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Childhood Obesity

Around 19-24% of Australia's children are overweight or obese. While many might consider that parents are to blame, it has to be recognised that there are a number of environmental, economic, and social factors that contribute to the problem and to parents' ability to tackle it. Concerns about safety and crime mean many children no longer walk to school or play away from the home. Time-poor parents are increasingly reliant upon convenience foods and 'fast food' chains and fewer families have a meal together at the table. At school, there is less emphasis on physical education in the school curriculum and too many tempting options in the tuckshop.

This Brief considers the extent of childhood obesity in Australia and then focuses on Commonwealth and Queensland Governments initiatives to address the issue. The focus of government policy and programs is on children and their families and on schools, recognising the family (particularly parents) and the school as having an important role in helping children maintain a healthy weight. There is also recognition that the community, health practitioners, food manufacturers, sporting organisations and other bodies can also contribute. A brief overview of action being taken in Britain and the United States is provided.

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CONTENTS

EXECUTIVE SUMMARY
1 INTRODUCTION.....	1
2 DEFINING OVERWEIGHT AND OBESITY	1
3 AUSTRALIAN TRENDS	2
4 EFFECTS AND CONSEQUENCES	4
5 CONTRIBUTING FACTORS.....	6
5.1 AVAILABILITY OF CONVENIENCE FOODS.....	7
5.2 ‘JUNK FOOD’ ADVERTISING.....	10
5.2.1 Coalition on Food Advertising to Children	11
5.2.2 Regulation.....	12
5.3 TELEVISION VIEWING AND COMPUTER GAMES	13
5.4 PHYSICAL INACTIVITY	14
6 NATIONAL POLICIES	18
6.1 NATIONAL OBESITY TASKFORCE	19
6.2 FEDERAL	21
6.2.1 <i>Building a Healthy, Active Australia</i>	21
6.2.2 Other Initiatives	23
6.3 QUEENSLAND	26
6.3.1 Queensland Health.....	27
6.3.2 Queensland Commission for Children and Young People	34
6.3.3 Sport and Recreation Queensland.....	35
6.3.4 Education Queensland	37
6.3.5 Other Initiatives	37
6.4 SOME INITIATIVES IN OTHER STATES AND TERRITORIES	38

6.4.1	New South Wales	38
6.4.2	Victoria	40
6.4.3	Australian Capital Territory	41
6.4.4	South Australia	41
6.4.5	Tasmania.....	41
6.4.6	Western Australia	42
7	NON-GOVERNMENT BODIES.....	42
8	FOOD INDUSTRY RESPONSES.....	44
9	ROLE OF PARENTS	45
10	SOME OVERSEAS APPROACHES	47
10.1	WORLD HEALTH ORGANISATION’S <i>GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH</i>	47
10.2	INTERNATIONAL OBESITY TASKFORCE	48
10.3	BRITAIN	49
10.4	UNITED STATES	50
	RECENT QPL RESEARCH PUBLICATIONS 2004.....	53

EXECUTIVE SUMMARY

A number of surveys indicate that **19-24% of Australian school age children** are overweight or obese, rising at a rate of 1% annually, paralleling trends in the USA (**pages 2-4**).

Type-2 diabetes is increasing in children and adolescents, a disease that was previously only found in older people. Overweight and obese children are more likely to have asthma. Obese children have a 25-50% chance of becoming overweight or obese adults. Overweight children may suffer **low self-esteem** and **low self-image** (**pages 4-6**).

Overweight and obesity in children is generally a result of lack of exercise and/or poor eating habits. Contributing **factors** include the availability to children of **convenience foods** and soft drinks from food chains such as McDonalds, and from their own school tuckshops. The problem is exacerbated by Australia having the highest number of **television food advertisements** of all OECD countries (12 per hour) in children's programming. Safety concerns, time constraints, and other environmental and social issues have contributed to the decrease in the amount of physical activity engaged in by children. Only 56% of Queensland children are involved in sufficient physical activity to gain health benefits (**pages 6-17**).

A number of Commonwealth, State and Territory Government initiatives are underway or being developed to tackle the childhood obesity problem. Current efforts have been given impetus by the National Obesity Taskforce's four year action agenda: *Healthy Weight 2008 – Australia's Future: The National Action Agenda for Children and Young People and their Families* (**pages 18-21**). The focus of government policy and programs is on children and their families and on schools, recognising the family and the school as having an important role in helping children maintain healthy weight. There is also recognition that the community, health practitioners, food manufacturers, sporting organisations and other bodies can also contribute.

The **Commonwealth Government's *Building a Healthy, Active Australia*** package includes a structured physical activity and health program in primary schools; requires that State and Territory education authorities provide at least two hours of physical activity for students as a condition of Commonwealth funding; grants for healthy eating initiatives; and delivery of information to parents about healthy eating and exercise for children (**pages 21-23**). The Brief considers examples of other Commonwealth Government initiatives (**pages 23-26**).

The **Queensland Government** has a number of initiatives in place or being developed, with the *Safe and Healthy Schools Policy* providing funds for improving nutrition and physical activity of Queensland children and the Government is committing a further \$2 million for additional projects and programs during 2004-05. Underlying strategies are examined including: the *Strategic Policy Framework for Children's and Young People's Health 2002-2007*; *Working Together for Healthy Schools*; *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State* and *A head start for Australia: An early years framework*. Queensland Health and Education Queensland are collaborating on

programs to improve health and learning outcomes for children and other agencies also have a range of projects designed to impact on childhood obesity levels (**pages 26-38**).

Other **States and Territories** have government policies, projects, programs and partnerships aimed at preventing and reducing childhood obesity, including Obesity Summits in New South Wales, the ACT, and Victoria (**pages 38-42**).

There are many **non-government programs** being established to help parents to encourage children to become more active and lead healthier lifestyles. Many organisations have websites providing information and resources to assist overweight and obese children and their parents (**pages 42-43**).

The **food industry** is also responding to the issue of rising obesity levels represented by McDonald's recent introduction of the *Salads Plus* range and Coca-Cola Amatil's decision to withdraw Coke and similar soft drinks from primary schools (**pages 44-45**).

The role of **parents** is integral to the treatment of childhood obesity and there are many actions parents can take to help children maintain or lose weight (**pages 45-47**).

