

Standing Committee on Social Issues

# **Childhood overweight and obesity**

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## Terms of reference

1. That the Standing Committee on Social Issues inquire into and report on strategies to reduce childhood overweight and obesity, in particular:
  - (a) current approaches to reduce childhood overweight and obesity in NSW
  - b) strategies to assist parents and carers in enabling their children to make healthier food and beverage choices and be active, including by participating in sport
  - (c) measures to support 13 to 18 year olds to make healthier food and beverage choices and be active, including by participating in sport
  - (d) strategies to support health professionals to identify and address childhood overweight and obesity
  - (e) coordination between NSW Government agencies to reduce childhood overweight and obesity
  - (f) the potential for collaboration on strategies to reduce childhood overweight and obesity with the non-government and private sectors
  - (g) any other related matter.
2. That the Committee report by 3 February 2017.

The terms of reference were referred to the committee by the Hon Jillian Skinner MP, Minister for Health, on 23 June 2016.<sup>1</sup>

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<sup>1</sup> *Minutes*, NSW Legislative Council, 23 June 2016, pp 1004-1005.

## Committee details

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### Committee members

<b>The Hon Scott Farlow MLC*</b>	Liberal Party	<i>Chair</i>
<b>The Hon Greg Donnelly MLC</b>	Australian Labor Party	<i>Deputy Chair</i>
<b>The Hon Shayne Mallard MLC</b>	Liberal Party	
<b>The Hon Fred Nile MLC</b>	Christian Democratic Party	
<b>The Hon Dr Peter Phelps MLC</b>	Liberal Party	
<b>The Hon Penny Sharpe MLC</b>	Australian Labor Party	

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\* The Hon Scott Farlow MLC, replaced the Hon Bronnie Taylor MLC on the committee as of 9 September 2016.

## Chair's foreword

In New South Wales 22 per cent of children aged between 5-16 years old are overweight or obese. For secondary school students the figures are even higher, especially in Western New South Wales, Western and South Western Sydney ranging from 25 to 30 per cent. This can seriously impact on the health and wellbeing of children with associated health risks of type 2 diabetes, fatty liver disease, orthopedic disorders and psychosocial problems.

Unhealthy lifestyle choices have contributed to the prevalence of childhood overweight and obesity with only 28.2 per cent of children aged 5-15 years achieving adequate levels of physical activity, but over 41 per cent spending more than two hours per day on sedentary leisure. Also, 16.3 per cent of children aged 2-8 years, consumed unhealthy snacks daily and 31.5 per cent consumed fast food on a weekly basis.

The number of children overweight or obese has remained stable since 2007 and the New South Wales Premier has committed to tackling childhood obesity by making it one of his twelve key priorities and setting a target to reduce childhood overweight and obesity by five per cent by 2025.

Childhood overweight and obesity is a complex issue, influenced by a variety of factors that will take more than just a single strategy to combat. This report advocates for a multifaceted approach, underpinned by cross-agency collaboration at all levels of government and across the non-government sector.

We recognise that there has been a concerted effort from government and non-government in this space. We heard that the NSW Government is taking a whole of government, systematic approach to support children and families to be healthy and active. There have been a number of programs and strategies, including Making Healthy Normal, Go4Fun and the NSW Premier's Sporting Challenge, all aimed at addressing this very issue.

There has been an active role of non-government organisations in combating childhood overweight and obesity, including through programs such as the Stephanie Alexander Kitchen Garden Foundation and child care organisations promoting Munch and Move programs.

We have made a number of recommendations aimed at strengthening the existing work of the NSW Government and also its collaboration with the non-government sector. In relation to schools we have made recommendations around the Fresh Tastes @ School Healthy Canteen Strategy, encouraging the NSW Premier's Sporting Challenge, and ensuring training for primary school teachers in physical education.

Following our visit to Annandale Public School where we experienced firsthand the school's Stephanie Alexander Kitchen Garden program, we were impressed with the attitude and enthusiasm demonstrated by students and support the idea to fund a pilot program of this type to target areas with a high prevalence of childhood overweight and obesity and to also consider the incorporation of nutrition and cooking within the Personal Development, Health and Physical Education school curriculum.

In terms of increasing the physical activity of children we have recommended that:

- options to reduce the cost of organised sport for children be investigated
- work in the area of active travel to school be continued
- options be considered to enable shared sports facilities, or increased opportunities for sharing of existing sports facilities, between state and local governments, schools and sporting organisations.

We have also recommended that more focus is needed in the area of secondary school students, preconception and early childhood, along with a continued focus on family orientated programs.

Finally, we recommend that the NSW Government continue to seek to collaborate with non-government organisations and private sector partners in approaches to support the Premier's priority to reduce childhood overweight and obesity.

The committee recognises that parents are key to influencing the eating habits and physical activity of their children and we understand some parents and carers face challenges in providing healthier options and lifestyles. We hope that the recommendations in this report and the work of the NSW Government can assist these parents with this responsibility.

On behalf of the committee, I express our sincere thanks to all who participated in the inquiry, from both the government and non-government sectors. I thank my committee colleagues for their work and commitment. On their behalf, I thank the committee secretariat for their hard work and professionalism.



The Hon Scott Farlow MLC  
**Committee Chair**

## Recommendations

- Recommendation 1** 25  
That the NSW Government consider incorporating an audit and compliance process in the revised 2017 Fresh Tastes @ School Healthy Canteen Strategy.
- Recommendation 2** 33  
That the NSW Government re-evaluate, further promote and encourage participation in the NSW Premier's Sporting Challenge to a broader range of schools and students.
- Recommendation 3** 34  
That the NSW Government collaborate with secondary schools and non-government organisations to implement programs and initiatives that focus on reducing sedentary behavior and promoting healthy eating habits to help reduce the prevalence of overweight and obesity amongst secondary school students.
- Recommendation 4** 34  
That the NSW Government make available training for primary school teachers in physical education and implement programs to share resources between schools.
- Recommendation 5** 34  
That the NSW Government consider pursuing the incorporation of nutrition and cooking within the Personal Development, Health and Physical Education school curriculum.
- Recommendation 6** 35  
That the NSW Government fund a pilot program, similar to the Stephanie Alexander Kitchen Garden program, to target areas with a high prevalence of childhood overweight and obesity.
- Recommendation 7** 37  
That the NSW Government investigate the options to reduce the cost of organised sport for children, such as through a voucher system.
- Recommendation 8** 40  
That pre-conception, pregnancy and early life stages are better incorporated in programs that aim to address childhood overweight and obesity.
- Recommendation 9** 43  
That the NSW Government continue to implement and promote family orientated programs, such as Making Healthy Normal and Go4Fun, to assist in reducing childhood overweight and obesity.
- Recommendation 10** 47  
That the Department of Planning and Environment improve opportunities for cross-agency collaboration and contribution to urban planning process, particularly giving consideration to health objectives.
- Recommendation 11** 50  
That the NSW Government continue its work in the area of active travel to school to reduce childhood overweight and obesity.

- Recommendation 12** **53**  
That the NSW Government consider options to enable shared sports facilities, or increased opportunities for sharing of existing sports facilities, between state and local governments, schools and sporting organisations.
- Recommendation 13** **56**  
That the NSW Government oppose any suggestions for bans on donations from restaurant chains and food or beverage producers to sporting clubs or organisations.
- Recommendation 14** **59**  
That the NSW Government, through the Council of Australian Governments forum, seek to improve the food labelling systems in Australia.
- Recommendation 15** **62**  
That the NSW Government further investigate the healthy ‘food desert’ concept and give consideration to mapping food deserts across New South Wales to better inform how to address the issue.
- Recommendation 16** **68**  
That the NSW Government, particularly the NSW Ministry of Health as the lead agency, continue to seek to collaborate with non-government organisations and private sector partners in approaches to support the Premier’s priority to reduce childhood overweight and obesity.

## **Conduct of inquiry**

The terms of reference were referred to the committee by the Hon Jillian Skinner MP, Minister for Health, on 23 June 2016.

The committee received 42 submissions and three supplementary submissions.

The committee held two public hearings at Parliament House.

Committee members also visited Annandale Public School on Friday 21 October 2016.

Inquiry related documents are available on the committee's website, including submissions, hearing transcripts, tabled documents and answers to questions on notice.



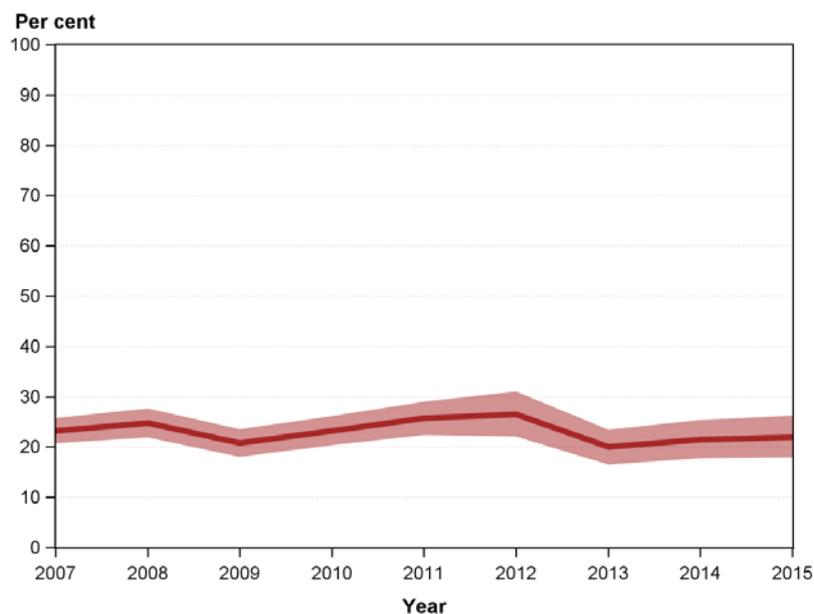
## Chapter 1 Childhood overweight and obesity

This chapter begins with a snapshot of statistics on the prevalence of childhood overweight and obesity and the levels of physical activity and the consumption of healthy foods. The chapter then considers the current strategies, initiatives and programs that have been implemented by the NSW Government to address childhood overweight and obesity and looks at the economic costs associated with this health issue. The chapter then reflects on the suggested normalisation of overweight and obesity in society and reports on the need for a multifaceted, collaborative approach across all relevant agencies. Finally, the chapter looks to other jurisdictions, within Australia and internationally, that have had some success in reducing the rate of childhood overweight and obesity.

### Snapshot of statistics

- 1.1 In 2015 the NSW Population Health Survey<sup>2</sup> estimated that 22 per cent of children aged between 5-16 years old were overweight (15 per cent) or obese (7 per cent) in New South Wales. This has remained relatively stable since 2007.<sup>3</sup> The overall trend of overweight and obesity in children aged 5-16 years in New South Wales 2007-15 is shown in Figure 1 below.

**Figure 1 Overweight and obesity in children aged 5-16 years, overall trend, New South Wales 2007-15**



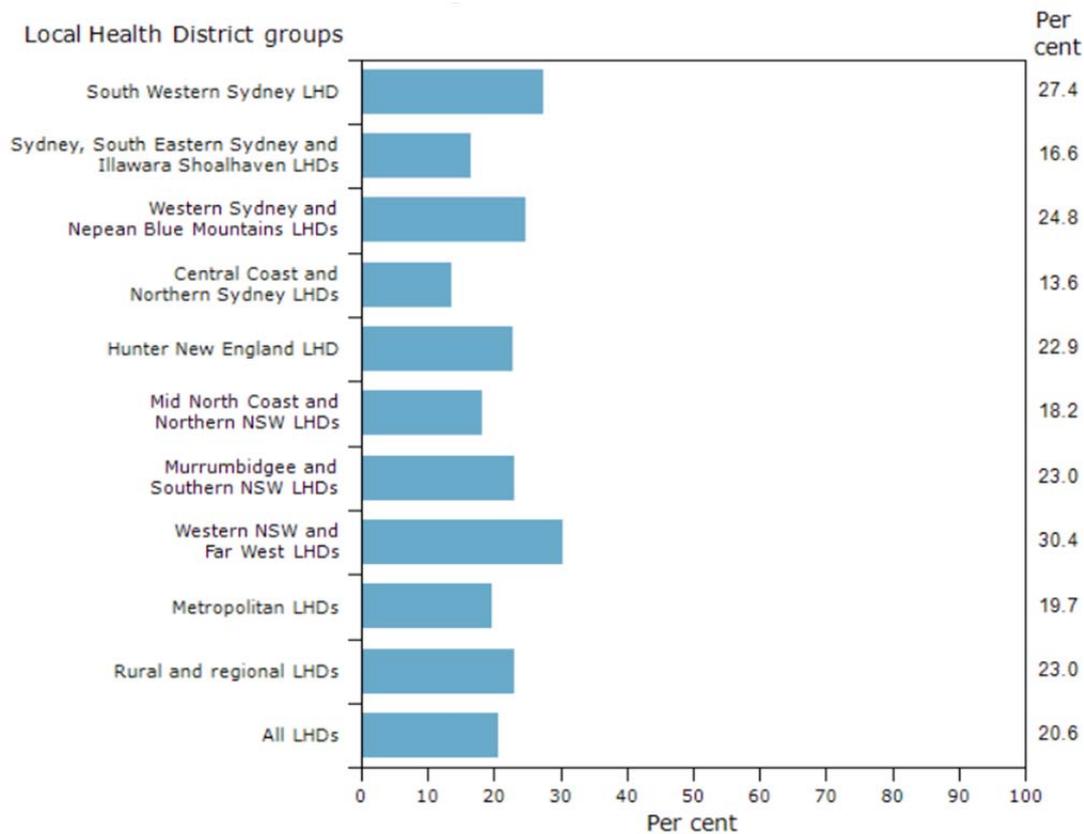
Source: NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report*, p 6.

<sup>2</sup> The NSW Population Health Survey is a telephone survey of about 15,000 people, including approximately 1,200 5-16 year old children, from all over New South Wales and is conducted between February and December each year. Submission 34, NSW Ministry of Health, p 4.

<sup>3</sup> NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, <<http://www.health.nsw.gov.au/heal/Publications/COOPP-Annual-Data-Report-2016.pdf>> (hereafter referred to as *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report*), p 5.

- 1.2 The relative stability over time of the numbers of overweight and obese children is confirmed by figures from the Australia Bureau of Statistics. While the number of obese children aged 5-17 years rose slightly between 1995 and 2008, from 5 per cent to 8 per cent, there was no statistically significant increase in the number of overweight children in the same period.<sup>4</sup>
- 1.3 NSW Health Statistics found that in 2014 overweight and obesity for secondary school students aged 12-17 years was the highest in the Western New South Wales and Far West Local Health Districts at 30.4 per cent, followed by the South Western Sydney Local Health District at 27.4 per cent. The lowest prevalence of overweight and obesity for this age group across the state was within the Central Coast and Northern Sydney Local Health Districts at 13.6 per cent.<sup>5</sup> The breakdown of overweight and obesity by Local Health District for school students aged 12-17 years in 2014 is shown in Figure 2 below.

**Figure 2 Overweight and obesity by Local Health District for secondary school students aged 12-17 years in New South Wales 2014**



Source: HealthStats NSW, *Overweight and obesity in children*, (24 May 2016).

- 1.4 The 2015 Physical Activity and Nutrition Survey found that amongst children from low socio-economic backgrounds the prevalence of overweight and obesity has increased by 6.4 per cent since 2010. Generally, this group of children was found to have a higher prevalence of

<sup>4</sup> Australian Bureau of Statistics, 'Feature Article 1: Children Who are Overweight or Obese', *1301.0 Year Book Australia 2009-10*.

<sup>5</sup> HealthStats NSW, *Overweight and obesity in children*, (24 May 2016), <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_bmikid\\_cat/beh\\_bmistud\\_lhn\\_snap](http://www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat/beh_bmistud_lhn_snap)>

overweight and obesity at 34.9 per cent, compared to children from high socio-economic backgrounds, at just 19.3 per cent.<sup>6</sup>

- 1.5** In 2015, it was estimated that in New South Wales of children aged 2-15 years:
- 68.8 per cent consumed the recommended number of serving of fruit per day
  - 7.7 per cent consumed the recommended number of serving of vegetables per day
  - 59.9 per cent consumed four or more cups of water per day
  - 1.4 per cent consumed less than one cup of water per day
  - 35 per cent consumed five or more cups of sugar-sweetened beverages per week
  - 30.6 per cent consumed five or more cups of fruit juice per week.<sup>7</sup>
- 1.6** In relation to the consumption of unhealthy snacks (fried, baked or salty food) and fast food products, there was a difference by age group:
- of children aged 2-8 years, 16.3 per cent consumed unhealthy snacks daily and 31.5 per cent consumed fast food on a weekly basis
  - of children aged 9-15 years, 23 per cent consumed unhealthy snacks daily and 37.5 per cent consumed fast food on a weekly basis.<sup>8</sup>
- 1.7** The NSW Population Health Survey also reported on the level of physical activity amongst children aged 5-15 years, indicating that 28.2 per cent achieved adequate levels of physical activity in 2014-15, that is one hour or more of moderate to vigorous physical activity outside of school hours each day.<sup>9</sup> It also found that of children within the same age group, 41.5 per cent spent more than two hours per day on sedentary leisure.<sup>10</sup>
- 1.8** Childhood overweight and obesity has been found to begin early, with 20 per cent of Australian children aged 2-4 years already above a healthy weight. Evidence also suggests that over 80 per cent of obese children go on to become obese adults and that this can reduce a person's life expectancy by three years, or in severe cases by up to 8-10 years. Of children within a healthy weight band, only 15 per cent go on to become obese adults.<sup>11</sup>
- 1.9** Childhood overweight and obesity has been associated with a higher risk of a number of health problems, including:
- psychosocial problems
  - obstructive sleep apnoea
  - metabolic abnormalities (such as type 2 diabetes)

<sup>6</sup> *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, p 9.

<sup>7</sup> *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, p 13.

<sup>8</sup> *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, p 14.

<sup>9</sup> *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, p 16.

<sup>10</sup> *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, p 20.

<sup>11</sup> Submission 34, NSW Ministry of Health, pp 7-10.

- orthopedic disorders
- fatty liver disease
- hypertension.<sup>12</sup>

## Current approaches to reducing childhood overweight and obesity

**1.10** This section provides a brief overview of the current NSW Government approaches, programs and strategies in New South Wales that aim to reduce the rate of childhood overweight and obesity.

### Premier's Priorities

**1.11** Tackling childhood obesity is one of the twelve key priorities that the New South Wales Premier has committed to in the State Priorities, *NSW: Making it Happen*, released in September 2015. The NSW Government aims to reduce overweight and obesity rates of children by five per cent over the next 10 years with a targeted result of at least 62,000 fewer children being overweight or obese. A whole of government, systematic approach is being taken to support children and families to be healthy and active.<sup>13</sup>

### NSW State Health Plan: Towards 2021

**1.12** The State Health Plan provides an overarching framework for the future direction of healthcare within New South Wales. One of the core initiatives in the plan is addressing overweight and obesity rates. Two programs to support children and young people to reduce overweight and obesity rates listed in the plan are the NSW Healthy Eating and Active Living Strategy 2013-2018 and the NSW Healthy Children Initiative.<sup>14</sup>

### *NSW Healthy Eating and Active Living Strategy 2013-2018*

**1.13** The Healthy Eating and Active Living Strategy is a whole of government approach to tackling overweight and obesity through health-focused planning, built environment and transport initiatives, as well as improved access to healthier foods and improved food labelling. The objectives of the strategy include:

- reduction in the consumption of energy-dense nutrient-poor food and drinks
- increased consumption of fruit and vegetables
- increased incidental, moderate and vigorous physical activity
- reduced time spent in sedentary behaviours

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<sup>12</sup> Submission 29, The Sydney Children's Hospitals Network, pp 4-5.

<sup>13</sup> NSW Government, *Tackling childhood obesity*, <<https://www.nsw.gov.au/premiers-priorities-list/tackling-childhood-obesity>>

<sup>14</sup> NSW Ministry of Health, *NSW State Health Plan: Towards 2021*, <<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf>>

- increased community awareness of healthy eating and physical activity as protective factors against chronic disease
- increased intake of water in preference to sugar-sweetened beverages.<sup>15</sup>

**1.14** Particularly related to children and young people, the strategy aimed to reduce the rate of overweight and obesity for children 5-16 years to 21 per cent by 2015. It also aims to increase participation in sport, recreational, arts and cultural activities by 10 per cent from 2010 levels by 2016.<sup>16</sup>

**1.15** The 2014 Year 1 Status Report specified that there were early indications that the rate of childhood overweight and obesity was on the decline, however, in 2015 the rate was measured at 22 per cent.<sup>17</sup> In relation to the level of physical activity for children aged 5-15 years in 2010-11, 27.6 per cent reached an adequate level of physical activity. In 2014-15 of the same age group the adequate level of physical activity slightly increased to 28.2 per cent, but has not reached the 10 per cent target as yet.<sup>18</sup>

### ***Childhood Overweight and Obesity: Healthy Children Initiative***

**1.16** The Healthy Children Initiative includes a range of evidence based programs, across a range of settings to achieve the New South Wales Premier's priority target of reducing childhood overweight and obesity by five per cent by 2025.<sup>19</sup>

**1.17** Key programs rolled out under the initiative, include:

- Go4Fun – helps overweight and obese children and their parents or carers to modify family lifestyles, increase diet and activity levels, promote weight management and increase children's wellbeing and self-esteem (discussed in chapter 2)
- Make Healthy Normal campaign – the campaign sends the message that it is not too late to make a change to lead a healthy and active lifestyle. It provides information and tips including adding physical activity to a daily routine, more fruit and vegetables into meals, choosing smaller portion sizes and drinking water instead of sugary drinks (discussed later in the chapter)
- Munch & Move – encourages healthy eating, increased physical activity and reduced small screen recreation in children attending early childhood education and care services (discussed in chapter 2)

<sup>15</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>> p 5.

<sup>16</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>, p 4.

<sup>17</sup> NSW Ministry of Health, *Status Report Year 1 2014: NSW Healthy Eating and Active Living Strategy 2013-2018*, <<http://www.health.nsw.gov.au/heal/Publications/Strategy-Status-Report-Yr1-2014.pdf>>, p 3.

<sup>18</sup> HealthStats NSW, *Physical activity in children by behaviour type*, (24 May 2016), <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_physkid\\_age/beh\\_physkid\\_age\\_snap](http://www.healthstats.nsw.gov.au/Indicator/beh_physkid_age/beh_physkid_age_snap)>

<sup>19</sup> NSW Ministry of Health, *Childhood Overweight and Obesity: Healthy Children Initiative, Snapshot June 2016*, <<http://www.health.nsw.gov.au/heal/Publications/snapshot-child-obesity.pdf>>, p 2.

- Support playgroups – targeted at isolated and disadvantaged families and provides advice and guidance that support healthy eating, active play and oral health to parents and carers
- Live Life Well @ School – enhances teacher’s knowledge and skills in teaching nutrition and movement and supports primary schools in creating environments to enable children to live an active and healthy lifestyle (discussed further in chapter 2)
- Crunch&Sip – implemented across primary schools where students are given a set time during class to eat fruit or vegetables and drink water (discussed further in chapter 2)
- Active travel to schools – the NSW Charter for Children’s Active Travel was launched in 2014 and resources are available online (discussed further in chapter 3)
- Finish with the Right Stuff – encourages junior community sport clubs to provide and promote healthier food at club canteens and encourages kids to drink water before, during and after sport activities
- NSW Yhunger – helps disadvantaged youths to develop healthy eating and physical activity skills by training youth workers to provide healthy, nutritious food and encourage regular physical activity
- Fresh Tastes @ School – healthy school canteen strategy that is currently under review (discussed further in chapter 2).<sup>20</sup>

### **Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24**

- 1.18** The NSW Ministry of Health’s, Healthy, Safe and Well strategy focuses on preconception to 24 years of age, setting out an agenda for renewed efforts to promote health, prevent illness, embed early intervention and deliver integrated, connected care for all New South Wales children and families.<sup>21</sup>
- 1.19** One of the five strategic directions is keeping children and young people healthy through improved screening and immunisation, decreasing risky behaviours, and encouraging individuals, families and communities to adopt healthier lifestyles and improve their health literacy.<sup>22</sup>
- 1.20** Strategies within the plan aimed at keeping children and young people healthy include:
- promoting healthy eating and active lifestyles in families, schools and communities

<sup>20</sup> NSW Ministry of Health, *Childhood Overweight and Obesity: Healthy Children Initiative, Snapshot June 2016*, <<http://www.health.nsw.gov.au/heal/Publications/snapshot-child-obesity.pdf>>, p 4.

<sup>21</sup> NSW Ministry of Health, *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, <<http://www.health.nsw.gov.au/kidsfamilies/Publications/healthy-safe-well.pdf>>, p 3.

<sup>22</sup> NSW Ministry of Health, *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, <<http://www.health.nsw.gov.au/kidsfamilies/Publications/healthy-safe-well.pdf>>, p 7.

- encouraging a whole of government approach to better health for children, young people and families
- identifying and addressing health inequities through targeted health promotion programs
- guiding appropriate screen time viewing for infants, children and young people to counter any negative impact on health, including weight, sleep and development
- improving knowledge of health promotion and health services among parents, carers and school children
- assisting schools and local communities to create age-appropriate health promotion programs.<sup>23</sup>

### **The Wellbeing Framework for Schools**

- 1.21** The Wellbeing Framework for Schools is a NSW Department of Education initiative that contextualises wellbeing to individual students, school settings and local school communities across New South Wales public schools. The framework highlights the strong link between school excellence and wellbeing and aims to integrate wellbeing at all levels of the learning and development process. To achieve school excellence in wellbeing a comprehensive and integrated strategy is put in place by the school that incorporates, amongst other things, a physical component. This component includes positive health outcomes around nutrition, preventative health care, physical activity and physical safety and security.<sup>24</sup>

### **Local Schools, Local Decisions**

- 1.22** The NSW Department of Education commenced the Local Schools, Local Decisions reforms in 2012. The reforms give New South Wales public schools more authority to make local decisions about the needs of their students and schools. The reforms provide schools with more control of resources by having their own budgets and being able to allocate according to locally determined plans. This covers resources relating to staff, including physical education teachers, equipment and services such as the school canteens.<sup>25</sup>

<sup>23</sup> NSW Ministry of Health, *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, <<http://www.health.nsw.gov.au/kidsfamilies/Publications/healthy-safe-well.pdf>>, p 15.

