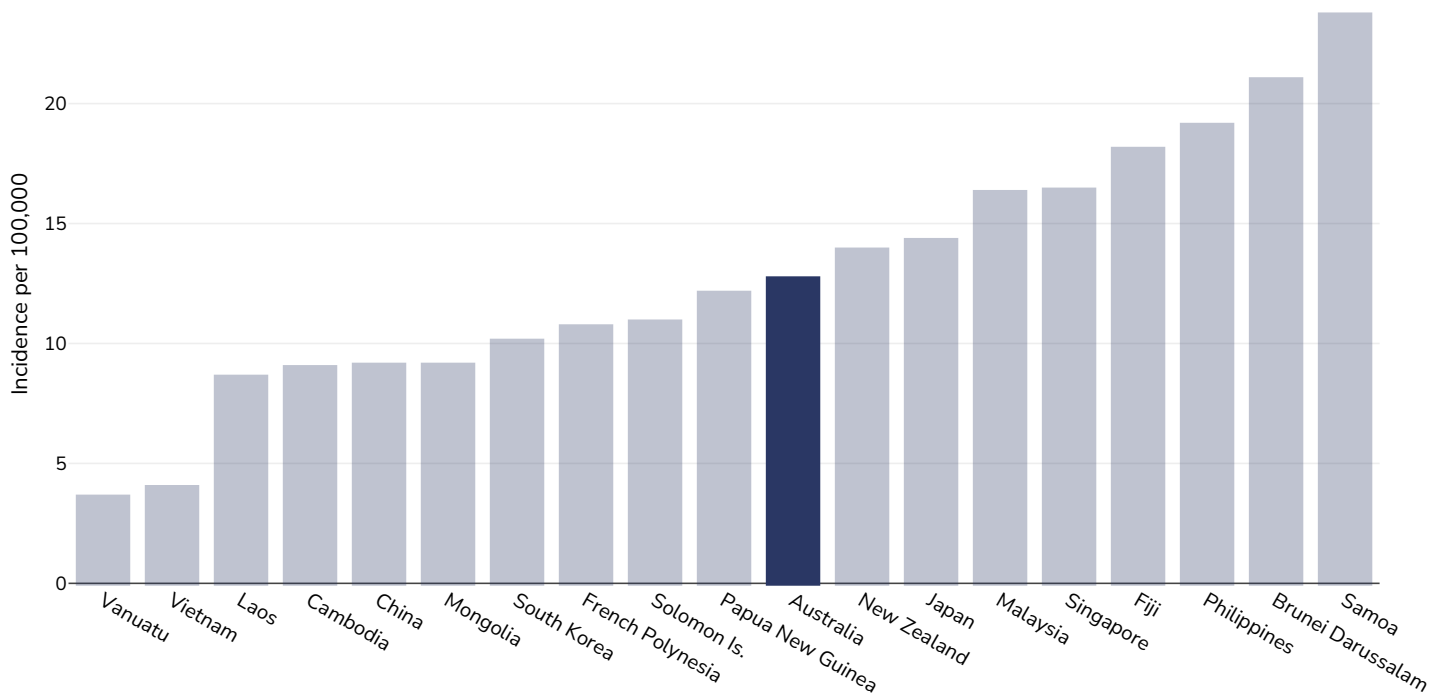
Area covered: National

References: Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 10th edn. Brussels, Belgium:International Diabetes Federation, 2021. <http://www.diabetesatlas.org>

