# Report card
## Australia

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Obesity prevalence

Adults, 2017-2018

Survey type: Measured
Age: 18+
Sample size: 21000
Area covered: National
References: Australian National Health Survey 2017-18 (provisional results).

Notes: Around 32% of those measured in 2017 did not have height & weight measured, they used self report

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: 5-17
Sample size: 3769
Area covered: National


Notes: Approximately 43% of those measured in 2017 did not have height & weight measured, self-report was used instead.


Cutoffs: IOTF
% Adults living with obesity in Australia 2007-2017

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

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

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

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

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

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 overweight or obesity in Australia 2007-2017

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

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

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

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

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

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.
Children living with overweight or obesity in Australia

Survey type: Measured

References:


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 in the Asia/Oceania Region 1975-2019

Men

References: For full details of references visit https://data.worldobesity.org/

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

% Adults living with obesity

References:

For full details of references visit https://data.worldobesity.org/

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

Men

References: For full details of references visit https://data.worldobesity.org/

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:

For full details of references visit https://data.worldobesity.org/

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 age

Adults, 2014-2015

Survey type: Measured
Sample size: 14561
Area covered: National

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
Sample size: 12869
Area covered: National

Notes: International Obesity Task Force (IOTF) 0.5 year body mass index (BMI) cutoffs used.

Cutoffs: IOTF
Overweight/obesity by region

Men, 2011-2012

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

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Women, 2011-2012

<table>
<thead>
<tr>
<th>Area</th>
<th>Overweight or obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Regional</td>
<td>60%</td>
</tr>
<tr>
<td>Major Cities</td>
<td>50%</td>
</tr>
<tr>
<td>Outer regional and remote</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 18+

**Sample size:** Large National Survey

**Area covered:** National

**References:**


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 socio-economic group

Men, 2014-2015

Survey type: Measured
Age: 18+
Sample size: 14561
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Women, 2014-2015

Survey type: Measured
Age: 18+
Sample size: 14561
Area covered: National

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

<table>
<thead>
<tr>
<th></th>
<th>Low SES</th>
<th>Middle SES</th>
<th>High SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Overweight</td>
<td>22%</td>
<td>21%</td>
<td>18%</td>
</tr>
</tbody>
</table>

- **Survey type:** Measured
- **Age:** 6-18
- **Sample size:** 12,869
- **Area covered:** National


**Notes:** International Obesity Task Force (IOTF) 0.5 year body mass index (BMI) cutoffs used.

**Cutoffs:** IOTF
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2016

Survey type: Self-reported

Age: 11-17


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

<table>
<thead>
<tr>
<th>Country</th>
<th>% insufficient physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singapore</td>
<td>80</td>
</tr>
<tr>
<td>Mongolia</td>
<td>90</td>
</tr>
<tr>
<td>Palau</td>
<td>90</td>
</tr>
<tr>
<td>Cook Islands</td>
<td>90</td>
</tr>
<tr>
<td>Laos</td>
<td>90</td>
</tr>
<tr>
<td>Kiribati</td>
<td>90</td>
</tr>
<tr>
<td>China</td>
<td>90</td>
</tr>
<tr>
<td>Malaysia</td>
<td>90</td>
</tr>
<tr>
<td>Fiji</td>
<td>90</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>90</td>
</tr>
<tr>
<td>Solomon Is.</td>
<td>90</td>
</tr>
<tr>
<td>Vietnam</td>
<td>90</td>
</tr>
<tr>
<td>Nauru</td>
<td>90</td>
</tr>
<tr>
<td>New Zealand</td>
<td>90</td>
</tr>
<tr>
<td>Niue</td>
<td>90</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>90</td>
</tr>
<tr>
<td>Tonga</td>
<td>90</td>
</tr>
<tr>
<td>Australia</td>
<td>90</td>
</tr>
<tr>
<td>Samoa</td>
<td>90</td>
</tr>
<tr>
<td>Cambodia</td>
<td>90</td>
</tr>
<tr>
<td>South Korea</td>
<td>90</td>
</tr>
<tr>
<td>Philippines</td>
<td>90</td>
</tr>
<tr>
<td>Nauru</td>
<td>90</td>
</tr>
<tr>
<td>New Zealand</td>
<td>90</td>
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<td>Vanuatu</td>
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<tr>
<td>Tonga</td>
<td>90</td>
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<tr>
<td>Australia</td>
<td>90</td>
</tr>
<tr>
<td>Samoa</td>
<td>90</td>
</tr>
<tr>
<td>Cambodia</td>
<td>90</td>
</tr>
<tr>
<td>South Korea</td>
<td>90</td>
</tr>
<tr>
<td>Philippines</td>
<td>90</td>
</tr>
</tbody>
</table>

**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
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


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:

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


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).
References: Global Health Observatory data repository, World Health Organisation, [http://apps.who.int/gho/data/node.main.A885](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:

Definitions:
Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

The Australian healthcare system is jointly run by all levels of government – federal, state, territory, and local. The primary insurance scheme, Medicare, is a single-payer, federal government-administered scheme that covers all Australian and New Zealand citizens and permanent Australian residents. Medicare covers the cost of all public hospital services, and some or all of the costs of other health services and is supplemented by an additional subsidy scheme, the Pharmaceutical Benefits Scheme, that reduces the cost of pharmaceutical prescriptions. Many Australians have private health insurance to enable access to private hospitals and/or to cover the costs of “ancillary” treatment not covered by the public system.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Yes</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Stigma
- Lack of financial investment and funding for coverage
- Lack of training
- Lack of political will, interest and action
- Influence of food industry
- Lack of treatment facilities

Summary of stakeholder feedback

There appears to be much resistance to the classification of obesity as a disease by the Australian government. Obesity is considered to be the individual’s responsibility and so resources are mostly dedicated to public health messaging. There is, however, continued refusal by the government to implement any fiscal measures to prevent obesity.

Financial resources for treatment, on the other hand, are generally poor and variable across the country. With the exception of some states investing in childhood obesity and some bariatric facilities in public hospitals, the poor financial investment into the management and treatment of obesity in the public system means that many seek care privately when they can. As a result, most stakeholders felt that the Australian health system was not working for those living with obesity as most incur high out of pocket payments for treatment.

Individuals living with obesity tend to enter the health system via their general practitioner or public hospital clinic. To receive care in the public system, individuals must meet strict criteria and even then, are subject to long waiting lists. Accessibility and availability of treatment is said to vary by state, and training for obesity specialists is limited. Pharmacotherapy and bariatric options are particularly limited, and this is only exacerbated in rural or remote areas.

Based on interviews/survey returns from 7 stakeholders

Last updated: June 2020