

**Submission
No 23**

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

Organisation: Dietitians Association of Australia

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Inquiry into childhood overweight and obesity

August 2016

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide respond to the Inquiry into childhood overweight and obesity by the NSW Legislative Council Standing Committee on Social Issues.

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DAA interest in this inquiry

As the leading nutrition and dietetic organisation in Australia, DAA is concerned about the prevention and management of childhood overweight and obesity in Australia.

DAA is responsible for the Accredited Practising Dietitian (APD) program which is the basis for self-regulation of the dietetic profession in Australia. APDs have the skills and knowledge to work in a variety of settings including clinical practice, community and population health, food service, food industry, and media communications to prevent and manage childhood overweight and obesity.

Key messages

The prevalence of overweight and obesity in children in NSW is stable but at 22% is of considerable concern. The NSW Government is taking a variety of measures to prevent and manage overweight and obesity. DAA considers a national nutrition framework would be an important enabler for NSW and other jurisdictions in tackling overweight and obesity, and other nutrition issues.

Introduction

Prevalence of overweight and obesity

According to HealthStats NSW 22% of children in NSW are overweight or obese¹. By the time adulthood is reached over 61.1% of persons aged 18 years and over (68.3% of males and 53.7% of females) in NSW are overweight or obese as estimated from the 2011-12 Australian Health Survey².

The health consequences of obesity have been described elsewhere, with the systematic review by Reilly et al addressing the how this impacts on childhood for the child and in adulthood³. Obesity is implicated in a number of chronic diseases such as hypertension, diabetes, some cancers, arthritis etc. There are costs for individuals and for society in terms of quality of life, productivity and increased costs of health care.

Causes of overweight and obesity

The causes of overweight and obesity are essentially the same across the age spectrum i.e. more dietary energy is consumed than is expended by the body. However, the contributing factors to this are complex and relate to individual factors and societal factors.

While children have some individual choice regarding their lifestyle behaviours, in particular foods, beverages, and physical activity, they are also subject to factors

in their environment e.g. foods available in their home, foods available in their school canteen, physical activity as part of their school program.

Current approaches to reduce childhood overweight and obesity in NSW

Interface with national policy

The NSW Healthy Eating and Active Living Strategy⁴ appropriately utilises key Australian Government developed resources including the Australian Dietary Guidelines and the Australian Guide to Healthy Eating⁵. DAA considers even greater efficiency and effectiveness could be achieved with the development of a national nutrition framework to give comprehensive and cohesive direction for national and state/territory food and nutrition policies across the spectrum of nutrition issues, including obesity prevention and treatment. Given the last National Food and Nutrition Policy⁶ was released in 1992, there is a role for NSW Government to support the development of a new national nutrition policy.

Intervention and monitoring

NSW has shown leadership in programs aimed at the prevention of overweight and obesity and in monitoring of body weight status. Programs include the NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018. Monitoring through the NSW Population Health Surveys, NSW School Students Health Behaviour Survey and the NSW Schools Physical Activity and Nutrition Surveys⁷ is in addition to national surveys such as the Australian Health Survey and the National Child Nutrition and Physical Activity Survey: 2007⁸.

Strategies for obesity prevention

DAA advocates for strategies to prevent overweight and obesity and commends the NSW Government on its Healthy Eating and Active Living Strategy. Some aspects of the NSW Strategy are consistent with the NOURISHING⁹ framework, a food policy package for healthy diets and the prevention of obesity and diet-related non-communicable diseases which was developed by World Cancer Research Fund International. The package brings together the key domains of action and policy areas and aims to provide a framework for reporting, categorizing and monitoring policy actions taken around the world, and for systematically categorizing, updating, interpreting and communicating the evidence for policy to policymakers. DAA would like to see more national and state/territory investment in programs related to food environment, food systems and behaviour change communication.