Definitions: Age-adjusted comparative prevalence of diabetes, %

Ovarian Cancer

Women, 2022



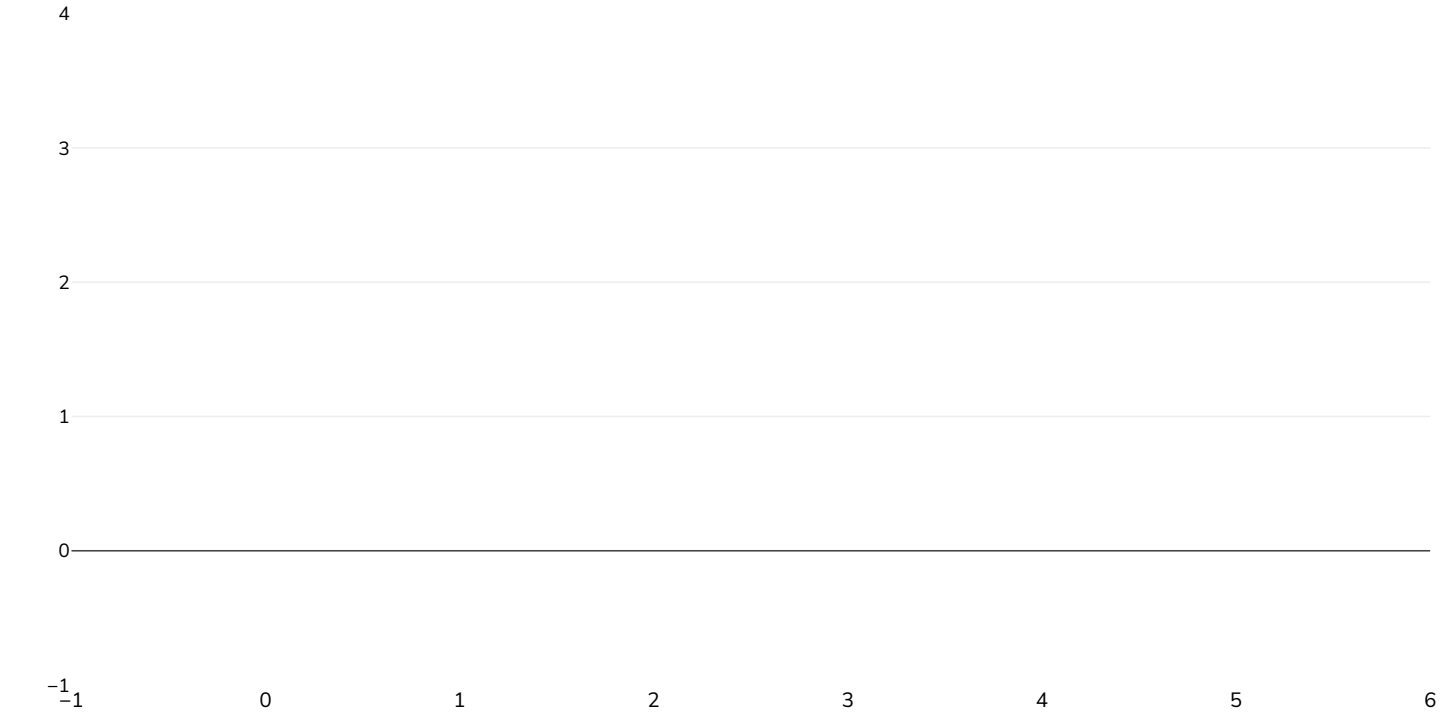
Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Leukemia

Men, 2022



Age: 20+

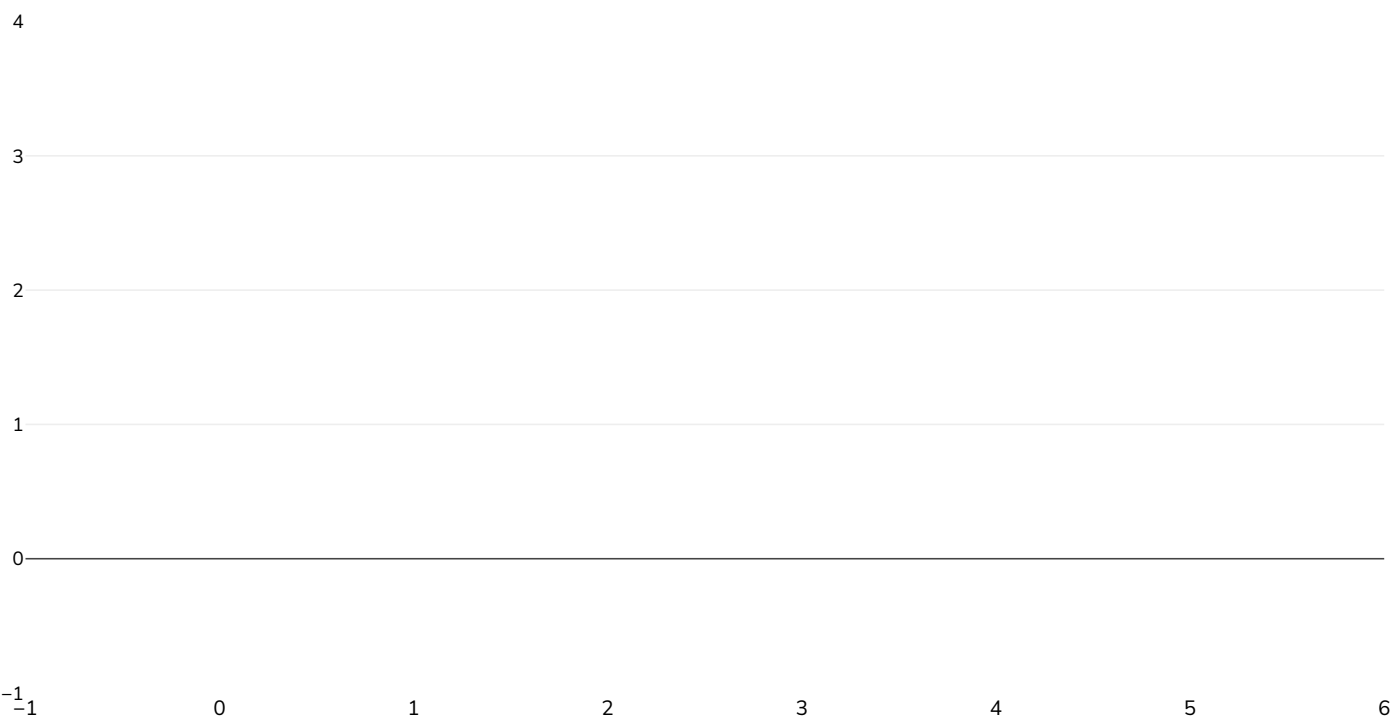
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Women, 2022



