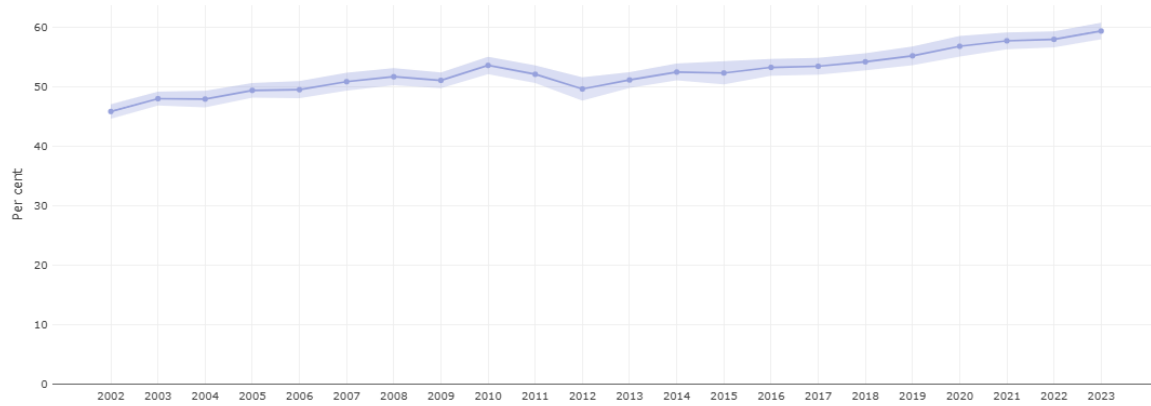


<https://www.healthstats.nsw.gov.au/r/114335>

Overweight and obesity in adults

Overweight or obese



Overweight or obese

Source: NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Body mass index	Period	Per cent	LL 95% CI	UL 95% CI
Overweight or obese	2023	59.4	58.0	60.8
	2022	58.0	56.7	59.3
	2021	57.8	56.3	59.2
	2020	56.8	55.1	58.6
	2019	55.2	53.7	56.8
	2018	54.2	52.8	55.7
	2017	53.5	52.1	54.9
	2016	53.3	51.9	54.7
	2015	52.3	50.4	54.3
	2014	52.5	51.1	53.9
	2013	51.2	49.9	52.5
	2012	49.7	47.7	51.6
	2011	52.1	50.6	53.6
	2010	53.6	52.2	55.1
	2009	51.1	49.8	52.4
	2008	51.7	50.3	53.2
	2007	50.9	49.4	52.4
	2006	49.5	48.1	51.0
	2005	49.4	48.2	50.6
	2004	48.0	46.6	49.4
2003	48.0	46.9	49.2	
2002	45.9	44.7	47.1	

Commentary: What can we learn from this data?

In 2018, overweight (including obesity) was the second leading risk factor contributing to the burden of disease in Australia ([AIHW, 2021](#)). The risk of developing chronic disorders increases with increasing body mass index (BMI) ([Keramat et al 2021](#); [Nyberg et al 2020](#)).

Over the last ten years, the percentage of NSW adults aged 16 years and over living with overweight or obesity has gradually increased from 53% in 2014 to 60% in 2023. This increase is being driven mainly by an increase in the rate of people living with obesity over this period (from 20% to 25%).

In NSW in 2023, the percentage of adults aged 16 years and over living with overweight or obesity was higher in:

- men (65%) compared with women (54%)
- people aged 55-64 years (68%) and 45-54 years (67%) compared to people aged 16-24 years (39%)
- people living in the most disadvantaged areas (69%) compared to those living in the least disadvantaged areas (51%)
- people living in inner regional (66%) and outer regional or remote areas (69%) compared to those living in major cities (57%)
- people born in Australia (63%) or English-speaking countries (59%) compared with those born in non-English-speaking countries (48%).

Over the last ten years, the percentage of Aboriginal people living with overweight or obesity also increased from 57% in 2014 to 72% in 2023. However, the figures are more variable over time in this smaller population. This increase is being driven mainly by an increase in the percentage of Aboriginal people living with obesity, rising from 29% to 44% over this period.

Other indicators available on HealthStats NSW related to this topic include:

[Body mass index by category](#)

[Overweight and obesity in children](#)

Notes: What are the technical details of this data?**Sources**

NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Description of [NSW Population Health Survey](#)

For additional details see <https://www.health.nsw.gov.au/surveys/adult/Pages/default.aspx>.

Definition

The indicator covering Overweight or Obesity includes those who are overweight or obese (i.e. with a BMI of 25.0 or higher: overweight (BMI from 25.0 to 29.9) and obese (BMI of 30.0 and over)).

The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes?

Source: <https://www.health.nsw.gov.au/surveys/adult/Documents/questionnaire-2023.pdf>

Details about body mass index can be found [here](#)

Details about [monitoring body weight](#)

Inclusions & Exclusions

Adults are defined as persons aged 16 years and over in the NSW Population Health Survey.

In 2023, there were 11,067 respondents to this question. Details of respondents over time for this indicator are available [here](#).

Statistical Methods

The indicator shows self-reported data collected through Computer Assisted Telephone Interviewing (CATI). In order to address diminishing coverage of the population by landline telephone numbers (<85% since 2010), a mobile phone number sampling frame was introduced into the 2012 survey. Between 2012 and 2019, the mobile phone number sampling frame made up approximately 30% of the sampling frame. From 2021, the survey is solely using a mobile phone number based sampling frame.

The inclusion of mobile phone numbers has substantially increased the Aboriginal sample and this change in design means that the 2012 NSW Population Health Survey estimates reflect both changes that have occurred in the population over time and changes due to the improved design of the survey. With the change of the sampling frame in 2021 to being completely mobile phone based, there has been a further increase in the Aboriginal sample. Consequently, estimates for 2021 will reflect changes in both the population in this time and changes due to the further improved design of the survey.

Estimates were weighted to adjust for differences in the probability of selection among respondents and were benchmarked to the estimated residential population using the latest available Australian Bureau of Statistics mid-year population estimates.

Dimensions/Variables

English speaking countries include: Canada, Ireland, New Zealand, South Africa, United Kingdom and United States.

Local Health Districts (LHDs) are health administrative areas constituted under Section 17 of the NSW Health Services Act 1997 which became effective from January 2011 and were initially called Local Health Networks.

Primary Health Networks (PHNs) are health administrative areas which represent primary health care organisations in Australia from July 2014.

Postal Areas (POAs) were grouped according to the Australian Statistical Geographical Standard (ASGS) remoteness categories on the basis of Accessibility/Remoteness Index for Australia (ARIA version) score. Data prior to 2016 are based on the 2011 ARIA version and data for 2016 and onwards are based on the 2016 ARIA version.

Quintiles of socioeconomic status (Index of Relative Socioeconomic Disadvantage) based on the Australian Bureau of Statistics' Socio-Economic Indexes for Areas were allocated based on Postal Area of residence.

Regional health district in NSW is defined on the basis of Local Health District (LHD) geographic areas. Details of classification are available [here](#).

Description of [Local Health District](#)

Description of [Primary Health Network](#)

Description of [Remoteness Measures](#)

Description of [Socio-Economic Indexes for Areas \(SEIFA\)](#)