The findings of **International Obesity Taskforce** on global obesity levels in children are disturbing. Many countries, including **Britain** and the **United States**, are taking action to address childhood obesity. These align with the World Health Organisation's *Global Strategy on Diet, Physical Activity and Health* (**pages 47-52**).

1 INTRODUCTION

Around 19-24% of Australia's children are overweight or obese. While many might consider that parents are to blame, it has to be recognised that there are a number of environmental, economic and social factors that contribute to the problem and to parents' ability to tackle it. Concerns about safety and crime mean many children no longer walk to school or play away from the home. Time-poor parents are increasingly reliant upon convenience foods and 'fast food' chains and fewer families have a meal together at the table. At school, there is less emphasis on physical education in the school curriculum and too many tempting options in the tuckshop.

This Brief considers the extent of childhood obesity in Australia and then focuses on Commonwealth and Queensland Government initiatives to address the issue. The focus of government policy and programs is on children and their families and on schools, recognising the family (particularly parents) and the school as having an important role in helping children maintain a healthy weight. There is also recognition that the community, health practitioners, food manufacturers, sporting organisations and other bodies can also contribute. A brief overview of action being taken in Britain and the United States is provided.

2 DEFINING OVERWEIGHT AND OBESITY

The most common way to measure overweight and obesity is using the body mass index (BMI). This classification is recognised by the World Health Organisation (WHO).¹ A person's BMI is calculated by dividing a person's weight in kilograms by their height in metres squared. There are some limitations with the use of the BMI as a measure of body fatness. It does not distinguish between weight in terms of fat and weight in terms of muscle so that the same BMI measure for two different people may not indicate that one of those individuals has more body fat than the other.

Overweight is a condition of excess body fat resulting from sustained energy imbalance ie when the amount of kilojoules consumed exceeds the amount of kilojoules expended over a period of time. An overweight adult (aged 18 and over) is one who has a BMI of 25 or more.

Obesity is defined as an adult having a BMI of 30 or more.

¹ World Health Organisation, 'Obesity: preventing and managing the global epidemic', *Report of a WHO Consultation* – Technical Report Series 894, Geneva, 2000.

While there have been concerns about using the BMI to measure overweight and obesity in children and adolescents due to constant changes in height and body composition, it tends to be the most commonly used measure internationally to define obesity in children, although it is adjusted for age and sex.² Thus, a child is obese if his or her BMI exceeds the cut-off point for his or her age.

3 AUSTRALIAN TRENDS

A study, based on self-reported information³, conducted by the Australian Institute of Health & Welfare (AIHW), of trends between 1989-90 and 2001 for adult Australians reveals that in 2001 around 9 million Australian adults were overweight or obese (ie BMI > 25) with 3.3 million of those in the high risk obese category (ie BMI > 30). More than half of the Australian population is overweight or obese and the condition affects both sexes, all age groups, and all parts of Australia. Queensland has the highest rate of obesity in Australia at 18.5% of the population whereas the Australian Capital Territory has the lowest at 13.5%. In fact, there has been a significant rise in the increase in obesity – from 9.5% in 1989-90 to 16.7% in 2001 with a lesser increase for overweight Australians (from 30.5% to 34.4%).⁴

The latest estimate of the prevalence of obesity based on measurements rather than self-reported data is from the 1999-2000 Australian Diabetes Obesity and Lifestyle Study which revealed around 2.6 million (21%) Australians aged 25 and over were obese in 1999-2000 and another 4.8 million (39%) were overweight.

While the above studies did not consider children and adolescents, it is believed that 19-24% of Australian school age children are overweight or obese.⁵ These figures were derived from a number of surveys of children selected at random from

² See Australasian Society for the Study of Obesity, *Obesity in Australian Children*, <http://www.asso.org.au/home>, citing the UK Association for the Study of Obesity; the North American Association for the Study of Obesity; and New South Wales Department of Health.

³ Results based on self-reported data may contain some underestimations of weight.

⁴ Commonwealth Government, Australian Institute of Health & Welfare, 'Are all Australians gaining weight? Differentials in overweight and obesity among adults, 1989-90 to 2001, *AIWH Bulletin*, Issue 11, December 2003.

⁵ Queensland Government, Queensland Health, Health Information Centre, 'Towards Healthy Growth and Development: Issues of overweight, obesity and under-nutrition among children in Queensland', *Information Circular* 58, August 2001, p 3, citing ML Booth, et al, 'The epidemiology of overweight and obesity among Australian children and adolescents, 1995-1997', *Australian and New Zealand Journal of Public Health*, vol 25, 2001, pp 162-169

large populations.⁶ It is estimated that 1.5 million people under 18 years old are now overweight or obese.⁷ Childhood obesity appears to be rising at a rate of 1% annually.⁸

Research has also found that overweight/obesity for girls was most prevalent in 8-11 year olds (25%), while, for boys, it was in the 12-15 year age group (26.1%). It was also found that more Australian children were overweight at 18 years of age than in any other of the six international reference populations considered.⁹

It seems that while obesity in adults tends to be found among lower socio-economic groups, recent surveys reveal that childhood obesity and overweight crosses all socio-economic boundaries.¹⁰

On the international front, 20% of children in the United Kingdom are overweight and 6-7% are obese.¹¹ In the United States, rates of overweight and obesity vary depending on the definitions used but tend to range between 11% and 24%.¹² The

⁶ ML Booth, et al, *NSW Schools Fitness and Physical Activity Survey*, 1997, NSW Department of School Education; the Australian Bureau of Statistics (ABS), 'National Nutrition Survey: Nutrient intake and physical measurements', ABS Cat No 4805.0, AGPS, 1995 R Lazarus, et al, 'Change in body mass index in Australian primary school children, 1985-1997', *International Journal of Obesity* 24(6) 2000, pp 679-684 (the Health of Young Victorians Study).

⁷ Commonwealth Government, National Obesity Taskforce, *Healthy Weight 2008 – Australia's Future: The National Action Agenda for Children and Young People and their Families* November 2003, http://www.health.gov.au/healthyactive/docs/healthy_weight08.pdf See also Queensland Public Health Forum 2002, *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State*, <http://www.health.qld.gov.au/QPHF/FoodNutrition.htm>, Table 4, p 28.