Age: 20+

Area covered: National

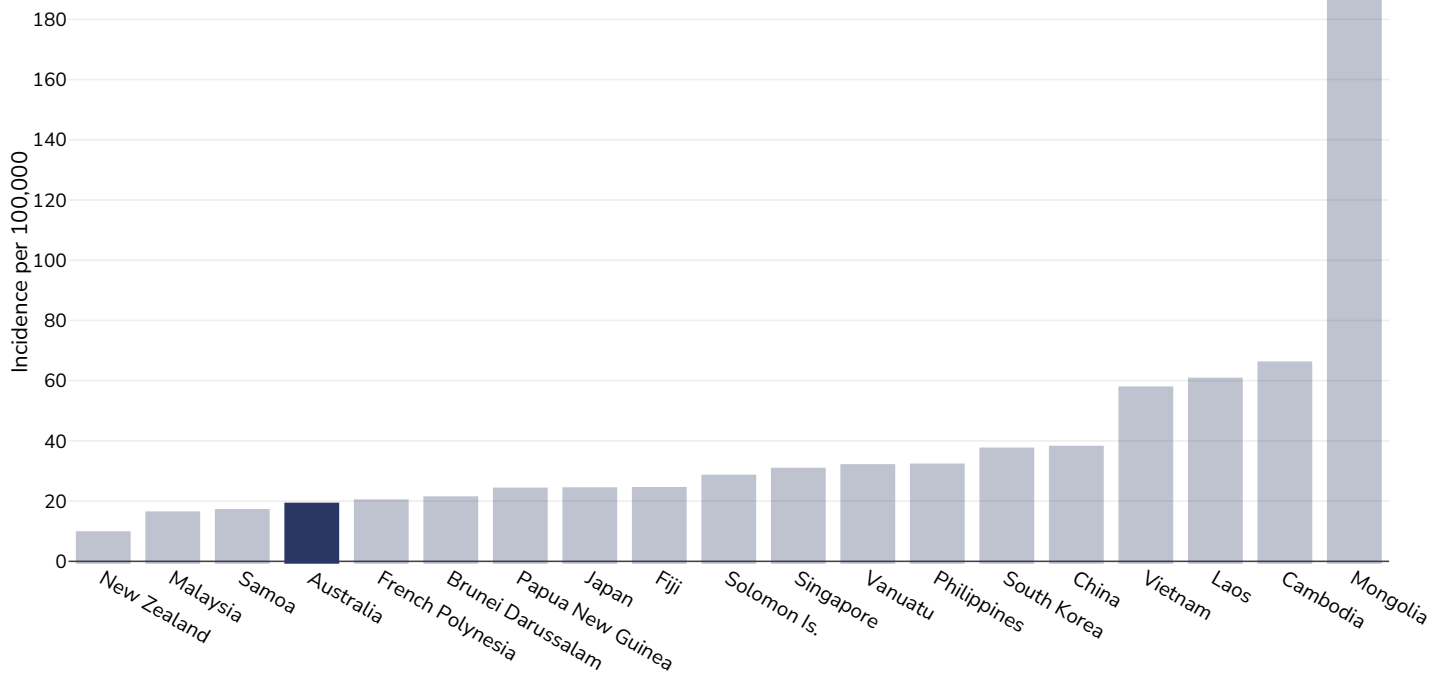
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Liver and intrahepatic bile duct Cancer

