Submission No 27

INQUIRY INTO INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

Organisation: AMA (NSW)

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Inquiry into childhood **OVERWEIGHT** AND **OBESITY**

CHILDHOOD OBESITY IS A HEALTH EMERGENCY

SUMMARY

AMA (NSW)'s submission to the Upper House inquiry into childhood overweight and obesity.

The AMA (NSW) is grateful for the opportunity to make a submission to the Upper House inquiry into childhood overweight and obesity.

AMA (NSW) is a medico-political organisation that represents more than 8,000 doctors-in-training, career medical officers, staff specialists, visiting medical officers, specialists and general practitioners in private practice in NSW.

AMA (NSW) welcomes the inclusion of childhood obesity on the Premier's Key Priorities for NSW.

An estimated 60% of Australian adults are classified as overweight or obese and research indicates children of obese[1] parents are more than twice as likely to be obese themselves.[2] A quarter of Australian children and adolescents are overweight or obese (18% overweight and 7% obese).[3]

Children who become obese are likely to stay obese into adulthood, the consequences of which are a greater risk of suffering from obesity-related chronic disease, such as diabetes, cardiovascular disease, certain cancers and other complications.

The childhood overweight and obesity epidemic demands a response in line with its significant prevalence and impact on society.

No single strategy will effectively eliminate such a complex health issue. It demands a comprehensive, whole-of-society approach, involving leadership from all levels of government, nongovernment organisations, schools, community groups, food and beverage industries, the media, and health professionals.

A sugar tax, price controls for healthy foods, greater support for nutritional literacy programs, infrastructure to increase physical activity, improved transportation – all have a role to play in reducing this epidemic.

As doctors, we feel we also have an important role to play in combating childhood overweight and obesity. Regular healthy weight checks and a multi-disciplinary approach with allied health partners could increase prevention of childhood overweight and obesity and provide intervention to patients identified with this chronic condition. However, changes to the Medical Benefits Schedule need to reflect these consultations.

The terms of reference for this inquiry specify 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.

In the following pages, AMA (NSW) will outline its recommendations in line with the terms of reference, as well as statements of support.

RECOMMENDATIONS

AMA (NSW)'s recommendations in relation to the inquiry's terms of reference are as follows:

1.) A tax on sugar-sweetened beverages, which are known to significantly contribute to obesity – especially in children. **Funds raised from the tax should be directly invested in health programs and services.**

2.) AMA (NSW) calls for the establishment of a MBS number for consultations, which include healthy weight checks for children between the ages of 2.5 and 3.5 years.

3.) AMA (NSW) calls for the establishment of a MBS number for shared medical appointments with patients identified as overweight and obese.

4.) General practitioners should be given right of referral to weight management services run by hospitals.

5.) AMA (NSW) does not support bariatric surgery for children, but suggests it may be appropriate for adolescents (15-18 years) in exceptional cases and should be available publicly and privately.

6.) The inclusion of BMI for age charts in the the NSW Personal Health Record (the 'Blue Book').

AMA (NSW) also supports:

7.) Support for Australian mothers to encourage breastfeeding babies for the first six months of life (unless there are medical contraindications).

8.) Support for programs to increase nutritional literacy of mothers to be and new mothers for infants and toddlers.

9.) Nutritional literacy programs in school and early education facilities.

10.) Food regulations and guidelines for out of school hours programs.

11.) Retailers, particularly those connected to government-run services, such as libraries and hospitals, should reduce the availability of sugar-sweetened beverages by making them less prominent or not available at all.

12.) Coordinated approach between Primary Health Networks (PHNs) and general practitioners to ensure patients have access to referred services and programs to improve dietary patterns or physical activity.

13.) Improved physical education programs in schools and increased requirements for physical activity.

14.) Improved access to outdoor recreational facilities – tennis courts, shaded playgrounds, outdoor gym equipment, walking tracks.

15.) Enhanced infrastructure to support bicycling and walking and enhanced personal and traffic safety in areas where persons are or could be physically active.

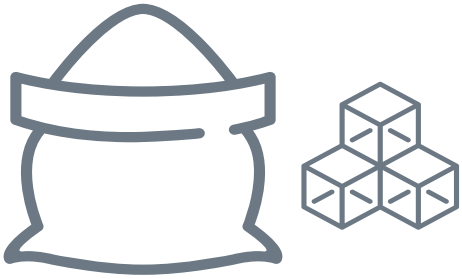
16.) Improved public transportation.