<sup>24</sup> NSW Department of Education and Communities, *The Wellbeing Framework for Schools*, April 2015, <[https://www.det.nsw.edu.au/wellbeing/about/16531\\_Wellbeing-Framework-for-schools\\_Accessible.pdf](https://www.det.nsw.edu.au/wellbeing/about/16531_Wellbeing-Framework-for-schools_Accessible.pdf)>, p 4.

<sup>25</sup> NSW Department of Education and Communities, *Local Schools, Local Decisions*, <<http://www.dec.nsw.gov.au/about-the-department/our-reforms/local-schools-local-decisions/reform-agenda>>

- 1.23** The reforms are on track for completed delivery by 2016 and are currently being implemented across five key areas: making decisions; staff in schools; managing resources; reducing red tape; working locally.<sup>26</sup>

### **Economic costs of obesity**

- 1.24** Inquiry participants had differing views on the economic costs of obesity. Some suggested there was a significant cost, especially to the Australian health system, while others asserted this was not necessarily the case.
- 1.25** In 2008, a study conducted by Access Economics for Diabetes Australia, estimated the economic impact of obesity in New South Wales to be \$19 billion, of which \$2.7 billion is attributed to financial costs including productivity losses and \$16.3 billion to loss of wellbeing.<sup>27</sup>
- 1.26** Professor Bill Bellew and Professor Ian Caterson from the Charles Perkins Centre at the University of Sydney provided a breakdown of the \$2.7 billion attributed to financial costs, explaining that it comprises of 'direct financial costs to the Australian health system'. This included costs associated with running health services, the cost of pharmaceuticals, research and other direct costs such as health administration. It also included productivity losses such as employment impacts, premature mortality, carer costs, taxation revenue forgone, welfare and other government payments and cost for functional items, for example equipment, aids and transport.<sup>28</sup>
- 1.27** In relation to the \$16.3 billion attributed to loss of wellbeing, Professor Caterson explained that this is calculated using standard questionnaires on the reduction in quality of life which then provides a proportion of annual income or cost applied to that reduction in wellbeing. Professor Caterson added that it has been found that people who are obese have about a '16 per cent reduction in their quality of life' for a number of reasons, such as disorders they acquire as a result of their obesity.<sup>29</sup>
- 1.28** However, the Australian Taxpayers' Alliance and MyChoice Australia referred to a Productivity Commission working paper that noted the costs associated to the loss of wellbeing due to obesity are 'highly exaggerated calculations' and that these are not financial costs burdened by state governments but costs that are 'borne by the individuals themselves'.<sup>30</sup>

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<sup>26</sup> NSW Department of Education and Communities, *Local Schools, Local Decisions*, <<http://www.dec.nsw.gov.au/about-the-department/our-reforms/local-schools-local-decisions/reform-agenda>>

<sup>27</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>, p 7; Submission 9, the Charles Perkins Centre, University of Sydney, p 2.

<sup>28</sup> Answers to questions on notice, Professor Bill Bellew and Professor Ian Caterson, the Charles Perkins Centre, University of Sydney, 21 October 2016, pp 3-4.

<sup>29</sup> Evidence, Professor Ian Caterson, the Charles Perkins Centre, University of Sydney, 10 October 2016, p 1.

<sup>30</sup> Submission 20, Australian Taxpayers' Alliance and MyChoice Australia, p 5.

**1.29** Mr Christopher Snowdon, Head of Lifestyle Economics, Institute of Economic Affairs, had a similar view commenting that ‘figures tend to be bandied around’ and that ‘campaigners, for fairly obvious reasons, tend to use the largest numbers they can’ in relation to the economic costs of obesity. Mr Snowdon explained that both savings and benefits as well as costs should be included in any cost review, for example looking at ‘what that person would cost the healthcare system had they not been obese’ and added there is not a lot of studies that do this:

With obesity there has been remarkably little research looking at it. You have instead various claims about billions of pounds or dollars spent on health care. The research, which we have not published yet, suggests that there probably still is a cost but it is a lot less than the gross cost. In fact, the early estimates I am looking at suggest that the net costs to the state are less than half of what is often claimed in gross costs.<sup>31</sup>

**1.30** Nevertheless, a number of other inquiry participants still put forward an economic argument for reducing the rates of overweight and obesity.

**1.31** For example, Alzheimer’s Australia NSW, indicated that by reducing the rate of obesity this will benefit individuals ‘through reduced health costs, improved quality of life and longer life expectancy’ and will also benefit the government and employers ‘through reduced public healthcare costs and improved productivity’. It also suggested that by funding initiatives to reduce the risk factors of obesity will lead to reduced costs elsewhere, representing ‘a double-dividend for Government and an efficient use of taxpayers’ money’.<sup>32</sup>

**1.32** The Centre of Research Excellence in the Early Prevention of Obesity in Childhood at the University of Sydney also noted ‘savings in direct healthcare costs if we can prevent obesity early’.<sup>33</sup> Similarly, Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, said that the management of other conditions as a result of obesity ‘can significantly impact not only on our health system but the range of government services that are available in the community’ and if we have opportunity to intervene in this area than we should.<sup>34</sup>

**1.33** When questioned on the economic argument for reducing obesity rates within the population, Professor Caterson strongly agreed in favour and later provided two recent studies<sup>35</sup> that estimated the lifetime health costs of obesity, which also took into account the history of

<sup>31</sup> Evidence, Mr Christopher Snowdon, Head of Lifestyle Economics, Institute of Economic Affairs, 10 October 2016, p 61.

<sup>32</sup> Submission 5, Alzheimer’s Australia NSW, p 9.

<sup>33</sup> Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, p 3.

<sup>34</sup> Evidence, Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, 12 September 2016, p 33.

<sup>35</sup> Eric Andrew Finkelstein, Wan Chen Kang Graham and Rahul Malhotra, ‘Lifetime Direct Medical Costs of Childhood Obesity’ (2014) 133 *Pediatrics*, pp 854-862; Diana Sonntag, Shehzad Ali, Alexander Konnopka and Steffi Riedel-Heller, ‘Estimating the lifetime cost of childhood obesity in Germany: Results of a Markov Model’ (2015) 10 *Pediatric Obesity*, pp 416-422.

childhood obesity. Both studies found an increase in the lifetime health cost of a child who was overweight and/or obese, compared to a normal weight child.<sup>36</sup>

- 1.34** However, these studies are contradicted by other longitudinal studies done on overweight and obesity. Two Dutch studies have demonstrated that the lifetime health care costs associated with overweight and obesity are lower than that for people with normal weight, largely due to higher morbidity rates in the former group.<sup>37</sup>

## Normalisation of unhealthy lifestyle choices

- 1.35** Several inquiry participants commented on the normalisation of unhealthy lifestyle choices that was contributing to the prevalence of childhood overweight and obesity.

- 1.36** The NSW Ministry of Health stated that ‘overweight and obesity has become normalised’, with the Heart Foundation NSW commenting that given the normalisation of poor health behaviours it will take a slow change, across generations to reverse this.<sup>38</sup>

- 1.37** Ms Mitchell from the National Heart Foundation Australia advised that the ‘promotion of unhealthy eating and consuming sugary drinks is normalising behaviour in the community’ and that this makes it difficult for parents to influence the behaviour of their children.<sup>39</sup>

- 1.38** Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, also used the example of the promotion of soft drink to demonstrate the normalisation of unhealthy eating habits:

Soft drinks have become a part of family life in a way that was not the case two generations or even one generation ago, when they were seen as treats. Now they are seen as everyday drinks and are marketed in a profound way ... Soft drinks are not a normal, natural part of life.<sup>40</sup>

- 1.39** Ms Jane Martin, Executive Manager, Obesity Policy Coalition, further added that by providing soft drinks for sale in childhood settings, such as in school canteens, these types of foods and drinks have been normalised.<sup>41</sup>

- 1.40** Despite these comments, the Australian Beverages Council provided the committee with a peer-review paper, which demonstrated that from 1997 to 2011, accounting for increases in

<sup>36</sup> Evidence, Professor Ian Caterson, the Charles Perkins Centre, University of Sydney, 10 October 2016, pp 1-2; Answers to questions on notice, Professor Bill Bellew and Professor Ian Caterson, The Charles Perkins Centre, University of Sydney, 21 October 2016, p 1.

<sup>37</sup> PHM van Baal, JJ Polder, GW de Wit, RT Hoogenveen, TL Feenstra, et al., ‘Lifetime Medicals Costs of Obesity: Prevention No Cure for Increasing Health Expenditure’ (2008) *PLoS Medicine* 5(2) and I Grootens-van Kampen, PM Engelfreit, PHM van Baal, ‘Disease Prevention: Saving Lives of Reducing Health Care Costs?’ (2014) *PLoS One* 9(8).

<sup>38</sup> Submission 34, NSW Ministry of Health, p 7; Submission 6, Heart Foundation NSW, p 3.

<sup>39</sup> Evidence, Ms Mitchell, 12 September 2016, p 34.

<sup>40</sup> Evidence, Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, 12 September 2016, p 22.

<sup>41</sup> Evidence, Ms Jane Martin, Executive Manager, Obesity Policy Coalition, 10 October 2016, p 11.

population growth, sales of sugar-sweetened carbonated soft drinks fell over 15 years at a rate of 0.7 per cent per annum.<sup>42</sup>

- 1.41** More importantly, there was also a reduction in the consumption of sugar-sweetened beverages in children is confirmed by figures from the Australian Bureau of Statistics. In all age groups up to 18 years of age, consumption of sweetened beverages fell between 1995 and 2012. Indeed, the ABS notes that of all age cohorts, '[t]he greatest decreases in consumption of sweetened beverages were seen among children.' The only group which showed an increase in the consumption of sweetened beverages were those aged over 50.<sup>43</sup>
- 1.42** Both the Good Foundation and the Coordinated Obesity Advocacy and Carers Help Incorporated called for society-wide change on this issue to normalise healthy eating and an active lifestyle.<sup>44</sup>

### **Make Healthy Normal Campaign**

- 1.43** One such program that aims to change the norm of an unhealthy environment is the Make Healthy Normal Campaign, driven by the NSW Ministry of Health. The campaign points out that across New South Wales overweight and obesity has become normal and sends the message that it is not too late to make a change to lead a healthy and active lifestyle. The campaign provides information and tips on adding physical activity to a daily routine, including more fruit and vegetables into meals, choosing smaller portion sizes and drinking water instead of sugary drinks. It also provides a range of free initiatives to help tackle overweight and obesity, including a 10 Week Make Healthy Normal Challenge.<sup>45</sup>
- 1.44** Although the campaign is mainly targeted at adults across New South Wales, many inquiry participants discussed the possibility of the campaign being extended to children, parents and carers to focus on childhood overweight and obesity.
- 1.45** The Charles Perkins Centre at the University of Sydney recommended the social marketing campaign of this program be further developed to 'focus on families and carers of children and to provide umbrella communication and branding for the efforts to tackle childhood obesity'.<sup>46</sup>
- 1.46** Likewise, the Cancer Council NSW supported the extension of the campaign to the broader community to target families and culturally and linguistically diverse and low literacy groups. It suggested that specific actionable health eating advice and simple and clear information based on dietary guidelines be extended to these groups.<sup>47</sup>

<sup>42</sup> Answers to Questions on Notice, Australian Beverages Council, 3 November 2016, p 1.

<sup>43</sup> Australian Bureau of Statistics, 4364.0.55.007: Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011-12.

<sup>44</sup> Submission 40, The Good Foundation, p 6; Submission 13, Coordinated Obesity Advocacy and Carers Help Incorporated, p 2.

<sup>45</sup> NSW Ministry of Health, *Make Healthy Normal*, 2015, <<https://www.makehealthynormal.nsw.gov.au/>>

<sup>46</sup> Submission 9, The Charles Perkins Centre, University of Sydney, p 5.

<sup>47</sup> Submission 17, Cancer Council NSW, p 6.

- 1.47 The Australian Beverages Council commended the campaign commenting that it is ‘a good example of an integrated consumer communication campaign’ and suggested that it be extended to focus on childhood interventions during ‘critical windows’, such as for late primary and late secondary school years.<sup>48</sup>
- 1.48 Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia, NSW Division, indicated that the campaign ‘could easily be expanded to include children’, however noted a lack of funding for the campaign and suggested a greater investment by the NSW Government:
- Only \$3.5 million was spent on the Make Healthy Normal advertising campaign last year compared to other behaviour-change programs such as the \$7.1 million spent on Quit and the \$16 million spent on road safety campaigns. We would ask for an increase to around \$36 million over four years to bring it to the level of other successful behaviour-change campaigns.<sup>49</sup>
- 1.49 In the Heart Foundation NSW submission, it was also recommended that the campaign link to other support and strategies that are addressing overweight and obesity, such as labelling kilojoule content of fast food items.<sup>50</sup>
- 1.50 In relation to the extension of the campaign to tackle childhood overweight and obesity, Dr Kerry Chant, Deputy Secretary, Population and Public Health, and Chief Health Officer, NSW Health, confirmed that currently the ‘campaign is being tailored to increase messaging to families’.<sup>51</sup>

## Multifaceted approach

- 1.51 Most inquiry participants agreed that childhood overweight and obesity is a complex issue, influenced by a variety of factors that would take more than just a single strategy to combat, and advocated for a multifaceted approach, underpinned by cross-agency collaboration at all levels of government and across the non-government sector.<sup>52</sup>

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<sup>48</sup> Submission 11, Australian Beverages Council, p 9.

<sup>49</sup> Evidence, Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia, NSW Division, 12 September 2016, p 31.

<sup>50</sup> Submission 6, Heart Foundation NSW, p 4.

<sup>51</sup> Evidence, Dr Kerry Chant, Deputy Secretary, Population and Public Health, and Chief Health Officer, NSW Health, 12 September 2016, p 3.

<sup>52</sup> Submission 34, NSW Ministry of Health, p 4; Evidence, Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia, NSW Division, 12 September 2016, p 31; Submission 30, Right to Food Coalition, p 4; Evidence, Dr Rose Cantali, NSW Parents Council, 12 September 2016, p 46; Submission 27, AMA (NSW), p 2; Submission 35, Nutrition Australia, p 1; Submission 40, The Good Foundation, p 5; Evidence, Professor Bill Bellew, Principal Research Fellow, the Charles Perkins Centre, University of Sydney, 10 October 2016, p 4; Evidence, Ms Kate Miranda, Head of Communications and Public Affairs, Australian Dental Association (NSW) Branch, 10 October 2016, p 31; Submission 2, Athletics Australia and Athletics NSW, p 1; Submission 8, Australian Industry Group, p 5; Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, p 1; Submission 11, Australian Beverages Council, p 2; Submission 14, Australian Health Promotion Association (NSW Branch), p 1; Submission 17, Cancer Council NSW, p 16; Submission 29, The Sydney Children’s Hospitals

- 1.52** The NSW Ministry of Health agreed that childhood obesity is complex and that was one of the reasons why it was taking a ‘whole-of-government, systematic approach to supporting children and families to make healthy lifestyle choices’ and supporting these choices by health-focused planning, built environment, transport initiatives and improved access to healthier foods and food labelling’ in addition to working closely with the NSW Department of Education.<sup>53</sup>
- 1.53** Ms Mitchell from the Heart Foundation Australia advised that in supporting people in making healthier choices on a daily basis there needs to be a combination of strategies looking at food and the environment to encourage healthy eating and physical activity, and suggested some of the ways this could be done:
- That could involve the work we do with local government to encourage walking, cycling, and active transport, or the education programs that we provide that teach families and others how to cook well on a budget, how to make healthier choices, and how to socialise in a way that encourages active behaviour.<sup>54</sup>
- 1.54** Other inquiry participants made a number of recommendations to assist improving the prevalence of childhood overweight and obesity collaboratively, including:
- establishment of benchmarks across all proposed development, regulation, projects and initiatives related to this issue
  - responsibility of benchmarking and research monitoring consolidated into one dedicated office that reports to the New South Wales Premier<sup>55</sup>
  - additional resources be allocated to local health districts to mobilise a whole-of-community approach<sup>56</sup>
  - improved partnership between Primary Health Networks and General Practitioners to increase accessibility of services and programs aimed to improve dietary patterns and/or physical activity.<sup>57</sup>
- 1.55** The committee received evidence that a multifaceted approach to overweight and obesity has been recommended and endorsed by a number of other stakeholders, including in the World Health Organisation’s Report of the Commission on ending Childhood Obesity 2016<sup>58</sup>, the National Preventative Health Taskforce Report<sup>59</sup>, the Productivity Commission review<sup>60</sup>, the

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Network, p 4; Submission 7, Obesity Policy Coalition, p 4; Submission 15, Federation of Parents and Citizens Associations of NSW, p 6; Submission 12, Australian Food and Grocery Council, p 6.

<sup>53</sup> Submission 34, NSW Ministry of Health, p 1.

<sup>54</sup> Evidence, Ms Mitchell, 12 September 2016, pp 33-34.

<sup>55</sup> Submission 37, Catholic Women's League Australia, pp 6-7.

<sup>56</sup> Submission 24, NCOSS, p 3.

<sup>57</sup> Submission 27, AMA (NSW), p 3.

<sup>58</sup> World Health Organization, *Report of the Commission on ending childhood obesity*, (2016), <[http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf)>

<sup>59</sup> Australian Government, Preventative Health Taskforce, *Australia: The healthiest country by 2020*, (30 June 2009), < <http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap> >.

McKinsey Global Institute's report on *Overcoming obesity: An initial economic analysis*<sup>61</sup> and has also been supported in recent VicHealth<sup>62</sup> research.<sup>63</sup>

### Cross-agency collaboration

- 1.56** On the agencies that should be involved in such strategies, the Catholic Education Commission advised that schools, the Ministry of Health, sport and recreation authorities, food regulators, the media and local councils along with families and carers would all need to collaborate to successfully address the challenges of childhood overweight and obesity.<sup>64</sup>
- 1.57** In addition, Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, suggested that if a collaborative approach was taken then coordination would need to occur 'across the various government departments and across the three tiers of government as well'.<sup>65</sup>
- 1.58** Further, the Right to Food Coalition explained that a whole of government commitment would be most effective if federal policies and regulations aligned with state-based priorities and 'sees significant scope to align with other states to lobby for changes to federal policies and regulations to create an enabling environment to address childhood overweight and obesity'.<sup>66</sup>
- 1.59** NCOSS added that a successful response would also require coordination at a local level and for this to occur additional resources would be needed, particularly to target areas of concentrated disadvantage. NCOSS went on to suggest that 'locally-based coordinators could facilitate a collective impact approach involving government agencies across all three tiers of government as well as the non-government and private sectors'.<sup>67</sup>
- 1.60** The Obesity Policy Coalition commented that it is 'vital' that the government sector collaborate with the private sector on this issue, however expressed the opinion that the government should 'avoid dealing with companies whose priorities are in conflict with the aims of an obesity prevention strategy'.<sup>68</sup>

<sup>60</sup> Australian Government, Productivity Commission, *Childhood Obesity: An Economic Perspective*, Productivity Commission Staff Working Paper, (September 2010), <<http://www.pc.gov.au/research/supporting/childhood-obesity/childhood-obesity.pdf>>

<sup>61</sup> Public Health England, *McKinsey Global Institute report "Overcoming obesity: An initial economic analysis*, (20 November 2016), < <https://www.noo.org.uk/news.php?nid=2733>>

<sup>62</sup> VicHealth, *Influencing children's health: critical windows for intervention*, (10 August 2015), <<https://www.vichealth.vic.gov.au/media-and-resources/publications/influencing-childrens-health-critical-windows-for-intervention>>

<sup>63</sup> Submission 6, Heart Foundation NSW, p 9; Submission 7, Obesity Policy Coalition, p 4; Submission 11, Australian Beverages Council, p 3; Submission 5, Alzheimer's Australia NSW, pp 9-10.

<sup>64</sup> Submission 38, Catholic Education Commission, p 9.

<sup>65</sup> Evidence, Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, 10 October 2016, p 48.

<sup>66</sup> Submission 30, Right to Food Coalition, p 5.

<sup>67</sup> Submission 24, NCOSS, pp 5-6.

<sup>68</sup> Submission 7, Obesity Policy Coalition, p 14.

**1.61** In relation to the current systems of collaboration across agencies within New South Wales, the NSW Ministry of Health confirmed that it is the lead agency to deliver on this issue and has implemented a governance structure to ensure coordination and accountability across New South Wales government agencies. The structure includes:

- an expert panel that reports to the Deputy Secretary Population Health and Public Health and Chief Health Officer on current and emerging evidence and approaches to monitoring and evaluation,
- an implementation committee with representatives across NSW Health and non-government organisations to ensure delivery of NSW Health actions and
- a senior officers group that coordinates a whole of government response to reducing overweight and obesity.<sup>69</sup>

### **Other jurisdictions**

**1.62** Across other jurisdictions a multi-sectoral approach has had some success, with Professor Baur from the University of Sydney reporting that in countries where there has been a ‘levelling or plateauing of the prevalence of childhood obesity’ a number of elements have been targeted all at once, including the broader physical activity environment, the promotion of physical activity and changes to food such as regulating food labelling, marketing of foods in schools and promotion of healthy food environments.<sup>70</sup> However, Professor Baur advised that ‘no country has seen a dramatic decrease’.<sup>71</sup>

### ***Other Australian jurisdictions***

**1.63** Other states across Australia have also implemented a multifaceted, coordinated approach to addressing childhood overweight and obesity. For example, the South Australian Government has mandated an all of government approach within its current Health in All Policies Framework<sup>72</sup> that provides strategic mechanisms for cross-government relationships and policy changes to address the underlying causes of childhood obesity.<sup>73</sup> South Australia has also implemented a childhood prevention program, the OPAL<sup>74</sup> program that sets six goals around healthy eating and physical activity and seven strategies to guide a comprehensive approach to health promotion.<sup>75</sup>

<sup>69</sup> Submission 34, NSW Ministry of Health, p 5.

<sup>70</sup> Evidence, Professor Baur, 12 September 2016, p 17.

<sup>71</sup> Evidence, Professor Baur, 12 September 2016, p 17.

<sup>72</sup> Government of South Australia, *Health in All Policies*, (31 August 2016), <<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+rerefo/health+in+all+policies>>

<sup>73</sup> Submission 14, Australian Health Promotion Association (NSW Branch), p 5.

<sup>74</sup> Government of South Australia, *OPAL*, (20 September 2016), <<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+llivin/healthy+communities/local+community/opal/opal>>

<sup>75</sup> Submission 11, Australian Beverages Council, p 11.

- 1.64** In Victoria, the Maternal and Child Health service has partnered with local and state government to ‘provide a comprehensive approach for the promotion, prevention and early detection of physical, emotional and social issues in the child and the broader family unit’. The service provides a free universal primary care service to families with children from birth to school age, including ten visits by a nurse during key stages where infant growth is monitored, 24 hour telephone assistance and organisation of parent groups. The evidence suggests that 96 per cent of first time parents use this service.<sup>76</sup>

### *Overseas jurisdictions*

- 1.65** Looking towards international jurisdictions, France has implemented the EPODE: Together Let’s Prevent Childhood Obesity program<sup>77</sup>, which takes a large-scale, coordinated, capacity-building approach across communities to implement strategies to prevent childhood obesity. It promotes collaboration across multiple stakeholders, including government, health, families, teachers, non-government organisations, private partners and the local business community. This generally involves:

[a]t a central level, a coordination team, using social marketing and organisational techniques, trains and coaches a local project manager nominated in each EPODE community by the local authorities. The local project manager is also provided with tools to mobilize local stakeholders through a local steering committee and local networks. The added value of the methodology is to mobilize stakeholders at all levels across the public and the private sectors. Its critical components include political commitment, sustainable resources, support services and a strong scientific input – drawing on the evidence-base – together with evaluation of the programme.<sup>78</sup>

- 1.66** As a result of the program, the initial eight French towns who participated saw a significant decrease of 9.12 per cent in overweight and obesity between 2005 and 2009, compared to a stabilisation across the rest of France. Belgium also implemented a program based on the EPODE model and found similar results, with the prevalence of overweight and obesity decreasing in participating towns.<sup>79</sup>
- 1.67** The School Food Trust<sup>80</sup> in the United Kingdom took a whole of school approach by developing nutritional and food based standards in line with scientific requirements for school meal services and implemented this within legislation. It also rolled out the Lets Get Cooking program that created cooking clubs outside of the school curriculum that took on a ‘train-the-trainer’ type model that could be used within a local setting.<sup>81</sup> More than 1.7 million people have been involved in the Lets Get Cooking program across the United Kingdom, with 92 per

<sup>76</sup> Answers to questions on notice, Professor Louise Baur and Associate Professor Alison Hayes, The University of Sydney, 11 October 2016, pp 1-2.

<sup>77</sup> EPODE International Network, *EPODE model*, <<http://epode-international-network.com/about/context/2014/09/15/epode-model>>

<sup>78</sup> ‘EPODE approach for childhood obesity prevention: methods, progress and international development’, *Obesity reviews*, April 2012, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492853/pdf/obr0013-0299.pdf>>

<sup>79</sup> Submission 11, Australian Beverages Council, p 11.