Men, 2022



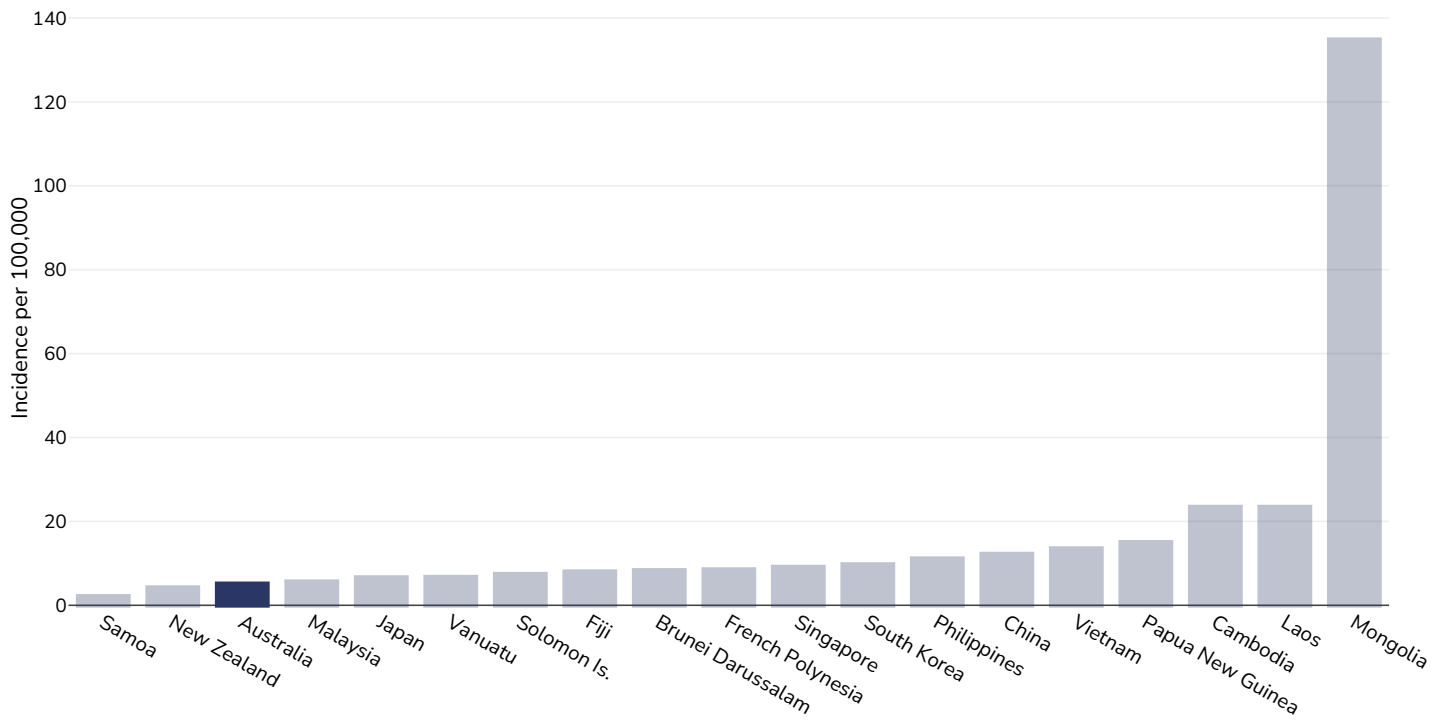
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

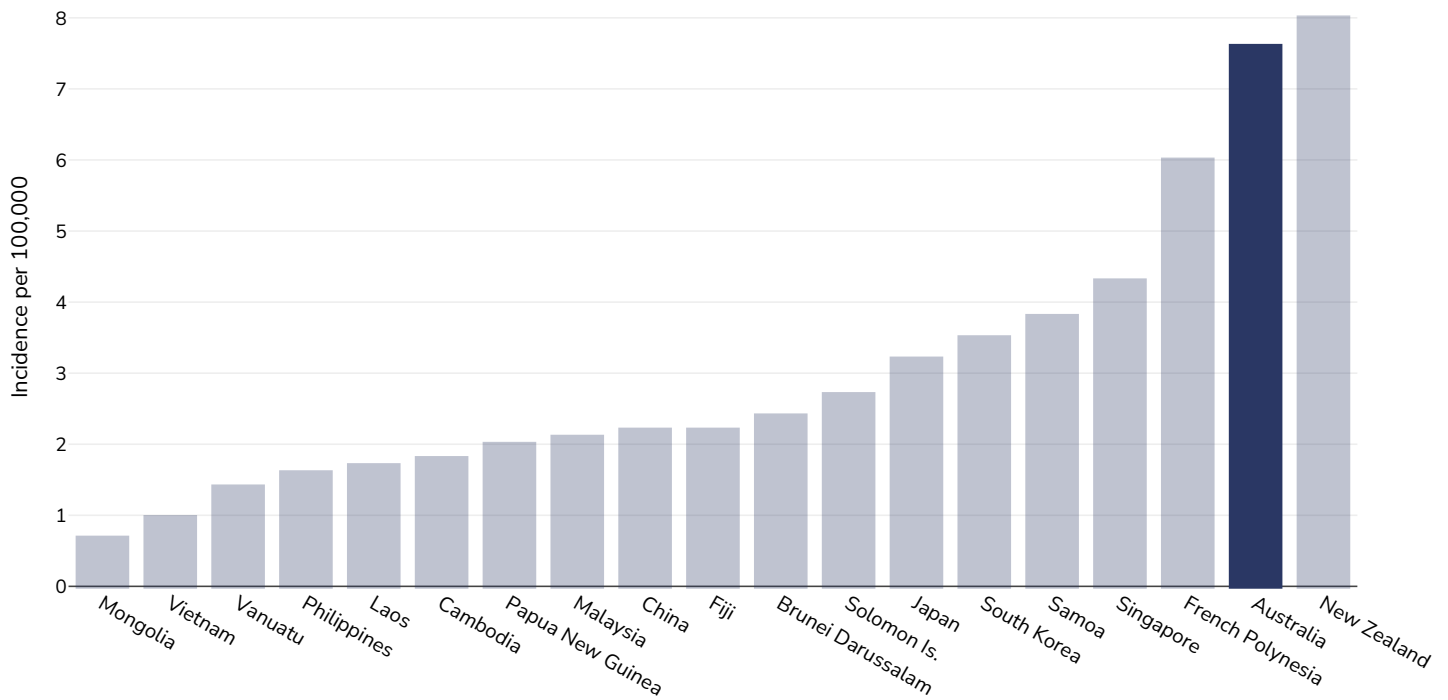
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Multiple Myeloma

