

Nutrition, Physical Activity and Obesity Austria



REGIONAL OFFICE FOR Europe



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This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

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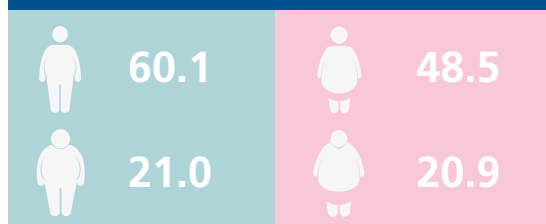
DEMOGRAPHIC DATA	
Total population	8 404 252
Median age (years)	42.0
Life expectancy at birth (years) female male	83.5 77.9
GDP per capita (US\$)	35 700.0
GDP spent on health (%)	11.0

Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

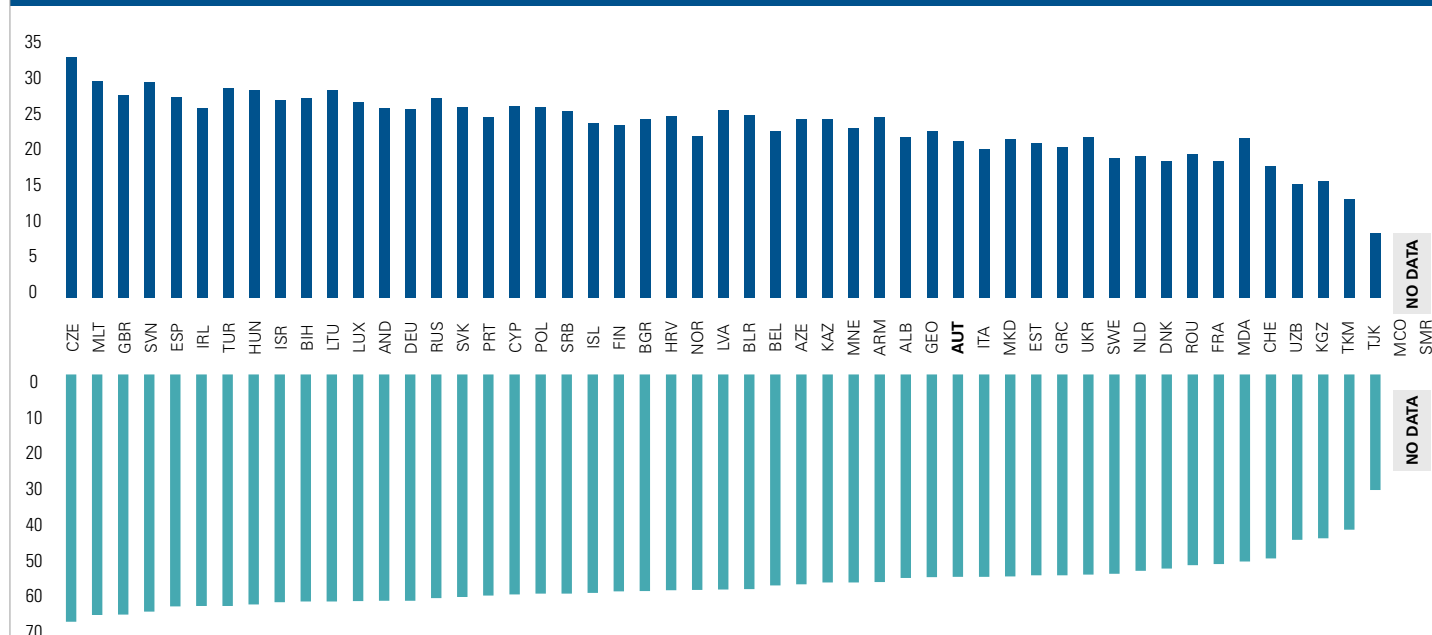
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 54.1% of the adult population (≥ 20 years old) in Austria were overweight and 20.9% were obese. The prevalence of overweight was higher among men (60.1%) than women (48.5%). The proportion of men and women that were obese 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

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG AUSTRIAN ADULTS BASED ON WHO 2008 ESTIMATES



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

PREVALENCE OF OBESITY (%) (BMI >30.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



PREVALENCE OF OVERWEIGHT (%) (BMI >25.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES

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.

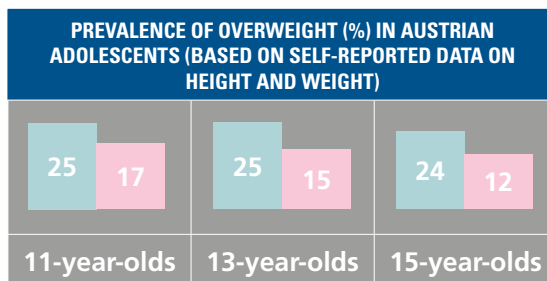
The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.

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).

