

**Submission
No 6**

**INQUIRY INTO INQUIRY INTO CHILDHOOD
OVERWEIGHT AND OBESITY**

Organisation: Heart Foundation NSW

Date received: 25 August 2016

Heart Foundation NSW

Submission to the NSW Legislative Council, Standing Committee on Social Issues

Inquiry into childhood overweight and obesity

Due 21 August 2016

Key points:

- Biologically, the major cause of childhood overweight and obesity is excessive kilojoule intake (from food and beverages) and insufficient kilojoule use (from low levels of physical activity).
- The rapid increase in childhood overweight and obesity in children over recent decades is a result of significant changes in children's environments and lifestyle – with increased consumption of energy dense/nutrient poor foods and a reduction in daily physical activity.
- Strategies to reverse the current trends in childhood overweight and obesity need to operate on a number of levels – personal, social and environmental – and be of sufficient breadth and intensity to make a difference.
- Interventions to help children who are already overweight or obese have low success rates so there is a need to focus on primary prevention.
- Parents need to be supported in making healthy food and physical activity choices for their children and Governments need to intervene to protect parental choice from subversion by unhealthy vested interests.
- There is a need for Government intervention to redress aspects of market failure in food supply and food promotion to children.
- Governments have the principle control over urban planning and can reduce barriers to daily physical activity integration into both transport and recreation.

Key recommendations:

- The 6 key steps NSW Government can take to reduce childhood overweight and obesity are:
 1. Increase parental awareness and healthy eating active living skills by ramping up children/family focused components of the NSW Health *Make Healthy Normal* Campaign and increasing the reach of existing NSW Health programs to populations with the greatest need.
 2. Increase children's every day physical activity by the implementation plan of the *Active Travel Charter for Children* across 5 NSW Government Departments
 3. Influence food reformulation and food supply in NSW by establishing health criteria for NSW Government food procurement (including healthy food guidelines for health service settings, hospitals,

school canteens, public transport,) and by setting health criteria for food advertising on Government owned billboards.

4. Influence food reformulation and food supply in the 'out of home' eating environment in NSW using regulatory powers under *Food Act 2003* to mandate menu labelling for kilojoules, fats and salt content in quick service restaurants.

5. Increase the development of healthy built environments by mandating health indicators in new planning processes, including provision of active transport in new State significant projects.

6. High level NSW Ministerial leadership through national agencies:

- Reduce children's consumption of sugar sweetened beverages by adopting a range of strategies which could include a levy to fund a social marketing campaign
- Support parents in making better food choices and encourage the reformulation of processed foods by imposing mandatory health star rating on food labels
- Reduce children's consumption of energy dense nutrient poor foods by reducing their exposure to junk food marketing and promotion, especially on TV and in digital platforms

Introduction:

The Heart Foundation welcomes the interest of the NSW Parliament and the Legislative Council Standing Committee on Social Issues in strategies to reduce childhood overweight and obesity. While rates of childhood overweight and obesity increased between 1960 and 2010 the good news is that there is sound evidence of what needs to be done to reverse the trend and begin to reduce the proportion of children affected. We commend to you the submission prepared by the Charles Perkins Centre at Sydney University, which details the substantial evidence available to support the 'best buy' strategies which will reduce childhood overweight and obesity. We have also provided in [Appendix 1](#) a summary of the conclusions of several key reports on childhood overweight and obesity which further support these strategies.

The Heart Foundation's focus in this submission is on the actions NSW can take at this time to implement best practice strategies. As stated in the Charles Perkins Centre submission, to meet NSW Government's target to reduce childhood overweight and obesity by 5% by 2025 there will need to be more intensive implementation of current programs and investment in new initiatives. What is needed is a commitment to continue, and increase the resources for, the strategies which the NSW Government (including NSW Health, and the Departments of Education, Planning and Transport) has already begun so that they can continue for long enough to have an impact. The tide of smoking-related death and illness was only turned after 50 years of concerted, comprehensive and co-ordinated strategies across Governments and other sectors. We must expect that it will take some decades to return NSW childhood overweight and obesity rates to anywhere near the 1960 levels, when only about 5% of children were overweight or obese.