Men, 2022



Age: 20+

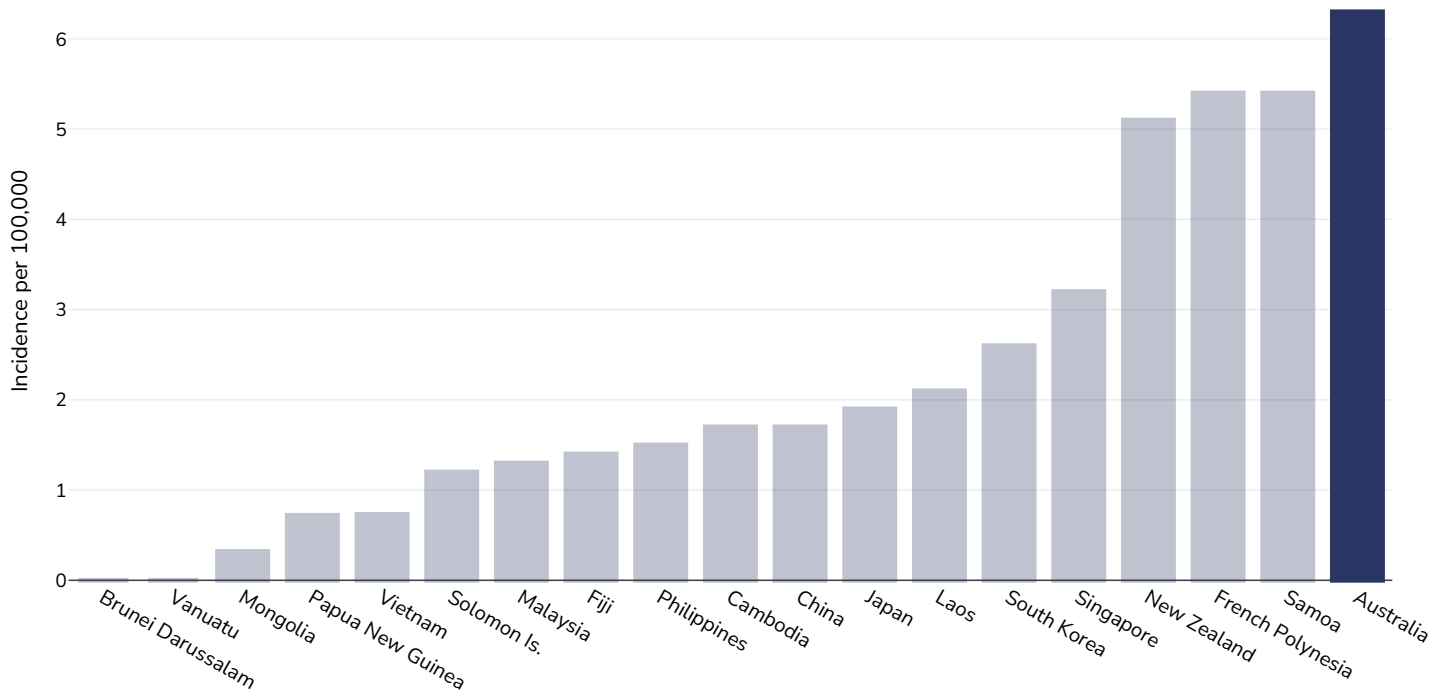
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Women, 2022



