

Submission
No 41

INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

Organisation: Uncle Jimmy Thumbs Up! Ltd

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Submission

NSW Parliament's standing committee on social issues
Inquiry into childhood overweight and obesity

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Background

This is a submission made to the NSW Parliament's standing committee on social issues by the Uncle Jimmy Thumbs Up! (Ltd).

Uncle Jimmy Thumbs Up! is a not-for-profit charitable organisation with DGR (tax exempt) status. The organisation is governed by a Board of Directors and funding is sourced from a combination of corporate and private donations and has previously received financial support from the Australian Government.

Our vision is to improve the quality of life for Indigenous Australians, with our mission to provide health and nutrition education and to strive for excellence in health care for Indigenous Australians.

Thumbs Up! was founded by Australian music legend Jimmy Little AO a Yorta Yorta man from Cumeragunja on his mother's side and Yuin from his father's country .

The Thumbs Up! is a mutli-sectoral nutrition education program that uses music and new media to engage students and deliver healthy eating and lifestyle messages though songs and video clips. Our Mantra is "Good Tucker – Long Life" and the messages are centred around five principles, or "five ways to get Uncle Jimmy's Thumbs Up":

1. Eat more fruit and vegetables;
2. Drink more water;
3. Eat more bush tucker;
4. Plenty of Exercise ;
5. Don't smoke.

Thumbs Up! employs a "whole of community" approach :

- Engagement with Elders and Traditional Owners;
- School based music and songwriting workshops;
- Community stores displaying Thumbs Up! "Good Tucker" signage;
- Healthy eating recipes and cookups; held at stores and community events
- Co Hosting community Festivals and special projects

Visit www.thumbsup.org.au for further information and to view videos and songs

Introduction

This submission focuses on the unique challenges and opportunities in Aboriginal preventative health. Special attention to Indigenous health outcomes is required of government given the comparatively worse health and wellbeing of Aboriginal people in NSW¹.

From our successful work in other jurisdictions we know what will work in NSW in terms of parts (b) and (c) of this inquiry's terms of reference, namely:

- 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; and
- measures to support 13 to 18 year olds to make healthier food and beverage choices and be active, including by participating in sport.

Furthermore, given our associations with scalable NSW businesses that develop branded food that includes native Australian ingredients we can also assist the NSW government in delivering against part (f) of this inquiry's terms of reference, namely:

- the potential for collaboration on strategies to reduce childhood overweight and obesity with the non-government and private sectors.

¹ Sources include government reports, particularly those produced by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). Data for these reports are collected through health surveys, by hospitals and by doctors across Australia.

Comparison of current health outcomes

The social determinants of health include if a person:

- is working
- feels safe in their community (no discrimination)
- has a good education
- has enough money
- feels connected to friends and family.

Social determinants that are particularly important to many Aboriginal and Torres Strait Islander people include cultural determinants such as:

- their connection to land
- the history of being forced from their traditional lands and away from their families.

Knowing that chances of gaining meaningful employment is determined in large part on having a good education, our focus has been on developing strategies to encourage better attendance, concentration, and behaviour in the classroom (with all three related in a large part to good nutrition).

A successful strategy has been utilised in Milingimbi, an Arnhem Land community by employing Aboriginal elders and musicians in a program whereby truants and disruptive pupils and students are directly counselled by these elders. We supplied musical instruments and band equipment that was made available only to children who had attended class and behaved well. This had the effect of immediately increasing school attendance by over 30% particularly for boys aged 12 – 16. The program is now permanent and paid for by the school.

This nurturing environment, that places Aboriginal elders in positions of authority and influence, reinforces the sense of connectedness to friends and family (clan and kinship). It actively rebuilds social structure that was damaged by policies of forcible removal of children from families in generations past.

The wild harvesting or organised farming of native Australian ingredients on traditional lands has multiple benefits of: focusing on the nutritional benefits of bush tucker; reinforcing connection to country; and building cultural pride and self-esteem.

Specific health objectives

This section explains the motivation behind the specific “five ways to get Uncle Jimmy’s thumbs up”. Based on information from the 2011 Census, the ABS estimates that there were 729,048 Aboriginal and Torres Strait Islander people living in Australia. While only 3% of the state’s population are Indigenous, over 30% of Australia’s Indigenous population lives in NSW.