<sup>80</sup> Children’s Food Trust, (2016), <[www.childrensfoodtrust.org.uk](http://www.childrensfoodtrust.org.uk)>

<sup>81</sup> Submission 16, Food Works Australia, pp 1-2.

cent reporting they have used new cooking skills at home and 58 per cent reporting they are eating more healthier foods following the program.<sup>82</sup>

### **Committee comment**

- 1.68** The committee notes that the NSW Government has included childhood obesity as one of its key priorities. It has established a target of reducing childhood overweight and obesity by five per cent by 2025. We also acknowledge that the NSW Government has a number of programs in place to address this issue and we strongly encourage the government to continue to expand on this work.
- 1.69** The committee notes that since 2007 childhood overweight and obesity has remained at 22 per cent. It is clear that further action is needed in order to significantly decrease the rate of childhood overweight and obesity across New South Wales in order to reduce childhood overweight and obesity by five per cent by 2025. This will require a coordinated and multi-faceted approach that is reflected throughout this report.

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<sup>82</sup> Submission 16, Food Works Australia, Attachment 1, p 5.



## Chapter 2 School and early childhood based strategies

This chapter will explore the key issues within schools and early childhood services that can impact on the prevalence of childhood overweight and obesity. It commences with a discussion on school canteens, before examining the Personal Development, Health and Physical Education school curriculum and the costs associated with sport. The chapter then looks at the challenges of overweight and obesity during pre-conception, pregnancy and the early childhood years and considers the role parents play in influencing a healthy and active lifestyle for their children.

### School canteens

- 2.1** School canteens as an influence to healthy eating behaviours amongst children was a key topic of discussion amongst inquiry participants throughout the committee's inquiry.
- 2.2** The committee heard that school canteens play a significant role in educating and providing children with healthy and nutritious food. Evidence put forward suggested that nutritious food supports children within the education setting through:
- increased focus and attention in class
  - improved behaviour in class
  - improved test results
  - development of lifelong healthy eating habits
  - development of a culture of wellness within the school
  - reinforcement of healthy eating messages taught within the curriculum.<sup>83</sup>
- 2.3** Inquiry participants supported a healthy canteen within schools, with limited junk food and largely consisting of foods with a high nutritional value.<sup>84</sup>
- 2.4** However, it was reported that currently many schools are not providing a healthy canteen. For example, Ms Angela Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation, informed the committee that 'the quality of food in the canteen is not great' and 'in fact, it is pretty poor'.<sup>85</sup>
- 2.5** In addition, Ms Jo Gardner, Chief Executive Officer, Healthy Kids Association advised that they are aware of schools across New South Wales that still sell soft drinks, confectionary and

<sup>83</sup> Submission 18, Healthy Kids Association, pp 2-3.

<sup>84</sup> Evidence, Ms Jane Martin, Executive Manager, Obesity Policy Coalition, 10 October 2016, p 10; Submission 9, Charles Perkins Centre, University of Sydney, p 4; Submission 37, Catholic Women's League Australia, p 10; Submission 13, Coordinated Obesity Advocacy and Carers Help Incorporated, p 3.

<sup>85</sup> Evidence, Ms Angela Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation, 10 October 2016, p 25.

deep fried foods at the canteen.<sup>86</sup> Ms Gardner went on to suggest that the school canteen should ‘model everyday eating’ and link in with what is being taught in the classroom, and if this is not occurring it is a ‘lost opportunity’ that could be causing confusion amongst students.<sup>87</sup>

- 2.6** Associate Professor Ross Grant, Board Member, Nutrition Australia NSW, also highlighted how the school canteen reinforces the messages taught within the classroom, showing how important it is that the canteen sells appropriate nutritious foods:

However, what it is doing within an educational setting is that it is even informally saying that “This is what we think is okay to eat. This is healthy. Go ahead and do that, and if you can get it [unhealthy food] in your canteen, that is kind of normal; that is what we expect people to eat”, and the parents will pick up those messages.<sup>88</sup>

- 2.7** The Catholic Women’s League Australia expressed the view that even though many schools have moved towards providing healthy food options ‘there is still some way to go to ensure that canteens become completely junk free’.<sup>89</sup>
- 2.8** The Australian Food & Grocery Council highlighted that given the evidence still indicates a poor diet amongst children, an effective way of influencing children to consume a healthy diet would be through the school setting by implementing school canteen guidelines.<sup>90</sup>

### **Fresh Tastes @ School Healthy Canteen Strategy**

- 2.9** Currently the school canteen guidelines are underpinned by the NSW Government Fresh Tastes @ School Healthy Canteen Strategy, which was implemented in 2005 and is mandatory across all New South Wales public schools. New South Wales Catholic are advised to implement the strategy and New South Wales independent schools are encouraged to follow the strategy. The strategy requires schools to provide a menu in line with the Australian Dietary Guidelines for Children and Adolescents and uses a system of traffic lights to categorise the healthiness of food and drinks.<sup>91</sup>

### ***Review of the Fresh Tastes @ School Healthy Canteen Strategy***

- 2.10** The strategy is currently under review by the NSW Department of Education and the NSW Ministry of Health with the aim of improving the availability of healthy foods and water, reducing the availability of unhealthy foods and drinks and encouraging smaller portion sizes

<sup>86</sup> Evidence, Ms Jo Gardner, Chief Executive Officer, Healthy Kids Association, 12 September 2016, pp 25-26.

<sup>87</sup> Evidence, Ms Gardner, 12 September 2016, p 24.

<sup>88</sup> Evidence, Associate Professor Ross Grant, Board Member, Nutrition Australia NSW, Professor Margaret Morris, Board Member, Nutrition Australia NSW, and Ms Barbara Ward, President, Nutrition Australia NSW, 12 September 2016, pp 43-44.

<sup>89</sup> Submission 37, Catholic Women’s League Australia, p 10.

<sup>90</sup> Submission 12, Australian Food & Grocery Council, p 9.

<sup>91</sup> Submission 7, Obesity Policy Coalition, pp 8-10, Submission 38, Catholic Education Commission NSW, p 8 and AIS NSW website <<https://www.aisnsw.edu.au/Services/PL/Resources/Pages/Health-Information.aspx>>.

in line with the dietary guidelines across school canteens. The revised strategy is due to be launched at the beginning of the 2017 school year.<sup>92</sup>

- 2.11** Ms Robyn Bale, Director, Student Engagement and Interagency partnerships, NSW Department of Education, advised that they are aware of the challenges with the existing strategy and that was the reason why both departments were currently reviewing the strategy to ‘make it much more simple for people to interpret and respond to the strategy appropriately’.<sup>93</sup>
- 2.12** Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Ministry of Health also recognised ‘that the current traffic light system is quite complex and difficult for people on the ground to make sense of’ and they are looking at simplifying the criteria to make it easier for school canteens to provide healthier foods and are also looking at the possibility of using the health star rating as a tool.<sup>94</sup>
- 2.13** It is clear that a review of the Fresh Tastes @ School Healthy Canteen Strategy was needed with several inquiry participants raising a number of issues with the current strategy.
- 2.14** Both the Stephanie Alexander Kitchen Garden Foundation and the Obesity Policy Coalition highlighted the limited uptake of the strategy across schools with Ms Barry noting ‘less than 10 per cent of schools ... are doing it’ and the Coalition indicating only between 20-25 per cent of schools were found to be complying with the strategy.<sup>95</sup>
- 2.15** In addition, the Obesity Policy Coalition highlighted the need ‘for greater enforcement and monitoring where compliance levels with the current policy are low’ and suggested a stricter monitoring of the strategy and consequences for non-compliance.<sup>96</sup>
- 2.16** Likewise, Ms Gardner strongly advocated for canteen operators to be held to account for the types of foods they are selling to children and for consequences if schools do not follow or adhere to the strategy.<sup>97</sup> Ms Gardner further explained that although the current strategy is mandatory there is currently no monitoring of its implementation:

The policy was introduced; it was mandated. There is a level of responsibility but there has been no consequence to anybody if they do not meet the policy. If the menu that has been set within that school with a range of products or menu items and products are sold outside of that policy, there is no consequence. There is no reward for doing it well and there is no consequence to anybody.<sup>98</sup>

<sup>92</sup> Submission 42, NSW Department of Education, p 2.

<sup>93</sup> Evidence, Ms Robyn Bale, Director, Student Engagement and Interagency partnerships, NSW Department of Education, 12 September 2016, p 11.

<sup>94</sup> Evidence, Dr Kerry Chant, Deputy Secretary, Population and Public Health, and Chief Health Officer, NSW Department of Health, and Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Ministry of Health, 12 September 2016, p 6.

<sup>95</sup> Evidence, Ms Barry, 10 October 2016, p 25; Submission 7, Obesity Policy Coalition, pp 8-10.

<sup>96</sup> Submission 7, Obesity Policy Coalition, pp 8-10.

<sup>97</sup> Evidence, Ms Gardner, 12 September 2016, p 24.

<sup>98</sup> Evidence, Ms Gardner, 12 September 2016, pp 25-26.

- 2.17** Other participants commented on the difficulty in getting the right balance of compliance. Mr Peter Grace, State Coordinator—Student Wellbeing and Mission, Catholic Education Commission NSW, advised that there is some tension in terms of what the level of compliance should be around the strategy and expressed the opinion that it should be up to the schools themselves to make the decisions locally rather than a top-down policy approach with a high level of compliance.<sup>99</sup>
- 2.18** Mr Ian Baker, Director, Education, Policy and Programs, Catholic Education Commission NSW, commented that, in general, across Catholic schools there is already a high level of regulation and monitoring of compliance and indicated ‘that there needs to be a proper balance’ and not the case of more compliance.<sup>100</sup>
- 2.19** When questioned on the collection of data around the adherence of schools in implementing the strategy, Ms Bale from the NSW Department of Education advised that they currently do not have baseline data collected centrally and this ‘information is collected locally at the school level’. In an answer to a question on notice the NSW Department of Education confirmed that it does not collect data in relation to food being provided through school canteens in public schools.<sup>101</sup> Ms Bale added that they are looking at obtaining baseline data under the current review of the strategy.<sup>102</sup>
- 2.20** In addition, Dr Kerry Chant, Deputy Secretary, Population and Public Health, and Chief Health Officer, NSW Department of Health, noted the need for the collection of data in relation to the monitoring of compliance of school canteens under the strategy and explained that they are working with the NSW Department of Education on a new approach, ‘with simpler compliance and therefore ability to more simply audit’.<sup>103</sup>
- 2.21** The NSW Department of Education later advised that under the current strategy the collection of data about whether or not school canteens are properly applying the strategy ‘would be administratively burdensome on schools’.<sup>104</sup>
- 2.22** In relation to the review of the strategy, the Australian Food & Grocery Council explained that for any changes to be effective the guidelines must be consistent across the country, with schools provided with support for implementation and there should be ongoing reviews to ensure the guidelines remain up to date and reflect advances in nutritional science.<sup>105</sup>
- 2.23** Others recommended a greater focus on a more robust implementation of and adherence to the revised Fresh Tastes @ School Healthy Canteen Strategy, including the Obesity Policy

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<sup>99</sup> Evidence, Mr Peter Grace, State Coordinator—Student Wellbeing and Mission, Catholic Education Commission NSW, 12 September 2016, pp 54-55.

<sup>100</sup> Evidence, Mr Ian Baker, Director, Education, Policy and Programs, Catholic Education Commission NSW, 12 September 2016, p 55.

<sup>101</sup> Answers to questions on notice, NSW Department of Education, 7 October 2016, p 3.

<sup>102</sup> Evidence, Ms Bale, 12 September 2016, pp 6 and 10.

<sup>103</sup> Evidence, Dr Chant, 12 September 2016, pp 10-11.

<sup>104</sup> Answers to questions on notice, NSW Department of Education, 7 October 2016, p 4.

<sup>105</sup> Submission 12, Australian Food & Grocery Council, p 9.

Coalition, the Charles Perkins Centre at the University of Sydney and the Australian Beverages Council.<sup>106</sup>

- 2.24** The Healthy Kids Association expressed the view that ‘the new strategy will suffer the same impact should it not address the issue of monitoring and compliance for both good practice as well as poor’.<sup>107</sup> Ms Gardner also explained that without accountability and transparency the reality is that school canteens are not going to adhere to the strategy, potentially where there is an external contractor providing the canteen food services:

Their motivation for operating that food service is somewhat different from the motivation that the parent group might have for having the food service in the school or the principal and we ourselves for how we operate.<sup>108</sup>

### **The viability and outsourcing of school canteens**

- 2.25** On the issue of operating a school canteen, several inquiry participants highlighted the challenges in running a sustainable and profitable canteen.
- 2.26** The Healthy Kids Association explained that historically canteens were run by volunteers and due to the changing nature of families and the complexities around the ‘requirements and regulation of operating a food business’ there has been a shift in outsourcing of the school canteens.<sup>109</sup>
- 2.27** The NSW Department of Education confirmed that in 2015, 134 canteens in New South Wales public schools were operated by the school and 387 canteens were operated by an external organisation. In addition, there are school canteens that were run by the local Parents and Citizens organisation which were not captured in the data collected by the department.<sup>110</sup>
- 2.28** Organisations that run canteens in New South Wales public schools do so through a licence issued by the Department of Education. The Canteen Licence Agreement between the Department of Education and the Licensee requires the provision of “School Canteen Services”. The Licence Agreement states:
- “School Canteen Services” means the provision and sale of food and drinks which meet the Fresh Tastes NSW Healthy School Canteen Strategy as published from time to time by the Licensor and the NSW Department of Health and in particular in compliance with the food spectrum published with the strategy.<sup>111</sup>
- 2.29** The Healthy Kids Association commented that ‘it is not difficult to understand the decision to outsource the school canteen’ and expressed the opinion that this trend will continue. It raised concerns that engaging with school canteens that are outsourced on providing healthier

<sup>106</sup> Submission 7, Obesity Policy Coalition, p 3; Submission 9, The Charles Perkins Centre, University of Sydney, p 5; Submission 11, Australian Beverages Council, p 9.

<sup>107</sup> Submission 18, Healthy Kids Association, pp 2-3.

<sup>108</sup> Evidence, Ms Gardner, 12 September 2016, p 28.

<sup>109</sup> Submission 18, Healthy Kids Association, pp 2-3.

<sup>110</sup> Answers to questions on notice, NSW Department of Education, 7 October 2016, p 5.

<sup>111</sup> Answers to questions on notice, NSW Department of Education, 7 October 2016, p 6.

products is challenging ‘in part due to perceived (and real) negative impacts to their financial returns’ and the Association asserted that currently many do not adhere to the policies, even though it is a requirement of their contract.<sup>112</sup>

**2.30** Ms Gardner and Ms Bale both raised the issue of running a viable canteen, particularly for smaller schools, where they are unable to operate five days a week, at times due to the availability of a volunteer workforce.<sup>113</sup> Ms Gardner further noted that in these instances the canteens are not profitable so ‘something has to give’ and this is usually the increase of lower quality treat foods within the canteen as they may have a higher profit margin.<sup>114</sup>

**2.31** Mr Ian Baker, Director, Education, Policy and Programs, Catholic Education Commission NSW, however noted that ‘there are certainly contractual arrangements and, if any provider were in breach of those, the school would immediately take it up.’<sup>115</sup>

**2.32** Further, Mr Peter Grace, State Coordinator – Student Wellbeing and Mission, Catholic Education Commission NSW, commented further on the control that schools had over private providers:

Schools hold those external providers to a high standard. The reality is that it is a competitive market out there and, if the providers of these external services are going to do the wrong thing by the schools, the schools will vote with their feet in terms of those external providers and move to one of their competitors.<sup>116</sup>

**2.33** Ms Barry from the Stephanie Alexander Kitchen Garden Foundation also commented on the perceived financial risk to providing a healthy canteen:

The reason behind why a lot of the schools have not progressed their canteens to a better style of food is often a financial one and again a misconception that unhealthy canteens are profitable and therefore generate sorely needed funds for the school and healthy ones are not.<sup>117</sup>

**2.34** However, Ms Barry made it clear that schools can run a financially successful and healthy canteen and they are currently capturing case studies of where this is occurring and sharing it with the broader community to change this perception.<sup>118</sup>

### **Committee comment**

**2.35** The committee acknowledges the impact school canteens have on the eating habits of children and the importance of consistent healthy eating messages across the school. We note that the Wellbeing Framework for Schools supports this message of consistency, with a focus on positive health outcomes regarding nutrition. The committee also acknowledges that the NSW

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<sup>112</sup> Submission 18, Healthy Kids Association, pp 2-3.

<sup>113</sup> Evidence, Ms Gardner, 12 September 2016, p 25; Evidence, Ms Bale, 12 September 2016, p 11.

<sup>114</sup> Evidence, Ms Gardner, 12 September 2016, p 25.

<sup>115</sup> Evidence, Mr Baker, 12 September 2016, p 56.

<sup>116</sup> Evidence, Mr Grace, 12 September 2016, p 56.

<sup>117</sup> Evidence, Ms Barry, 10 October 2016, p 25.

<sup>118</sup> Evidence, Ms Barry, 10 October 2016, p 25.

Government Fresh Tastes @ School Healthy Canteen Strategy is aimed at ensuring the majority of food sold in canteens is healthy and nutritious, while still providing choice for students and autonomy for schools.

- 2.36** We note that this strategy is currently under review. While we are supportive of the strategy, we understand that there is little ongoing monitoring of its implementation. The committee recognises the need for an appropriate audit and compliance process for the new strategy, across all New South Wales schools. The committee therefore recommends that an audit and compliance process be considered as part of the revised 2017 Fresh Tastes @ School Healthy Canteen Strategy.

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### **Recommendation 1**

That the NSW Government consider incorporating an audit and compliance process in the revised 2017 Fresh Tastes @ School Healthy Canteen Strategy.

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## **Personal Development, Health and Physical Education curriculum**

- 2.37** The curriculum was another area of focus of inquiry participants that interlinks with the school canteen in delivering a healthy and active lifestyle message.
- 2.38** Across both the NSW Government and non-government school sector education about nutrition, healthy eating, physical activity and active lifestyles are provided to students through the Personal Development, Health and Physical Education (PDHPE) key learning area of the curriculum.<sup>119</sup> PDHPE is mandatory for all students from Kindergarten to Year 10 and, along with School Sports, involves participation of a minimum of 150 minutes each week of moderate to vigorous physical activity.<sup>120</sup>

### **Existing programs that support PDHPE**

- 2.39** The NSW Department of Education, in collaboration with the NSW Ministry of Health, delivers a range of education programs to support children and young people to lead a healthy and active lifestyle outside of the PDHPE curriculum.<sup>121</sup> This includes programs such as Live Life Well @ School, the NSW Premier's Sporting Challenge and Crunch&Sip.
- 2.40** Live Life Well @ School is a program that focuses on enhancing teachers' knowledge, skills and confidence in teaching the curriculum under PDHPE. It was implemented in 2008 with over 2000 primary schools participating in the workshops and conferences. A further six online learning modules for teacher accreditation are due to be released by the end of 2016.<sup>122</sup>
- 2.41** To encourage schools to incorporate more physical activity within the curriculum the NSW Department of Education launched the NSW Premier's Sporting Challenge in 2008. The

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<sup>119</sup> Submission 42, NSW Department of Education, p 3.

<sup>120</sup> Evidence, Ms Bale, 12 September 2016, p 3.

<sup>121</sup> Submission 42, NSW Department of Education, p 2.

<sup>122</sup> Submission 42, NSW Department of Education, p 2.

program aims to engage children and young people in sport and physical activity to inspire a healthy and active lifestyle. The goal of the challenge is for schools to accrue 10 weeks of moderate to vigorous activity over two school terms. A start-up grant and participation grants are provided to schools involved in the challenge and high profile athletes have been invited as ambassadors of the program to promote the benefits of an active healthy lifestyle amongst students.<sup>123</sup>

- 2.42** The Crunch&Sip program is an initiative that is incorporating healthy food within the primary school timetable. Crunch&Sip is a set time for students to have a break and eat vegetables, salad and fruit and drink water. The program is driven by the evidence that students who are not hungry and well hydrated in class will perform better, as they have increased concentration and are less likely to be irritable and disruptive in class.<sup>124</sup>

### **Busy curriculum**

- 2.43** A number of inquiry participants raised concerns that the school curriculum is already busy and it can be a challenging to implement additional programs in the school timetable.
- 2.44** Dr Louise Hardy, a child obesity epidemiologist at the University of Sydney, indicated that across both primary and secondary schools the main barrier to promoting physical activity was ‘competing demands on curriculum time’.<sup>125</sup>
- 2.45** Mr Malcolm Hunt, Manager, Public Affairs, Association of Independent Schools of New South Wales, also raised the issue of an ‘overcrowded curriculum’ and added that even though schools are an obvious place to provide such interventions it is difficult to expect schools to be ‘the primary agents of change in our community on anything involving children’. Mr Hunt explained that there are already a number of initiatives and programs available for schools to educate children on a healthy and active lifestyle, but these are delivered in isolation and to ease the burden on schools, Mr Hunt suggested improved coordination of already existing programs.<sup>126</sup>
- 2.46** Dr Rose Cantali, NSW Parents Council, agreed with Mr Hunt that schools ‘cannot teach everything’ but went on to say that education around health and physical activity is fundamental and it is up to schools to teach that foundation to children.<sup>127</sup>
- 2.47** In relation to introducing programs into a busy curriculum, Ms Susie Boyd, President, Federation of Parents and Citizens Associations of NSW suggested that not every school needs every program and they should be implemented based on the individual needs of a school:

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<sup>123</sup> NSW Department of Education, *NSW Premier’s Sporting Challenge 2016*, <<https://online.det.nsw.edu.au/psc/home.html>>

<sup>124</sup> Healthy Kids, *Crunch&Sip*, (2016), <<http://www.healthykids.nsw.gov.au/campaigns-programs/crunchsip.aspx>>

<sup>125</sup> Submission 22, Dr Louise Hardy, pp 5-6.

<sup>126</sup> Evidence, Mr Malcolm Hunt, Manager, Public Affairs, Association of Independent Schools of New South Wales, 12 September 2016, p 48.

<sup>127</sup> Evidence, Dr Rose Cantali, NSW Parents Council, 12 September 2016, pp 53-54.

We are not saying that everybody needs to do this. I know of schools that have really good programs—they have good gardens et cetera. There is no need for them to take up these programs. Although some schools may not need it that does not mean that a school down the road does not need it.<sup>128</sup>

### Secondary schools

- 2.48** Inquiry participants indicated that there are challenges in promoting physical activity and a healthy lifestyle amongst secondary school students.
- 2.49** Dr Chant from the NSW Department of Health indicated that one contributing factor to the prevalence of overweight and obesity for this age group is the ‘general movement to more sedentary interactive games’, rather than physical activity.<sup>129</sup>
- 2.50** Dr Hardy told the committee that although many programs have been implemented to ‘support schools deliver healthy eating and physical activity programs’ these have had a focus on primary, rather than secondary schools. Dr Hardy added that similar to primary schools, secondary schools have competing demands on curriculum time, but the main barrier to promoting physical activity in secondary schools is a lack of interest from students. Dr Hardy went on to explain that ‘less than one third of secondary schools addressed healthy eating in the school plan’ and made a number of suggestions in this regard:
- monitor the implementation of the new Australian Curriculum: Health and Physical Activity in schools
  - consider incorporating physical activity as a mandatory reporting outcome linked to NAPLAN [National Assessment Program – Literacy and Numeracy]
  - provide suitable outdoor recreation facilities and opportunities for adolescents to be physically active
  - encourage wider linkage between schools and the NSW Office of Preventive Health, which supports a range of healthy eating and physical activity programs in schools (e.g. Healthy School Canteen Strategy).<sup>130</sup>
- 2.51** Dr Chant advised that they ‘do not have many programs that interact with adolescents around healthy weight’ and it is difficult to use programs targeted for primary school aged children for adolescents. However, Dr Chant added that they are trialing interventions for secondary schools that encourage physical activity and nutrition components.<sup>131</sup>

### PDHPE teachers

- 2.52** Inquiry participants raised concerns relating to the skill set of some teachers in teaching the PDHPE curriculum. Mr Hunt from the Association of Independent Schools of New South Wales advised the committee that ‘the expertise within the school is critical’ to providing the

<sup>128</sup> Evidence, Ms Susie Boyd, President, Federation of Parents and Citizens Associations of NSW, 12 September 2016, p 53.

<sup>129</sup> Evidence, Dr Chant, 12 September 2016, p 12.

<sup>130</sup> Submission 22, Dr Louise Hardy, pp 5-6.

<sup>131</sup> Evidence, Dr Chant, 12 September 2016, pp 11-12.

level of knowledge on every aspect of the PDHPE curriculum plus additional programs filtering through schools.<sup>132</sup>

- 2.53** The Healthy Kids Association reported that ‘teachers feel ill equipped to teach nutrition’ in schools and called for additional training for teachers to build their confidence in talking to students about food.<sup>133</sup> Likewise, the Catholic Women’s League Australia recommended that training on the prevention of overweight and obesity should be provided to teachers outside of PDHPE to ensure this message is reinforced across all lessons.<sup>134</sup> In addition, Nestle Australia suggested the implementation of an online professional development program for teachers in line with government policies and the national curriculum.<sup>135</sup>
- 2.54** Other inquiry participants reported a lack of specifically trained physical education teachers in primary schools. For example, Sport NSW, the peak body for sport in the state, were alarmed at the lack of primary school physical education teachers and called for the government to train and employ specialist teachers in every New South Wales primary school.<sup>136</sup>
- 2.55** Mr Darren Simpson, Chief Executive Officer, Sport NSW, elaborated on this issue stating that although currently there is physical activity in primary schools, this is not necessarily provided by a trained physical education teacher.<sup>137</sup> Mr Simpson explained that if children are not taught the fundamental physical activity skills in primary school correctly it can create a lack of confidence in secondary school and impact on future participation rates in physical activity:
- When they get to high school the opportunities exist but the problem is that if those kids have got to high school without the fundamental movement skills they are the first ones to make up the excuses not to participate in physical education. That is what we do not want to see.<sup>138</sup>
- 2.56** When questioned on the difficulties in attracting and retaining specialist physical education teachers in regional or smaller primary schools, Mr Simpson put forward the option of teacher sharing across schools.<sup>139</sup>
- 2.57** Mr Duncan Tweed, Chief Executive Officer, Athletics NSW, added that under the federal Sporting Schools program the physical education teacher does not necessarily need to be part of the teaching staff and the school can apply to have a qualified instructor come in and provide that sport class.<sup>140</sup>

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<sup>132</sup> Evidence, Mr Hunt, 12 September 2016, p 50.