Childhood overweight and obesity is an important issue to address because:

- It increases children's ill health, including Type 2 diabetes, back problems, poor mental health and social stigma;
- It predicts future adult overweight and obesity and associated adult chronic diseases such as heart disease, diabetes and cancer;
- It is an indicator of unhealthy physical and social environments which impact both on children and adults;
- It is slow to change, requiring generations to reverse poor health behaviours which have become 'normalised'.

Children's overweight and obesity is not a problem restricted to NSW or Australia. Governments across the world have identified this as a problem and have instigated formal Inquiries to develop strategies to address the problem. Some recent Inquiries which may assist the Standing Committee include:

- *Australian Government National Preventative Health Strategy 2009*. While this looked at both adult and childhood obesity, it gathered evidence and prepared reports on childhood overweight and obesity which may be of assistance to the NSW Inquiry
- *WHO Report of the Commission on Ending Childhood Obesity 2016*
- *UK House of Commons Health Committee Childhood Obesity Inquiry 2015*

Further information and links to key documents from these Inquiries are included in Appendix 1.

The causes of childhood overweight and obesity:

It is now well recognised that our changing environment and lifestyle are the major causes of the increase in childhood overweight and obesity.¹ In summary, children are consuming more energy (measured as kilojoules or calories) and using less resulting in excess energy being stored as body fat.

While there has been considerable discussion – both in the general media and among researchers – about the impacts of particular micronutrients on weight increase (such as types of sugars,

carbohydrates, etc) the Heart Foundation's position is that the major cause – and the one which is the most feasible to remedy – is excess kilojoules from discretionary foods.

In brief, children are consuming excessive amounts of energy dense nutrient poor foods and doing insufficient physical activity. While the consequence of that is overweight and obesity – the area of interest to the current inquiry – it should be noted that poor diet and insufficient physical activity also have other health impacts in addition to weight gain and contribute as additional risk factors for the development of many chronic diseases, including heart disease and diabetes.

Key actions – within NSW regulatory jurisdiction

1. Increase funding of NSW Health *Make Healthy Normal* campaign to include children's eating and physical activity

The NSW Health *Make Healthy Normal* campaign is underfunded compared to other critical behaviour change campaigns run by the NSW Government. We recommend a spend of around \$36 million over 4 years be allocated to supercharge the campaign.

We would caution against social marketing directed specifically at overweight and obese children which may stigmatise them. We know from other effective behaviour change campaigns (such as anti-smoking campaigns) that children are influenced by messages aimed at their older role models and that they quickly disregard campaigns which seem to hypocritically target them with a 'children shouldn't do this but it's ok for adults to make up their own mind' message. Evidence for the influence of adult targeted advertising on children can be seen in the popularity of sugar sweetened beverages even amongst young children, where advertising has established a social norm to which children aspire.

There is a need for the *Make Healthy Normal* campaign to link with and give support to other strategies which are currently underway in NSW to address overweight and obesity. For example, there is evidence that the labelling of fast food menus with the kilojoule content of each product is effective in changing behaviour amongst adults who are aware of the menu labelling and understand it. ⁱⁱ

An awareness campaign on menu labelling would extend the effectiveness of this strategy in NSW. While adults are most likely to understand and act on such a campaign, it is reasonable to assume that they will also then make better food choices for their children in these fast food environments.

Health Star Ratings on food labels can also provide parents with the information to make healthier food choices on behalf of their children. While the Health Star Rating System as a front of pack labelling system is a Commonwealth responsibility, the NSW Government has the opportunity to influence decisions on how the system is to be employed in other settings by exerting its influence on members of the Healthy Food Partnership and other cross Government federal committees.