Our recommended strategy offers the NSW government a chance to demonstrate leadership, whilst making significant improvement to the overall national health outcomes for Indigenous Australians. We commend the parliament’s focus on childhood health, since by establishing healthy lifestyle habits at a young age, this will translate to longer term, life-long benefits. In this, we applaud the NSW parliament in its effort to focus on long term policymaking.

Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to die before they are old. The most recent estimates from the ABS show that an Indigenous boy born in 2010-2012 was likely to live to 69 years, about 10 years less than a non-Indigenous boy (who could expect to live to 80 years). An Indigenous girl born in 2010-2012 is likely to live to 74 years, which is almost 10 years less than a non-Indigenous girl (who is likely to live to 83 years).

The leading causes of death for Indigenous people in 2013 were:

- cardiovascular disease (including heart attacks and strokes)
- cancer
- injury (including transport accidents and self-harm).

Cardiovascular disease

Aboriginal and Torres Strait Islander people are more likely to die from Cardiovascular Disease (CVD) at younger ages than non-Indigenous people. In 2010-12 in NSW, Qld, WA, SA and the NT, Aboriginal and Torres Strait Islander people aged 35-44 years were 10 times more likely to die from coronary heart disease (the leading cause of CVD-related deaths) than non-Indigenous people of the same age.

Cancer

Aboriginal and Torres Strait Islander people had higher incidence rates than non-Indigenous people for: lung cancer (1.7 times higher); liver cancer (2.8 times higher); cancer of the pancreas (1.3 times higher). The cancer death rate for Aboriginal and Torres Strait Islander people was 1.3 times higher than for non-Indigenous people in NSW, Qld, WA, SA and the NT in 2013. The types of cancer that caused the most deaths among Aboriginal and Torres Strait Islander people in 2008-2012 were lung cancer, liver cancer.

Diabetes

Diabetes is a group of disorders in which the body does not convert glucose (a type of sugar found in many foods) into energy. This leads to high sugar levels in the blood which can cause serious health problems including: heart disease, stroke, kidney failure, limb amputations, eye disease and blindness. Type 2 diabetes is a serious health problem for many Aboriginal and Torres Strait Islander people, who tend to develop it earlier and often die from it at a younger age than non-Indigenous people. The level of diabetes for Aboriginal and Torres Strait Islander people was more than three times higher than for non-Indigenous people. Diabetes affected Aboriginal and Torres Strait Islander

people at a younger age than non-Indigenous people and increased with age – from 5% of Aboriginal and Torres Strait Islander people aged 25-34 years, up to 40% of those aged 55 years and over (Figure 3).

Kidney health

Healthy kidneys help the body by removing waste and extra water, and keeping the blood clean and chemically balanced. When the kidneys stop working properly – as is the case when someone has kidney disease – ‘waste’ can build up in the blood and damage the body. Chronic kidney disease (CKD) is when the kidneys gradually stop working. End-stage renal disease (ESRD) is when the kidneys have totally or almost totally stopped working. People with ESRD must either have regular dialysis (use a machine that filters the blood) or have a kidney transplant to stay alive. ESRD affects Aboriginal and Torres Strait Islander people when they are much younger compared with non-Indigenous people. In 2010-2014, almost 60% of Aboriginal and Torres Strait Islander people who were diagnosed with kidney disease were younger than 55 years (about 30% of non-Indigenous people were younger than 55 years).

Some people need to have dialysis every day. Dialysis can be undertaken at hospitals, special out-of-hospital satellite units, or in the home (which requires special equipment and training for the patient and their carers, and is very costly). Accessing dialysis can sometimes be very difficult for Aboriginal and Torres Strait Islander people who live in rural or remote locations and they may have to travel to receive treatment. In 2008-2012, Aboriginal and Torres Strait Islander people were almost three times more likely to die from kidney disease than non-Indigenous people.

Respiratory health

The respiratory system includes all the parts of the body involved with breathing, including the nose, throat, larynx (voice box), trachea (windpipe) and lungs. Respiratory disease occurs if any of these parts of the body are damaged or diseased and breathing is affected. In 2012-13, Aboriginal and Torres Strait Islander people were four times more likely than non-Indigenous people to be admitted into hospital for chronic obstructive pulmonary disease, three times more likely to be admitted for influenza and pneumonia, and nearly twice as likely to be admitted for asthma. In 2013, respiratory disease was the cause of 8% of Aboriginal and Torres Strait Islander deaths in NSW, Qld, SA, WA and the NT. Aboriginal and Torres Strait Islander people were twice as likely as non-Indigenous people to die from a respiratory disease.