17.) Incentives to food retailers to offer healthier food and beverage choices.

18.) Introduce price signals to encourage consumers to make healthier food and beverage choices.

19.) Programs to improve the nutritional status and nutritional literacy of Aboriginal or Torres Strait Islander families at risk.

20.) Support for the Health Star Rating labelling to improve consumer decision-making.



SUGAR TAX

Sugar-sweetened beverages (SSBs) include all non-alcoholic beverages with added sugar such as non-diet soft drinks, energy drinks, fruit drinks, sports drinks and cordial. These are the largest contributors of added sugars in Australians' diets.

These sugary drinks are high in kilojoules – packing a powerful calorific punch that contributes to weight gain, leading to overweight and obesity.

Research indicates that consuming 340ml of sugary drink (less than one can) a day increases your risk of type 2 diabetes by 22% when compared to drinking one can a month or less.

International estimates show that consuming one can of soft drink per day could lead to 6.75kg weight gain in one year.

Not only do SSBs impact weight gain, but these drinks also contribute to tooth decay, which is the most prevalent disease in Australia.

Australian children are high consumers of sugar-sweetened beverages – a 2007 Australian National Children's Nutrition and Physical Activity Survey found that 47% of children (2 to 16 years of age) consumed sugary drinks every day.

The link between high consumption of SSBs and overweight and obesity makes these sugary drinks a key target for policy intervention.

BENEFITS

The Obesity Policy Coalition and the University of Queensland's School of Public Health co-wrote a study which used Australian population data to assess the impact of a sugary drinks tax. Their research found a 20% tax on SSBs could save more than 1600 lives and raise at least $400 million a year for health initiatives.[4]

According to the study, the tax could lead to a 12.6% decline in consumption of sugary drinks.[5]

A tax would result in Australians reducing their consumption of sugary drinks. A price increase would hit those who drink a lot of sugary beverages which, generally, are younger age groups.

The long-term health benefits are also quite impressive. In the first 25 years of a tax, there could be 16,000 fewer case of type 2 diabetes, 4400 fewer cases of heart disease and more than 1000 fewer cases of stroke, the study found.

Money raised by the tax could be used to positively impact the overweight and obesity epidemic. The funding could subsidise **health-related programs and services**, healthy food alternatives for economically-disadvantaged groups, support sporting activities and increase nutritional education.

The independent Parliamentary Budget Office estimated the measure would raise $2 billion over four years.

INTERNATIONAL CASE STUDIES

Several other countries have already introduced a sugar tax on beverages to curb obesity problems, including Mexico, Hungary, Finland, France, and the UK.

Mexico, which has one of the highest obesity prevalence rates in the world (one in three children and seven in 10 adults are overweight or obese), implemented a SSB tax in January 2014.[6]

A report published by *The BMJ* indicated that one year after implementation, sales of sugar-sweetened beverages dropped in Mexico by 12%, while consumption of non-taxed drinks such as mineral water and dairy products increased by 4%.

The greatest reduction came in the poorest households, where monthly purchases of sweet drinks fell by 17 per cent.

In Hungary, the introduction of a tax on companies has led to a 40 per cent reduction in levels of sugar products.

The World Health Organisation also advocates a sugar tax in its report *Ending Childhood Obesity*, citing the potential to change the purchasing decisions of low-income earners.

HEALTH CHECKS

Doctors can play a significant role in prevention and early intervention of childhood overweight and obesity and need to be given an opportunity to discuss dietary and lifestyle information with patients.

Until last year, NSW medical professionals used the Healthy Kids Check to perform a development check on children between three and five years of age. The basic health check was designed to "promote early detection of life-style risk factors, delayed development and illness, and introduce guidance for healthy lifestyles and early intervention strategies".

The Healthy Kids Check, however, was scrapped in 2015 Budget by the Coalition government on the premise that it duplicated other child health assessments provided by States and Territories. There was also concern that the check was not evidence-based and that greater uptake could have been achieved with a time-based reimbursement for preventative healthcare.

In NSW, new mothers are provided with a Personal Health Record (the 'Blue Book') for their baby, which includes growth charts based on the World Health Organisation Child Growth Standards.

