

We used data from the Australian Longitudinal Study on Women's Health to predict trends in the prevalence of obesity among Australian women taking into account: generational or cohort differences in mean levels and life course trajectories; general long-term, secular or period effects; and age-related weight gain. We combined these estimates with population projections from the Australian Bureau of Statistics under a range of scenarios of different rates of immigration, fertility and increases in life-expectancy.

We estimate that the proportion of obese women will increase from 25.5% in 2015 to just over 38% in 2035. Taking population increases into account this amounts to an increase from 2.3 million women in 2015 to between 4.5 and 4.8 million in 2035. Consequentially the proportions of health service costs associated with obesity are predicted to increase by about 46%.

These estimates are higher than might be inferred from the multiple cross-sectional National Health Surveys, which cannot fully account for generational differences.

The strong generational increases in the prevalence of obesity highlight the importance of reducing childhood obesity and then maintaining lower BMI throughout the life course, as well as reducing overweight and obesity among adults.

<https://doi.org/10.1016/j.orcp.2016.10.084>

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**LiveLighter mass media campaign is associated with reduced sugary drink consumption**



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**Background:** The *LiveLighter* 'Sugary Drink' (SD) campaign, originally produced in WA, was launched in Victoria in October 2015. The campaign targeted adults 25–49 and aimed to reduce SD consumption as part of a systems approach to preventing obesity-related chronic disease.

**Methods:** Using a pre-post cohort design, population surveys ( $N=900$ ) were undertaken in the campaign (Victoria) and comparison state (SA) with 78% followed-up after the campaign (Vic  $N=673$ ; SA  $N=730$ ).

**Results:** Almost half (48%) of Victorian adults were aware of the campaign and parents were more likely to be aware. Awareness was equitable between socio-economic groups and metro

versus rural adults. Almost half (47%) perceived the campaign was self-relevant, and more so among those with higher baseline SD consumption and BMI. Tests of interactions between state (Vic, SA) and time (pre-, post-campaign) showed among overweight/obese adults, there was a nonsignificant trend towards increased awareness of the health effects of SD consumption in Vic (64% cf. 72%) but not SA (63% cf. 64%) and increased self-referent thoughts about its relationship to weight gain in Vic (50% cf. 55%) but not SA (50% cf. 47%). The campaign was associated with a significant reduction in frequent sugary drink consumption (4+ cups p/wk) in Vic (31% cf. 22%) and not SA (30% cf. 29%). This was accompanied by a nonsignificant trend towards an increased proportion of overweight/obese SD consumers who consume 4+ cups water p/day in Vic (66% cf. 73%) and not SA (68% cf. 67%).

**Conclusions/implications:** These findings provide compelling evidence that the *LiveLighter* campaign reduced SD consumption among Victorian adults. This outcome is notable in a context where public health campaigns occur against a backdrop of heavy commercial product advertising promoting increased consumption. With continued investment, *LiveLighter* should yield further improvements in public knowledge and behaviour, which could ultimately contribute to reducing obesity-related chronic disease over the longer-term.

<https://doi.org/10.1016/j.orcp.2016.10.085>