NSW Health runs a range of successful evidence-based programs aimed at identified population groups with high risk factors for childhood overweight and obesity, including *Get Healthy in Pregnancy* for pregnant women, *Munch & Move* for early childhood services, *Live Life Well @ School* for primary schools and *Go4Fun* for obese children aged 7 to 13 years and their families. Details of these programs have been covered in submissions by other organisations and further information can be found on the Healthy Kids website <http://www.healthykids.nsw.gov.au/>

The success of these programs – as with all programs aimed at weight management – depends on continuity over a long enough time for the necessary behaviour changes to become healthy habits. The Heart Foundation supports the continued resourcing of NSW Health's existing programs and recommends that sustained funding be allocated to ensure the support they provide to families is maintained over effective time periods.

2. Resource the *Active Travel Charter for Children* to deliver the already developed implementation plan

Compared to earlier generations, children today are more likely to be driven to their day-to-day activities – school, out of school activities, visiting friends, sport. Children’s use of active transport to and from school, including walking, cycling, using a scooter or skateboard, declined 42% between 1971 and 2013. ⁱⁱⁱ

There are many reasons for this, most of which relate to parental decisions influenced by safety concerns and time pressure. The *Active Travel Charter for Children* was developed in 2014 to develop evidence based strategies to help parents and their children use active transport for everyday transport. The Charter was launched at the International Walk 21 Conference in Sydney in 2014 and supported by:

- Premier’s Council for Active Living
- NSW Health
- Transport for NSW
- Department of Education and Communities
- NSW Commission for Children and Young People
- Office of Environment and Heritage
- Bicycle NSW
- Cycling Promotion Fund
- Council of Catholic School Parents NSW/ACT
- NSW Parents’ Council
- Federation of Parents and Citizens Association
- The Association of Independent Schools of NSW
- Catholic Education Commission of NSW
- Heart Foundation

Details of the Active travel Charter with resources for parents/carers and communities are available on the NSW Health Healthy Kids website:

<http://www.healthykids.nsw.gov.au/campaigns-programs/childrens-active-travel.aspx>

An implementation plan was developed by the NSW Health Office of Preventive Health. However, there have been few resources directed to implementing the plan to date. Our proposal is that the NSW Departments which were signatories to the Charter allocate internal resources to implement the components of the plan which sit within their responsibility.

This would provide \$12.5 million over 4 years shared between:

- NSW Health through the Office of Preventive Health
- Transport for NSW
- Department of Education
- Department of Planning
- Office of Local Government

3. Drive food reformulation through NSW State Government procurement

The regulation of food production, distribution and marketing in Australia sits within both State and Commonwealth jurisdictions. As food crosses State (and international) boundaries there is a general consensus that food regulation should be consistent across regulatory jurisdictions and there is a high level of collaboration between State and Federal Food Authorities in some areas, such as food safety. However, there are still areas where the NSW State Government can influence food reformulation and drive change.

The NSW Government is a major purchaser of food products for hospitals, schools and other State institutions and is therefore in a position to require foods supplied meet appropriate standards for portion size, kilojoule content, salt and healthy oil use. In addition, the NSW Government is a significant owner of advertising space in public places and health related criteria can be set to reduce in appropriate advertising of junk foods to children.

4. Drive food reformulation in the 'out of home' eating environment in NSW using regulatory powers under NSW Food Act 2003

The NSW State Government has already used its regulatory powers in this area with amendments to the NSW *Food Act 2003* to require information about the kilojoule content of products to be displayed on the menu boards of certain quick service restaurants in NSW. Early evaluation of this strategy indicates that people who are aware of the kilojoule content make healthier choices, for example choosing water rather than a sugar sweetened beverage with their meal. ^{iv} Similar legislation has now been proposed or enacted in other States in Australia.

The Heart Foundation would like to see menu labelling extended to inform parents of the levels of other heart health important micronutrients, such as levels of saturated fats and salt, in the products they buy for their children.