⁸ Australasian Society for the Study of Obesity, *Obesity in Australian Children*, <http://www.asso.org.au/home>

⁹ Queensland Health, 'Towards Healthy Growth and Development', citing AM Magarey & LA Daniels, 'Prevalence of overweight in Australian children and adolescents – analysis of the National Nutrition Survey 1995 using new international standards', Australian Society for the Study of Obesity, Brisbane, September, 2000.

¹⁰ *Eat Well Queensland 2002-2012*, p 66, citing S Booth & A Smith 'Food security and poverty in Australia—challenges for dieticians' *Australian Journal of Nutrition & Dietetics* (2001) pp 150–156.

¹¹ International Obesity Taskforce, *Obesity in children and young people: A crisis in public health*, 12 May 2004, www.iof.org/childhood

¹² Queensland Health, 'Towards Healthy Growth and Development', p 3, citing KM Felgal, 'The obesity epidemic in children and adults: current evidence and research issues', *Medical Science Sports Exercise*, 31 (11 Supp), 1999, S509-S514.

US figures are similar to the estimates in relation to Australian children. A report by Queensland Health in 2001 suggests that, using data from a number of sources and using different criteria, Australian children may be among the heaviest in the world.¹³ The issue also affects Indigenous communities. Community health screenings in 11 Indigenous communities in central Queensland found that over 6% of children were estimated to be overweight or obese in 1993.¹⁴

A disturbing finding was recently made in a South Australian Government study of 14,000 South Australian preschoolers over a seven year period. In the 4-5 year age group, 19% of the boys and 22% of the girls were reported as obese or overweight. Child and Youth Help, the agency undertaking the research, commented that the figures were higher than expected with its community paediatrician saying that the figures implied more children with diseases in years to come. Of great concern is that the preschoolers do not make their own food choices at the school tuckshop.¹⁵ Similarly, a Gold Coast doctor who hosts parent/student workshops for Queensland Health has reported attending to obese children as young as four years old.¹⁶

4 EFFECTS AND CONSEQUENCES

A recent Australian Institute of Health & Welfare report considering self-reported health related characteristics and their relationship to weight found that obese people were considerably more likely (26.4% for men, 28.4% for women) to report fair or poor health than healthy people (17.3% for men and 15.5% for women). Long term health conditions were more common in obese people than those in the healthy weight range with self-reported diabetes being at the rate of around 8% for obese people compared with around 2-3% for people of healthy weight. Over 30% of obese people reported heart and circulatory conditions compared with 22-23% for their healthy weight counterparts.¹⁷

Being overweight or obese has a number of costs to the individual and to governments. For the overweight or obese person, there are increased risks of life threatening illnesses such as heart problems, type-2 diabetes, strokes, cancers,

¹³ Queensland Health, 'Towards Healthy Growth and Development', p 3.

¹⁴ Queensland Health, 'Towards Healthy Growth and Development', p 4.

¹⁵ Thea Williams, 'Fat children part of unhealthy bigger picture', *Australian*, 17 May 2003, p 3.

¹⁶ Paul Weston, 'One in three children too big', *Sunday Mail*, 27 July 2003, p 22.

¹⁷ AIHW, 'Health, wellbeing and body weight: Characteristics of overweight and obesity in Australia', 2001, *AIWH Bulletin*, Issue 13, March 2004, pp 1-2. Results based on self-reported may contain some underestimations.

kidney and gall bladder diseases, and respiratory and musculoskeletal problems. The effects on quality of life and health care costs have been described as equivalent to that of 20 years of ageing.¹⁸ The combined factors of obesity, inactivity and poor diet have been described as similar to the contribution of tobacco on current health problems.¹⁹

It appears that overweight children are more likely to experience problems such as asthma.²⁰ Type-2 diabetes is increasing in children and adolescents, a disease that was previously only found in older people. Other medical conditions seen in connection with obesity are orthopaedic problems, arthritis, decreased release of growth hormones, and reflux.²¹ An Associate-Professor of clinical hepatology at Westmead Hospital in Sydney fears that fat children will become teenagers who are overweight and diabetic and who have a risk of developing obesity related liver disease.²²

Moreover, obese children have a 25-50% chance of becoming overweight or obese adults with the attendant problems outlined above.²³ Obese adults who were overweight as adolescents have greater levels of weight-related ill health and a higher risk of early death than obese adults who only became obese in adulthood.²⁴ Obesity in childhood is associated with increased adult cardiovascular morbidity and mortality irrespective of adult weight.²⁵

¹⁸ *Eat Well Queensland 2002-2012*, citing Sturm, R, 'The effects of obesity, smoking and drinking on medical problems and costs', *Health Affairs* 21(2) 2002, pp 245-252.

¹⁹ JC Catford & ID Caterson, 'Snowballing obesity: Australians will get run over if they just sit there' *Medical Journal of Australia*, 179, December 2003, pp 577-579.

²⁰ Denney-Wilson, et al, *Australian standard definition for child and adolescent overweight and obesity: a discussion paper (draft)*, Commonwealth Department of Health and Aged Care, Canberra, 2001.

²¹ Commonwealth Government, *Healthy and Active Australia – 'why we need to act'*, www.healthactive.gov.au

²² Ben Wyld, 'Children may be eating the way to drinkers' liver disease', *Sydney Morning Herald* online, 23 December 2003.

²³ National Health and Medical Research Council, *Clinical Practice Guidelines for Children and Adolescents*, 2003

²⁴ NSW Department of Health - Childhood Obesity website at www.health.nsw.gov.au/obesity, Facts About Childhood Obesity.

