Monitoring and surveillance

Overweight and obesity in three age groups

Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 54.1% of the adult population (≥ 20 years old) in Austria were overweight and 20.9% were obese. The prevalence of overweight was higher among men (60.1%) than women (48.5%). The proportion of men and women that were obese was 21.0% and 20.9%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 25% of men and 25% of women will be obese. By 2030, the model predicts that 33% of men and 31% of women will be obese.1

Notes.
The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.

Source. WHO Global Health Observatory Data Repository (1).

1 Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.
Adolescents (10–19 years)
In terms of prevalence of overweight and obesity in adolescents, up to 25% of boys and 17% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 25% for boys and 15% for girls, and among 15-year-olds, 24% and 12%, respectively (2).

Children (0–9 years)
No prevalence data are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Austria is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

However, nationally representative data on overweight and obesity in children aged 6–9 years are available from a study which was carried out in 2005/2006 (3). The overweight and obesity figures for 6-year-old children were 7.7% (boys) and 7.6% (girls) for overweight and 9.2% and 6.8% for obesity, respectively. Similar figures for 9-year-old children were 11.4% for boys and 10.7% for girls for overweight and 9.5% and 7.3% for obesity, respectively. It should be taken into account that these figures (which are based on the Krommeyer-Hauschild et al. growth reference (4)) do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age
Nationally representative data from 2006 show that the prevalence of exclusive breastfeeding at 6 months of age was 9.7% in Austria.³

Saturated fat intake
According to 2007 estimates, the adult population in Austria consumed 12.7% of their total calorie intake from saturated fatty acids (5).
Austria had a fruit and vegetable supply of 626 grams per capita per day, according to 2009 estimates (5).

Data from 2008 show that salt intake in Austria was 9.0 grams per day for men and 8.0 grams per day for women (6).

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 21.4% (7, 8). According to data from a national survey considering urinary salt excretion (collected from July 2010 to April 2011 among adults aged 18–64 years), the mean iodine level was 121 µg/L for the adult population (9). The proportion of adults with an iodine level between 50 and 99 µg/L was 37.0%, and the share with an iodine level lower than 20 µg/L was 3.7%.

In Austria, 36.3% of the population aged 15 years and over were insufficiently active (men 32.1% and women 40.3%), according to estimates generated for 2008 by WHO (1).

The table below displays (a) monitoring and evaluation methods of salt intake in Austria; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

### Salt reduction initiatives

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td>Industry involvement</td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Food reformulation</td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
<tr>
<td>Salt intake</td>
<td></td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td>15% salt reduction in bread by 2015</td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
<tr>
<td>Behavioural change</td>
<td>(pregnant women)</td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td></td>
<td>Brochure, Print, TV Radio, Website Software, Education Schools, Conference Reporting</td>
</tr>
</tbody>
</table>

Notes: **XX** partially implemented; **XXX** fully implemented.

Source: WHO Regional Office for Europe (6).
Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 2009</td>
<td>Mandatory restriction</td>
<td>Mandatory compositional restrictions of TFA in fats, oils and processed food = &lt;2% of the total fatty acids</td>
</tr>
</tbody>
</table>

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

Marketing of food and non-alcoholic beverages to children (11)

A self-regulatory code of conduct (12) based on the national implementation of Directive 2007/65/EC (13) has been in operation since February 2010. The Austrian Communications Authority (KommAustria) was set up under the KommAustria Act (14) for the purpose of handling the administration of regulatory activities in broadcasting. The Audiovisual Media Services Act (15) (formerly the Private Television Act) implements the European Union (EU)'s Audiovisual Media Services Directive and expands the Authority's substantive control over broadcasting to include audiovisual media services on the Internet. The Federal Communications Board was set up as an appeals authority within the Austrian Federal Chancellery in order to review the decisions of KommAustria. Discussions continued until 2012 about action to reduce further the marketing of food and beverages to children but no decision has been made thus far. A special consumer complaints body exists to which anybody who believes a specific marketing activity or advertisement could harm children, or take advantage of them, misleading or exploiting their inexperience can complain. The procedure is transparent, and each complaint and the outcome of the examination are available online (16).

Physical activity (PA), national policy documents and action plans

<table>
<thead>
<tr>
<th>Sport</th>
<th>Target groups</th>
<th>Health</th>
<th>Education</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of national &quot;sport for all&quot; policy and/or national &quot;sport for all&quot; implementation programme</td>
<td>Existence of specific scheme or programme for community interventions to promote PA in the elderly</td>
<td>Counselling on PA as part of primary health care activities</td>
<td>Mandatory physical education in primary and secondary schools</td>
<td>Inclusion of PA in general teaching training</td>
</tr>
</tbody>
</table>

* Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Austria from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 2009</td>
<td>Ministry of Sport</td>
<td>Government departments on sport, education and research, and health</td>
</tr>
</tbody>
</table>

Source: country reporting template on Austria from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups addressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 2010</td>
<td>General population</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: country reporting template on Austria from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

Price policies (food taxation and subsidies)

<table>
<thead>
<tr>
<th>Taxes</th>
<th>School fruit schemes</th>
</tr>
</thead>
</table>

Sources: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases; EC School Fruit Scheme website (10).

References