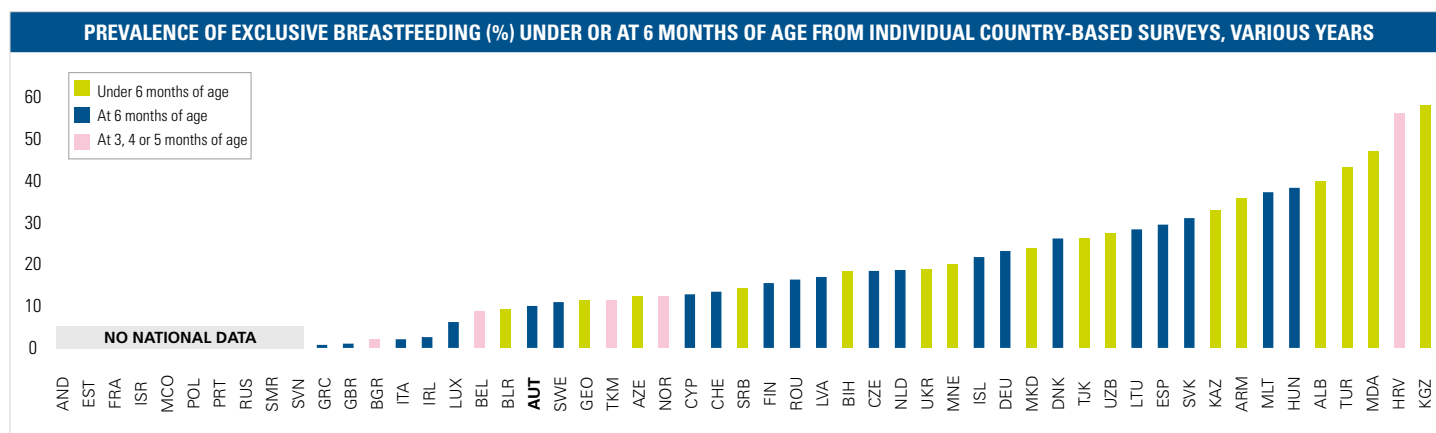


Source: Currie et al. (2).

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

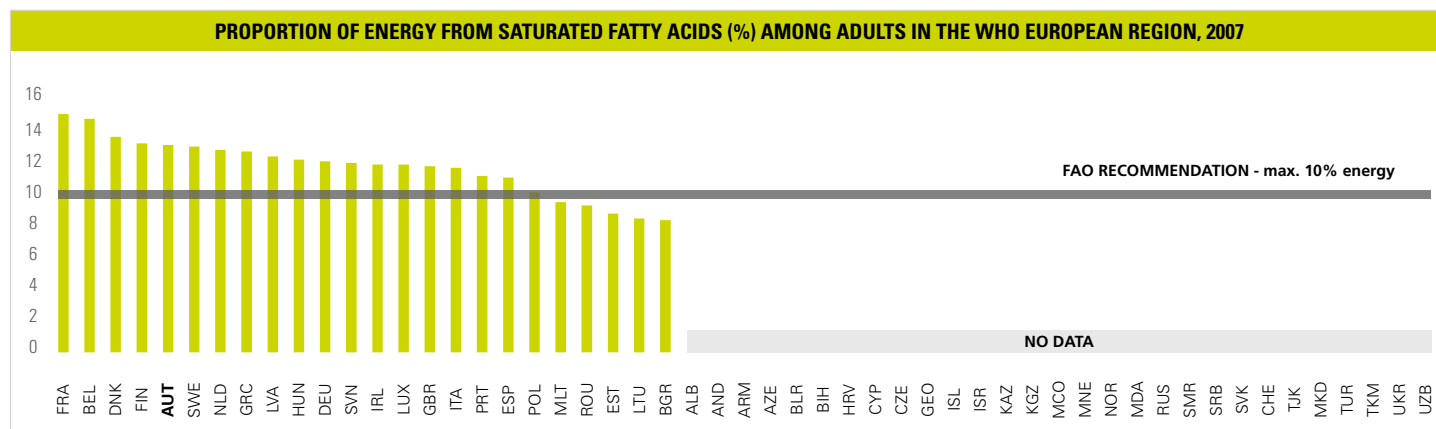


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.

Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

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).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.