²⁵ *Healthy and Active Australia – 'why we need to act'*, www.healthactive.gov.au

The Commonwealth Government considers that the financial burden associated with obesity in Australia was around \$1.2 billion in 2000.²⁶ It has been estimated that in 1992-1993, diet related diseases accounted for around 14%, or \$192 million, of the annual Queensland hospital budget.²⁷ The costs would be greater in 2004, possibly over 10% more.²⁸ It has been estimated that if one child can be stopped from becoming obese and developing diabetes which then results in renal disease, at least \$70,000 per year could be saved in dialysis costs alone.²⁹

On another level, obese and overweight children may suffer low self-esteem and low self-image. Research shows that across all weight categories, teasing about weight by peers or family causes depressive symptoms and a twofold to threefold increase in suicide ideation and attempts compared with normal weight children not so teased. Another study reveals that overweight adolescents were more likely to be socially isolated than teenagers of normal weight.³⁰ In other research, a 2003 survey of a group of severely obese children in the United States rated their quality of life at levels as low as those reported by children with cancer.³¹ Fatter children are commonly the victim of bullying from peers and suffer the humiliation of being left out when fellow students are choosing teams for a game in the playground.

5 CONTRIBUTING FACTORS

While there are many factors that contribute to childhood obesity (and to obesity in general), it is usually a result of lack of exercise and/or poor eating patterns. Genetics can also play a part. The nature of children's lifestyles today is vastly different from that of earlier generations where 'junk food' and 'fast food' restaurants were uncommon, children walked or rode their bikes to school, after-school activities involved playing outdoor games rather than computer games or

²⁶ *Healthy and Active Australia* – 'why we need to act', www.healthyactive.gov.au

²⁷ *Eat Well Queensland 2002-2012*, p 22, citing Health Insurance Commission, 'Queensland hospital costs attributable to inappropriate diet', Queensland Health, *Information Circular 44*.

²⁸ *Eat Well Queensland 2002-2012*, p 22.

²⁹ Queensland Health, 'Towards Healthy Growth and Development' p 5.

³⁰ RA Dershewitz, 'Aspects of childhood obesity', *Medicine Today*, 4(11) November 2003, p 68, citing some US studies.

³¹ Robin Sullivan, Commissioner for Children and Young People, Address to the Nutrition Australia Annual General Meeting at Bowen Hills, 30 March 2004, citing J Schwimmer, et al, 'Health related quality of life of severely obese children and adolescents', *Journal of the American Medical Association*, 289(14) 2003, pp 1813-1819.

watching television, and parents had the time to provide children with breakfast and a nutritious lunchbox rather than tuckshop money to spend at will. Any person will gain weight if they engage in no or little physical activity while consuming large portions of foods high in fat. The issue is that children have less ability than do adults to make healthy lifestyle choices because of their lack of maturity, information, peer group pressure and opportunities to exercise.

5.1 AVAILABILITY OF CONVENIENCE FOODS

The last 20 or so years has seen an increase in the availability of foods such as confectionery, bakery foods, fatty snack foods such as chips, pizzas and hamburgers, and the growth of food chains such as McDonalds and Kentucky Fried Chicken. Frequent consumption of restaurant food (including fast food restaurants) has been associated with body fatness. In the US film *Super Size Me*, an 'anti' fast food story about a man who ate nothing but McDonald's food and drink for 30 days, the man gained 11.25 kg and consumed 13.5 kg of sugar and 5.5 kg of fat.³² Young people rely heavily on takeaway foods, with sandwiches and chips being most popular.³³

Each day, Australian children consume around 140 tonnes of hot chips; about 27 tonnes of potato chips; and half a million litres of soft drink. Between 1985 and 1995, they consumed up to 15% more kilojoules with most of the increase coming from foods such as these and snacks targeted at children through television advertising (e.g. cakes, biscuits, pies, pizza, and desserts).³⁴ There is some evidence that consuming sugary drinks is an independent risk factor for obesity.³⁵

An Australian study of children aged 2 to 5 years found that more than half did not eat the recommended three serves of vegetables and around one third ate less than the recommended amount of fruit. It was also found that all of the children who did not eat the recommended serves of cereal foods did not meet the recommended dietary intake (RDI) for energy, iron, zinc, and calcium but exceeded the RDI for fat. The total daily intake of fat was above the RDI for almost 70% of the children

³² 'ALP would ban fast food ads to kids', *Courier Mail*, 9 June 2004, p 16.

³³ *Eat Well Queensland 2002-2012*, p 47.

³⁴ Hon Peter Beattie MP, Premier of Queensland and Minister for Trade, 'Beattie throws weight behind calls to slim down', *Queensland Media Statement*, 21 December 2004.

³⁵ *Eat Well Queensland 2002-2012*, p 67 citing DS Ludwig, KE Peterson & SL Gortmaker, 'Relation between consumption of sugar-sweetened drinks and childhood obesity' a perspective, observational analysis', *Lancet*, 357 (9255) 2001 pp 505-508.

studied. Just over 70% ate takeaway regularly with 50% doing so every fortnight and 21% each week. In addition 60% drank caffeinated beverages regularly.³⁶

A disturbing finding by a nutritionist at the Brisbane Royal Children's Hospital in June 2004 was that many children under 5 did not eat breakfast or were sent to school with a packet of chips as their meal for the day. She also found that some children as young as 12 months were consuming soft drink and, by 18 months, pies and sausage rolls.³⁷

The above findings show that there is a need for parents to develop healthy eating habits in the home given that more than 25% of this age group who were overweight become overweight adults.³⁸ Food habits and patterns formed in childhood can be difficult to change and health professionals believe that it is necessary to attempt to develop healthy eating in children at an early age. The family as a whole needs to be involved which may mean that shopping and cooking practices need to change (e.g. including more fruit and vegetables in meals, using low-fat products) and children discouraged from consuming 'junk food' and eating between meals. On a basic level, parents should ensure that their children eat breakfast rather than giving them money to buy it at the school tuckshop. Children, particularly young children, do not have the maturity to make healthy food choices and breakfast might be a packet of chips. It is also better to provide children with a healthy lunchbox from home rather than, again, leaving them to the temptations of the tuckshop.

The impact of convenience foods on nutrition, including the marketing of such foods by industry, needs to be addressed. This includes portion size with servings becoming larger and larger. Food chains are increasingly offering super meal deals with two or more pizzas for under \$20 that comes with garlic bread and soft drink or the ability to buy a larger burger for the same price or just slightly more than the regular size.³⁹ And, of course, one is always asked if one wants "fries with that?"