<sup>133</sup> Submission 18, Healthy Kids Association, p 3.

<sup>134</sup> Submission 37, Catholic Women’s League Australia, p 11.

<sup>135</sup> Submission 31, Nestle Australia, p 16.

<sup>136</sup> Submission 19, Sport NSW, p 1.

<sup>137</sup> Evidence, Mr Darren Simpson, Chief Executive Officer, Sport NSW, 10 October 2016, pp 51-52.

<sup>138</sup> Evidence, Mr Simpson, 10 October 2016, p 52.

<sup>139</sup> Evidence, Mr Simpson, 10 October 2016, p 52.

<sup>140</sup> Evidence, Mr Duncan Tweed, Chief Executive Officer, Athletics NSW, 10 October 2016, p 52.

### Nutrition and cooking classes

- 2.58** Looking beyond physical activity many inquiry participants called for a focus on teaching nutrition and cookery skills to children. The Good Foundation highlighted a number of factors that have limited the ability for children to learn how to cook in the current day, including:
- school based cooking classes no longer being compulsory
  - families having limited time to teach their children how to cook or to cook meals from scratch
  - recipes and cooking traditions are no longer passed down from family members
  - people reach adulthood with no skills on how to cook for themselves or a whole family.
- 2.59** In addition, The Good Foundation advocated for practical food education in schools to be incorporated within the curriculum and accessible to all students as young as possible, to ‘fight against childhood obesity’.<sup>141</sup>
- 2.60** The Catholic Women’s League Australia further emphasised that education in relation to healthy eating choices must be ‘properly incorporated within the school curriculum as compulsory lessons’.<sup>142</sup>
- 2.61** The Healthy Kids Association also recommended a multi-level approach (as discussed in chapter 1) where the curriculum is developed ‘to adequately cover topics to educate tomorrow’s adults about how to make healthier choices’, including how to shop, prepare and cook healthy meals.<sup>143</sup>
- 2.62** One program that is bringing practical cooking skills into schools is the Stephanie Alexander Kitchen Garden Program. The program is a hands-on learning experience where children gain knowledge of the food production cycle, skills in growing food and cooking and sharing a meal, as well as ‘the integration of mathematics, literacy, history, science, language, art, sustainability and more into kitchen and garden activities, and also back into the classroom setting’.<sup>144</sup>
- 2.63** Ms Barry the Chief Executive Officer of the Stephanie Alexander Kitchen Garden Foundation explained that the program is incorporated within the regular school timetable so ‘it is not an incursion’ for school teachers and is incrementally established over a minimum of two years. As part of the program, teachers are provided training and given a syllabus to follow week to week and are able to then incorporate other aspects of the curriculum within the program, such as maths or science.<sup>145</sup>
- 2.64** Ms Barry added that the program is very different to other organisations working in this area as it is all about showing children the pleasure of healthy eating:

<sup>141</sup> Submission 40, The Good Foundation, p 11.

<sup>142</sup> Submission 37, Catholic Women’s League Australia, p 11.

<sup>143</sup> Submission 18, Healthy Kids Association, pp 1-2.

<sup>144</sup> Submission 4, Stephanie Alexander Kitchen Garden Foundation, p 1.

<sup>145</sup> Evidence, Ms Barry, 10 October 2016, p 23.

We do not believe in saying to children, "Eat this because it is good for you," or "Eat this because it is healthy." We say to them, "It is your food. It is real food. Real food comes from the ground. It is seasonal and it is beautiful and fresh." We teach them how to care for and cook that food.<sup>146</sup>

- 2.65** A number of evaluations of the program have demonstrated that it works as a long term preventative health strategy, to bring about positive food behaviour changes in children and as a viable strategy for obesity prevention.<sup>147</sup>
- 2.66** Currently the Stephanie Alexander Kitchen Garden Foundation program is being delivered by 218 New South Wales schools, with around 27,250 children participating annually in the program.<sup>148</sup> Ms Barry advised that the foundation is receiving funding from the Victoria Government and in the past has received funding from South Australia, Queensland and the Australian Capital Territory and from the Australian governments. The Foundation and its programs have never received funding from the NSW Government. Ms Barry added that they have a major corporate partner in Medibank and are currently looking into a self-generated and self-sustaining income stream by selling products and services outside the Foundation's beneficiary group.<sup>149</sup>
- 2.67** During the inquiry committee members visited Annandale Public School which has implemented the Stephanie Alexander Kitchen Garden Program and shared a meal prepared by the students using the produce from their kitchen garden.

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<sup>146</sup> Evidence, Ms Barry, 10 October 2016, p 20.

<sup>147</sup> Submission 4, Stephanie Alexander Kitchen Garden Foundation, p 2.

<sup>148</sup> Submission 4a, Stephanie Alexander Kitchen Garden Foundation, p 6.

<sup>149</sup> Evidence, Ms Barry, p 20.



*Above and below: Social Issues Committee members preparing lunch with students from Annandale Public School on Friday 21 October 2016*





*Above: Social Issues Committee members helping in the kitchen garden at Annandale Public School  
Below: Social Issues Committee members sharing the lunch prepared together with students at Annandale Public School*





*Above: Social Issues Committee and secretariat with Annandale Public School and Stephanie Alexander Kitchen Garden representatives – Friday 21 October 2016*

### **Committee comment**

- 2.68** The committee acknowledges that schools have a busy curriculum and is of the view that the decision to implement programs outside of the curriculum be made locally and based on the needs of the individual school and community. However, we do strongly encourage the coordination and promotion of existing programs within schools that encourage a healthy and active lifestyle.
- 2.69** The committee acknowledges that the NSW Government is promoting a number of programs that are targeting childhood overweight and obesity, noting in particular the NSW Premier's Sporting Challenge. While the program is beneficial, the Committee believes that it could be a cornerstone in helping to achieve the Premier's priority to reduce childhood overweight and obesity by increasing physical activity of school age children. At present the program is only used by a limited number of schools and the committee would like to see the program encouraged and elevated so that it was as prevalent as the Premier's Reading Challenge.

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### **Recommendation 2**

That the NSW Government re-evaluate, further promote and encourage participation in the NSW Premier's Sporting Challenge to a broader range of schools and students.

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- 2.70** It is clear from the evidence that efforts to target childhood overweight and obesity in New South Wales have mostly been directed at primary school aged children and we note that there needs to be more focus on secondary school students. The committee therefore recommends that the NSW Government collaborate with secondary schools and relevant non-government organisations to implement programs and initiatives to reduce the prevalence of overweight and obesity amongst this age group, with a focus on reducing sedentary behavior and promoting healthy eating habits.
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**Recommendation 3**

That the NSW Government collaborate with secondary schools and non-government organisations to implement programs and initiatives that focus on reducing sedentary behavior and promoting healthy eating habits to help reduce the prevalence of overweight and obesity amongst secondary school students.

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- 2.71** The committee notes the issue that primary schools often do not have specifically trained physical education teachers for primary schools and supports the idea of making specific physical education training available to primary school teachers and employing teacher sharing amongst smaller or remotely located schools. We are aware that the Local Schools Local Decisions reforms provide the flexibility to schools to make decisions on teaching staff at the local school level. We encourage schools to consider the need for a trained physical education teacher based on the needs of its students and to also consider the possibility of teacher sharing with other schools to use resources efficiently.
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**Recommendation 4**

That the NSW Government make available training for primary school teachers in physical education and implement programs to share resources between schools.

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- 2.72** The committee supports the incorporation of nutrition and cooking within the school curriculum and believes the PDHPE curriculum could be refined to add more emphasis to this element. We therefore recommend that the NSW Government consider pursuing the incorporation of nutrition and cooking within the PDHPE school curriculum.
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**Recommendation 5**

That the NSW Government consider pursuing the incorporation of nutrition and cooking within the Personal Development, Health and Physical Education school curriculum.

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- 2.73** The committee witnessed the great impact the Stephanie Alexander Kitchen Garden program has had on schools, most importantly students, and recommends that the NSW Government fund a pilot program for hotspots for programs such as this with a view to rolling out such programs more extensively.

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### **Recommendation 6**

That the NSW Government fund a pilot program, similar to the Stephanie Alexander Kitchen Garden program, to target areas with a high prevalence of childhood overweight and obesity.

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## **Cost of sport**

- 2.74** The level of physical activity and participation in sport was highlighted to the committee as an important factor to address childhood overweight and obesity, however, stakeholders raised the issue of costs as a barrier to families registering their children in organised sporting activities.
- 2.75** Mr Tweed from Athletics NSW indicated that ‘educating kids in physical literacy is key’ to reducing childhood overweight and obesity.<sup>150</sup> Likewise, Sport NSW was of the strong opinion that participating in sport ‘is one of the most significant contributing factors to reducing the rate of overweight and obese children in NSW’.<sup>151</sup>
- 2.76** However, several inquiry participants indicated that the cost of sport was a barrier to children participating. For example, the Federation of Parents and Citizens Associations of NSW, provided results from the Australian Institute of Health and Welfare study that identified a number of barriers to physical activity, including ‘costs associated with sports’.<sup>152</sup>
- 2.77** Dr Phil Hamdorf, Executive Director, NSW Office of Sport, told the committee that ‘there is no question’ that costs associated with sport is a barrier to participation. Dr Hamdorf went on to explain that there are a number of costs associated with conducting sport, including maintenance of sporting fields, officials, jerseys and equipment, the costs of which, in line with other consumer goods, have all risen over the past 20 years.<sup>153</sup>
- 2.78** Further, Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, raised the issue of cost and its impact on registration numbers for sport outside of school:

Other issues are the cost of participation, in particular registration and insurance, and converting school participation into regular participation. I think this is a reflection around some broader societal changes whereby parents are less inclined to register

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<sup>150</sup> Evidence, Mr Tweed, 10 October 2016, p 49.

<sup>151</sup> Submission 19, Sport NSW, p 1.

<sup>152</sup> Submission 15, Federation of Parents and Citizens Associations of NSW, p 3.

<sup>153</sup> Evidence, Dr Phil Hamdorf, Executive Director, NSW Office of Sport, 12 September 2016, pp 4-5.

their children in ongoing, week-by-week competitions. It is a focus for us as sports as to how we respond to those societal changes.<sup>154</sup>

**2.79** Mr Tweed suggested that from his experience ‘making costs higher or lower has a minimal impact on participation rates’ once a child is enrolled in that sport. Mr Tweed reflected that the cost of sport as a barrier to participation is not a large issue:

Obviously it would be a very undesirable outcome that anyone would ever be restricted from participating in any sport on the basis of cost. Having said that, in my experience the price elasticity question is often overemphasised. It is rarer than you would expect.<sup>155</sup>

**2.80** However, NCOSS made the point that families and children from low socio-economic backgrounds would find it hard to afford the cost of sport and this would be a ‘persistent barrier to participation’. NCOSS went on to recommend that the NSW Government investigate and implement free or low cost sport options for children and young people from low socio-economic backgrounds.<sup>156</sup>

**2.81** Mr Boland-Rudder suggested a voucher scheme that would be ‘redeemable through registered clubs to help offset the cost of registration and insurance or equipment’. Mr Boland-Rudder explained that Queensland, South Australia and Western Australia have already implemented similar schemes and commented that they have seen good participation rates under the Queensland scheme.<sup>157</sup>

**2.82** In addition, Mr Boland-Rudder also suggested the idea of introducing a tax rebate scheme that is means tested where families would receive an additional taxation benefit from receipts for the registration of sport or sporting equipment.<sup>158</sup>

**2.83** The Federation of Parents and Citizens Associations of NSW also recommended a tax deduction or incentive as a ‘reward to individuals to encourage children to take up a sporting activity and build a more active approach to health lifestyles’.<sup>159</sup>

**2.84** In relation to the funding provided to sporting organisations, Sport NSW highlighted that the amount of ‘funding has not changed since the year 2000, sitting at just over \$2.5 million to be split amongst all sports for the last 16 years’. It suggested that additional funding be provided to organisations to increase participation numbers:

If the government is serious about increasing the activity levels of children, and about giving them more opportunities to participate in sport, then the SSO’s [State Sporting Organisations] must be given additional resources – and accountability for those resources – to play their part.<sup>160</sup>

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<sup>154</sup> Evidence, Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, 10 October 2016, p 48.

<sup>155</sup> Evidence, Mr Tweed, 10 October 2016, p 56.

<sup>156</sup> Submission 24, NCOSS, p 9.

<sup>157</sup> Evidence, Mr Boland-Rudder, 10 October 2016, pp 56-57.

<sup>158</sup> Evidence, Mr Boland-Rudder, 10 October 2016, pp 56-57.

<sup>159</sup> Submission 15, Federation of Parents and Citizens Associations of NSW, p 5.

<sup>160</sup> Submission 19, Sport NSW, pp 1-2.

- 2.85** Sport NSW went on to explain that there is an economic argument for providing funds to increase participation in sport as it would lead to an increased level of physical activity amongst children and young people that could potentially reduce the health care costs later in life.<sup>161</sup>

#### **Committee comment**

- 2.86** With only 28.2 per cent of children aged 5-15 years achieving adequate physical activity the committee acknowledges the significant impact this has on childhood overweight and obesity, not to mention general wellness and health within the community.
- 2.87** The committee agrees with stakeholders that the cost of organised sport can be a barrier for children's participation in sport, especially for low socio-economic communities. We are supportive of the proposals for a voucher system or tax rebate scheme. As the NSW Government does not administer income taxation there is limited scope to implement any rebate and thus it is recommend that the NSW Government investigate the options for a voucher scheme.

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#### **Recommendation 7**

That the NSW Government investigate the options to reduce the cost of organised sport for children, such as through a voucher system.

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### **Pre-conception, pregnancy and early childhood**

- 2.88** The committee received evidence about the impact childhood overweight and obesity has on the early stages of a child's life and the need for improved interventions within this space.
- 2.89** In Australia, one in four children are overweight or obese by the age of five, with 21.2 per cent of two to four year olds classified as overweight and of that 4.1 per cent classified as obese. This has been attributed to parental obesity, socio-economic status, above average gestational weight gain, poor diet, decreased physical activity and a lack of required sleep. Of those two to four year olds who fall within the obese category, they are two to three times more likely to be admitted to hospital than healthy weight children and have a 60 per cent higher total healthcare cost.<sup>162</sup>
- 2.90** The committee received evidence from academics working within this field that reported that intervening at the earlier stages of a child's life has shown to have effective and sustained

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<sup>161</sup> Submission 19, Sport NSW, p 2.

<sup>162</sup> Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood – University of Sydney, pp 2-3.

effects on health.<sup>163</sup> It was also highlighted that implementing interventions once children are at school age can be too late.<sup>164</sup>

- 2.91** The committee was also made aware of the importance of intervening at pre-conception and during pregnancy. Nutrition Australia advised that currently in Australia 50 per cent of women enter pregnancy overweight or obese and evidence shows ‘that maternal obesity induces enduring structural and functional changes in the baby’ and ‘increases the likelihood of poor outcomes in offspring, including increased risk of hypertension, cardiovascular disease, obesity, diabetes and metabolic dysfunction’.<sup>165</sup>
- 2.92** In addition, Professor Bill Bellew, Principal Research Fellow, the Charles Perkins Centre, University of Sydney, informed the committee ‘that excessive weight gain during pregnancy is related to more than four times the risk of [that child] being overweight at age three’.<sup>166</sup>
- 2.93** Gestational diabetes was also found to be an indicator of an increased risk of childhood overweight and obesity and an indicator of both the mother and child developing type 2 diabetes in the future.<sup>167</sup> Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW & ACT, commented that ‘the prevalence of gestational diabetes in NSW is increasing alarmingly year on year’.<sup>168</sup>
- 2.94** On monitoring this condition, Professor Ian Caterson, the Charles Perkins Centre, University of Sydney, advised that there are ‘better metabolic screening and treatment of gestational diabetes’ being put in to place, including a series of programs for women who think they may be at risk and similar programs to the Get Healthy in Pregnancy, run by the NSW Ministry of Health.<sup>169</sup>
- 2.95** Low rates of breastfeeding were also found to put children and mothers at a greater risk of overweight and obesity and ill health.<sup>170</sup> Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, referred to a study conducted by the World Health Organisation who compared breastfed babies with

<sup>163</sup> Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood – University of Sydney, pp 2-3; Evidence, Professor Baur, 12 September 2016, p 14; Submission 9, The Charles Perkins Centre, University of Sydney, p 4.

<sup>164</sup> Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood – University of Sydney, pp 2-3; Evidence, Professor Baur, 12 September 2016, p 14.

<sup>165</sup> Submission 35, Nutrition Australia, p 1.

<sup>166</sup> Evidence, Professor Bill Bellew, Principal Research Fellow, The Charles Perkins Centre, University of Sydney, 10 October 2016, pp 2-3.

<sup>167</sup> NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier’s Priority Annual Data Report 2016*, <<http://www.health.nsw.gov.au/heal/Publications/COOPP-Annual-Data-Report-2016.pdf>>, p 38.

<sup>168</sup> Answers to questions on notice, Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW & ACT, 29 September 2016, pp 5-6.

<sup>169</sup> Evidence, Professor Ian Caterson, The Charles Perkins Centre, University of Sydney, 10 October 2016, p 3; Get Healthy, Health Professionals, Promotional Materials, *Get Healthy in Pregnancy*, (2016), <<http://www.gethealthynsw.com.au/professionals-resources>>

<sup>170</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>, p 15.

those fed formula and found that breastfed babies were a bit smaller, no matter what their ethnicity. Professor Baur explained that babies who are breastfed have the additional benefits of learning to self-regulate and encounter tastes that will help ‘the transition to family foods’ later on.<sup>171</sup>

- 2.96** Looking beyond the stages of pre-conception, pregnancy and early infancy, inquiry participants highlighted the influence of day care, pre-school and early childcare on nutrition and the levels of physical activity for children.<sup>172</sup> Ms Melissa Woodhouse, Manager Shared Services, Community Child Care Co-Operative (NSW), demonstrated the breadth of influence early childhood centres can have on healthy and active behaviours for children:

There are approximately 1,000 preschools, over 3,000 long day care centres and about 350 family day care services in NSW. At an average of 40 children per day in centre-based education and care, there are potentially 160,000 (approx.) New South Wales children aged birth to six and their families to whom health and wellbeing messages can be delivered, observed and modelled in a formal early childhood setting.<sup>173</sup>

- 2.97** When questioned on the current levels of physical activity in early childhood settings, Ms Woodhouse explained that the amount of outdoor playing area per child is mandated, but how this area is used is not.<sup>174</sup>

- 2.98** To assist staff in implementing a fun, play-based approach to healthy eating and physical activity within early childhood centres the NSW Ministry of Health, Munch & Move program has been implemented and offers professional development training, practical resources, information and ideas and advice and support from local health professionals.<sup>175</sup> In 2015 an evaluation of the program and its implementation over the last seven years indicated that 89 per cent of early childhood services staff had been trained in the Munch & Move program, with a high level of physical activity and healthy eating activities taking place in services across the state.<sup>176</sup>

- 2.99** In relation to the food provided in early childcare centres, Ms Woodhouse said that food must meet certain nutritional standards and where children bring their own food, childcare staff will educate the family and children on healthier food options when needed.<sup>177</sup>

<sup>171</sup> Evidence, Professor Baur, 12 September 2016, p 18.

<sup>172</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>, p 15.

<sup>173</sup> Evidence, Ms Melissa Woodhouse, Manager Shared Services, Community Child Care Co-Operative (NSW), 10 October 2016, p 28.

<sup>174</sup> Evidence, Ms Woodhouse and Ms Marie Deverill, Leader Consultancy, Community Child Care Co-Operative (NSW), 10 October 2016, p 29.

<sup>175</sup> Healthy Kids, *Munch and Move*, 2016, <<http://www.healthykids.nsw.gov.au/teachers-childcare/munch-and-move.aspx>>

<sup>176</sup> Healthy Kids, *Munch & Move Reports*, 2016, <<http://www.healthykids.nsw.gov.au/campaigns-programs/munch-move-reports.aspx>>; Healthy Kids, *Munch & Move Case Studies*, 2016, <<http://www.healthykids.nsw.gov.au/campaigns-programs/munch-move-case-studies.aspx>>

<sup>177</sup> Evidence, Ms Woodhouse, 10 October 2016, p 29.

- 2.100** Professor Baur emphasised the importance of early childhood centres and suggested ‘further development and support of those’. Professor Baur also reflected on the decrease of specific midwife and/or early childhood nurse support provided outside of early childhood centres over the last number of years and highlighted this as an area in need of focus.<sup>178</sup>
- 2.101** In general, inquiry participants called for more support for parents during pre-conception, pregnancy and early childhood to reduce childhood overweight and obesity.<sup>179</sup> This includes advice for parents on appropriate nutrition, physical activity, sleep, guidance and promotion of breastfeeding.<sup>180</sup> The implementation of clear and consistent policies on food and physical activity in the early childhood education setting were also called for.<sup>181</sup>

### **Committee comment**

- 2.102** The committee recognises that pre-conception, pregnancy and early childhood are important times in a child’s life to help educate both child and family about healthy lifestyles. We believe that this stage of life should be better incorporated in programs that address childhood overweight and obesity.

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### **Recommendation 8**

That pre-conception, pregnancy and early life stages are better incorporated in programs that aim to address childhood overweight and obesity.

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## **Parental responsibility**

- 2.103** Inquiry participants highlighted the core role parents play in influencing the eating behaviours and level of physical activity of their children.
- 2.104** NCOSS advised that ‘children are strongly influenced by their parent’s dietary practices and food preferences’.<sup>182</sup> Similarly, Mr Geoff Parker, Chief Executive Officer, Australian Beverages Council, said that ‘parental responsibility is a big factor in what goes into a child’s mouth’.<sup>183</sup>

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<sup>178</sup> Evidence, Professor Baur, 12 September 2016, pp 15-16.

<sup>179</sup> Submission 9, Charles Perkins Centre, University of Sydney, p 2; NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>; Submission 6, Heart Foundation NSW, pp 9-10.

<sup>180</sup> Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood – University of Sydney, p 7; Submission 27, AMA NSW, p 3.

<sup>181</sup> Submission 7, Obesity Policy Coalition, p 8.

<sup>182</sup> Submission 24, NCOSS, p 11.

<sup>183</sup> Evidence, Mr Geoff Parker, Chief Executive Officer, Australian Beverages Council, 10 October 2016, p 39.

**2.105** The Australian Taxpayer's Alliance and MyChoice Australia indicated that parents hold 'primary responsibility' and have the greatest influence over the health and lifestyle of their children.<sup>184</sup> In addition, Ms Lara Jeffery, Director, MyChoice Australia, emphasised the key role parents play at the initial stages of a child's life, highlighting that a child's food consumption is the responsibility of the parents:

Parents are responsible for what their children eat. For the first years of their lives they are entirely responsible for what their children eat and for the people they put their children in the care of, who then assume that responsibility. If there are issues in the decision-making about what children are consuming, that is where the issue is occurring.<sup>185</sup>

**2.106** Both Professor Margaret Morris and Associate Professor Ross Grant, Board Members from Nutrition Australia NSW, agreed that primary responsibility lies with the parents, however, stated that the current environment of increased access to fast food outlets, targeted advertising and marketing, and increased choice impacts on parents decisions for the healthier option.<sup>186</sup>

**2.107** In addition, Associate Professor Grant expressed the opinion that the government needs to take responsibility for the areas they are responsible for, such as schools, and 'work towards creating an environment where it is easier for parents and children to choose a healthier lifestyle'.<sup>187</sup>

**2.108** However, Mr Eastwood from Diabetes NSW and ACT cautioned that if programs and education taught at school in regards to a healthy lifestyle are disregarded in the home environment then 'much of that education and much of that time can be wasted'.<sup>188</sup> Mr Eastwood suggested that programs that address childhood obesity are more effective in the long term when they have both child and parent involvement and a strong influence within the home environment is key to making a difference:

Common sense would tell us that the home environment is paramount to the lifestyle habits of children. Logically, changing the home environment to practise and reinforce healthy lifestyle habits would make a difference in tackling the childhood obesity epidemic.<sup>189</sup>

**2.109** Dr Hardy agreed that 'there is a need to engage parents to drive healthy role modelling within the family and home rather than continually encumbering the school sector'.<sup>190</sup> As Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia, NSW Division, said 'we

<sup>184</sup> Submission 20, Australian Taxpayer's Alliance and MyChoice Australia, p 7.

<sup>185</sup> Evidence, Ms Lara Jeffery, Director, MyChoice Australia, 10 October 2016, p 14.

<sup>186</sup> Evidence, Professor Margaret Morris, Board Member, Nutrition Australia NSW and Associate Professor Ross Grant, Board Member, Nutrition Australia NSW, 12 September 2016, pp 41-42.

<sup>187</sup> Evidence, Associate Professor Grant, 12 September 2016, pp 41-42.

<sup>188</sup> Evidence, Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW and ACT, 12 September 2016, p 32.

<sup>189</sup> Answers to questions on notice, Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW & ACT, 29 September 2016, pp 1-2.