Age: 20+

Area covered: National

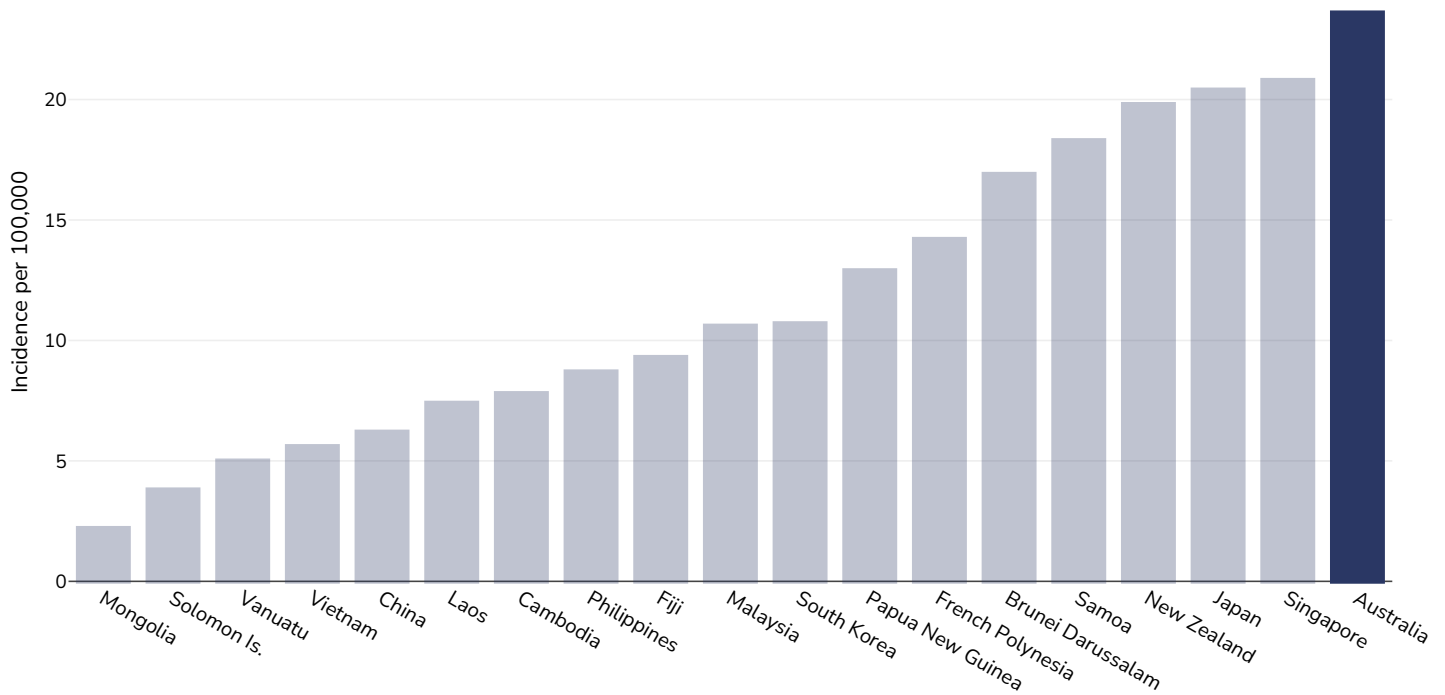
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Non Hodgkin Lymphoma

Men, 2022



Age: 20+

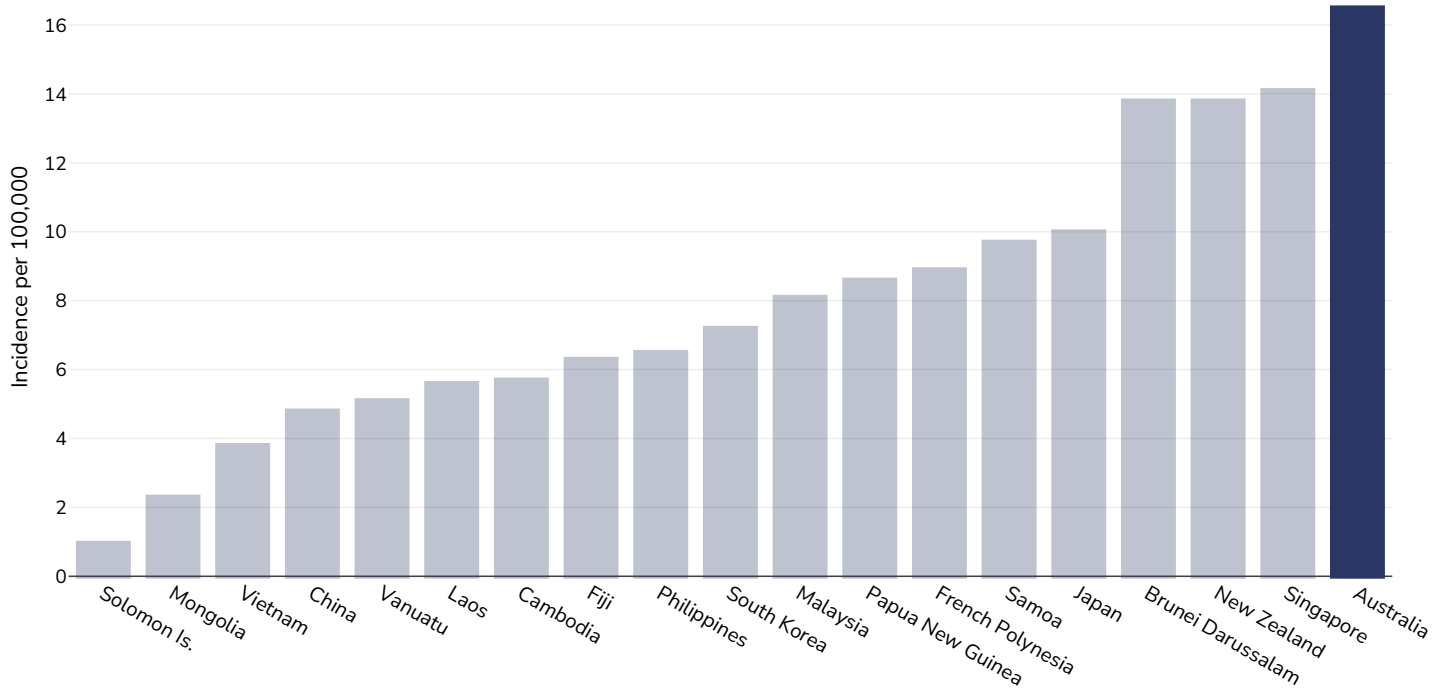
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Women, 2022