The school environment may also promote unhealthy habits if there are soft drink machines, few nutritional food options at the tuckshop, and if food and soft drink manufacturers sponsor computers or sports equipment. Recognising that schools

³⁶ Darrell Giles, 'Tots' diet a threat to health', *Courier Mail*, 23 November 2003, citing a paper to be presented at the Queensland Health and Medical Scientific Meeting on 25 November 2003 by Kathryn Wilson.

³⁷ Jessica Lawrence, 'Shocking feeding habits behind the fat kid epidemic – Youngsters fed coffee and pies, says expert', *Courier Mail*, 6 June 2004, p 18.

³⁸ Darrell Giles, 'Tots' diet a threat to health', *Courier Mail*, citing Kathryn Wilson.

³⁹ Monica Videnieks, 'Healthy scepticism', *Australian*, 5 July 2003, health 1.

are important in developing good eating habits in children, there have been a number of projects aimed at schools by various organisations. *Eat Well Queensland 2002-2012* recognised the disparate range of nutrition resources for schools and suggested a statewide strategic approach was needed to implement nutrition education and supportive environments in schools as well as programs addressing nutrition issues in child care (discussed below).⁴⁰

A number of initiatives on the State and national front have been taken by various agencies. Those include (see *Eat Well Queensland 2002-2012*, p 49 for further examples):

- development of *Food for Life Centre of Excellence* as part of the Smart State agenda for Queensland by an intersectional group including Queensland Department of Primary Industry (DPI), Queensland Health (QH), the CSIRO and tertiary bodies;
- a registered product list for school tuckshops developed by Nutrition Australia provides incentives for companies to develop healthy choices;
- funding by the Queensland Government to the Queensland Association of School Tuckshops and Nutrition Australia to provide an incentive framework for nutrition in school tuckshops;
- some state governments have passed legislation to restrict the sale of high fat and high sugar content food and drink in school tuckshops (see further below);
- QH's 'Eating Patterns of Australians', *Public Health Nutrition Fact Sheet* (July 2003) provides some nutritional tips for children and adolescents based on the NHMRC's *Dietary Guidelines for Children and Adolescents*.

It is being argued by some commentators that prices of nutritious alternatives are an issue for lower income families. If you can get a \$20 family meal deal from KFC why spend twice that on meat and vegetables to prepare a meal at home? It is a fact that fresh fruit and vegetables can be expensive.⁴¹ It may be that governments and, indeed food companies if they are serious about wanting to be part of the solution to obesity problems, need to find ways of helping people to make healthy food choices. This might be through making unhealthy foods more expensive or through measures to make prices of healthy foods cheaper to all. Making foods higher in fat or sugar more expensive through a 'vice' or 'fat' tax is controversial with critics claiming that people would merely divert spending from other

⁴⁰ *Eat Well Queensland 2002-2012*, p 60.

⁴¹ Polly Toynbee, 'Eating takes a lead role as the solace of society's outcasts', *Sydney Morning Herald* online, 1 June 2004.

necessities (eg medical needs) which could disadvantage lower income families.⁴² In addition, in Australia, prices of fresh produce are currently influenced by the drought and other conditions beyond the control of governments and the food industry.

The Queensland Government is attempting to address food equity/security issues by improving access to healthy foods, particularly fruit and vegetables, to disadvantaged families and Indigenous people in remote, rural, and urban areas.⁴³ For instance, in the six Indigenous community stores managed by the Department of Aboriginal and Torres Strait Islander Policy (DATSIP) Retail Stores Unit, improved store infrastructure and management and the development of a Nutrition Policy for Remote Retail Stores 2001, have led to a 58% increase in weight of fresh fruit and vegetables sold from 1996-1997 to 2000-2001.⁴⁴

5.2 'JUNK FOOD' ADVERTISING

It has been reported that health professionals are concerned that the National Obesity Taskforce (whose work is discussed later) made no mention of restrictions on television junk food advertising aimed at young children.⁴⁵ It is claimed that food preferences of preschool children can be influenced by even brief exposure to food commercials as they have little appreciation of the 'ploys' of advertisers.⁴⁶ A Professor of Population Health at Deakin University, Boyd Swinburn, found that a huge proportion of food advertisements during children's programming was targeted at children. 75% are for food and drink with a high fat and sugar content.⁴⁷ A study of 13 OECD countries in 1996 found that Australia has the highest number

⁴² UK House of Commons Health Select Committee, *Obesity*, 3rd Report of Session 2003-04, 27 May 2004, p 64, <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/23/23.pdf>

⁴³ Equity in access to food supply being a priority action area in *Eat Well Queensland 2002-2012*.

⁴⁴ *Eat Well Queensland 2002-2012*, p 49.

⁴⁵ Boyd Swinburn, 'How health ministers failed our children', *theage.com.au*, 18 December 2003.

⁴⁶ *Eat Well Queensland 2002-2012*, p 32, citing D Borzekowski & T Robinson, 'The 30 second effect: an experiment revealing the impact of television commercials on food preferences of preschoolers', *Journal of the American Dietary Association*, 101(1) 2001 pp 42-46.

⁴⁷ Boyd Swinburn, 'How health ministers failed our children'.

of television food advertisements (12 per hour) in children's programming. The United States has 11 advertisements per hour.⁴⁸

Queensland Health suggests that, based on research in the United Kingdom, children under 11 years were guided by television in making food choices.⁴⁹ They will attempt to have their parents buy them the food and drink advertised through what has become known as 'pester power'.

5.2.1 Coalition on Food Advertising to Children

For some time the lobby group Coalition on Food Advertising to Children (which has doctors, paediatricians, child health nurses, nutritionist Dr Rosemary Stanton the Australian Consumers Association, and Nutrition Australia among its members) has urged Australian Governments to control food advertising during children's programming time. It considers that current regulation is ineffective, particularly as there is little impact on the content and volume of the advertisements. In November 2003, it released a report, *Children's health or corporate wealth?* which pointed out that over 75% of such advertising was for foods that dietary guidelines recommend children consume only in small amounts or infrequently, including food high in fat and/or sugar and fast food meals. Very few advertisements were for foods in the fruit, vegetable, breads/rice/cereals, or milk groups.⁵⁰

Fast food companies have increased spending on food advertising in recent years. For example, over the 11 months to 31 May 2004, McDonalds spent 61% of its \$26.8 million advertising budget during children's potential viewing time (4.00-8.30 pm). Coca-Cola was the largest advertiser of non-alcoholic beverages with 68% of its \$2.6 million advertising budget spent on advertising during children's viewing periods. Kellogg's Coco Pops spent 97% of its \$1.1 million advertising budget during this period.⁵¹

⁴⁸ Coalition on Food Advertising to Children (CFAC), *Children's health or corporate wealth?* A briefing paper by the CFAC, November 2003, p 4 citing S Dibbs, 'A spoonful of sugar; television food advertising aimed at children: An international comparative survey', *Consumers International*, 1996.