<sup>190</sup> Submission 22, Dr Louise Hardy, p 8.

need to walk the talk' as children are more likely to do what parents model rather than what they are told.<sup>191</sup>

**2.110** Several challenges were suggested to the committee that may prevent parents being good role models for their children by portraying a healthy and active lifestyle, including:

- the lack of parental skills in planning, budgeting and cooking home cooked fresh meals<sup>192</sup>
- the lack of time to prepare home cooked meals and play and be active with their children where both parents are working long hours or it is a single parent household
- increased accessibility of quick, easy to prepare processed foods and takeaway
- parents own habits of a poor diet and minimal physical activity<sup>193</sup>
- advertising of high fat and high sugar foods through the media and social media<sup>194</sup>
- the inability of parents to recognise their children are overweight or obese.<sup>195</sup>

**2.111** Many inquiry participants called for better support, education and guidance for parents and families to adopt a healthy and active lifestyle.<sup>196</sup> Further to this, Ms Mitchell from the Heart Foundation Australia told the committee that not only do we need to support parents but other measures need to be put in place to assist in creating a healthy lifestyle for families:

We need to support parents in the decisions they make, but we also need to ensure that they have access to good-quality food, active transport or public transport, and other services that help them to make healthy choices for themselves and their families. It is not about penalising; it is about looking at the influences that are apparent in the community and finding ways to support families, and parents in particular, to make healthy choices for their kids.<sup>197</sup>

**2.112** Several inquiry participants recommended the extension of school based programs beyond the school, to influence the home environment, parents, carers and the broader community and which take on a whole of family approach targeting both adults and children.<sup>198</sup> Such

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<sup>191</sup> Evidence, Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia, NSW Division, 12 September 2016, p 35.

<sup>192</sup> Submission 23, Dietitians Association of Australia, p 4.

<sup>193</sup> Submission 15, Federation of Parents and Citizens Associations of NSW, pp 2-3.

<sup>194</sup> Evidence, Dr Cantali, 12 September 2016, p 46.

<sup>195</sup> Submission 35, Nutrition Australia, p 2.

<sup>196</sup> Submission 31, Nestle Australia, pp 13-14; Submission 6, Heart Foundation NSW, p 1; Submission 22, Dr Louise Hardy, p 3; Submission 35, Nutrition Australia, p 3; Evidence, Ms Doyle, 12 September 2016, p 35; Evidence, Dr Cantali, 12 September 2016, p 51; Evidence, Ms Martin, 10 October 2016, p 13.

<sup>197</sup> Evidence, Ms Mitchell, 12 September 2016, pp 34-35.

<sup>198</sup> Answers to questions on notice, Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW & ACT, 29 September 2016, pp 1-2; Evidence, Ms Linda McNeil, Executive Director, Council of Catholic School Parents, 12 September 2016, p 47; Submission 37, Catholic Women's League Australia, p 8; Submission 11, Australian Beverages Council, p 2; Submission 12, Australian Food and Grocery Council, p 15.

programs that could be increased are the children and family components of the Make Healthy Normal campaign (discussed in chapter 1) and other similar NSW Health programs.<sup>199</sup>

- 2.113** One program that does include children and their families is the NSW Ministry of Health, Go4Fun program that aims to improve the eating habits, fitness and confidence of New South Wales children aged 7-13 years who are above a healthy weight. The program is a free 10 week healthy lifestyle program led by trained qualified health professional and takes place after school for both the children and their families.<sup>200</sup>

#### **Committee comment**

- 2.114** The committee recognises that responsibility for children in our society is a role primarily for parents and not the State.
- 2.115** The committee recognises that parents are key to influencing the eating habits and physical activity of their children. We note that some parents and carers face challenges in providing healthier options and lifestyles. However, this does not absolve parents of the need to do the right thing by their children with respect to the nutritional needs of the latter. As stated earlier in this report a multi-faceted approach is needed to address childhood overweight and obesity, this includes support for parents and carers. As stated in chapter 1, we note that NSW Health has confirmed that the Making Healthy Normal campaign is being tailored to increase messaging to families. We believe that the NSW Government should continue to support parents and families to reduce childhood overweight and obesity, through programs such as Making Healthy Normal and Go4Fun.

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#### **Recommendation 9**

That the NSW Government continue to implement and promote family orientated programs, such as Making Healthy Normal and Go4Fun, to assist in reducing childhood overweight and obesity.

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<sup>199</sup> Submission 6, Heart Foundation NSW, p 1.

<sup>200</sup> NSW Government, Go4Fun, *Healthy lifestyle program for kids*, (2013), <<https://go4fun.com.au/>>



## Chapter 3 Social challenges

This chapter explores some of the key social challenges identified by inquiry participants when considering approaches to address childhood overweight and obesity, including urban planning, shared sports facilities, food labelling and the cost and accessibility of healthy food. This chapter also presents the arguments for and against a tax on sugar-sweetened beverages, as well as the potential for government collaboration with the private and non-government sector in approaches to address childhood overweight and obesity.

### Urban planning

- 3.1** A number of inquiry participants identified the role of urban design and the importance of considering health objectives in urban planning to address the prevalence of obesity and overweight in modern society, such as including footpaths, cycle ways and open space in urban plans to encourage physical activity.
- 3.2** Professor Margaret Morris, Nutrition Australia, raised the ‘environmental aspects of obesity’ and the need for spaces that provide adequate opportunities for physical activity.<sup>201</sup>
- 3.3** Similarly, Ms Kerry Doyle, Chief Executive Officer, Heart Foundation NSW, commented that ‘sedentary behavior and urban design that limits access and walkability... are contributing to overweight and obesity epidemics.’<sup>202</sup> The Heart Foundation NSW emphasised the need for urban planning to generate healthy built environments which normalise physical activity, such as ‘creating attractive residential areas where people can feasibly walk or cycle to essential services such as shops, school and work; providing safe, activity friendly open and green spaces.’<sup>203</sup>
- 3.4** The City of Sydney City Access Unit outlined the contribution urban planning makes to public health: ‘Today urban planners around the world recognise our streets must be reshaped with modern public health infrastructure. Footpaths, open spaces and cycleways are integral to public health of our communities.’<sup>204</sup>
- 3.5** The Dietitians Association of Australia called for collaboration between sectors, including urban planning, transport, health, and education, to improve the success of strategies to reduce childhood overweight and obesity.<sup>205</sup>
- 3.6** The City of Sydney City Access Unit provided the example of the development of Green Square as a planning process with a focus on health outcomes. Green Square will be home to

<sup>201</sup> Evidence, Professor Margaret Morris, Board Member, Nutrition Australia, 12 September 2016, p 39.

<sup>202</sup> Evidence, Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia NSW Division, 12 September 2016, p 31.

<sup>203</sup> Submission 6, NSW Heart Foundation, p 6.

<sup>204</sup> Submission 28, City Access Unit City of Sydney, p 1-2.

<sup>205</sup> Submission 23, Dietitians Association of Australia, p 5-6.

61,000 people and was developed as a ‘walkable neighbourhood’ where services and facilities can be accessed by foot.<sup>206</sup>

- 3.7** The Heart Foundation NSW commented that governments have principle control over urban planning, and recommended to ‘[i]ncrease the development of healthy built environments by mandating health indicators in new planning processes, including provision of active transport in new State significant projects.’<sup>207</sup>
- 3.8** NCOSS and the Right to Food Coalition both recommended that health and wellbeing should be incorporated as an objective in the *Environmental, Planning and Assessment Act 1993* when it is reviewed later in the year.<sup>208</sup> Similarly, the Cancer Council NSW recommended that ‘planning laws should include an objective around health and wellbeing to align with health priorities including obesity and support local council initiatives to shape healthy food environments.’<sup>209</sup>
- 3.9** NCOSS also suggested that a ‘mapping exercise of green spaces across Greater Metropolitan Sydney be conducted. This should capture information about both the quality and accessibility of existing green spaces and assist in identifying where further investment is required.’<sup>210</sup>
- 3.10** When considering the opportunities to include urban planning in approaches to address overweight and obesity, Professor Margaret Morris from Nutrition Australia said they were ‘keen to establish a dialogue between the engineers, the architects, the urban planners and the food science people as well as the medical people. I think it could bear good fruit.’<sup>211</sup>
- 3.11** Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Ministry of Health acknowledged the role urban planning plays in the Premier’s priority to reduce childhood obesity, stating ‘the main focus currently is on developing healthy built environment guidelines in relation to physical activity ... an understanding of what that means for planning and building an environment that supports physical activity.’<sup>212</sup>
- 3.12** Dr Mitchell also advised the committee that a Healthy Planning Expert Working Group has been formed to provide advice on planning guidelines and building health into the planning process.<sup>213</sup> In addition, NSW Health and Sydney South West Area Health Service recently commissioned the development of the *Healthy Urban Development Checklist* to be ‘a guide for health services when commenting on development policies, plans and proposals.’<sup>214</sup>

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<sup>206</sup> Submission 28, City Access Unit City of Sydney, p 5.

<sup>207</sup> Submission 6, Heart Foundation NSW, p 1-2.

<sup>208</sup> Submission 30, Right to Food Coalition, p 5; Submission 24, NCOSS, p 10.

<sup>209</sup> Submission 17, Cancer Council NSW, p 12.

<sup>210</sup> Submission 24, NCOSS, p 10.

<sup>211</sup> Evidence, Professor Margaret Morris, Board Member, Nutrition Australia, 12 September 2016, p 45.

<sup>212</sup> Evidence, Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Ministry of Health, 12 September 2016, p 6.

<sup>213</sup> Evidence, Dr Mitchell, 12 September 2016, p 6.

<sup>214</sup> Answers to questions on notice, NSW Ministry of Health, Attachment 2, p iii.

### Committee comment

- 3.13** The committee agrees with suggestions by inquiry participants that health objectives need to be considered in the urban planning process to ensure that future developments are conducive to physically active lifestyles such as including footpaths, cycle ways and open space.
- 3.14** Although there are instances of cross-agency collaboration to inform urban planning, there are opportunities to improve this process. We therefore recommend that the Department of Planning and Environment improve opportunities for cross-agency collaboration and contribution to the urban planning process.

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### Recommendation 10

That the Department of Planning and Environment improve opportunities for cross-agency collaboration and contribution to urban planning process, particularly giving consideration to health objectives.

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### Active travel to school

- 3.15** It was put forward to the committee that active travel to school was one element that could be focused on to increase the physical activity level amongst children and young people and to assist in the broader issue of childhood overweight and obesity.
- 3.16** Active travel for children and young people has declined significantly over the last 40 years, with the rate of children walking, cycling or using public transport to school dropping by 42 per cent between 1971 and 2013.<sup>215</sup>
- 3.17** A study conducted within the Sydney Greater Metropolitan Area reported that in 2014-15 only 20.5 per cent of children ages 5-11 years and 35.3 per cent of young people aged 12-17 years travelled by a mode of active travel.<sup>216</sup> The predominant mode of transport was found to be via motor vehicle amongst children within this age group across the last ten years.<sup>217</sup>
- 3.18** Dr Louise Hardy, a child obesity epidemiologist at the University of Sydney, commented on the low levels of active travel to school by children and young people in New South Wales and explained that by increasing children's active travel to school would potentially lead to an increase in physical activity and improved health outcomes, along with a reduction in traffic congestion and carbon emissions around schools.<sup>218</sup>

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<sup>215</sup> Submission 6, Heart Foundation NSW, pp 4-5.

<sup>216</sup> NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, <<http://www.health.nsw.gov.au/heal/Publications/COOPP-Annual-Data-Report-2016.pdf>>, p 29.

<sup>217</sup> NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, <<http://www.health.nsw.gov.au/heal/Publications/COOPP-Annual-Data-Report-2016.pdf>>, p 27.

<sup>218</sup> Submission 22, Dr Louise Hardy, pp 4-5.

- 3.19** Other benefits of children actively travelling to school were provided to the committee. The Australian Health Promotion Association (NSW Branch) reported findings that children who travel actively to school perform better at academic tasks compared to those who are driven. It was also found that ‘children who cycle or walk to school demonstrate a measurable increase in concentration that lasts for up to four hours’.<sup>219</sup>
- 3.20** The Bicycle Network advised that as active travel encourages an increase in physical activity it will aid in the reduction of childhood overweight and obesity in New South Wales. It explained that ‘children who use active travel to get to or from school generally are more physically active than those who do not and also accumulate more daily minutes of health enhancing activity.’<sup>220</sup>
- 3.21** Although active travel is beneficial for children, Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, listed a number of reasons why there has been a decrease in active travel over the last few decades, including ‘safety concerns, time pressures, [and] convenience’.<sup>221</sup>
- 3.22** In relation to safety concerns, Professor Chris Rissel, Director, NSW Office of Preventative Health, indicated that parents are definitely concerned about the safety of their children travelling to school by active travel, however noted that the perceived risks are not always correct:
- Everyone would agree that there is a culture of fear associated with this which is out of proportion to the actual risks but that is a real fear and we do need to address that. Some of that is about making the environment visibly seem to be safer and also once more people view it as safer, the safer it becomes; it becomes a changing norm. I think just going ahead and doing it will actually make a difference to making it seem a normal, safe activity.<sup>222</sup>
- 3.23** Another important indicator in promoting active travel is the built environment and infrastructure. Where this provides easy and accessible public transport, walkways, cycle paths and connections between buildings it reduces the reliance on transport by motor vehicles and encourages transport by active travel.<sup>223</sup>
- 3.24** The Bicycle Network explained that an investment in infrastructure for the road environment would be ‘the most effective method’ in increasing active travel. This would include separating bike lanes from the road and pedestrian footpaths, providing traffic calming measures and greater street connectivity, wider footpaths and a reduction of speed limits in high areas of active travel.<sup>224</sup>

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<sup>219</sup> Submission 14, Australian Health Promotion Association (NSW Branch), pp 1-2.

<sup>220</sup> Submission 25, Bicycle Network, p 4.

<sup>221</sup> Evidence, Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, 12 September 2016, p 36.

<sup>222</sup> Evidence, Professor Chris Rissel, Director, NSW Office of Preventative Health, 12 September 2016, pp 8-9.

<sup>223</sup> NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority Annual Data Report 2016*, <<http://www.health.nsw.gov.au/heal/Publications/COOPP-Annual-Data-Report-2016.pdf>>, p 30.

<sup>224</sup> Submission 25, Bicycle Network, pp 4-5.

**3.25** One of the action points within the NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018, is the creation of public infrastructure to encourage active travel through the following plans and strategies:

- the NSW Long Term Transport Master Plan which will integrate transport to increase walking and cycling, with infrastructure, safety and behaviour change programs
- the NSW Walking Strategy to promote walking trips which will provide supports such as improved wayfinding and pedestrian amenity...
- the NSW Cycling Strategy which will encourage increased cycling trips by initiatives such as bike pathways.<sup>225</sup>

**3.26** Another strategy highlighted to the committee is the NSW Active Travel Charter for Children. The Active Travel Charter was launched in 2014 by the New South Wales Government and has more than 15 signatories from local government, state government and the non-government sector. It aims to provide evidence based strategies to help parents and children use active travel and calls for paved and safe cycling and walking pathways, and a reduction in traffic congestion and lower speed limits to ensure safe active travel for children within their local communities.<sup>226</sup>

**3.27** The Heart Foundation NSW, a signatory to the Active Travel Charter, advised that an implementation plan was developed by the NSW Office of Preventative Health to roll out the actions within the charter, however, few resources have been directed in implementing the plan to date. It went on to propose that the government department signatories allocate internal resources to implement components of the plan they are responsible for.<sup>227</sup>

**3.28** In addition, Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, told the committee that although the government launched the charter in 2014 to date there has been no commitment from the government for funding. Ms Mitchell further added that the Active Travel Charter would 'require an investment of \$12.5 million over the next four years'.<sup>228</sup>

**3.29** Professor Chris Rissel, Director, NSW Office of Preventative Health, advised that there are a number of programs being rolled out across primary and secondary schools to promote active travel but explained that more needs to be done:

I cannot say that we have had a great deal of success, to be honest. It is a difficult environment and it needs a greater commitment from both State and local government to create an environment that makes it easy for parents to ride, walk or scooter to school or other places.<sup>229</sup>

<sup>225</sup> NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*, 2013, <<http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>>, p 33.

<sup>226</sup> Submission 6, Heart Foundation NSW, pp 4-5; Evidence, Ms Mitchell, 12 September 2016, p 36.

<sup>227</sup> Submission 6, Heart Foundation NSW, pp 4-5.

<sup>228</sup> Evidence, Ms Mitchell, 12 September 2016, p 36.

<sup>229</sup> Evidence, Professor Chris Rissel, Director, NSW Office of Preventative Health, 12 September 2016, pp 8-9.

**3.30** The committee received several suggestions from inquiry participants on what could be done to increase the level of active travel undertaken by children and young people to and from school, including:

- additional funding for bike racks and cages in school
- building of a safe and connected bike network across major destinations<sup>230</sup>
- building of separate bike lanes to roads and footpaths
- increase of the legal age to 16 to ride on footpaths
- amendment to the legislation to reduce speed limits to 30km/h around school zones<sup>231</sup>
- improvement of the approval process within the Roads and Maritime Services to make it easier to lower speed limits in neighbourhood streets
- a review of the Roads and Maritime Services warrant system for crossings and other pedestrian safety improvements to be more flexible and responsive
- additional funding to councils to bring forward safety works around schools
- increase the total budget for active travel in New South Wales<sup>232</sup>
- promote community walking buses for children and encourage parents to promote active travel within the family.<sup>233</sup>

### **Committee comment**

**3.31** The means by which children are transported to school has altered dramatically over the last thirty years with our changing society. The prevalence of two income families has led to increased challenges for parents in school commutes. In addition, concerns about both road and community safety for children travelling to school are valid for many parents.

**3.32** The committee agrees with stakeholder views that active travel to school can assist in addressing and preventing childhood overweight and obesity. We are also mindful of the safety concerns parents may have around active travel to school. The committee supports stakeholder's calls for more to be done and recommends that the New South Wales Government continue its work in this area.

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### **Recommendation 11**

That the NSW Government continue its work in the area of active travel to school to reduce childhood overweight and obesity.

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<sup>230</sup> Submission 28, City Access Unit, City of Sydney, pp 2-3.

<sup>231</sup> Submission 25, Bicycle Network, p 1.

<sup>232</sup> Submission 28, City Access Unit, City of Sydney, pp 2-3.

<sup>233</sup> Submission 22, Dr Louise Hardy, pp 4-5.

## Shared sports facilities

- 3.33** The need for adequate sporting facilities to provide opportunities for children to be physically active and participate in organised sport was identified by several stakeholders. Access to local, safe sports facilities, whether operated by schools, councils or sporting organisations, enable an environment which supports physical activity. This section considers opportunities to share or increase utilisation of new or existing sporting facilities.
- 3.34** The AMA (NSW) recommended ‘[i]mproved access to outdoor recreational facilities – tennis courts, shaded playgrounds, outdoor gym equipment, walking tracks’ be considered as an approach to address childhood overweight and obesity.<sup>234</sup>
- 3.35** Dr Phil Hamdorf, Executive Director, Sport and Recreation, NSW Office of Sport emphasised that ‘[s]porting facilities are critical. If there is nowhere for children to participate in sport, then they are not going to be able to participate.’<sup>235</sup>
- 3.36** The availability and quality of sporting grounds in schools varies greatly. For example, Mr Ian Baker from the Catholic Education Commission NSW noted that ‘[s]ome schools have lots of facilities and large grounds and some do not, including Catholic schools in older suburbs.’<sup>236</sup>
- 3.37** Several stakeholders provided insight into opportunities for sharing school sports facilities. Mr Darren Simpson, Chief Executive Officer, Sport NSW, described the joint use projects policy being developed by the Department of Education as ‘a fantastic initiative whereby schools and local community sports will work together in building new facilities. If there is a need for a new soccer pitch down the road from the school that also has facilities that need renewal, why not pool the resources to get a better outcome and put in place a shared management arrangement?’<sup>237</sup>
- 3.38** Similarly, Mr Jaymes Boland-Rudder, National Rugby League, described a model being implemented in south-east Queensland where new schools, built by public-private partnerships, are being designed with consideration given to a shared usage approach to sports facilities. Mr Boland-Rudder explained that ‘rather than having the playing fields on the inside of the school, they have them around the outside with the ability to share some of the change room facilities or the amenities that are built on the perimeter of the school.’<sup>238</sup>
- 3.39** Inquiry participants also identified opportunities to increase access to facilities run by local government. Dr Hamdorf, NSW Office of Sport, explained that ‘[l]ocal government is primarily responsible and probably outspends the State Government in the order of three to one in terms of their funding towards sporting facilities.’<sup>239</sup>

<sup>234</sup> Submission 27, AMA, p 3.

<sup>235</sup> Evidence, Dr Phil Hamdorf, Executive Director, Sport and Recreation, NSW Office of Sport, 12 September 2016, p 5.

<sup>236</sup> Evidence, Mr Ian Baker, Director, Education Policy and Programs, Catholic Education Commission NSW, 12 September 2016, p 50.

<sup>237</sup> Evidence, Mr Darren Simpson, Chief Executive Officer, Sport NSW, 10 October 2016, p 49.

<sup>238</sup> Evidence, Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, 10 October 2016, p 50.

<sup>239</sup> Evidence, Dr Phil Hamdorf, Executive Director, Sport and Recreation, NSW Office of Sport, 12 September 2016, p 5.

**3.40** Mr Ian Baker, Catholic Education Commission NSW, advised that there are opportunities to improve ‘relationships and partnerships’ between schools and local councils in relation to use of sports grounds and facilities.<sup>240</sup> Mr Baker indicated that despite legislative change, concerns regarding legal liability remain a barrier to increased use of council sporting facilities by schools.<sup>241</sup>

**3.41** Mr Duncan Tweed, Chief Executive Officer, Athletics NSW, argued for an increased leadership role in facility provision by the NSW Government, arguing:

‘We know kids continue playing sports when they are having fun. All the evidence is that they have a better experience when they are using better facilities. It is easy to say that facility provision is a matter for local government. However, there is an opportunity for the State Government to be a leader in this role. In our sport of athletics, for example, to give you a very quick contrast, we have nine synthetic tracks in New South Wales across all of athletics. In Victoria they have 35, and the Victorian Government matches dollar for dollar any facility investment made by sports.’<sup>242</sup>

**3.42** Sport NSW called for ‘long-term investment in the health of the State to ensure grassroots sport is accessible to everyone, irrespective of where they live’, expressing concern that access to sporting facilities is not keeping pace with population growth in New South Wales.<sup>243</sup>

**3.43** The NSW Office of Sport advised that, while there is no ongoing allocation to local governments for the upkeep and maintenance of sporting fields, there are avenues for sports clubs and councils to apply for funding:

Councils and sports clubs are able to apply for funding for works at suburban sports fields through the Government’s Community Building Partnership Program which is offered annually.

Sports clubs are able to apply for grants to upgrade playing surfaces, install watering systems, increase lighting and improve amenity at Council managed sport facilities through the Office of Sport’s Local Sport Grant Program.

Liquor and Gaming NSW offers Sport and Recreation Infrastructure Grants to sports clubs and councils to help them deliver important new and upgraded sports infrastructure projects...

As part of the Government’s Stronger Councils/Stronger Communities initiative, each newly formed council formed will receive up to \$15 million to invest in community projects such as junior sporting facilities, playgrounds and pool upgrades.<sup>244</sup>

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<sup>240</sup> Evidence, Mr Baker, 12 September 2016, p 50.

<sup>241</sup> Evidence, Mr Baker, 12 September 2016, p 55.

<sup>242</sup> Evidence, Mr Duncan Tweed, Chief Executive Officer, Athletics NSW, 10 October 2016, p 49.

<sup>243</sup> Submission 19, Sport NSW, p 2.

<sup>244</sup> Answers to questions on notice, NSW Office of Sport.

### Committee comment

- 3.44** The committee acknowledges that opportunities to support, facilitate and increase children's participation in sport is an important component in addressing childhood overweight and obesity.
- 3.45** The committee is supportive of opportunities to improve access to sporting facilities, or examine options for the development of future sporting facilities (especially in schools) to be designed with consideration to shared utilisation. We therefore recommend that the NSW Government consider options to enable shared sports facilities, or increased opportunities for sharing of existing sports facilities, between state and local governments, schools and sporting organisations.

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### Recommendation 12

That the NSW Government consider options to enable shared sports facilities, or increased opportunities for sharing of existing sports facilities, between state and local governments, schools and sporting organisations.

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### Television and social media advertising

- 3.46** A number of inquiry participants raised concerns around the inappropriate promotion of unhealthy foods on television and social media.
- 3.47** The Cancer Council NSW expressed the view that one contributing factor to the obesogenic environment in Australia is food marketing. It explained that food marketing to children in Australia has very limited government regulation and that 'loopholes, gaps and continued exposure of children to advertisements for unhealthy foods suggest that the current approach is inadequate'.<sup>245</sup>
- 3.48** Professor Bill Bellew, Principal Research Fellow, the Charles Perkins Centre, University of Sydney, told the committee that 'marketing is ubiquitous' and is no longer just on television but on every possible platform, including social media. Professor Bellew highlighted that the World Health Organisation recommended that to succeed in addressing childhood overweight and obesity we have to tackle the exposure and power of marketing on children, especially those in the younger age bracket who are not able to discriminate, are vulnerable, like immediate gratification and cannot distinguish between fantasy and reality. Further, Professor Bellew suggested that the 'evidence thus far is that efforts by industry through self-regulation or voluntary approaches simply do not work'.<sup>246</sup>
- 3.49** The Obesity Policy Coalition also commented on the use of social media for advertising and that these 'online activities are engaging young people in a more targeted way and for greater periods of time than traditional TV advertising ever has'. It went on to suggest that these extensive marketing campaigns on multimedia platforms are saturating children with junk

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<sup>245</sup> Submission 17, Cancer Council NSW, p 7.