Parents are encouraged to use the Blue Book and take their children to be examined by a health professional at: birth, 1 to 4 weeks, 6 to 8 weeks, 6 months, 12 months, 18 months, 2 years, 3 years and 4 years. These checks are typically provided by Early Childhood Health Centres, Community Health Centres or general practitioners.

These visits are intended to provide an opportunity for parents to discuss concerns about their child's health, including their growth, development and behaviour with a health professional.

Some general practitioners also weigh and measure children during immunisation appointments, but this is not a standard practice.

Overweight or obesity is determined by a child's Body Mass Index (BMI). BMI-for-age charts are recommended by the National Health and Medical Research Council for assessing children's weight from 2 years of age.

While the Blue Book contains growth charts, it does not contain BMI-for-age charts, which makes it difficult for parents to assess their child's overweight or obesity status.

Opportunities do exist for parents to check their child's BMI with a health professional, but in the absence of a 'Healthy Kids Check' there is no longer a standardised consultation for patient assessment in relation to overweight and obesity.

Research indicates that advice provided by general practitioners is highly regarded by the public, and can be effective in bringing about behavioural change.[7] General practice is well placed to perform a healthy weight check for children. This check would give also doctors an opportunity to discuss lifestyle and dietary health. AMA (NSW) proposes such a check would be best performed between the ages of 2.5 and 3.5.

Crucial to uptake of a healthy weight check for children is a separate MBS item number. Alternatively, the Practice Incentives Program could be used for practices that exceed targets for healthy weight check rates – similar to the incentive used for immunisation rates.

CLOSING THE GAP

Obesity is estimated to contribute to 16% of the health gap between Aboriginal and Torres Strait Islander people and the total Australian population. Obesity is associated with risk factors for the main causes of morbidity and mortality among Aboriginal and Torres Strait Islander peoples through health conditions such as diabetes and ischaemic heart disease.

AMA (NSW) supports programs to improve nutritional literacy, and calls for improved access to healthy choices. Fresh fruit and vegetables is often more expensive and of poorer quality by the time it is delivered to rural communities. Tax incentives, subsidies and incentives for delivery could be effective measures in tackling these issues.

SHARED MEDICAL APPOINTMENTS

There is debate in Australia about whether obesity should be recognised as a disease. The World Health Organisation contends that medicalising obesity will improve treatment. However, others argue it does not meet the definition of disease.

AMA (NSW) recommends that the Chronic Disease Management items, allowing five Enhanced Primary Care visits, shoud include obesity.

In addition, AMA (NSW) recommends general practitioners have access to a separate MBS item number to conduct shared medical appointments for overweight and obese patients. Shared medical appointments (or group visits) utilise peer support, reduce costs and improve patient and GP satisfaction in the management of chronic disease. It is a comprehensive medical visit that is appropriate for chronic diseases that need complex, extended and ongoing treatment. Shared medical appointments reinforce a broader multidisciplinary approach. GP-led multidisciplinary care for weight management may also be informed by dieticians, exercise physiologists, psychologists, diabetes educators, nurses, physiotherapists, occupational therapists and social workers.

REFERRAL TO WEIGHT MANAGEMENT SERVICES

Patients currently require a referral letter from a paediatrician which includes height and weight, pathology or test results, relevant family history and contact details of family, in order to attend a weight management service provided by hospitals.

AMA (NSW) recommends GPs also be given the opportunity to refer patients. This would specifically enable patients who might be deterred from utilising such services by the cost of seeing a paediatrician.

BARIATRIC SURGERY FOR ADOLESCENTS

While not appropriate for children, AMA (NSW) recommends bariatric surgery be considered for adolescents (15 to 18 years) in circumstances involving appropriate pre-operative education and post-operative follow-up, long-term multidisciplinary care, and adequate engagement of the young person and the family. For suitable patients, access to bariatric surgery should be available publicly and privately.

CONCLUSION

Childhood overweight and obesity requires a whole-of-society approach that includes all levels of government, nongovernment organisation, health and food industries, the media, employers, schools and community organisation. AMA (NSW) also advises that the medical profession has an important role in combating this health epidemic. We welcome the opportunity to be part of the solution to this national health crisis.

While we recognise that recommendations such as a sugar tax and MBS items require action from the Federal Government, we encourage the NSW Government to call on the Commonwealth to implement these changes.

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AMA NEW SOUTH WALES