⁴⁹ Queensland Health, 'Television Viewing' *Active-Ate Informer*, Newsletter, www.health.qld.gov.au

⁵⁰ CFAC, *Children's health or corporate wealth?* p 5.

⁵¹ Beth Quinlivan, 'Obesity: fat profits', *Business Review Weekly*, 30 June 2004, <http://www.brw.com.au> citing an AC Nielson survey.

It has been suggested that television advertisements of food products that use attractive, energetic young people to promote a product may encourage overweight or obese children to buy the product because such children are more likely to have low self esteem making them vulnerable to advertisements suggesting consuming the product might make the child more attractive or happy.⁵²

5.2.2 Regulation

Advertising on Australian television is a mixture of government regulation (Australian Broadcasting Association's Children's Television Standards) and self-regulation (based on the Commercial Television Industry Code of Practice). Advertising to children is prohibited only during programs rated 'P' (preschoolers) that are on for 30 minutes during weekdays and is limited to 5 minutes every half hour on 'C' (Children's) programs. There is some restriction on advertisements that are designed to place 'undue pressure' on children to seek that their parents purchase the advertised product.

The food and advertising industries have tended to oppose restrictions. They claim that there is no evidence that advertising causes obesity and that the loss of income resulting from restricting advertising would detract from the quality of children's programs.⁵³ In July 2003, the Commonwealth Government warned food advertisers that they could face government regulation unless they acted more responsibly. However, at the November 2003 Australian Health Minister's meeting (discussed below), the push for bans was rejected, despite the meeting acknowledging the impacts of childhood obesity on the health and financial budgets of governments. The Ministers were not convinced that advertisements of high fat and high sugar foods to children made them overweight.⁵⁴

Some European countries restrict advertisements targeted at children. Sweden does not allow such advertisements aimed at children under 12 while Norway does not permit advertising specially aimed at children nor any advertising during children's programs. In May 2004, British Health Secretary, John Reid announced that he was planning to ban companies from targeting children with advertisements

⁵² CFAC, *Children's health or corporate wealth?* p 7, citing a British study.

⁵³ CFAC, *Children's health or corporate wealth?* p 10.

⁵⁴ Mark Metherell & Michael Bradley, 'Ministers deny TV advertising helps to fuel child obesity', *Sydney Morning Herald* online, 29 November 2003.

for 'junk food' during children's programming time if the move received Cabinet approval. One issue was to be able to work out a definition of 'junk food'.⁵⁵

In Quebec, Canada, there are restrictions on all commercial advertising for all products targeted at children under 13 years. A recent evaluation of the Quebec restrictions indicate that there has been a decrease in sugary breakfast cereals in homes; no reduction in the quality or quantity of children's programs; and uncertain effects on total advertising revenue but much lower than what the industry had feared would occur. However, childhood obesity in Quebec is similar to the rest of Canada.⁵⁶ This might indicate that advertising is just one contributing factor to the problem.

5.3 TELEVISION VIEWING AND COMPUTER GAMES

Many children spend their free time engaged in sedentary activities such as watching television, surfing the Internet or playing video or computer games.

A New South Wales Child Health Survey in 2001 revealed that 40% of children between 5 and 12 years old reportedly watched an average of 2 hours or more of television or videos each day. 15% played computer games for an average of an hour or more a day.⁵⁷ United States research has found that 25% of children watched four or more hours of television each day and those children had more body fat than those who spent less than two hours in television viewing.⁵⁸

There is some evidence that school interventions to reduce television viewing time can be effective in reducing obesity. If children do something other than watch television, even if it is not a sport, it will still require more energy to do it. Given that watching television slows the metabolic rate, other activities will burn more energy.⁵⁹

Queensland Health urges parents to encourage children to spend less time viewing television and more time doing other recreational activities, preferably active ones. Parents can help by restricting viewing to about one hour per day for the whole

⁵⁵ Patrick Hennessy, 'Burger off, TV ads: fighting flab in children', *Sydney Morning Herald* online, 31 May 2004.

⁵⁶ CFAC, *Children's health or corporate wealth?* p 9.

⁵⁷ NSW Health, 'Facts About Childhood Obesity', Childhood Obesity website at www.health.nsw.gov.au/obesity

⁵⁸ 'Technology and Physical Activity', *Active-Ate Informer*.

⁵⁹ 'Television Viewing', *Active-Ate Informer*.

family and being selective about the programs chosen. Other suggested techniques parents could use to discourage television viewing are to have children keep track of how many hours they watch television or play video games and compare this with other family members; and to ask children what other things they like to do other than watching television.⁶⁰

5.4 PHYSICAL INACTIVITY

Only 56% of Queensland children are involved in sufficient physical activity to gain health benefits, lower than the national average at 59%.⁶¹ It appears that the time devoted by children to play, both at school and outside school hours, has dwindled significantly over the past decade. Around 40% of children fail to engage in organised sport outside school hours. Not only does lack of physical activity contribute to the obesity problem, it also has implications for children's social interaction skills, mental alertness, and motor skills. A large scale Queensland study indicated that around 30% of Australian children have low fitness levels and 60% have moderate to poor motor skills.⁶²

A 2003 Australia Bureau of Statistics study reveals that in the year up to April 2003, out of around 2,647,500 5-14 year olds, 62% participated in organised sport outside of school hours, with swimming the most popular (17%). 29% were not involved in any organised sport or cultural activity. Around 62% rode a bike (a drop from 64% in 2000), while 23% skateboarded or rollerbladed (a drop from 31% in 2000).⁶³

Research is being conducted to enable accurate measurements of physical activity and the link with obesity. Some studies suggest that physiological factors (e.g. growth); psychological factors (e.g. motivation); socio-cultural aspects (e.g. family characteristics); sociodemographics; and ecological factors (e.g. physical

⁶⁰ 'Television Viewing', *Active-Ate Informer*.