<sup>246</sup> Evidence, Professor Bill Bellew, Principal Research Fellow, the Charles Perkins Centre, University of Sydney, 10 October 2016, p 5.

food marketing and this is concerning given the evidence of the influence marketing has on children's food attitudes and dietary preferences.<sup>247</sup>

- 3.50** In addition, the Obesity Policy Coalition advised that the Children's Television Standards,<sup>248</sup> aimed to protect children against possible harmful effects of television, do not apply across all media and are only targeted at a limited number of children's programs, 'largely outside peak children's viewing time'. It went on to say that there are a set of codes and initiatives around advertising that have been developed by the food and advertising industries, however, noted that this system is complex, voluntary and self-regulated.<sup>249</sup>
- 3.51** The codes and initiatives set by the food and advertising industries include strategies such as the *Responsible Children's Marketing Initiative* and the *Quick Service Restaurant Initiative for Responsible Advertising to Children* which were launched in 2009 by the Australian Food and Grocery Council. The initiatives provide guidance on the marketing of foods and a voluntary commitment from food companies 'to restrict the advertising of discretionary foods to children'.<sup>250</sup>
- 3.52** Mr Gary Dawson, Chief Executive from the Australian Food and Grocery Council and the Australian Beverages Council reported that both initiatives have successfully removed advertising of discretionary foods from children's television programs.<sup>251</sup> Mr Geoffrey Annison, Deputy Chief Executive, Australian Food and Grocery Council added that this has meant foods high in energy, saturated fat and salt, as per dietary guidelines, tend not to be advertised.<sup>252</sup>
- 3.53** Inquiry participants felt that more needed to be done to reduce the exposure of marketing of unhealthy foods to children. For example, the Heart Foundation NSW called for restrictions of marketing of junk food, including advertisement on television, be incorporated in the legislation.<sup>253</sup> The Obesity Policy Coalition also suggested a 'comprehensive legislative program to regulate all forms of marketing of unhealthy food to children'.<sup>254</sup> Further, the Cancer Council NSW recommended that the New South Wales Government ensure 'children are protected from unhealthy advertising in settings within state government control'.<sup>255</sup>
- 3.54** The regulation of television advertising is administered by the Commonwealth Government and is not a matter the NSW Government controls. See for example the *Tobacco Advertising Prohibition Act 1992* (Cth).

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<sup>247</sup> Submission 7, Obesity Policy Coalition, p 5.

<sup>248</sup> Australian Communications and Media Authority, *Children's Television Standards*, (24 May 2016), <<http://www.acma.gov.au/Citizen/TV-Radio/Television/Kids-and-TV/childrens-television-standards-kids-tv-and-advertising-i-acma>>

<sup>249</sup> Submission 7, Obesity Policy Coalition, p 6.

<sup>250</sup> Submission 12, Australian Food and Grocery Council, p 12.

<sup>251</sup> Evidence, Mr Gary Dawson, Chief Executive, Australian Food and Grocery Council, 10 October 2016, p 37; Submission 11, Australian Beverages Council, p 12.

<sup>252</sup> Evidence, Mr Geoffrey Annison, Deputy Chief Executive, Australian Food and Grocery Council, 10 October 2016, p 40.

<sup>253</sup> Submission 6, Heart Foundation NSW, p 7.

<sup>254</sup> Submission 7, Obesity Policy Coalition, p 3.

<sup>255</sup> Submission 17, Cancer Council NSW, p 1.

### Advertising and sponsorship of children's sport

- 3.55** Some inquiry participants raised concern with the types of organisations sponsoring children's sport and the level of advertising used to promote their products.
- 3.56** The Obesity Policy Coalition asserted that it is becoming increasingly widespread that unhealthy food and beverage companies sponsor children's sport and activities. It added that research has found that children are likely to consider their sponsor as 'cool' and are 'likely to think about sponsors when buying something to eat or drink'.<sup>256</sup>
- 3.57** Likewise, the Australian Health Promotion Association reported that evidence shows that exposure to sport sponsorship 'effects children's and families' awareness and attitudes towards food products and the sponsoring brands'.<sup>257</sup>
- 3.58** Ms Jane Martin, Executive Manager, Obesity Policy Coalition informed the committee that in some states Kentucky Fried Chicken sponsors the junior cricket, Schweppes sponsors surf lifesaving and McDonalds sponsors little athletics.<sup>258</sup> Ms Martin expressed the view that these companies should not be sponsoring children's sport as it is 'sending mixed messages to children and it has an influence', particularly on children in low socioeconomic communities.<sup>259</sup>
- 3.59** Mr Gary Dawson, Chief Executive from the Australian Food and Grocery Council took an opposing view stating that if sponsorship of sporting activities is promoting physical activity amongst children then this is clearly positive and that it is 'better for that physical activity to be supported than not supported'.<sup>260</sup>
- 3.60** Mr Jaymes Boland-Rudder, Head of Government Relations and Campaign Management, National Rugby League, explained that the money they obtain from sponsorship, one of which is Kentucky Fried Chicken, is re-invested into grassroots sport and if they were to lose this funding it would have an impact.<sup>261</sup>
- 3.61** The Obesity Policy Coalition indicated that currently the sponsorship of sport across New South Wales is not regulated and the current guidelines provided by the NSW Office of Sport 'are generic and have no specific guidance for children's clubs' or information on the sponsorship by unhealthy food companies. It went on to recommended the government ensure children's settings are free of unhealthy food promotion and branding by establishing a 'scheme to provide alternative sponsorship of children's sport and the dissemination of healthy sponsor criteria to children's sporting clubs'.<sup>262</sup>

<sup>256</sup> Submission 7, Obesity Policy Coalition, p 7-8.

<sup>257</sup> Submission 14, Australian Health Promotion Association, p 3-4.

<sup>258</sup> Evidence, Ms Jane Martin, Executive Manager, Obesity Policy Coalition, 10 October 2016, pp 8-10.

<sup>259</sup> Evidence, Ms Martin, 10 October 2016, p 9.

<sup>260</sup> Evidence, Mr Dawson, 10 October 2016, p 40.

<sup>261</sup> Evidence, Mr Boland-Rudder, 10 October 2016, p 51.

<sup>262</sup> Submission 7, Obesity Policy Coalition, pp 7-8.

- 3.62** Athletics Australia and Athletics NSW also recommended that support be provided to sporting organisations to help identify appropriate sponsorships that will promote a healthy and active lifestyle.<sup>263</sup>

### *Committee comment*

- 3.63** The committee notes the system of corporate and private philanthropy which allows for the development of children's sport in New South Wales. This philanthropy allows for clubs to keep down the cost of participatory sports, and notes that any move to ban such funding without alternative sources of income would inevitably have a detrimental impact on participation rates, particularly amongst children in areas of high social disadvantage. We therefore oppose any suggestion that restaurant chains, or food or beverage producers, be banned from donating to sporting clubs or organisations.

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### **Recommendation 13**

That the NSW Government oppose any suggestions for bans on donations from restaurant chains and food or beverage producers to sporting clubs or organisations.

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## **Food labelling**

- 3.64** Inquiry participants identified clear and accessible nutritional information about food and beverages as an important consideration in addressing childhood overweight and obesity. Food labelling is one method which can assist consumers to make informed choices about the food and beverages they are purchasing, with examples of current food labelling systems including Nutritional Information Panels, the Daily Intake Guide label and the Health Star Rating System.<sup>264</sup>

### **Health Star Rating**

- 3.65** The Health Star Rating system is a front-of-pack labelling scheme developed as a joint initiative of the Australian, state and territory governments and the New Zealand government in collaboration with the food industry, public health and consumer groups.<sup>265</sup> With over 4,000 products currently displaying the Health Star Rating, the system is being voluntarily implemented by the food industry over a five year period from June 2014 and 'provides a quick, easy, standard way to compare packaged food' in which it 'rates the overall nutrition of packaged food and assigns it a rating from ½ a star to five stars.'<sup>266</sup>
- 3.66** The Health Star Rating system was generally welcomed by inquiry participants, with the Heart Foundation NSW noting that the Health Star Rating labels can 'provide parents with the

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<sup>263</sup> Submission 2, Athletics Australia and Athletics NSW, p 3.

<sup>264</sup> Submission 11, Australian Beverages Council, p 4.

<sup>265</sup> Submission 36, Commonwealth Department of Health, p 1; Submission 12, Australian Food and Grocery Council, p 5.

<sup>266</sup> Submission 36, Commonwealth Department of Health, p 1.

information to make healthier choices on behalf of their children.<sup>267</sup> The AMA (NSW) expressed '[s]upport for the Health Star Rating labelling to improve consumer decision-making.'<sup>268</sup>

- 3.67** However, the voluntary nature of implementing the Health Star Rating system was raised by numerous inquiry participants, who called for the system to be mandatory on packaged foods.<sup>269</sup> The Obesity Coalition emphasised that the system would be most effective if its adoption was widespread.<sup>270</sup>
- 3.68** The Heart Foundation NSW acknowledged that although the Health Star Rating system is a Commonwealth responsibility, there are opportunities for the New South Wales Government to influence the broader acceptance of the system.<sup>271</sup>
- 3.69** Even though the Health Star Rating system was generally supported, several inquiry participants highlighted that there was room for improvement in the system. Ms Kerry Doyle, Heart Foundation NSW, explained 'there are some flaws in the algorithm used to calculate the health stars that lead to some inconsistencies with the Australian Dietary Guidelines and that these inconsistencies need to be addressed.'<sup>272</sup>
- 3.70** Similarly, the Cancer Council NSW advised that since the systems introduction 'it has become evident that a number of improvements need to be made to ensure that it reinforces the recommendations of the Australian Guide to Healthy Eating by awarding core foods higher star ratings while discretionary foods receive lower star ratings.'<sup>273</sup>
- 3.71** Ms Jane Martin, Obesity Policy Coalition, gave the example that Milo currently receives a Health Star Rating of 4 ½ stars as an example of the improvements required in the application of the rating.<sup>274</sup>

### **Other labelling initiatives**

- 3.72** Another labelling initiative, which complements and exists alongside the Health Star Rating system, is the *Be treatwise*® system. Launched in 2006, *Be treatwise*® is an initiative of the confectionary industry which is found on more than 90 per cent of major confectionery manufacturers branded products and provides consumers with 'a simple visual cue on the front of pack, to remind them that confectionery is a treat and be mindful of the energy content.'<sup>275</sup>

<sup>267</sup> Submission 6, Heart Foundation NSW, p 4.

<sup>268</sup> Submission 27, AMA (NSW) p 3.

<sup>269</sup> Evidence, Ms Martin, 10 October 2016, p 13; Evidence, Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia NSW Division, 12 September 2016, p 31; Submission 6, Heart Foundation NSW, p 4; Submission 7, Obesity Policy Coalition, p 3; Submission 17, Cancer Council NSW, p 2.

<sup>270</sup> Submission 7, Obesity Policy Coalition, p 10-11.

<sup>271</sup> Evidence, Ms Doyle, 12 September 2016, p 31.

<sup>272</sup> Submission 7, Obesity Policy Coalition, p 10-11.

<sup>273</sup> Submission 17, Cancer Council NSW, p 10.

<sup>274</sup> Evidence, Ms Martin, 10 October 2016, p 13.

<sup>275</sup> Submission 8, Australian Industry Group, p 6-7.

**3.73** Nestle Australia has also taken action to provide nutritional information to consumers through the development of a portion size icon for display on packaging, which was included on all Nestle children's products by the end of 2015.<sup>276</sup> Nestle has also implemented techniques to focus on portion size in their packaging, such as packs that contain single child-sized portions.<sup>277</sup>

### **Improving nutritional information**

**3.74** The Australian Food and Grocery Council acknowledged that 'it is important they [consumers] have ready access to information.'<sup>278</sup> However, a number of inquiry participants highlighted that there was room for improvement to the information consumers have about the food they are purchasing, particularly in relation to packaged and take away food options.

**3.75** The Australian Dental Association (NSW Branch) recommended that work be undertaken with manufacturers to 'reduce hidden sugar content in processed foods.'<sup>279</sup>

**3.76** The Obesity Policy Coalition expressed concern that the Nutritional Information Panel (NIP) is the only mandatory labelling for food products, which 'is particularly difficult to decipher for consumers from lower socio-economic groups, non-English speaking backgrounds, those with low literacy and by children.'<sup>280</sup> The Obesity Policy Coalition recommended that a front of package labelling system be developed 'which is readily understandable by consumers across demographic groups ... enabling consumers to make informed and healthy food choices.'<sup>281</sup>

**3.77** Mr Christopher Snowden, Head of Lifestyle Economics, Institute of Economic Affairs, provided insight into the United Kingdom food system, which operates as a traffic light warning system of green, orange and red warning labels with nutritional information. Mr Snowden advised that it is a 'fairly effective system' but noted that because the label 'shows you what is in 100 grams of the product, that it is less useful than telling you how much is in the product.'<sup>282</sup>

**3.78** The Heart Foundation NSW acknowledged that the NSW Government has used its regulatory powers to improve nutritional information for consumers through amendments to the *Food Act 2003* (NSW), introducing requirements for selected quick service restaurants in NSW to display information about kilojoule content of items on the restaurant's menu boards.<sup>283</sup> The Heart Foundation NSW called for the government to extend menu labelling to inform parents

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<sup>276</sup> Submission 31, Nestle Australia, p 4.

<sup>277</sup> Submission 31, Nestle Australia, p 4-5.

<sup>278</sup> Submission 12, Australian Food and Grocery Council, p 5.

<sup>279</sup> Submission 21, Australian Dental Association NSW Branch, p 5.

<sup>280</sup> Submission 7, Obesity Policy Coalition, p 10-11.

<sup>281</sup> Submission 7, Obesity Policy Coalition, p 10-11.

<sup>282</sup> Evidence, Christopher Snowden, Head of Lifestyle Economics, Institute of Economic Affairs, 10 October 2016, p 63-64.

<sup>283</sup> Submission 6, Heart Foundation NSW, p 6.

of other nutritional information in products they purchase for their children, such as including levels of saturated fats and salt.<sup>284</sup>

- 3.79** The Cancer Council NSW also supported nutritional information being provided by fast food chains, recommending the existing kilojoule labelling scheme be strengthened by the NSW Government by introducing and enforcing stricter guidelines on how kilojoules must be displayed on menu boards' and 'investigating the provision of more nutrition information (saturated fat, sugar and salt) at point of purchase.'<sup>285</sup>

#### **Committee comment**

- 3.80** The committee acknowledges the evidence presented that consumers need to be able to access clear, readily available information about the nutritional content of packaged and take away food options. The committee acknowledges the initiatives currently in operation, such as the Health Star Rating system and *Be treatwise*®, and commends the organisations who have already implemented these food labelling initiatives.
- 3.81** The committee agrees that it is important that food labelling initiatives are an accurate reflection of the nutritive value of food products, and that the potentially misleading ratings in the Health Star Rating system should be addressed. The committee recommends that the NSW Government, through the Council of Australian Governments (COAG) forum, seek to improve the food labelling systems in Australia for the benefit of the consumer.

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#### **Recommendation 14**

That the NSW Government, through the Council of Australian Governments forum, seek to improve the food labelling systems in Australia.

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### **Cost and accessibility of food**

- 3.82** The cost and accessibility of healthy and nutritious food options were identified by inquiry participants as a key challenge in addressing childhood overweight and obesity. This issue was highlighted as an area of particular concern given the higher prevalence of overweight and obesity in lower socioeconomic groups.<sup>286</sup>
- 3.83** Furthermore, food insecurity was raised as a contributing factor to childhood obesity and overweight, with the Right to Food Coalition citing recent studies which have shown a

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<sup>284</sup> Submission 6, Heart Foundation NSW, p 6.

<sup>285</sup> Submission 17, Cancer Council NSW, p 2.

<sup>286</sup> Evidence, Associate Professor Alison Hayes, Health Economist, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, 12 September 2016, p 15; Evidence, Professor Bellew, 10 October 2016, p 6; Submission 3, Foodbank NSW and ACT, p 1; Evidence, Professor Margaret Morris, Board Member, Nutrition Australia, 12 September 2016, p 39; Evidence, Mr Baker, 12 September 2016, p 51.

significant relationship between food insecurity and obesity among youth, specifically of middle school age.<sup>287</sup>

**3.84** The impact of this issue was demonstrated by Mr Tony Gatt, Foodbank NSW, who advised that ‘644,000 people now receive food relief from Foodbank agencies, a third of whom are children.’<sup>288</sup>

**3.85** The cost of fresh, healthy food, coupled with the convenience and accessibility of pre-packaged, higher calorie choices were suggested as contributing factors to childhood overweight and obesity.

**3.86** The Right to Food Coalition cited research from the United States which demonstrated a relationship between the rising cost of fresh fruit and vegetables and the development of obesity in children.<sup>289</sup>

**3.87** Nutrition Australia cited research that healthy foods, such as fruit and vegetables, are often more expensive than nutrient poor, processed options, and that in Australia, higher socio-economic neighbourhoods had increased odds of greater vegetable intake.<sup>290</sup>

**3.88** Foodbank NSW advised that for lower income families ‘a healthy diet is financially out of reach.’<sup>291</sup>

**3.89** The Catholic Women’s League of Australia stated that ‘[f]resh vegetables and fruits, and nutritious, health and organic food cost a lot more to buy than unhealthy, quick to prepare and buy fast food.’<sup>292</sup>

**3.90** In response to the impact of cost and accessibility of food, Nutrition Australia called for health foods to be affordable, particularly for low socioeconomic families.<sup>293</sup> Professor Margaret Morris, Nutrition Australia, emphasised there is a need for affordable, high-quality food, given the issue that ‘good quality nutritious food is often more expensive than readily available high-energy dense foods.’<sup>294</sup> Professor Morris commented on her experience through her research at supermarkets, where ‘cheap, palatable energy-dense food’ such as meat pies, chips and biscuits can be purchased at very low prices, especially in comparison to fresh food choices.<sup>295</sup>

**3.91** Associate Professor Ross Grant, Nutrition Australia, elaborated that:

‘essentially it is easier, particularly with some of our lower socio-economic groups, to eat white bread and have Fanta and essentially take fairly energy-dense but nutrient-

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<sup>287</sup> Submission 30, Right to Food Coalition, p 1.

<sup>288</sup> Evidence, Mr Tony Gatt, Community Relations, Foodbank NSW, 10 October 2016, p 18.

<sup>289</sup> Submission 30, Right to Food Coalition, p 2.

<sup>290</sup> Submission 35, Nutrition Australia, p 2.

<sup>291</sup> Submission 3, Foodbank NSW and ACT, p 1.

<sup>292</sup> Submission 37, Catholic Womens League Australia, p 5

<sup>293</sup> Submission 35, Nutrition Australia, p 2.

<sup>294</sup> Evidence, Professor Morris, 12 September 2016, p 39

<sup>295</sup> Evidence, Professor Morris, 2 September 2016, p 45.

poor nutrition because, for them, eating some of the healthier products...the price goes up considerably'.<sup>296</sup>

**3.92** Ms Linda McNeill, Council of Catholic School Parents, and Ms Susie Boyd, Federation of Parents and Citizens Association of NSW, both expressed concern that the cost of an apple can be more than the cost of a chocolate bar.<sup>297</sup>

**3.93** However, Ms Ange Barry, CEO, Stephanie Alexander Kitchen Garden Foundation, argued that healthy eating does not have to be prohibited by cost or time, stating:

There is a misconception that healthy eating is expensive. That is not the case. The culture of convenience had had an impact on people's ideas of their ability to eat healthily. People feel that cooking is an inconvenience.<sup>298</sup>

**3.94** Ms Barry suggested that healthy eating can be a choice, and that the Stephanie Alexander Kitchen Garden Foundation is working with school communities around the country to breakdown the misconception and show children 'the pleasure of healthy eating.'<sup>299</sup>

**3.95** Moreover, this point was emphasised by Ms Jeffery, who stated:

There is a claim repeated in public health and nutrition discourse and from my own personal experience, having lived as a vegan for some time ... I find it is simply not true that healthier food options are more expensive in dollar terms. What makes them more "expensive" is that there are higher costs associated with preparing fresh and healthy food.<sup>300</sup>

**3.96** Ms Susie Boyd, President, Federation of Parents and Citizens Association NSW, expressed concern at the inconsistency in the quality of fresh fruit and vegetables in different locations, particularly between the eastern and western suburbs of Sydney.<sup>301</sup>

**3.97** The Right to Food Coalition stated that:

Poorer households are frequently located in areas under-served by fresh food outlets, with one study reporting that low income areas had two and a half times the density of fast food outlets per person compared to wealthier areas. In addition, low-income neighbourhoods often lack local shops selling healthy foods.<sup>302</sup>

**3.98** These observations are consistent with the concept of 'food deserts', which is outlined in the Western Sydney Diabetes *Beating Diabetes Together Prevention Strategy*. The strategy defines food deserts as 'areas where there is limited access to affordable, healthy food options especially

<sup>296</sup> Evidence, Associate Professor Ross Grant, Board Member, Nutrition Australia NSW, 12 September 2016, p 42-43.

<sup>297</sup> Evidence, Ms Linda McNeil, Executive Director, Council of Catholic School Parents, 12 September 2016, p 50; Evidence, Ms Susie Boyd, President, Federation of Parents and Citizens Association of NSW, 12 September 2016, p 51.

<sup>298</sup> Evidence, Ms Ange Barry, Chief Executive Officer, SAKGF, 10 October 2016, p 20.

<sup>299</sup> Evidence, Ms Barry, 10 October 2016, p 20.

<sup>300</sup> Evidence, Ms Lara Jeffrey, MyChoice, 10 October 2016, p 15

<sup>301</sup> Evidence, Ms Boyd 12 September 2016, p 51.

<sup>302</sup> Submission 30, Right to Food Coalition, p 2.

fresh fruits and vegetables due to the absence of grocery stores within convenient travelling distance', with people living in these areas often having higher rates of obesity than the general population.<sup>303</sup> In Sydney, there is a concentration of food deserts in the western suburbs.<sup>304</sup>

**3.99** A partnership between the NSW Government, the NSW Health Western Sydney Local Health District, phn Western Sydney (an Australian Government initiative) Diabetes NSW and ACT, the *Beating Diabetes Together Prevention Strategy* recommends 'encouraging existing food retailers to expand their selection of healthier food and lower the prices of fresh food in key communities.'<sup>305</sup>

**3.100** The Cancer Council NSW recommended that the NSW Government, through COAG and the Legislative and Governance Forum on Food Regulation, advocate for the development of a National Nutrition Policy to ensure the availability of affordable, accessible nutritious food for all Australians.<sup>306</sup>

### **Committee comment**

**3.101** The committee notes that stakeholders have highlighted a discrepancy between the availability of healthy food options especially fresh fruits and vegetables between lower and higher socio-economic communities. As outlined in Chapter 1 there are higher prevalence rates of childhood overweight and obesity in lower socio-economic communities, such as western Sydney and as identified by the *Beating Diabetes Together Prevention Strategy* some of the areas in western Sydney are also healthy 'food deserts'. The committee would like to see further investigation into the 'food desert' concept with consideration given to mapping food deserts across New South Wales to better inform how to address this issue.

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### **Recommendation 15**

That the NSW Government further investigate the healthy 'food desert' concept and give consideration to mapping food deserts across New South Wales to better inform how to address the issue.

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### **Sugar tax**

**3.102** Many inquiry participants raised the concept of a 'sugar tax', or more specifically a tax on sugar-sweetened beverages, as an approach to reducing childhood overweight and obesity. Arguments both in support of and in opposition to the introduction of a tax on sugar-sweetened beverages were presented by stakeholders.

**3.103** Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, commented on the effect sugar-sweetened beverages have on health,

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<sup>303</sup> Western Sydney Diabetes, *Beating Diabetes Together Prevention Strategy*, 2016, p 10.

<sup>304</sup> Western Sydney Diabetes, *Beating Diabetes Together Prevention Strategy*, 2016, p 10

<sup>305</sup> Western Sydney Diabetes, *Beating Diabetes Together Prevention Strategy*, 2016, p 10

<sup>306</sup> Submission 17, Cancer Council NSW, p 1.

stating ‘sugar-sweetened beverages have absolutely no nutritive value, and they also bring problems not just with obesity but with poor bone health and dental caries.’<sup>307</sup> Professor Baur suggested that in previous generations, soft drinks were considered treats, but more recently they are ‘seen as everyday drinks and are marketed in a profound way.’<sup>308</sup>

**3.104** Similarly, the Cancer Council NSW emphasised that the Australian Dietary Guidelines recommend limiting the intake of foods and drinks containing added sugars, particularly sugar-sweetened soft drinks.<sup>309</sup>

**3.105** In considering the prevalence of consumption of sugar-sweetened beverages in Australia, the Obesity Policy Coalition advised:

A recent analysis of added sugar consumption in the Australian population has found that most of the Australian population exceeded the WHO guidelines on added sugar consumption. The study found that sugar sweetened beverages accounted for the greatest proportion of added sugar intake in the population. This study also confirmed the high intake of sugar in adolescents, with 14-18 year olds consuming the greatest amount of added sugar.<sup>310</sup>

**3.106** Furthermore, Ms Jane Martin, Executive Director, Obesity Policy Coalition commented on the accessibility of soft drinks, noting the similarity in cost of bottled water compared to a bottle of soft drink.<sup>311</sup>

### *Support for a tax on sugar-sweetened beverages*

**3.107** A number of inquiry participants expressed support for the introduction of a tax on sugar-sweetened beverages.<sup>312</sup>

**3.108** In expressing support for a tax on sugar-sweetened beverages, Professor Baur, the Obesity Policy Coalition and the Cancer Council NSW recognised that the introduction of such a tax would be the responsibility of the Australian Government, and the NSW Government has no power to impose such a measure.<sup>313</sup>

<sup>307</sup> Evidence, Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, 12 September 2016, p 17.