Age: 20+

Area covered: National

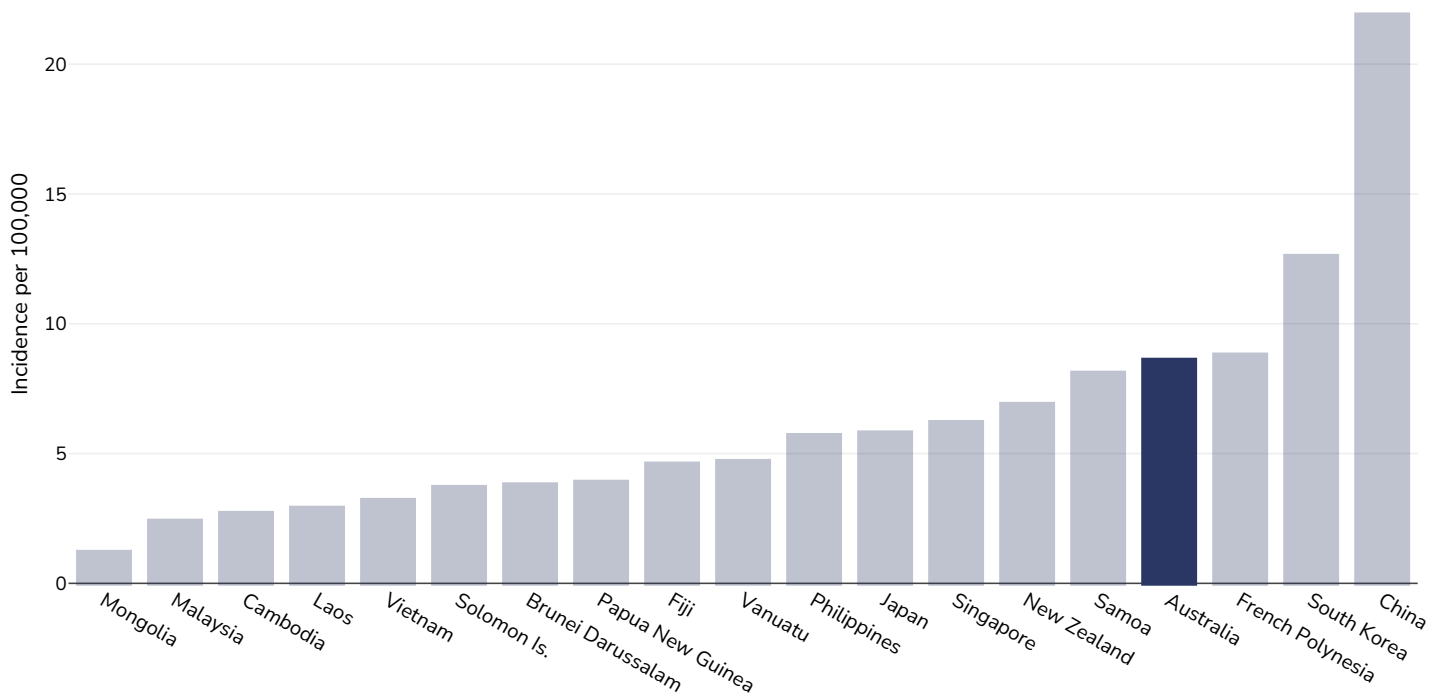
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Thyroid Cancer