⁶¹ Hon PD Beattie MP, Premier and Minister for Trade, 'Child Obesity', Ministerial Statement, *Queensland Parliamentary Debates*, 17 June 2004, p1514.

⁶² A Timperio, J Salmon & K Ball, 'Evidence-based strategies to promote physical activity among children, adolescents and young adults: Review and Update Physical Activity', *Journal of Science and Medicine in Sport* (supplement), 7(1) April 2004, p 21.

⁶³ ABS, *Children's Participation in Cultural and Leisure Activities 2003*, April 2003, cat 4901.0, at www.abs.gov.au

environment) determine children's activity levels.⁶⁴ For example, the current 'epidemic' of the so called 'ugly parents' at children's football matches, where parents are abusive to referees or express annoyance at their children's poor performance, can result in children giving up playing the sport.⁶⁵ In addition, there is some suggestion that fewer teenage girls are participating in sport because they believe it is unattractive to boys.⁶⁶ In place of physical activity are sedentary activities such as television or video games.

While Australian schools have not yet travelled the same path as the USA where some schools no longer have play-lunch in order to obtain more discipline and study, there is less playground activity and school sport being undertaken. This trend has arisen out of many factors. Increased crime towards children has ensured that many parents will not allow their child to walk or travel by bike to school alone, with many parents now driving children to school en-route to work. NSW Government figures reveal that just 37% of people travelling before 9 am are going to work.⁶⁷ Safety concerns have also decreased opportunities for children to be active and after-school play in the park is no longer on the agenda for many. Rising costs of liability insurance have also had an impact. There is a growing fear of liability if children are injured. Campbelltown City Council has banned ball games in Council parks and the Brisbane City Council has warned that it might need to do the same. Sporting bodies facing higher premiums have had to pass the costs on to members, often parents of participating children, which may cause some children to have to give up the activity.⁶⁸

Work pressures on parents, particularly single parents, have reduced the amount of time for families to engage in sport and recreational activities together and for being able to commit to ferrying a child to sporting fixtures or training. It is also quite costly for a child to belong to a sporting club or organisation. Activities such as dancing or drama can cost at least \$10 a lesson and privately run activities such as tennis, much more. Team sports can be expensive, with netball for a pre-teen costing over \$200 when uniform, club and court fees, and travel costs are taken

⁶⁴ S Headley, 'Background notes on obesity and sport in young Australians: local initiatives', p 45, citing a 2002 University of Notre Dame study.

⁶⁵ 'Ugly parents, dangerous nutrition', *Sports Factor*, ABC Radio National, 12 April 2002, <http://www.abc.net.au/rn/talks/8.30/sportsf/default.htm>

⁶⁶ S Headley, p 45, citing other research including from the Women's Sports Foundation.

⁶⁷ Brigid Delaney & Alexandra Smith, 'Walking to school ... such carless rapture', *Sydney Morning Herald* online, 1 April 2004 citing New South Wales Government figures.

⁶⁸ Jane Fynes-Clinton, 'Let's give our kids a sporting chance', *Courier Mail*, 8 May 2002, p 15.

into account. If the child becomes part of a representative team, the expenses are considerably more.⁶⁹

Most States and Territories have stopped making physical education (PE) compulsory for students. Only Victoria and the Australian Capital Territory make it compulsory in primary schools and, in Victoria, there is no requirement for schools to employ trained physical education teachers so general teachers are forced to cope. The trend away from PE in schools appears to be associated with lack of time in the school timetable because of expanded curriculum areas and a greater focus on academic subjects.⁷⁰

A number of Australian jurisdictions have developed programs using a 'Health Promoting Schools' approach, a strategy endorsed by the World Health Organisation that takes the school or child care facilities as a setting in which opportunities can be offered to students to engage in learning, physical activity, healthy eating etc. Examples of this will be seen later in this Brief. As part of its national strategy to tackle childhood obesity, the Commonwealth Government's *Building a Healthy and Active Australia* package includes making funds to State and Territory schools conditional upon students being provided with a minimum of 2 hours physical activity per week. This package is explored in detail below. The National Obesity Taskforce recommended that all governments require child-care centres to provide healthy food and exercise for children as part of their accreditation obligations. Indeed, the National Childcare Accreditation Council guidelines require that child-care centres have a written nutrition policy 'based on current advice from relevant health authorities' and that centres 'support the physical development of all children'.⁷¹

An interesting partnership initiative is that between a Melbourne school (St Michael's Grammar School) and the Outdoor Education Group (OEG) which devised programs to be run by OEG assisted by St Michael's staff. Those include Exodus programs and an optional Skills Extension program that offers activities from walks through the Snowy River area to surfing. The partnership allows for integrated programs fitting in with the school's curriculum and philosophy. The school has also developed a program with James Cook University (JCU) that allows students to experience academic learning while engaged in physical activity. Year 10 students undertake a unit in VCE Biology at JCU's Research Station on

⁶⁹ Jane Fynes-Clinton, 'Let's give our kids a sporting chance'.

⁷⁰ 'Obesity – Of Primary Concern', *Sports Factor*, ABC Radio National, 23 April 2004 interviewing Professor Andrew Hills of the University of Queensland and member of the Australian Society for the Study of Obesity, at <http://www.abc.net.au/rn/talks/8.30/sportsf/default.htm>

⁷¹ Annabel Crabb, "'Fat camps" proposal for child care', www.theage.com, 10 January 2004.

the Great Barrier Reef which involves a study of the reef ecosystem in situ. A prerequisite is that students and staff must have bronze medallion proficiency in swimming, achieved first aid certification, and have completed diving courses.⁷²

Children and adolescents are more likely to continue with activity that can be readily accommodated within their lifestyle such as walking, informal ball games, or cycling rather than organised sports.⁷³ Governments are urging parents to become active with their children such as going on a family walk or bike ride, or playing ball in the park. In addition, parents should try to walk or cycle with their children to school, if feasible.⁷⁴ Parents should help their children see activity as fun rather than something they must do to lose weight. Maybe there is scope for enabling children to monitor their fitness levels through charting performance (e.g. how far they can walk or cycle).⁷⁵

Urban planners are urging governments and developers to pay attention to the way cities are designed so that there is better access to public transport, adequate cycle paths, bigger backyards, and pedestrianisation schemes that promote local shopping within walking reach. They argue that cities, including Brisbane, are designed with a focus on the car.⁷⁶

At the end of the day, sport and physical activity has to be enjoyable and fun for the child, not highly competitive and humiliating. Research conducted by the Australian Sports Commission has shown that while sport is meant to be a chance for a child to feel warmth, companionship and a sense of achievement, for many children it is about being rejected for a team they aspired to or being belittled if they made a mistake.⁷⁷ For overweight children, sport and physical activity can be a very uncomfortable experience physically as well as psychologically.