<sup>308</sup> Evidence, Professor Baur, 12 September 2016, p 22.

<sup>309</sup> Submission 17, Cancer Council NSW, p 11.

<sup>310</sup> Submission 7, Obesity Policy Coalition, p 11-12.

<sup>311</sup> Evidence, Ms Martin, 10 October 2016, p 8.

<sup>312</sup> Evidence, Professor Baur, 12 September 2016, p 17; Evidence, Ms Doyle, 12 September 2016, p 31; Submission 9, Charles Perkins Centre – University of Sydney, p 2; Submission 6, Heart Foundation NSW, p 7; Submission 10, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, p 6; Submission 14, Australian Health and Promotion Association NSW Branch, p 5-6; Submission 21, Australian Dental Association NSW Branch, p 4; Submission 24, NCOSS, p 3. Submission 7, Obesity Policy Coalition, p 3; Submission 7, Obesity Policy Coalition, p 11-12; Submission 27, AMA, p 3.

<sup>313</sup> Evidence, Professor Baur, 12 September 2016, p 17; Submission 7, Obesity Policy Coalition, p 3; Submission 17, Cancer Council NSW, p 2.

- 3.109** The Obesity Policy Coalition argued that a tax on sugar-sweetened drinks is likely to reduce consumption, which would result in health benefits and contribute to the reduction of chronic disease in Australia.<sup>314</sup>
- 3.110** The Charles Perkins Centre commented that ‘there is evidence that targeted tax will reduce consumption of SSBs [sugar-sweetened beverages] and generate savings estimated to be up to \$55 for every \$1 invested.’<sup>315</sup>
- 3.111** The Obesity Policy Coalition and the AMA (NSW) both claimed the tax on sugar-sweetened beverages in Mexico had been successful citing a reduction in sales of sugar-sweetened beverages by 12 per cent by December 2014.<sup>316</sup>
- 3.112** In relation to the Mexico tax on sugar-sweetened beverages, the Obesity Policy Coalition stated ‘[r]eductions in consumption were highest among lower socio-economic households. The success of the Mexican experience demonstrates that even a relatively small levy on sugary drinks can result in a noticeable reduction in demand.’<sup>317</sup>
- 3.113** The AMA (NSW) also cited material from the World Health Organisation report *Ending Childhood Obesity*, which advocates for a sugar tax.<sup>318</sup>
- 3.114** Ms Jane Martin, Executive Manager, Obesity Policy Coalition noted that there had been a tax of 30 per cent prior to the introduction of the GST, outlining:
- We think keeping it simple would be the best so far as what kind of levy you would put on. So whether it would be a sales tax or an excise tax would remain to be seen. Just noting that sugary drinks used to have a wholesale sales tax of 30 per cent before the goods and services tax [GST], so their real price went down when the GST came in.<sup>319</sup>
- 3.115** In considering public support for a tax on sugar-sweetened beverages, the Charles Perkins Centre and the Obesity Policy Coalition cited research findings that ‘69% of grocery buyers reporting they were in favour of a tax on soft drinks ... with parents being more supportive than non-parents.’<sup>320</sup>
- 3.116** Similarly, NCOSS advised that there is ‘considerable support for the introduction of a sugar tax’, referencing a recent poll they conducted of 400 people receiving Government benefits which found that 54 per cent of respondents support a tax on sugar sweetened beverages.<sup>321</sup>
- 3.117** The Heart Foundation NSW, Obesity Policy Coalition, AMA (NSW), NCOSS and the Charles Perkins Centre all emphasised that if a tax on sugar-sweetened beverages is introduced,

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<sup>314</sup> Submission 7, Obesity Policy Coalition, p 11-12.

<sup>315</sup> Submission 9, Charles Perkins Centre – University of Sydney, p 4.

<sup>316</sup> Submission 7, Obesity Policy Coalition, p 12; Submission 27, AMA, p 4.

<sup>317</sup> Submission 7, Obesity Policy Coalition, p 12.

<sup>318</sup> Submission 27, AMA, p 4.

<sup>319</sup> Evidence, Ms Martin 10 October 2016, p 8.

<sup>320</sup> Submission 9, Charles Perkins Centre – University of Sydney, p 4; Submission 7, Obesity Policy Coalition, p 12.

<sup>321</sup> Submission 24, NCOSS, p 12.

revenue generated by the levy should be invested into health programs and services, particularly programs to address diet-related issues.<sup>322</sup>

### *Arguments against a tax on sugar-sweetened beverages*

- 3.118** Some stakeholders argued that a tax on sugar-sweetened beverages was not a beneficial approach to address childhood overweight and obesity.
- 3.119** Mr Geoff Parker, Australian Beverages Council, argued that in recent years water consumption has increased for children (compared to other beverage choices) and there has been a decline in the consumption of sugar drinks, advising that ‘between the national nutrition surveys in 1995 and 2001-12 there has been a 9 per cent drop in the percentage of children consuming soft drinks, a 24 per cent drop in the percentage of children consuming cordial and a 36 per cent drop in very young children consuming soft drinks.’<sup>323</sup>
- 3.120** Mr Parker also discussed that despite the introduction of taxes on soft drinks in places including Mexico, France and California, there is no market where the tax has resulted in positive health outcomes.<sup>324</sup>
- 3.121** Ms Lara Jeffery, Director, MyChoice Australia, indicated that the implementation of taxes on sugar-sweetened beverages in countries including Denmark, Mexico and some states in the United States ‘have been found to be an overwhelmingly unsuccessful and disappointing enterprise. They are successful in generating revenue for the governments over and above the revenue they expect to collect, which indicates that it does not have the impact of reducing sugar-sweetened beverages that it is intended to create.’<sup>325</sup>
- 3.122** Furthermore, Mr Christopher Snowden, Head of Lifestyle Economics, Institute of Economics Affairs, commented that ‘[t]hey are talking about doubling the tax in Mexico because it has not worked, ... if there was a drop, the sales have more or less gone back to normal now’.<sup>326</sup>
- 3.123** Similarly, the Australian Food and Grocery Council emphasised that a tax on sugar sweetened beverages has not resulted in the intended outcomes in countries around the world where it has been introduced.<sup>327</sup>
- 3.124** The Australian Beverages Council raised concerns about the impact of a sugar tax on the beverages industry, referencing a recent Oxford Economics Report which stated that the

<sup>322</sup> Submission 6, Heart Foundation NSW, p 7; Submission 7, Obesity Policy Coalition, p 13; Submission 27, AMA, p 3; Submission 24, NCOSS, p 12; Evidence, Professor Ian Caterson, School of Life and Environmental Sciences, The Charles Perkins Centre, University of Sydney, 10 October 2016, p 6.

<sup>323</sup> Evidence, Mr Geoff Parker, Chief Executive Officer, Australian Beverages Council, 10 October 2016, p 38.

<sup>324</sup> Evidence, Mr Parker, 10 October 2016, p 32.

<sup>325</sup> Evidence, Ms Lara Jeffery, Director, MyChoice Australia, 10 October 2016, p 14.

<sup>326</sup> Evidence, Mr Christopher Snowden, Head of Lifestyle Economics, Institute of Economic Affairs, 10 October 2016, p 62.

<sup>327</sup> Submission 12, Australian Food and Grocery Council, p 13.

United Kingdom tax on sugar-sweetened beverages will reduce the industry's contribution to the economy by £132 million and risk 4,000 jobs.<sup>328</sup>

- 3.125** The Federation of Parents and Citizens Association of NSW suggested that focusing on the benefits of water would be a better approach compared to focusing on the 'evils' of sugar-sweetened beverages, arguing: '[w]ater is cheap, accessible and schools can easily encourage children to drink water only. It is very easily implemented because, unlike some nutritional strategies, drinking water does not call on parents to be change agents.'<sup>329</sup>

### **Committee comment**

- 3.126** The committee recognises that any implementation of a tax on sugar-sweetened beverages in Australia falls under the jurisdiction of the Commonwealth Government. However, it notes that the levels of sugar-sweetened beverage consumption in Australia has declined since 1997, yet there has been no significant impact on the rates of childhood overweight and obesity. Further, when there was a reduction in the taxation rate for sugar sweetened beverages with the introduction of the GST there was no demonstrable increase in sales.

## **Potential for collaboration with the non-government and private sectors**

- 3.127** Inquiry participants emphasised that addressing the challenge of childhood overweight and obesity will require collaboration between the government, non-government and private sectors.
- 3.128** The NSW Ministry of Health acknowledged that responding to childhood overweight and obesity is a shared responsibility across individuals, industries, governments and communities.<sup>330</sup>
- 3.129** Mr Bill Bellew, The Charles Perkins Centre, commented that 'a comprehensive, multilevel approach is required, so the grassroots approach is required as well as top-down approaches. We need many different organisations and sectors engaged.'<sup>331</sup>
- 3.130** Similarly, the AMA (NSW) emphasised that approaches to childhood overweight and obesity 'demands a comprehensive, whole of society approach, involving leadership from all levels of government, non-government organisations, schools, community groups, food and beverage industries, the media and health professionals.'<sup>332</sup>
- 3.131** Industry organisations including the Australian Industry Group and the Australian Beverages Council also agreed that a collaborative, multi-sector approach will be required to enact

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<sup>328</sup> Submission 11, Australian Beverages Council, p 9.

<sup>329</sup> Submission 15, Federation of Parents and Citizens Associations of NSW, p 4.

<sup>330</sup> Submission 34, NSW Ministry of Health, p 6.

<sup>331</sup> Evidence, Mr Bellew, 10 October 2016, p 4.

<sup>332</sup> Submission 27, AMA (NSW), p 2.

change in the prevalence of childhood overweight and obesity.<sup>333</sup> The Obesity Policy Coalition also emphasised the need for a comprehensive, multi-sector approach to obesity prevention.<sup>334</sup>

- 3.132** A number of inquiry participants provided information about existing programs which demonstrate a collaborative approach, involving government, non-government and private sector partners.
- 3.133** Mr Tony Gatt advised that Foodbank currently collaborates with some state and territory governments to deliver a school breakfast program.<sup>335</sup>
- 3.134** Similarly, the Ms Ange Barry discussed the partnerships the Stephanie Alexander Kitchen Garden Foundation has with various state governments, including South Australia, Queensland and the Australian Capital Territory, and corporate partners, such as Medibank, to deliver the Kitchen Garden program in schools across Australia.<sup>336</sup>
- 3.135** The Australian Beverages Council provided the example of a French program called EPODE (translated as ‘Together Let’s Prevent Childhood Obesity’) which has been implemented in France to tackle childhood obesity. The program ‘notably promotes the involvement of multiple stakeholders at a central level (government, health groups, NGOs and private partners like industry) and a local level (political leaders, health professionals, families, teachers, local NGOs and local business community)’ and is now being used in some 300 locations worldwide, including the OPAL program in South Australia.<sup>337</sup>
- 3.136** The Australian Beverages Council also discussed the *Food and Health Dialogue*, an Australian initiative which brings together the food industry and public health organisations in a coordinated food reformulation program which aims to reduce salt and saturated fat in food products.<sup>338</sup>
- 3.137** Nationally, the Healthy Food Partnership is an example of government led, multi-sectoral collaboration aimed at reducing obesity and improving healthy eating:

On 8 November 2015, the Australian Government announced the Healthy Food Partnership, a collaboration of public health groups, food industry bodies and government. The Partnership is a non-regulatory, collaborative forum between the Australian Government, food industry bodies and public health groups that is aimed at tackling obesity, encouraging healthy eating and empowering food manufacturers to make positive changes to their product portfolio. The Partnership aims to improve the dietary habits of Australians by making healthier food choices easier and more accessible and raising awareness of better food choices and portion sizes.<sup>339</sup>

- 3.138** In NSW, the Cancer Council *Eat It To Beat It* program is an example of collaboration between the government and non-government sector. *Eat It To Beat It* is a partnership between Cancer

<sup>333</sup> Submission 8, Australian Industry Group, p 5; Submission 11, Australian Beverages Council, p 2.

<sup>334</sup> Submission 7, Obesity Policy Coalition, p 3.

<sup>335</sup> Evidence, Mr Gatt, 10 October 2016, p 22.

<sup>336</sup> Evidence, Ms Barry, 10 October 2016, p 20.

<sup>337</sup> Submission 11, Australian Beverages Council, p 11.

<sup>338</sup> Submission 11, Australian Beverages Council, p 5-6.

<sup>339</sup> Submission 36, Commonwealth Department of Health, p 2.

Council and Western Sydney and Nepean Blue Mountains Local Health Districts to increase the reach and effectiveness of the program in assisting both organisations to achieve their objectives of increasing fruit and vegetable consumption in the community.<sup>340</sup>

### **Committee comment**

- 3.139** The committee is encouraged by the examples of existing collaboration between government, non-government and private sector partnerships. We recognise the benefits that may be realised in a multi-sectoral approach to reduce childhood overweight and obesity. The committee recommends that the NSW Government, particularly the NSW Ministry of Health as the lead agency, continue to seek to collaborate with non-government organisations and private sector partners in approaches to support the Premier's priority to reduce childhood overweight and obesity.

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### **Recommendation 16**

That the NSW Government, particularly the NSW Ministry of Health as the lead agency, continue to seek to collaborate with non-government organisations and private sector partners in approaches to support the Premier's priority to reduce childhood overweight and obesity.

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<sup>340</sup> Submission 17, Cancer Council NSW, p 15.

## Appendix 1 Submissions

No	Author
1	Mr John Handley
2	Athletics Australia and Athletics NSW
3	Foodbank NSW and ACT
4	Stephanie Alexander Kitchen Garden Foundation
4a	Stephanie Alexander Kitchen Garden Foundation
5	Alzheimer's Australia NSW
6	Heart Foundation NSW
7	Obesity Policy Coalition
8	Australian Industry Group
9	Charles Perkins Centre - The University of Sydney
9a	Charles Perkins Centre - The University of Sydney
10	Centre of Research Excellence in the Early Prevention of Obesity in Childhood
11	Australian Beverages Council
12	Australian Food and Grocery Council
13	Coordinated Obesity Advocacy and Carers Help Incorporated
14	Australian Health Promotion Association (NSW Branch)
15	Federation of Parents and Citizens Associations of NSW
16	Food Works Australia Pty Ltd
17	Cancer Council NSW
18	Healthy Kids Association Inc
19	Sport NSW
20	Australian 'Taxpayers' Alliance and MyChoice Australia
21	Australian Dental Association NSW Branch
22	Dr Louise Hardy
23	Dietitians Association of Australia

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<b>No</b>	<b>Author</b>
24	NCOSS
24a	NCOSS
25	Bicycle Network
26	Mudita Games
27	AMA (NSW)
28	City Access Unit City of Sydney
29	The Sydney Children's Hospitals Network
30	Right to Food Coalition
31	Nestle Australia
32	Partially confidential
33	NRL
34	NSW Ministry of Health
35	Nutrition Australia
36	Commonwealth Department of Health
37	Catholic Women's League Australia
38	Catholic Education Commission
39	University of Wollongong
40	The Good Foundation
41	Uncle Jimmy thumbs Up! Ltd
42	NSW Department of Education

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## Appendix 2 Witnesses

Date	Name	Position and Organisation
Monday 12 September 2016 Macquarie Room Parliament House	Ms Rosemary Davis	Director, Arts, Sport and Initiatives, NSW Department of Education
	Ms Robyn Bale	Director, Student Engagement and Interagency Partnerships, NSW Department of Education
	Mr Jason Miezis	Director, Early Learning and Primary Education
	Dr Kerry Chant Dr Jo Mitchell	Chief Health Officer, NSW Health Executive Director, Centre for Population Health, Ministry of Health
	Dr Michelle Cretikos	Medical Advisor, NSW Ministry of Health
	Professor Chris Rissel	Director, NSW Office of Preventative Health
	Dr Phil Hamdorf	Executive Director, Sport and Recreation, NSW Office of Sport
	Professor Louise Baur	Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney
	Associate Professor Alison Hayes	Health Economist, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney
	Ms Jo Gardner	Chief Executive Officer, Healthy Kids Association

<b>Date</b>	<b>Name</b>	<b>Position and Organisation</b>
	Ms Clare Knight	Manager School Programs, Healthy Kids Association
	Ms Kerry Doyle	Chief Executive Officer, National Heart Foundation Australia NSW Division
	Ms Julie-Anne Mitchell	Director of Cardiovascular Health Programs, National Heart Foundation Australia NSW Division
	Mr Sturt Eastwood	Chief Executive Officer, Diabetes NSW
	Associate Professor Ross Grant	Board Member, Nutrition Australia NSW
	Professor Margaret Morris	Board Member, Nutrition Australia NSW
	Ms Barbara Ward	President, Nutrition Australia NSW
	Ms Jo Mclean	Senior Assistant Division Head, Professional Learning, Association of Independent Schools of New South Wales (AISNSW)
	Ms Nicky Sloss	Education Consultant, Student Wellbeing, AISNSW
	Mr Malcolm Hunt	Manager, Public Affairs, AISNSW
	Mr Ian Baker	Director, Education, Policy and Programs, Catholic Education Commission NSW

Date	Name	Position and Organisation
	Ms Rosemary Vellar	Leader: School Review and Development, Catholic Schools Office, Diocese of Broken Bay, Catholic Education Commission NSW
	Mr Peter Grace	State Co-ordinator – Student Wellbeing and Mission, Catholic Education Commission NSW
	Ms Linda McNeil	Executive Director, Council of Catholic School Parents
	Dr Rose Cantali	NSW Parents Council
	Ms Susie Boyd	President, Federation of Parents and Citizens Associations of NSW
<b>Monday 10 October 2016 Macquarie Room Parliament House</b>	Professor Bill Bellew	Principal Research Fellow, The Charles Perkins Centre, University of Sydney
	Professor Ian Caterson	School of Life and Environmental Sciences, The Charles Perkins Centre, University of Sydney
	Ms Jane Martin	Executive Manager, Obesity Policy Coalition
	Mr Tim Andrews	Australian Taxpayers Alliance
	Ms Lara Jeffery	Director, MyChoice Australia
	Mr Tony Gatt	Community Relations, Foodbank NSW
	Ms Ange Barry	Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation

<b>Date</b>	<b>Name</b>	<b>Position and Organisation</b>
	Ms Marie Deverill	Lead Consultant, Community Child Care Co-operative (NSW)
	Ms Melissa Woodhouse	Manager of Culture, Operations and Children's Services Community Management
	Mr Ian Burgess	Chief Executive Officer, Australian Dental Association (NSW Branch) Limited
	Dr Shanti Sivaneswaran	Policy Advisor, Australian Dental Association (NSW Branch) Limited
	Mr Gary Dawson	Chief Executive, Australian Food and Grocery Council
	Mr Geoffrey Annison	Deputy Chief Executive, Director of Health Nutrition and Scientific Affairs, Australian Food and Grocery Council
	Mr Geoff Parker	Chief Executive Officer, Australian Beverages Council
	Ms Jennifer Thompson	Technical & Regulatory Manager, Australian Industry Group
	Ms Margaret Stuart	Ai Group Confectionery Reference Group and Head of Corporate and External Relations, Nestlé Oceania
	Mr Darren Simpson	Chief Executive Officer, Sport NSW
	Mr Duncan Tweed	Chief Executive Officer, Athletics NSW
	Mr Jaymes Boland-Rudder	Head of Government Relations & Campaign Management, National Rugby League

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<b>Date</b>	<b>Name</b>	<b>Position and Organisation</b>
	Mr Luke Ellis	National Participation and Development Manager, National Rugby League
	Mr Christopher Snowdon	Head of Lifestyle Economics, Institute of Economic Affairs, via Skype from the UK

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## Appendix 3 Minutes

### Minutes No. 8

Thursday 23 June 2016

Standing Committee on Social Issues

Members' Lounge, Parliament House, Sydney, 1.00 pm

#### 1. Members present

Mrs Taylor, *Chair*

Mr Donnelly, *Deputy Chair*

Mr Mallard

Dr Phelps

Ms Sharpe

#### 2. Apologies

Revd Nile

#### 3. Previous minutes

Resolved, on the motion of Dr Phelps: That draft minutes no 7 be confirmed.

#### 4. Correspondence

The committee noted the following correspondence:

##### *Received*

- 22 June 2016 – From the Hon Jillian Skinner MP, Minister for Health, to the Chair, referring a terms of reference to the committee relating to an inquiry into childhood overweight and obesity.

#### 5. Government response

The committee noted the government response to its report on service coordination was received by the Clerk on 15 June 2016, distributed to committee members, inquiry participants and published on the committee's website.

#### 6. Conduct of the inquiry into childhood overweight and obesity

##### 6.1 Timeline

Resolved, on the motion of Dr Phelps: That the committee adopt the following timeline for the administration of the inquiry:

- Sunday 21 August 2015 – submission closing date
- Monday 12 September – public hearing (Sydney)
- Monday 10 October 2016 – site visit (view school/government programs eg Go4Fun)
- Friday 21 October 2016 – public hearing/site visit (Sydney)
- Further dates/activities to be confirmed
- 3 February 2017– table report.

##### 6.2 Stakeholder list

Resolved, on the motion of Dr Phelps: That the secretariat circulate to members the Chairs' proposed list of stakeholders to provide them with the opportunity to amend the list or nominate additional stakeholders, and that the committee agree to the stakeholder list by email, unless a meeting of the committee is required to resolve any disagreement.

##### 6.3 Advertising

The committee noted that the inquiry will be advertised via twitter, stakeholder letters and a media release distributed to all media outlets in New South Wales.

#### 6.4 Site visits

The committee will discuss possible site visit locations at a future meeting.

### 7. Adjournment

The committee adjourned at 1.07 pm *sine die*.

Rebecca Main  
Clerk to the Committee

### Minutes No. 9

Monday 12 September 2016  
Standing Committee on Social Issues  
Macquarie Room, Parliament House, Sydney, 9.18 am

#### 1. Members present

Mr Farlow, *Chair*  
Mr Donnelly, *Deputy Chair*  
Mr Mallard  
Revd Nile (from 9.24 am)  
Dr Phelps  
Ms Sharpe

#### 2. Previous minutes

Resolved, on the motion of Mr Mallard: That draft minutes no. 8 be confirmed.

#### 3. Inquiry into childhood overweight and obesity

##### 3.1 Public submissions

The committee noted that the following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submission nos. 1-31 and 33.

##### 3.2 Submission extension requests

The committee noted that the following organisations have requested an extension to provide a submission:

- Catholic Women's League of NSW
- NSW Health
- Nutrition Australia NSW
- Commonwealth Department of Health
- Council of Catholic School Parents
- Advocate for Children and Young People
- University of Wollongong.

##### 3.3 Submission no. 34

Resolved, on the motion of Dr Phelps: That the committee authorise the publication of submission no. 34, except for attachments that are to remain confidential until advice from the submission author is received.

##### 3.4 Public hearing

Witnesses, the public and the media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings and other matters.

The following witnesses were sworn and examined:

- Ms Rosemary Davis, Director, Arts, Sport and Initiatives, NSW Department of Education
- Ms Robyn Bale, Director, Student Engagement and Interagency Partnerships, NSW Department of Education
- Mr Jason Miezis, Director, Early Learning and Primary Education, NSW Department of Education
- Dr Kerry Chant, Chief Health Officer, NSW Health
- Dr Jo Mitchell, Executive Director, Centre for Population Health, Ministry of Health
- Dr Michelle Cretikos, Medical Advisor, NSW Ministry of Health
- Professor Chris Rissel, Director, NSW Office of Preventative Health
- Dr Phil Hamdorf, Executive Director, Sport and Recreation, NSW Office of Sport.

Dr Chant tendered the following document:

- NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority, Annual Data Report 2016*.

The evidence concluded and the witnesses withdrew.

Revd Nile left the meeting at 10.35 am.

The following witnesses were sworn and examined:

- Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney
- Associate Professor Alison Hayes, Health Economist, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney.

Professor Baur tendered the following documents:

- Li Ming Wen, Louise A Baur, Judy M Smith, Chris Rissel, Karen Wardle and Victoria M Flood, *Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial*
- Li Ming Wen, Louise A Baur, Judy M Simpson, Huilan Xu, Alison J Hayes, Louise L Hardy, Mandy Williams and Chris Rissel, *Sustainability of Effects of an Early Childhood Obesity Prevention Trial Over Time: A Further 3-Year Follow-up of the Health Beginnings Trial*
- Two figures representing the mean number of presentations per year, over first 5 years of life, by type and the mean cost per annum over first 5 years of life
- Alison Hayes, Anna Chevalier, Mario D'Souza, Louise Baur, Li Ming Wen and Judy Simpson, *Early Childhood Obesity: Association with Healthcare Expenditure in Australia*, 2016.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Jo Gardner, Chief Executive Officer, Healthy Kids Association
- Ms Clare Knight, Manager, School Programs, Healthy Kids Association.

The evidence concluded and the witnesses withdrew.

Mr Mallard and Ms Sharpe left the meeting at 12.15 pm.

The following witnesses were sworn and examined:

- Ms Kerry Doyle, Chief Executive Officer, National Heart Foundation Australia NSW Division
- Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia NSW Division
- Mr Sturt Eastwood, Chief Executive Officer, Diabetes NSW.

Ms Mitchell tendered the following document:

- The NSW Office of Preventative Health, *NSW Active Travel Charter for Children*.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Associate Professor Ross Grant, Board Member, Nutrition Australia NSW
- Professor Margaret Morris, Board Member, Nutrition Australia NSW
- Ms Barbara Ward, President, Nutrition Australia NSW.

Mr Mallard re-joined the meeting at 2.15 pm.