Men, 2022



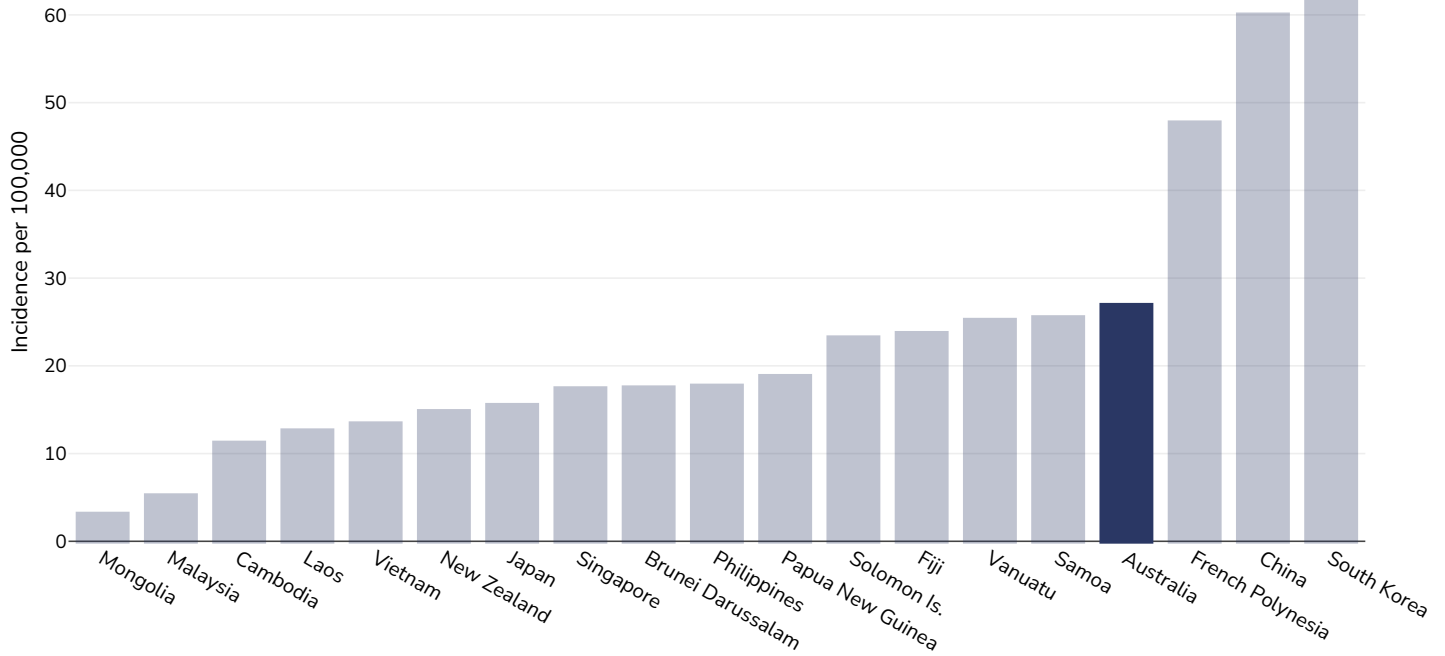
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Contextual factors

Disclaimer: These contextual factors should be interpreted with care. Results are updated as regularly as possible and use very specific criteria. The criteria used and full definitions are available for download at the bottom of this page.



Labelling

Is there mandatory nutrition labelling?	
Front-of-package labelling?	
Back-of-pack nutrition declaration?	
Color coding?	
Warning label?	



Regulation and marketing

Are there fiscal policies on unhealthy products?	✗
Tax on unhealthy foods?	✗
Tax on unhealthy drinks?	✗
Are there fiscal policies on healthy products?	✓
Subsidy on fruits?	✓
Subsidy on vegetables?	✓
Subsidy on other healthy products?	✓
Mandatory limit or ban of trans fat (all settings)?	✗
Mandatory limit of trans fats in place (all settings)?	✗
Ban on trans-fats or phos in place (all settings)?	✗
Are there any mandatory policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✗
Mandatory restriction on broadcast media?	✗
Mandatory restriction on non-broadcast media?	✗
Voluntary policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✓ _v
Are there mandatory standards for food in schools?	✗
Are there any mandatory nutrient limits in any manufactured food products?	✗
Nutrition standards for public sector procurement?	✗



Political will and support

National obesity strategy or nutrition and physical activity national strategy?	✓
National obesity strategy?	✓
National childhood obesity strategy?	✗
Comprehensive nutrition strategy?	✓
Comprehensive physical activity strategy?	✓
Evidence-based dietary guidelines and/or RDAs?	✓
National target(s) on reducing obesity?	✓
Guidelines/policy on obesity treatment?	✓
Promotion of breastfeeding?	✓



Monitoring and surveillance

Monitoring of the prevalence and incidence for the main obesity-related NCDs and risk factors?	✓
Within 5 years?	✓



Governance and resource

Multi-sectoral national co-ordination mechanism for obesity or nutrition (including obesity)?	✓
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Key

✓ Present

✓_v Present

(voluntary)

✓ Incoming

✗ Absent

? Unknown

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