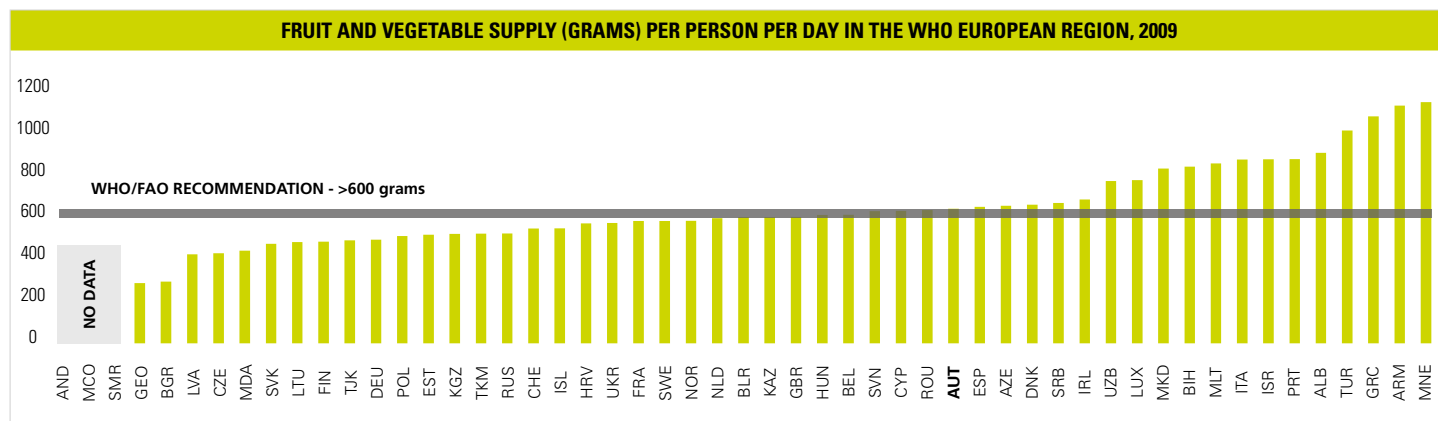
Source: FAOSTAT (5).

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

Austria had a fruit and vegetable supply of 626 grams per capita per day, according to 2009 estimates (5).

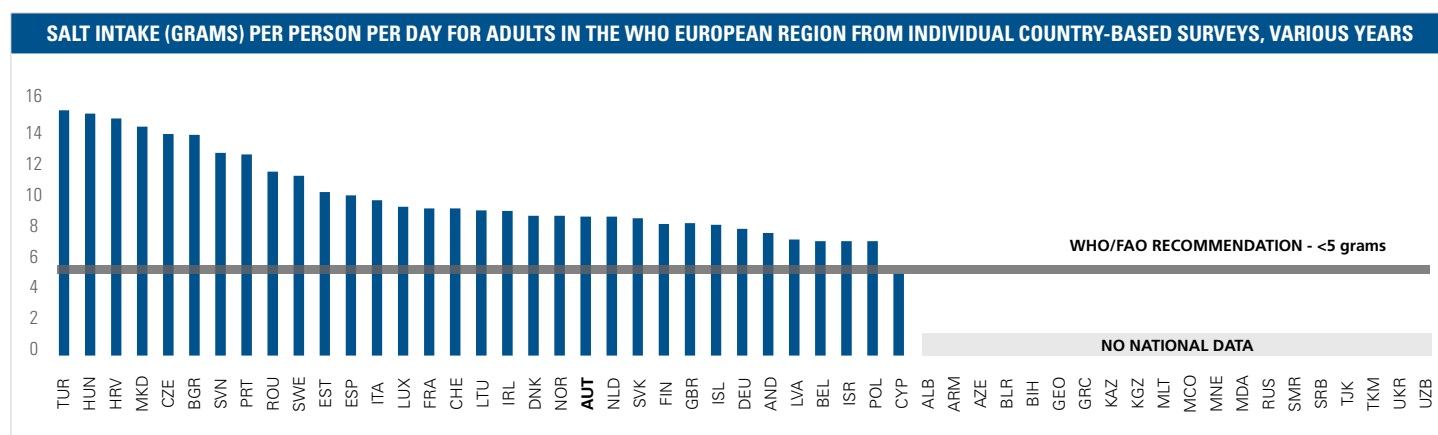


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

Salt intake

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).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: WHO Regional Office for Europe (6).

Iodine status

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%.

Physical inactivity

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).

Policies and actions

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

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
						Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting		Industry involvement	Food reformulation	Specific food category							
Salt content in food	XXX										
Salt intake	XX										
Consumer awareness	XX	15% salt reduction in bread by 2015									
Behavioural change	XX (pregnant women)										
Urinary salt excretion (24 hrs)	XX										

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (6).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
✓ 2009	Mandatory restriction	Mandatory compositional restrictions of TFA in fats, oils and processed food = <2% of the total fatty acids

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

Price policies (food taxation and subsidies)

Taxes	School fruit schemes
	✓

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).

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

Sport	Target groups	Health	Education		Transportation	
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work
✓	✓		✓ ^a	✓ ^a	✓ ^a	✓ ^a

^a 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)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2009	Ministry of Sport	Government departments on sport, education and research, and health

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

Existence of national recommendation on HEPA	Target groups addressed by national HEPA policy	PA included in the national health monitoring system
✓ 2010	General population	✓

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.

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