5. Commit to building health enhancing urban environments by mandating health as a consideration in urban and regional planning

NSW is undergoing an extensive program of urban renewal and regional growth, putting in place physical environments which will influence the lifestyles of both the current generations and those to come. In the same way in which the infectious diseases of the 19th century were the direct result of deficiencies in the design of urban areas at that time, modern cities have become barriers to the healthy lifestyle which is necessary to prevent chronic diseases like heart disease, diabetes and mental illness. For example, it is difficult for modern families to achieve the necessary levels of daily physical activity needed for good health if they spend 2+ hours each day seated in a car as their only viable mode of transport to and from work. As outlined above, children in particular have become victims of the increased necessity for car transport, especially for school drop off and pick up.

Good urban planning which makes walking, cycling and public transport easy and attractive alternatives to car travel has the dual benefit of improving health and reducing traffic congestion. Choosing active transport results in increased 'incidental' physical activity with associated health improvements.

There is considerable evidence available now to enable urban and regional planning decisions to enhance health rather than build the chronic disease hotspots of the future. Designing transport networks which link cycling and walking infrastructure with public transport; creating attractive residential areas where people can feasibly walk or cycle to essential services such as shops, schools and work; providing safe, activity friendly open and green spaces - all contribute to creating a healthy built environment where physical activity is the norm rather than an exception.

What is needed to make this a reality is for health considerations to be embedded in the decision making process. Making health an objective in the *NSW Environmental Planning and Assessment Act 1979* is the first step in embedding healthy planning in NSW regional and district plans and associated policies and strategies. Suitable wording was included in the *Planning Bill 2013*: ^v

1.3 Objects of Act

(1) *The objects of this Act are as follows:*

- (h) *to promote health and safety in the design, construction and performance of buildings,*
- (i) *to promote health, amenity and quality in the design and planning of the built environment,*

Key actions – requiring Commonwealth Government and joint national action

6. Show NSW Ministerial leadership through national agencies

Some actions to reduce childhood obesity lay within the power and jurisdiction of the NSW Government and NSW Parliament. However, many changes relating to food supply and promotion sit

within the regulatory jurisdiction of the Commonwealth Government or require national agreement across Government jurisdictions and sectors, between Commonwealth, State Governments and food companies. However, there are existing mechanisms to enable consistent food regulation across Australia and New Zealand and the NSW Government is in a position to use these channels to influence food supply and promotion which are contributing to childhood overweight and obesity.

These options include:

- The Health Ministers COAG meetings are one opportunity for NSW to advocate for healthier food regulation.
- Food Standards Australia and New Zealand (FSANZ) - develops and administers the Australia New Zealand Food Standards Code, which is then interpreted and enforced by state and territory agencies including the NSW Food Authority. The Food Standards Code includes labelling requirements.
- Australian Communications and Media Authority (ACMA) - responsible for Childrens Televisions Standards including advertising to children; <http://www.acma.gov.au/Citizen/Stay-protected/My-kids-and-media/Kids-and-TV/advertising-to-children-kids-tv-and-advertising-i-acma>
- Healthy Food Partnership – a collaboration between the Australian Government, food industry bodies and public health groups “to cooperatively tackle obesity, encourage healthy eating and empower food manufacturers to make positive changes to their product portfolios”. <http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy-Food-Partnership-Home>

Through these agencies we believe the following actions could be made:

- Make the current voluntary Health Star Rating on food labels mandatory on processed foods by July 2019 – especially on discretionary foods – and resource an awareness raising campaign so parents and carers can meaningfully interpret the stars to make healthier food choices for their children
- Use the Healthy Food Partnership to drive food reformulation in processed foods including fast foods, by setting reformulation and portion size targets that are independently monitored to reduce unnecessary salt, saturated and trans fats, and portion sizes across a range of food service settings.
- Legislate restrictions on marketing of junk food to children, including removing junk food advertising on free to air TV up to 9pm
- Place a health levy on sugar sweetened drinks and use the funds from this to increase awareness raising campaigns
- Commit Commonwealth funding to active travel infrastructure through Infrastructure Australia and also as components of other transport infrastructure projects (urban roads, development around airports, regional transport corridors)