Causal factors for improved health

Eating more fruit and vegetables

More than one-half of Aboriginal and Torres Strait Islander people report eating the recommended amount of fruit every day (54%) but only 8% ate the recommended amount of vegetables every day. Women were more likely than men to have eaten an adequate amount of fruit (57% and 51% respectively) and vegetables (7% and 3% respectively) each day.

Eating less convenience/discretionary food

Aboriginal and Torres Strait Islander people consumed 41% of their total daily energy in the form of discretionary foods (foods and drinks that are not necessary to provide the nutrients the body needs, such as sweets, cakes, soft drinks and alcoholic drinks). Similar proportions of females and males consume all discretionary foods except for alcoholic beverages for which twice as many males as females reported consuming (15% and 7.7% respectively).

Eating less sugared food

Sugar products and dishes were consumed by more than half the Aboriginal and Torres Strait Islander population (54%). Similar proportions of males and females consumed sugar (54% and 53% respectively). In our work in remote Aboriginal communities in NT and SA, Uncle Jimmy Thumbs Up! has found an alarmingly high proportion of young people drink sugary soft drink to excess, and not enough water.

Our efforts have focused on:

- educating young people about the health risks of renal failure to obesity;
- working with Advisory Council members of the Australian Water Association to ensure the provision of free potable water in townships; and
- working to achieve delivery of packaged/branded water to community stores at a reasonable price

Lowering sodium (salt) intake

The average daily amount of sodium consumed from food by Aboriginal and Torres Strait Islander people was 2,379 mg (approximately one teaspoon of salt). Males in all age-groups, except for those 51 years and older, had average intakes that exceeded the upper level of sodium intake recommended by the NHMRC.

Eating more 'bush foods'

Aboriginal and Torres Strait Islander people in remote areas were more likely than their non-remote counterparts to eat non-commercially caught fin fish (7.8% and 1.8% respectively), crustacea (for example, crabs, prawns and lobsters) and molluscs (for example, scallops, squid and oysters) (1.2% and 0.3% respectively), wild harvested meat (7.7% and 0% respectively) and reptiles (3.9% and 0.1% respectively).

Physical activity

Physical activity is important for good overall health. Low levels of activity including high levels of sedentary (being inactive) behaviour are risk factors for a range of health conditions. *Australia's physical activity and sedentary behaviour guidelines* for adults recommend moderate physical activity on most, preferably all, days of the week to improve health and reduce the risk of chronic disease and other conditions. Doing any physical activity is better than doing none and the health benefits of physical activity are continuous, starting with any activity above zero. Low levels of activity, including sedentary behaviour, are a risk factor for a variety of health conditions including cardiovascular disease (CVD), type 2 diabetes, certain cancers, depression and other social and emotional wellbeing conditions, overweight and obesity, a weakened musculoskeletal system and osteoporosis.

According to the 2012-2013 AATSIHS, 47% of Aboriginal and Torres Strait Islander people aged 18 years and over living in non-remote areas had met the target of 30 minutes of moderate intensity physical activity on most days (or a total of 150 minutes per week); this level was 0.9 times that of non-Indigenous people. Aboriginal and Torres Strait Islander adults in non-remote areas spent around one third the time on physical activity (39 minutes per day including 21 minutes on walking for transport) compared with children aged 5-17 years. Those who participated in the survey's pedometer study recorded an average of 6,963 steps per day; 17% met the recommended threshold of 10,000 steps or more.

In remote areas, 55% of Aboriginal and Torres Strait Islander adults exceeded the recommended 30 minutes of physical activity and 21% did not participate in any physical activity on the day prior to the interview. The most common type of physical activity for adults was 'walking to places' (71%). One-in-ten (11%) participated in cultural activities, including hunting and gathering bush foods or going fishing.

Not smoking tobacco

Smoking tobacco is a major cause of: heart disease; stroke; many forms of cancer; lung disease; and a variety of other health conditions. Passive smoking (breathing in another person's tobacco smoke) also contributes to poor health, particularly for children.