Ms Sharpe re-joined the meeting at 2.21 pm.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Jo Mclean, Senior Assistant Division Head, Professional Learning, Association of Independent Schools of New South Wales
- Ms Nicky Sloss, Education Consultant, Student Wellbeing, Association of Independent Schools of New South Wales
- Mr Malcolm Hunt, Manager, Public Affairs, Association of Independent Schools of New South Wales
- Mr Ian Baker, Director, Education, Policy and Programs, Catholic Education Commission NSW
- Ms Rosemary Vellar, Leader: School Review and Development, Catholic Schools Office, Diocese of Broken Bay, Catholic Education Commission NSW
- Mr Peter Grace, State Co-ordinator – Student Wellbeing and Mission, Catholic Education Commission NSW
- Ms Linda McNeil, Executive Director, Council of Catholic School Parents
- Dr Rose Cantali, NSW Parents Council
- Ms Susie Boyd, President, Federation of Parents and Citizens Associations of NSW.

Mr Hunt tendered the following document:

- The Association of Independent Schools in New South Wales, opening statement.

Mr Mallard left the meeting at 3.33 pm.

Mr Mallard re-joined the meeting at 3.49 pm.

The evidence concluded and the witnesses withdrew.

The public and the media withdrew.

Ms Sharpe left the meeting at 4.00 pm.

### **3.5 Tendered documents**

Resolved, on the motion of Mr Donnelly: That the committee accept and publish the following documents tendered during the public hearing:

- NSW Ministry of Health, *NSW Childhood Overweight and Obesity Premier's Priority, Annual Data Report 2016*, tendered by Dr Kerry Chant, Chief Health Officer, NSW Health
- Li Ming Wen, Louise A Baur, Judy M Smith, Chris Rissel, Karen Wardle and Victoria M Flood, *Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial*, tendered by Professor Louise Baur, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney
- Li Ming Wen, Louise A Baur, Judy M Simpson, Huilan Xu, Alison J Hayes, Louise L Hardy, Mandy Williams and Chris Rissel, *Sustainability of Effects of an Early Childhood Obesity Prevention Trial Over Time: A Further 3-Year Follow-up of the Health Beginnings Trial*, tendered by Professor Baur
- Two figures representing the mean number of presentations per year, over first 5 years of life, by type and the mean cost per annum over first 5 years of life, tendered by Professor Baur

- Alison Hayes, Anna Chevalier, Mario D’Souza, Louise Baur, Li Ming Wen and Judy Simpson, *Early Childhood Obesity: Association with Healthcare Expenditure in Australia*, 2016, tendered by Professor Baur
- The NSW Office of Preventative Health, *NSW Active Travel Charter for Children*, tendered by Ms Julie-Anne Mitchell, Director of Cardiovascular Health Programs, National Heart Foundation Australia NSW Division
- The Association of Independent Schools in New South Wales, opening statement, tendered by Mr Malcolm Hunt, Manager, Public Affairs, Association of Independent Schools of New South Wales.

### **3.6 Future inquiry activity**

Dr Phelps moved: That the committee conclude the inquiry into childhood overweight and obesity and report without recommendations.

Question put and negatived.

The committee noted that the secretariat would explore and circulate options for the committee to engage with children and young people, particularly through consultations currently being conducted by the Office of the Advocate for Children and Young People.

## **4. Adjournment**

The committee adjourned at 4.14 pm until 10 October 2016.

Sarah Dunn

**Clerk to the Committee**

## **Minutes no. 10**

Monday 10 October 2016

Standing Committee on Social Issues

Macquarie Room, Parliament House, Sydney, 9.19 am

### **1. Members present**

Mr Farlow, *Chair*

Mr Donnelly, *Deputy Chair*

Mr Mallard

Dr Phelps

Ms Sharpe (from 9.23 am until 3.57 pm)

### **2. Apologies**

Revd Nile

### **3. Previous minutes**

Resolved, on the motion of Dr Phelps: That draft minutes no. 9 be confirmed.

### **4. Correspondence**

The Committee noted the following items of correspondence:

#### ***Received***

- 21 September 2016 - Email from Mr Matthew Sammels, Principal Executive Officer, National Health & Medical Research Council, to secretariat, declining to appear as a witness and providing additional information to the committee
- 21 September 2016 – Email from Ms Cathy Connor, Director Public Health, National Health and Medical Research Council, to secretariat, providing information to the committee
- 29 September 2016 – Email from Mr Alex Butterworth, Legal Counsel, McDonald’s Australia Limited, to secretariat, declining to appear as a witness

- 30 September 2016 – Email from Ms Trisha Jha, Policy Analyst, The Centre for Independent Studies, to secretariat, declining to appear as a witness
- 30 September 2016 – Email from Ms Julia Ham, Early Childhood Australia NSW Branch, to secretariat, declining to appear as a witness.

## 5. Inquiry into childhood overweight and obesity

### 5.1 Public submissions

The committee noted that the following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submission nos. 35-39.

### 5.2 Partially confidential submission

Resolved, on the motion of Dr Phelps: That the committee authorise the publication of submission no. 32, with the exception of identifying and/or sensitive details which are to remain confidential, as per the recommendation of the secretariat.

### 5.3 Attachments to submissions

Resolved, on the motion of Mr Mallard: That the committee authorise the publication of the following attachments:

- submission no. 9 attachment 1 – Obesity Prevention in Children and Young People, Physical Activity, Nutrition and Obesity Research Group
- submission no. 16 attachment 1 – A recipe for healthier communities, The impact of Let's Get Cooking, Children's Food Trust
- submission no. 31 attachment 2 – Raising nutrition savvy kids research report 2016, Nestle Healthy Active Kids.

### 5.4 Engagement with children and young people

Resolved, on the motion of Mr Donnelly: That the committee collaborate with the Advocate for Children and Young People to conduct a survey across NSW schools on the topic of childhood overweight and obesity and that the content of the survey be agreed to by members, via email.

### 5.5 Public hearing

Witnesses, the public and the media were admitted.

The Chair made an opening statement regarding the broadcasting of proceedings, adverse mention and other matters.

The following witnesses were sworn and examined:

- Professor Bill Bellew, Principal Research Fellow, The Charles Perkins Centre, University of Sydney
- Professor Ian Caterson AM, Director, Boden Institute; President, World Obesity Federation; Charles Perkins Centre, University of Sydney.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined:

- Ms Jane Martin, Executive Manager, Obesity Policy Coalition.

The evidence concluded and the witness withdrew.

The following witness was sworn and examined:

- Ms Lara Jeffery, Director, MyChoice Australia.

Ms Jeffery tendered the following document:

- Taxpayers' Union, Fizzed out: Why a sugar tax won't curb obesity.

The evidence concluded and the witness withdrew.

The following witnesses were sworn and examined:

- Mr Tony Gatt, Community Engagement, Foodbank NSW
- Ms Ange Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation.

Mr Gatt tendered the following documents:

- a selection of photographs reflecting Foodbank's community engagement activities.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Marie Deverill, Lead Consultant, Community Child Care Co-operative (NSW)
- Ms Melissa Woodhouse, Manager of Culture, Operations and Children's Services Community Management.

Ms Woodhouse tendered the following documents:

- Information on the National Quality Framework and National Quality Standards, and Community Child Care Co-operative publications including The Rattler quarterly magazine and a series of factsheets.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Ms Kate Miranda, Head of Communications and Public Affairs, Australian Dental Association (NSW Branch) Limited
- Dr Shanti Sivaneswaran, Policy Advisor, Australian Dental Association (NSW Branch) Limited.

Ms Miranda tendered the following document:

- J. Lennert Veerman, Gary Sacks, Nicole Antonopoulos, Jane Martin, 'The Impact of a Tax on Sugar-Sweetened Beverages On Health and Health Care Costs: A Modelling Study' 13 April 2016 PLOS One Journal.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Gary Dawson, Chief Executive, Australian Food and Grocery Council
- Mr Geoffrey Annison, Deputy Chief Executive and Director of Health Nutrition and Scientific Affairs, Australian Food and Grocery Council
- Mr Geoff Parker, Chief Executive Officer, Australian Beverages Council
- Ms Jennifer Thompson, Technical & Regulatory Manager, Australian Industry Group.

The evidence concluded and the witnesses withdrew.

The following witnesses were sworn and examined:

- Mr Darren Simpson, Chief Executive Officer, Sport NSW
- Mr Duncan Tweed, Chief Executive Officer, Athletics NSW
- Mr Jaymes Boland-Rudder, Head of Government Relations & Campaign Management, National Rugby League
- Mr Luke Ellis, National Participation and Development Manager, National Rugby League.

The evidence concluded and the witnesses withdrew.

The following witness was sworn and examined via Skype from the United Kingdom:

- Mr Christopher Snowden, Head of Lifestyle Economics, Institute of Economic Affairs, United Kingdom.

The evidence concluded and the witness withdrew.

The public and the media withdrew.

### 5.6 Tendered documents

Resolved, on the motion of Mr Donnelly: That the committee accept and publish the following documents tendered during the public hearing:

- Taxpayers' Union, *Fizzed out: Why a sugar tax won't curb obesity*, tendered by Ms Lara Jeffrey, Director, MyChoice Australia
- a selection of photographs reflecting Foodbank's community engagement activities, tendered by Mr Tony Gatt, Community Relations, Foodbank NSW
- Information on the National Quality Framework and National Quality Standards, and Community Child Care Co-operative publications including *The Rattler* quarterly magazine and a series of factsheets, tendered by Ms Melissa Woodhouse, Manager of Culture, Operations and Children's Services Community Management, Community Child Care Co-operative (NSW)
- J. Lennert Veerman, Gary Sacks, Nicole Antonopoulos, Jane Martin, 'The Impact of a Tax on Sugar-Sweetened Beverages On Health and Health Care Costs: A Modelling Study', 13 April 2016, *PLOS One Journal*, tendered by Ms Kate Miranda, Head of Communications and Public Affairs, Australian Dental Association (NSW Branch).

### 5.7 Future inquiry activity

Resolved on the motion of Mr Mallard: That the secretariat investigates and circulate options for a possible site visit on the 21 October 2016 to a Stephanie Alexander Kitchen Garden Foundation project.

### 5.8 Report deliberative and tabling

The committee discussed timeframes for the completion of the inquiry report.

## 6. Adjournment

The committee adjourned at 5.07 pm, *sine die*.

Stephanie Galbraith

**Clerk to the Committee**

### Draft minutes no. 11

Monday 12 December 2016

Standing Committee on Social Issues

Room 1136, Parliament House, Sydney, 1.00 pm

#### 1. Members present

Mr Farlow, *Chair*

Mr Donnelly, *Deputy Chair*

Mr Mallard

Mr Mookhey (substituting for Ms Sharpe) (arrived 1.20 pm)

Dr Phelps

#### 2. Apologies

Revd Nile

#### 3. Previous minutes

Resolved, on the motion of Mr Donnelly: That draft minutes no. 10 be confirmed.

#### 4. Correspondence

The Committee noted the following items of correspondence:

**Received:**

- 24 October 2016 – Email from Professor Bill Bellew, Principal Research Fellow, the Charles Perkins Centre, University of Sydney, to secretariat, providing additional information to the committee
- 28 October 2016 – Email from Ms Ange Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation, to secretariat, thanking the committee for visiting a Kitchen Garden Program school
- 18 November 2016 – Email from Ms Janine Dawson, Diabetes Prevention Program Manager, Western Sydney Diabetes Initiative, Integrated Care, Western Sydney Local Health District, to secretariat, confirming *Beating Diabetes Together Prevention Strategy* is public and can be referred to in the report
- 21 November 2016 – Email from Ms Marianne Carahalios, R/Director, Student Engagement and Interagency Partnerships, NSW Department of Education, to secretariat indicating the department has no objection to the committee publishing its submission to the inquiry
- 25 November 2016 – Email from Ms Ange Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation, to secretariat, indicating there is no objection to the committee publishing the information provided to the committee at the site visit including the images of the children participating in the program
- 7 December 2016 – Correspondence from Mr Andrew Johnson, Advocate for Children and Young People, providing results of their 2016 survey relating to childhood obesity.

**Sent:**

- 18 October 2016 – Letter from Chair, to the Hon Adrian Piccoli MP, Minister for Education, advising of site visit to Annandale Public School
- 1 November 2016 – Letter from Chair, to Mr Dace Elletson, Principal, Annandale Public School, thanking the school for their contribution to the committee's site visit
- 1 November 2016 – Letter from Chair, to Ms Ange Barry, Chief Executive Officer, Stephanie Alexander Kitchen Garden Foundation, thanking Ms Barry for her contribution to the inquiry
- 17 November 2016 - Email correspondence to Ms Ange Barry asking for permission to publish and refer to material in the document that was provided at the site visit.

**5. Inquiry into childhood overweight and obesity****5.1 Public submissions**

The following submissions were published by the committee clerk under the authorisation of the resolution appointing the committee: submission nos. 4a, 9a, 24a and 40-42.

**5.2 Answers to questions on notice and supplementary questions**

The following answers to questions on notice and supplementary questions were published by the committee clerk under the authorisation of the resolution appointing the committee (*all previously circulated*):

- Mr Ian Baker, Catholic Education Commission NSW received on 23 September 2016
- Mr Sturt Eastwood, Diabetes NSW received on 29 September 2016
- Mr Matt Miller, NSW Office of Sport received on 4 October 2016
- Ms Kerry Doyle, National Heart Foundation Australia NSW Division received on 5 October 2016
- Ms Jo Gardner, Healthy Kids Association received on 7 October 2016
- Ms Cathy Johnstone, NSW Department of Education received on 7 October 2016.
- Dr Jo Mitchell, NSW Health received on 7 October 2016
- Professor Louise Baur and Associate Professor Alison Hayes, University of Sydney received on 11 October 2016
- Professor Bill Bellew and Professor Ian Caterson, University of Sydney received on 21 October 2016
- Mr Gary Dawson and Mr Geoffrey Annison, Australian Food and Grocery Council received on 24 October 2016
- Ms Jane Martin, Obesity Policy Coalition received on 26 October 2016
- Mr Tony Gatt, Foodbank NSW received on 27 October 2016

- Mr Darren Simpson, Sport NSW received on 1 November 2016
- Dr Shanti Sivaneswaran, Australian Dental Association received on 1 November 2016
- Mr Geoff Parker, Australian Beverages Council received on 3 November 2016
- Ms Jennifer Thompson, Australian Industry Group received on 8 November 2016.

### 5.3 Consideration of Chair's draft report

The Chair submitted his draft report entitled '*Inquiry into childhood overweight and obesity*', which, having been previously circulated, was taken as being read.

Resolved, on the motion of Dr Phelps: That line 5 on page 1 be amended by inserting 'suggested' before 'normalisation of overweight'.

Resolved, on the motion of Dr Phelps: That the following new paragraph be inserted after paragraph 1.1:

'The relative stability over time of the numbers of overweight and obese children is confirmed by figures from the Australia Bureau of Statistics. While the number of obese children aged 5-17 years rose slightly between 1995 and 2008, from 5% to 8%, there was no statistically significant increase in the number of overweight children in the same period.' [FOOTNOTE: Australian Bureau of Statistics, 1301.0 Year Book Australia 2009-10, Feature Article 1: Children Who are Overweight or Obese.]

Resolved, on the motion of Dr Phelps: That the following new paragraph be inserted after paragraph 1.32:

'However, these studies are contradicted by other longitudinal studies done on overweight and obesity. Two Dutch studies have demonstrated that the lifetime health care costs associated with overweight and obesity are lower than that for people with normal weight, largely due to higher morbidity rates in the former group.' [FOOTNOTE: PHM van Baal, JJ Polder, GW de Wit, RT Hoogenveen, TL Feenstra, et al., 'Lifetime Medicals Costs of Obesity: Prevention No Cure for Increasing Health Expenditure' (2008) PLoS Medicine 5(2); I Grootens-van Kampen, PM Engelfreit, PHM van Baal, 'Disease Prevention: Saving Lives of Reducing Health Care Costs?' (2014) PLoS One 9(8)]

Resolved, on the motion of Dr Phelps: That the following new paragraph be inserted after paragraph 1.38:

'More importantly, there was also a reduction in the consumption of sugar-sweetened beverages in children is confirmed by figures from the Australian Bureau of Statistics. In all age groups up to 18 years of age, consumption of sweetened beverages fell between 1995 and 2012. Indeed, the ABS notes that of all age cohorts, "[t]he greatest decreases in consumption of sweetened beverages were seen among children". The only group which showed an increase in the consumption of sweetened beverages were those aged +50.' [FOOTNOTE: Australian Bureau of Statistics, 4364.0.55.007 - Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011-12]

Resolved, on the motion of Mr Donnelly: That paragraph 1.65 be amended by omitting 'The committee commends the Premier of New South Wales for including childhood obesity as one of its twelve State key priorities and for setting a target to reduce childhood overweight and obesity by five per cent by 2025', and inserting instead 'The committee notes that the NSW Government has included childhood obesity as one of its key priorities. It has established a target of reducing childhood overweight and obesity by five per cent by 2025'.

Mr Donnelly moved: That paragraph 1.65 be amended by omitting 'a number of programs' and inserting instead 'some programs'.

Question put.

The committee divided.

Ayes: Mr Donnelly

Noes: Mr Farlow, Mr Mallard, Dr Phelps

Question resolved in the negative.

Dr Phelps moved: That paragraph 1.66 be amended by omitting 'It is clear that further action is needed in order to significantly decrease the rate of childhood overweight and obesity across New South Wales in order to reduce childhood overweight and obesity by five per cent by 2025. This will require a coordinated and multi-faceted approach that is reflected throughout this report'.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard.

Question resolved in the negative.

Resolved, on the motion of Mr Donnelly: That paragraph 2.19 be amended by inserting 'In an answer to a Question on Notice the NSW Department of Education confirmed that it does not collect data in relation to food being provided through school canteens in public schools.' before the last sentence.

Resolved, on the motion of Mr Donnelly: That the following new paragraph be inserted after paragraph 2.27:

'Organisations that run canteens in NSW public schools do so through a licence issued by the Department of Education. The Canteen Licence Agreement between the Department of Education and the Licensee requires the provision of "School Canteen Services". The Licence Agreement states:

"School Canteen Services" mean the provision and sale of food and drinks which meet the Fresh Tastes NSW Healthy School Canteen Strategy as published from time to time by the Licensor and the NSW Department of Health and in particular in compliance with the food spectrum published within the strategy."

Mr Mookhey joined the meeting

Dr Phelps moved: That

- a) paragraph 2.35 be amended by omitting 'we understand that there is little ongoing monitoring of its implementation. The committee recognises the need for an appropriate audit and compliance process for the new strategy, across all New South Wales schools. The committee therefore recommends that an audit and compliance process be considered as part of the revised 2017 Fresh Tastes @ School Healthy Canteen Strategy' and insert instead 'the Committee disagrees with the compulsory enforcement of it by the Department of Education. Instead, and in concurrence with the principle of greater devolution of local school communities, we believe that it would be preferable to leave the matter of the food provided by canteens to local P&C groups and/or school councils.'
- b) Recommendation 1 be omitted and insert instead 'That the NSW Government make the Fresh Tastes @ School Healthy Canteen Strategy be merely advisory, rather than mandatory, across all NSW public schools.'

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey

Question resolved in the negative.

Mr Donnelly moved: That paragraph 2.68 be amended by omitting ‘The committee commends the NSW Government for the many programs that are on offer to tackle childhood overweight and obesity, particularly the NSW Premier’s Sporting Challenge’, and inserting instead ‘The committee acknowledges that the NSW Government is promoting some programs that are targeting childhood overweight and obesity, noting in particular the NSW Premier’s Sporting Challenge’.

Question put.

The committee divided.

Ayes: Mr Donnelly, Mr Mookhey

Noes: Mr Farlow, Mr Mallard, Dr Phelps.

Question resolved in the negative.

Resolved, on the motion of Dr Phelps: That paragraph 2.68 be amended by omitting ‘The committee commends the NSW Government for the many programs that are on offer to tackle childhood overweight and obesity, particularly the NSW Premier’s Sporting Challenge’, and inserting instead ‘The committee acknowledges that the NSW Government is promoting a number of programs that are targeting childhood overweight and obesity, noting in particular the NSW Premier’s Sporting Challenge’.

Dr Phelps moved: That paragraph 2.68 be amended by omitting ‘While the program is beneficial, the Committee believes that it could be a cornerstone in helping to achieve the Premier’s priority to reduce childhood overweight and obesity by increasing physical activity of school age children’ after ‘NSW Premier’s Sporting Challenge’ and omitting Recommendation 2.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Dr Phelps moved in globo:

- a) That paragraph 2.69 and Recommendation 3 be omitted.
- b) That paragraph 2.70 and Recommendation 4 be omitted.
- c) That paragraph 2.71 and Recommendation 5 be omitted.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Resolved, on the motion of Mr Donnelly: That paragraph 2.71 and Recommendation 5 be amended by omitting ‘national’ before ‘Personal Development, Health and Physical Education’.

Dr Phelps moved: That the following new paragraph be inserted after Recommendation 5:

‘The Committee recognises that childhood overweight and obesity is one of the vital issues concerning the future of the people of New South Wales. To that end, the full coercive power of the state must be brought to bear on children who do not meet the health ideal that the state sets for them. Children at Government schools who are overweight or obese should, therefore, be subject to additional mandatory physical activity during the time set aside for lunch. The nature of this should be mandated by the Department of Education, along the lines of school calisthenics programs from the 1940’s and 1950’s.

**‘Recommendation X**

That the NSW Government make mandatory a system of additional physical activity for overweight and obese children in all Government schools during lunch times.’

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Question resolved in the negative.

Resolved, on the motion of Dr Phelps: That Recommendation 8 be amended by omitting ‘the NSW Government ensure that’ before ‘pre-conception, pregnancy’.

Resolved, on the motion of Mr Donnelly: That paragraph 2.113 be amended by omitting ‘The role of the State should largely be limited in interfering with parental responsibility and confined to areas in which it has dominion’.

Resolved, on the motion of Dr Phelps: That paragraph 2.114 be amended by inserting ‘However, this does not absolve parents of the need to do the right thing by their children with respect to the nutritional needs of the latter’ after ‘options and lifestyles.’

Resolved, on the motion of Mr Donnelly: That paragraph 3.31 be amended to omitting ‘changed dramatically’ and inserting instead ‘altered dramatically’.

Dr Phelps moved: That the following new committee comment be inserted after paragraph 3.62:

**Committee comment**

‘The committee notes the system of corporate and private philanthropy which allows for the development of children’s sport in New South Wales. This philanthropy allows for clubs to keep down the cost of participatory sports, and notes that any more to ban such funding without alternative sources of income would inevitably have a detrimental impact on participation rates, particularly amongst children in areas of high social disadvantage. We therefore oppose any suggestion that restaurant chains, or food or beverage producers, be banned from donating to sporting clubs or organisations.’

**Recommendation X**

That the Government oppose any suggestions for bans on donations from restaurant chains and food or beverage producers to sporting clubs or organisations.’

Question put.

The committee divided.

Ayes: Mr Farlow, Mr Mallard, Dr Phelps

Noes: Mr Donnelly, Mr Mookhey

Question resolved in the affirmative.

Dr Phelps moved: That paragraph 3.80 be amended by omitting ‘and that the potentially misleading ratings in the Health Star Rating System should be addressed’ and inserting instead ‘however we reject any requirements for government mandated labels’ and Recommendation 13 be omitted.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Question resolved in the negative.

Resolved, on the motion of Dr Phelps: That the following new paragraph be inserted after 3.93:

‘Moreover, this point was emphasised by Ms Jeffery, who stated:

“There is a claim repeated in public health and nutrition discourse and from my own personal experience, having lived as a vegan for some time ... I find it is simply not true that healthier food options are more expensive in dollar terms. What makes them more "expensive" is that there are higher costs associated with preparing fresh and healthy food.  
[FOOTNOTE: Evidence, Ms Lara Jeffrey, MyChoice, 10 October 2016, p.15]”

Dr Phelps moved: That paragraph 3.99 and Recommendation 14 be omitted.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Question resolved in the negative.

Resolved, on the motion of Mr Donnelly: That paragraph 3.124 be amended by inserting ‘it’ after ‘However,’.

Dr Phelps moved: That the following new paragraph and recommendation be inserted after 3.124:

‘The Committee strongly opposes any ‘Sugar Tax’, ‘Soda Tax’, ‘Fat Tax’, or other form punitive taxation on selected food products. We note the highly regressive nature of such taxes, and the inequitable class-based selection of what consumption patterns that any Government would be seeking to punish by the imposition of such ‘sin’ taxes.

**Recommendation X**

The NSW Government, at COAG, oppose any moves towards the punitive taxation of selected food and/or beverage products.’

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Question resolved in the negative.

Dr Phelps moved: That paragraph 3.137 and Recommendation 15 be omitted.

Question put.

The committee divided.

Ayes: Dr Phelps

Noes: Mr Donnelly, Mr Farlow, Mr Mallard, Mr Mookhey.

Question resolved in the negative.

Resolved on the motion of Mr Donnelly: That:

- The draft report as amended be the report of the committee and that the committee present the report to the House;
- The transcripts of evidence, submissions, tabled documents, answers to questions on notice and supplementary questions, and correspondence relating to the inquiry be tabled in the House with the report;

- Upon tabling, all unpublished attachments to submissions be kept confidential by the committee;
- Upon tabling, all unpublished transcripts of evidence, submissions, tabled documents, answers to questions on notice and supplementary questions, and correspondence relating to the inquiry, be published by the committee, except for those documents kept confidential by resolution of the committee;
- The committee secretariat correct any typographical, grammatical and formatting errors prior to tabling;
- The committee secretariat be authorised to update any committee comments where necessary to reflect changes to recommendations or new recommendations resolved by the committee;
- Dissenting statements be provided to the secretariat within 24 hours after receipt of the draft minutes of the meeting;
- That the report be tabled on Thursday 15 December 2016.

**6. Adjournment**

The committee adjourned at 2.01 pm, *sine die*.

Rebecca Main  
**Clerk to the Committee**