Conclusion:

The alarming increase in the proportion of children who are overweight or obese has been a wake-up call to Governments both in Australia and across the world. The appearance in children of previously ‘adult’ chronic diseases, like Type 2 diabetes, as a result of overweight and obesity has shocked health authorities into the realisation that Governments need to intervene to correct clear market failure. When junk food advertising and promotion outweighs healthy food messages it is no wonder that parents struggle to get their children to eat a healthy diet; when adults are ‘too busy’ to exercise or walk their children to school, children see a sedentary lifestyle as ‘normal’.

NSW has undertaken extensive investigation of the causes and potential remedies for childhood overweight and obesity and has established a comprehensive and evidence based program of activity, set out in the NSW Healthy Eating and Active Living Strategy 2013-2018. The most recent Snapshot report on childhood overweight and obesity (June 2016) is showing good signs that the

increase in children's overweight and obesity has plateaued in NSW.^{vi} However, we should not be complacent. The current prevalence of 22% of children aged 5-16 years overweight or obese is still far too high.

The Heart Foundation commends the approach which has been taken to date but as with all behaviour change strategies success is the result of dogged persistence with a suite of activities over long periods of time rather than any 'miracle cure' intervention. There is much we can learn from NSW's success in reducing smoking rates which was achieved over many years with a combination of assistance to smokers to quit, regulations which banned smoking advertising and promotion, strong measures to 'denormalise' smoking so that children would not be constantly exposed to people smoking, and clean air regulations which protect both never smokers and ex-smokers who have chosen to quit.

A similar suite of activity is need to support parents and children to make healthy food and activity choices, and to create a physical and social environment which allows them to make those choices without undue influence from corporations whose profits depend on selling health damaging products.

The Heart Foundation would be happy to provide further information or briefings on the recommendations we have made in this submission.

Contact for further information:

Ms Julie-Anne Mitchell
Director, Cardiovascular Health
Heart Foundation (NSW)

APPENDIX 1: Key obesity reports

World Health Organization – Report of the Commission on Ending Childhood Obesity 2016

<http://www.who.int/end-childhood-obesity/final-report/en/>

“Obesity prevention and treatment requires a whole-of-government approach in which policies across all sectors systematically take health into account, avoid harmful health impacts, and thus improve population health and health equity.

The Commission has developed a comprehensive, integrated package of recommendations to address childhood obesity. It calls for governments to take leadership and for all stakeholders to recognize their moral responsibility in acting on behalf of the child to reduce the risk of obesity.”

The recommendations are presented under the following areas:

1. Implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.
2. Implement comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents.
3. Integrate and strengthen guidance for non-communicable disease prevention with current guidance for preconception and antenatal care, to reduce the risk of childhood obesity.
4. Provide guidance on, and support for, healthy diet, sleep and physical activity in early childhood to ensure children grow appropriately and develop healthy habits.
5. Implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents.
6. Provide family-based, multicomponent, lifestyle weight management services for children and young people who are obese.

UK House of Commons Health Committee - Childhood Obesity Inquiry - November 2015

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/inquiry/>

“Reflecting the evidence we heard, we have made recommendations in nine different areas. No one single area offers a solution in itself, but we see a strong case for implementing changes in all of these areas. They are:

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink
- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks, in order to help change behaviour, with all proceeds targeted to help those children at greatest risk of obesity
- Labelling of single portions of products with added sugar to show sugar content in teaspoons
- Improved education and information about diet
- Universal school food standards
- Greater powers for local authorities to tackle the environment leading to obesity
- Early intervention to offer help to families of children affected by obesity and further research into the most effective interventions.

We believe that if the Government fails to act, the problem will become far worse. A full package of bold measures is required and should be implemented as soon as possible.”