The proportion of Aboriginal and Torres Strait Islander adults who smoke declined significantly according to surveys between 2002 and 2012-2013 (from 51% to 44%), but smoking was still more than twice as common among Aboriginal and Torres Strait Islander adults than among non-Indigenous adults.

In 2012-2013, Aboriginal and Torres Strait Islander adults living in remote areas reported a higher proportion of current smokers (53%) than those living in non-remote areas (41%). More than half of Aboriginal and Torres Strait Islander children lived with someone who usually smoked inside the house in 2012-2013. Tobacco use was responsible for one-in-five deaths among Indigenous people in 2003.

Recommendations

1. Fund 3 year trials in selected NSW schools with high Aboriginal student populations a replication of the Uncle Jimmy Thumbs Up! model to drive better school attendance, behaviour, and concentration/academic performance. This should include independent measurement of improvements against current situation.²
2. Work with the federal government to deliver bush tucker healthy choice options in NSW school canteens, via the www.flexischools.com.au program³. This should include:
 - a. provision of sugar-free soft drink such as that produced by the Native Drink Co (with “hero” ingredients finger lime; Davidson plum; and quandong). The Native Drink Co is a business co-owned by celebrated Aboriginal chef Clayton Donovan (from ABCTV’s “Wild Kitchen” fame);
 - b. meals developed by nutritionist Aunty Dale Chapman (a Kooma Yuwaalaraay woman who lectures at the University of Queensland). Ms Champan is the driving force behind First Food Co, a NSW headquartered business that produces Fast Moving Consumer Goods (FMCG) food products that feature native Australian ingredients that are wild harvested or farmed on traditional lands; and
 - c. ‘white labeled’ packaged water, manufactured by a NSW business such as Beloka Water, that can re-enforce the Uncle Jimmy Thumbs Up! message.

This could potentially mean the development of “Picaninni Tuckerbox” a calorie controlled lunchbox for kids that includes vegetables and fruit⁴, Thumbs Up! Branded water⁵; specially manufactured snacks (eg chewy muesli bar with Davidson Plum⁶)

3. Ensure that across the breadth of the school curriculum (home economics, biology, agricultural studies) explanation is given about the benefits of a healthy diet and exercise. Cooking classes should celebrate native Australian ingredients, and interest should be generated amongst Aboriginal children that there is an economic future in agricultural production of traditional foods.

Government should consider taking children on site visits to dialysis and other health treatment facilities. Thumbs Up! has found this to be an extremely effective way of driving home the real world consequences of poor diet.

4. Work with former Senator for NSW Aden Ridgeway to continue to produce Quit smoking commercials for NITV, featuring Aboriginal people telling their stories. By featuring Aboriginal people, young people more readily identify with the message⁷.

² Our preference would be for the first trial to be held in Hon Andrew Constance MP’s electorate of Bega, given that jurisdiction’s affinity with the late Jimmy Little AO

³ [https://www.health.gov.au/internet/main/publishing.nsf/Content/5FFB6A30ECEE9321CA257BF0001DAB17/\\$File/Canteen%20guidelines.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/5FFB6A30ECEE9321CA257BF0001DAB17/$File/Canteen%20guidelines.pdf)

⁴ Supplied by Hampson Brothers Bananas who now distribute a wide range of fruit and vegetables to every capital city except Darwin and Hobart

⁵ White labelled water manufactured in NSW by Beloka water or other NSW packaged spring fed water manufacturer

⁶ In developing a new packaged product line in and for NSW students and pupils, our preference would be to work with a NSW business such as Brookfarm that already manufactures muesli bars, working closely with by First Food Co and/or Andrew Fielke.

⁷ Harpreet Kalsi - Executive Officer, Cox Inall Ridgeway, D: 02 8204 3856 M: 0402 249 058

5. The government re-appoints Hon Kevin Humphries as NSW Minister for Healthy Lifestyles. Mr Humphries' background as a high school principal, and his Indigenous heritage (his grandmother was a Kamilaroi woman from Moree, NSW) equips him to achieve outcomes in this space.
6. Engage Aboriginal sports stars who can travel to NSW schools to build enthusiasm and excitement for exercise. This would involve government offsetting their cost of travel and accommodation, and is a project that should involve official organising bodies of major sporting codes who should welcome it as a corporate social investment initiative (and as a means of attracting future generations of Aboriginal sporting stars).

TERMS OF REFERENCE

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.