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# Obesity is an outcome - is it the goal?

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# Obesity is an outcome - is it the goal?

## **Abstract**

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## **Obesity is an outcome - is it the goal?**

I wish to raise the issue that we (and our governments) have become overly obsessed with obesity at the risk of taking our eye off the main food and nutrition game – poor diet, nutrition insecurity and unsustainable food systems more broadly.

Australia is one of the fattest countries in the world. Over the 15 year period 1995 – 2010 we gained around 4 kilos, with 70% of men and 56% of women now overweight or obese.

The global burden of disease data clearly demonstrate that diet related factors are the leading contributor to the burden of disease in most countries – Australia and Brazil. Overweight and obesity are clearly up there too, as the second major contributor, but separately to diet-related factors. So if we just lump ‘nutrition’ issues into the obesity basket, we are overlooking the broader issues.

In some cases the two are connected – clearly too much saturated fat or sugar will not only contribute to chronic illnesses, but also to overweight. But we need to consider what we overlook, and perhaps also how this has come about.

What do we overlook? Breast feeding; nutrition during pregnancy; food sufficiency & overall diet quality – in vulnerable groups such as poor, indigenous, elderly (comment re elderly mother-in-law who needs to be encouraged to eat but can't buy full fat yoghurts, etc); nutrients such as sodium, calcium, iron, folate, iodine; fruit and vegetable intakes; dietary variety; food access, availability and affordability; maintenance of primary food production; etc...

For example, in a study by Russell et al, in a study of 2897 older Australians found that total diet quality was positively associated with reduced risk of all cause mortality over a 15 year period. Subjects in quintile 5 (highest) of the Total Diet Score had a 21 % reduced risk of all-cause mortality (P trend= 0.04) compared with those in quintile 1 (lowest) after multivariate adjustment.

The issue of obesity epidemic has been the subject of considerable sociological debate, with key obesity skeptics such as Lupton, Campos, Gard and Wright critiquing the obesity science literature. They persuasively identify the many inaccuracies, distortions, misleading assumptions and generalisations made in scientific and epidemiological research which have contributed to the idea that obesity is at 'crisis' or 'epidemic' levels and that being over the arbitrarily defined 'normal' BMI automatically damages people's health. Lupton argues that fat discrimination is socially acceptable but is damaging to people's health – through occupational discrimination, public humiliation and stigmatisation, resulting in a reluctance to go outside or to seek preventative treatment from medical professionals, higher rates of depression and anxiety and lower socioeconomic status.

We need to be concerned about the excessive attention on obesity for several reasons, of which I will now address three:

Firstly, we really need to be highly critical of our research and reporting of the risks associated with overweight and obesity. We are contributing to the positioning of overweight and obesity as an 'epidemic' and this position may be contributing to greater risks to the people who we are purporting need our assistance.

Not only may we be contributing to poor mental health to the 50-70% of the population who now fall in to our 'overweight and obese' category - we know that the success rates for losing weight and keeping it off are around 5%, with some well integrated but expensive to administer programs perhaps achieving 15%. Individuals frequently resort to purging, medications with significant side effects, surgical treatments and cyclic dieting – all behaviours with potential risks associated with them.

Associated with the positioning of overweight and obesity as a 'problem' and an 'epidemic' that needs action, has been an exponential growth in weight loss foods and services. Thus we are supporting these industries, which will continue to thrive given the poor 'success' rates of losing weight and maintaining that weight loss.

The second important reason why we should be concerned about our dominant focus on overweight and obesity is that it takes the government's and the professionals' eyes off the main game – actually changing the food environment. If we are serious about improved health, we need to have significant changes in the availability and cost of fresh foods, support for farmers to grow and distribute such foods and significant changes to food retail and processing systems that takes the focus away from highly processed and cheap foods to less processed and higher cost foods. In reality many people need to eat less food but better quality. This is not necessarily good for global food business that is based on high turnover and utilisation of cheap food components. So it is in the food industries interests for governments and public health professionals to continue to focus on overweight and obesity as the main game.

Thirdly, and related to the previous point, the dominant rhetoric is of smaller roles for government and 'leave it to the market place'. If the focus of governments was to actually focus on the goal – improved health outcomes for the population, they would need to take a far more active role – providing incentives to farmers and food manufacturers, 'interfere' in the market place, limit the sales of certain food items (perhaps through higher sales taxes or stronger labelling requirements). These are all actions of governments that are not supported by the current neo-liberal rhetoric of free trade, no tariffs or subsidies and stronger roles for education and real structural change. Such structural change has been demonstrated to be effective – Norway's nutrition policy in 1978 and the North Karelia project – Brazil's own work addressing child hunger– but such policy change and

'interference' of government is much less likely to be accepted by governments within the current economically-driven policy environment.

So if improved health is the goal, tackling overweight and obesity is going to be of limited effectiveness unless diet quality and the food system more broadly is addressed. And this is not even mentioning the impending tsunami of food insecurity brought on by unsustainable food systems that are very susceptible to climate change. Winning a few tackles or gaining possession of the ball will not assure a win – it takes a complete game plan, a shared vision, team effort and collaboration, and a range of practised and skilled moves.