Active Healthy Kids Australia - Road less travelled: 2015 Progress Report Card on Active Transport for Children and Young People

<http://www.activehealthykidsaustralia.com.au/report-cards/>

Key findings:

- Parents of children aged 5-6 years and 9-10 years reported that 45% and 47%, respectively used active travel to and/or from school at least once per week
- 59% of secondary school students aged 12-17 years reported using active travel to and/or from school at least once per week
- State-based data collected from 2011 to 2013, for both primary and secondary school students, shows that active transport is the 'usual mode' of transport to school for 25% to 32% of students
- Parents report that 25% and 29% of children aged 5-6 and 9-10 years respectively, travel to and/or from school using active transport for five or more trips per week
- 35% of secondary school students, aged 12-17 years use active transport every day to travel to and/or from school
- On average children aged 5-17 years spend 18 minutes per day (30% of recommended daily MVPA) using active transport to various destinations

Australian Government National Preventative Health Task Strategy 2009

Launched by the Federal Minister for Health and Ageing in September 2009, the Strategy was the result of a comprehensive consultation process driven by the Preventative Health Taskforce which identified the most effective interventions and developed an action aimed at reducing overweight and obesity in Australia.

The Preventative Health Taskforce will provide evidence-based advice to government and health providers – both public and private – on preventative health programs and strategies, and support the development of a National Preventative Health Strategy. The Strategy will provide a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco, and excessive consumption of alcohol. It will be directed at primary prevention and will address all relevant arms of policy and all available points of leverage, in both the health and non-health sectors, in formulating its recommendations.

The recommended key action areas for obesity were:

1. Drive environmental changes throughout the community which increase the levels of physical activity and reduce sedentary behaviour
2. Drive change within the food supply to increase the availability and demand for healthier food products, and decrease the availability and demand for unhealthy food products
3. Embed physical activity and healthy eating patterns in everyday life
4. Encourage people to improve their levels of physical activity and healthy eating through comprehensive and effective social marketing
5. Reduce exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense nutrient-poor foods and beverages
6. Strengthen, upskill and support the primary healthcare and public health workforce to support people in making healthy choices
7. Address maternal and child health, enhancing early life and growth patterns
8. Support low income communities to improve their levels of physical activity and healthy eating
9. Reduce obesity prevalence and burden in Indigenous communities and contribute to 'Close the Gap'
10. Build the evidence base, monitor and evaluate effectiveness of action

The resources developed by the Taskforce are still available on the website.

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/national-preventative-health-strategy-1lp>

The key documents are:

- National Preventative Health strategy – overview

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview>

- National Preventative Health strategy – the roadmap for action

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap>

- Obesity in Australia – the need for urgent action. Technical Paper 1:

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/tech-obesity>

References

¹ World Health Organization. *Report of the Commission on Ending Childhood Obesity* 2016. Accessed from <http://www.who.int/end-childhood-obesity/final-report/en/>

ⁱⁱ Ipsos Food. *CHATS Annual Report 2015-16*. 2nd Edition, May 2016

ⁱⁱⁱ Active Healthy Kids Australia 2015. *The Road Less travelled: The 2015 Active Healthy Kids Australia Progress Report Card on Active transport for Children and Young People*. Adelaide, South Australia: Active Healthy Kids Australia.

http://www.activehealthykidsaustralia.com.au/siteassets/documents/ahka_reportcard_2015_web.pdf

^{iv} Ipsos Food. *CHATS Annual Report 2015-16*. 2nd Edition, May 2016

^v <https://www.parliament.nsw.gov.au/bills/DBAssets/bills/BillText/3228/b2012-088-d31-House.pdf>

^{vi} NSW Ministry of Health. *Snapshot Childhood Overweight and Obesity – Healthy Children Initiative*. June 2016 <http://www.healthstats.nsw.gov.au/resources/snapshot-childhoodobesity.pdf>