Table 1: The NOURISHING Framework

Domain		Policy area	Examples of potential policy actions
Food environment	N	Nutrition label standards and regulations on the use of claims and implied claims on foods	eg, nutrient lists on food packages; clearly visible “interpretive” and calorie labels; menu, shelf labels; rules on nutrient and health claims
	O	Offer healthy foods and set standards in public institutions and other specific settings	eg, fruit and vegetable programmes; standards in education, work, health facilities; award schemes; choice architecture
	U	Use economic tools to address food affordability and purchase incentives	eg, targeted subsidies; price promotions at point of sale; unit pricing; health-related food taxes
	R	Restrict food advertising and other forms of commercial promotion	eg, restrict advertising to children that promotes unhealthy diets in all forms of media; sales promotions; packaging; sponsorship
	I	Improve the nutritional quality of the whole food supply	eg, reformulation to reduce salt and fats; elimination of trans fats; reduce energy density of processed foods; portion size limits
	S	Set incentives and rules to create a healthy retail and food service environment	eg, incentives for shops to locate in underserved areas; planning restrictions on food outlets; in-store promotions
Food system	H	Harness the food supply chain and actions across sectors to ensure coherence with health	eg, supply-chain incentives for production; public procurement through “short” chains; health-in-all policies; governance structures for multi-sectoral engagement
Behaviour-change communication	I	Inform people about food and nutrition through public awareness	eg, education about food-based dietary guidelines, mass media, social marketing; community and public information campaigns
	N	Nutrition advice and counselling in health-care settings	eg, nutrition advice for at-risk individuals; telephone advice and support; clinical guidelines for health professionals on effective interventions for nutrition
	G	Give nutrition education and skills	eg, nutrition, cooking/food production skills on education curricula; workplace health schemes; health literacy programmes

Measures to support 13 – 18 year olds to make healthier food and beverage choices and be active

Priority populations

The NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in NSW 2013-2018 considers some priority populations, including Aboriginal communities, culturally and linguistically diverse communities, regional and remote communities and socioeconomically disadvantaged communities. DAA agrees with this priority, but would like to see other vulnerable groups considered in the Strategy i.e. children who are refugees, and children with disability.

Practical skills for families

There has been a decline in cooking skills in Western countries¹⁰ with women working outside the home and an increase in the use of ready to eat meals. Adults may not have the skills needed to teach children at home about cooking, planning meals and budgeting, so it is important that children learn this and how to purchase, prepare and store foods for good health in school.

Programs which engage with families can assist parents to gain skills and knowledge. The role of fathers warrants more attention. DAA is aware of excellent programs in Australia for example which are demonstrating better outcomes for both fathers and their children¹³.

Strategies to support health professionals to identify and address childhood overweight and obesity

Access to individual support

Greater access for individual or group support by Accredited Practising Dietitians under Medicare would help overweight or obese children and their families. Obesity without other comorbidities is not sufficient to enable a General Practitioner to write a plan to enable access to allied health practitioners such as Accredited Practising Dietitians and Accredited Exercise Physiologists under Medicare Chronic Disease items. Also, children or adolescence with mental health issues who gain weight as a side effect of medications are unable to access Accredited Practising Dietitians under the Medicare Better Mental Health program. This is a significant disadvantage to the 50% of families without private health insurance. Publicly funded health services offer limited programs for overweight or obese children, often with long waiting lists.

Support for children with disability

The establishment of the National Disability Insurance Scheme offers some hope for families of children with disability to gain better access to services. Many children with intellectual disability are overweight or obese and Accredited Practising Dietitians working with these families require more frequent consultations, over a longer period. However, the nutrition needs of children with disability have been poorly recognised until now, and there are early indications that there is uncertainty about where the responsibility lies for children with disability and weight management issues, i.e. with health or with the NDIS.

Workforce

DAA has identified that more investment is needed to build the skills of other health professionals and health workers. DAA work in reviewing VET sector training packages has revealed that Certificate III or IV courses may lack appropriate evidence-based nutrition content.

Coordination between NSW Government agencies

Intersectoral collaboration

Strategies to reduce the prevalence of overweight and obesity in children will have greater chance of success if there is cooperation between sectors including health, education, transport, urban planning, etc. The NSW Government is a leader in this area with the Healthy Eating and Active Living Strategy which provides for agreements with key government agencies e.g. Education, Family

and Community Services, Planning and Environment, Transport for NSW, NSW Food Authority. Importantly these agreements include agreed actions, milestones and delivery metrics and DAA looks forward to hearing if these efforts can achieve good urban planning facilities and street scapes to support children to be physically active and safe, and for approaches to enable families to access healthy food in retail outlets.

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