⁷² S Holden, 'Fit for life?', *Educare News*, April 2002, pp 12-18, p 15.

⁷³ LA Baur, Associate Professor, Discipline of Paediatrics and Child Health, University of Sydney, Consultant at Westmead Children's Hospital NSW, 'Treatment of Childhood Obesity', *Australian Prescriber*, www.australianprescriber.com

⁷⁴ 'Technology & Physical Activity', *Active-Ate Informer*.

⁷⁵ LA Baur, 'Treatment of Childhood Obesity'.

⁷⁶ Jago Dodson, research fellow with the Urban Policy Program at Griffith University, 'Road system doing our health a fat lot of good', *Courier Mail*, 3 August 2004, p 15.

⁷⁷ S Headley, p 45, citing discussion on *Sports Factor* on 14 December 2001, <http://www.abc.net.au/rn/talks/8.30/sportsf/default.htm>

6 NATIONAL POLICIES

While overweight and obesity has been of general concern for decades, the fact that around a quarter of Australia's children and young people are now so overweight that they are exhibiting the same illnesses and conditions as that found in overweight and obese adults (type-2 diabetes being an example) has made the public much more aware of the issue. An AC Nielsen poll conducted in late 2003 found that 82% of respondents were concerned or very concerned about the increased levels of childhood obesity.⁷⁸

An early initiative involving all levels of government tackling declining participation in physical activity was *Active Australia* launched in 1996. Its mission was to actively involve all Australians in sport, recreation, fitness, and other physical activities. One of its projects was the publication of the *National Physical Activity Guidelines for Australians* in 1999 recommending that persons under 18 engage in 30 minutes of moderate physical activity on most days of the week and vigorous activity three to four days a week.⁷⁹ During the same period, a number of government bodies, such as the National Health and Medical Research Council (NHMRC) were marshalling to tackle the issue of obesity and overweight.

Government agencies at various levels participate on the *Strategic Intergovernmental Forum on Physical Activity and Health* (SIGPAH), a body established to coordinate a national approach to promoting physical activity across Australia. It has published the 'Developing an Active Australia: A Work Plan for 2000-2003' to guide national governmental efforts.

In addition, the *Strategic Intergovernmental Nutrition Alliance* (SIGNAL) is a national partnership formed to coordinate action to improve nutritional health and is involved in the implementation of *Eat Well Australia: An agenda for action in public health nutrition 2000-2010*. The agenda has four priority areas in relation to nutrition generally, one of which is preventing overweight and obesity. The others are to increase consumption of fruit and vegetables; promote optimal nutrition for women, infants and children, and improve nutrition for vulnerable groups. Each jurisdiction has an *Eat Well* strategy. The *National Aboriginal and Torres Strait Islander Nutrition Strategy 2000-2010* is a framework for actions to improve Indigenous health through better nutrition. It focuses on issues such as food supply in remote communities and food security.⁸⁰ A joint meeting of SIGPAH and

⁷⁸ Beth Quinlivan, 'Obesity: fat profits', *Business Review Weekly*, 30 June 2004, <http://www.brw.com.au>

⁷⁹ Commonwealth Government, Department of Health and Ageing, *National Physical Activity Guidelines for Australians*, 1999.

⁸⁰ See www.health.gov.au/pubhlth/strateg/food/nphp.htm

SIGNAL was held in December 2002 to discuss issues relevant to obesity and key jurisdictional activities.

Over the last few years, the focus has shifted towards childhood overweight and obesity with the NHMRC considering that the factors relevant to treating those conditions in children and adolescents were quite different from those for dealing with adults.

Much of the emphasis of Government policies and initiatives in tackling the issue is focused on encouraging schools and parents to work with children on improving their nutrition and physical activity. Evidence shows that families influence food and activity habits of children and that maintaining weight loss in the long term can be achieved through family based participation, through lifestyle changes, and parental role models.⁸¹

6.1 NATIONAL OBESITY TASKFORCE

The National Obesity Taskforce (the Taskforce) was established by the Australian State and Territory Health Ministers' Conference in November 2002 as a response to the growing levels of obesity among Australians. The starting point was to be a national focus on children and young people (0-18 years) and families that influence and support them for the development of strategies to tackle the problem. In particular, the need to increase levels of physical activity and improve eating patterns of children was an identified concern.⁸²

The Taskforce reported to the Health Ministers in November 2003. The Report is *Healthy Weight 2008 – Australia's Future: The National Action Agenda for Children and Young People and their Families*.⁸³

The National Action Agenda for Children and Young People and their Families noted that obesity is now regarded as a major epidemic. While it has an impact on the health of individuals, it is a problem that can be prevented through sustained action. The Taskforce stated that the overarching strategic intent of its four-year action agenda was to 'assist Australians to enjoy the highest levels of good health in the world by promoting healthy weight'. The focus on children, young people and their

⁸¹ LA Baur, 'Treatment of Childhood Obesity', citing other studies.

⁸² Hon Tony Abbott MHR, Minister for Health and Ageing, 'Anti-Obesity Taskforce', *Media Release*, 28 November 2003.

⁸³ Commonwealth Department of Health and Aging, National Obesity Taskforce, *Healthy Weight 2008 – Australia's Future: The National Action Agenda for Children and Young People and their Families*, 2003, at http://www.health.gov.au/healthyactive/docs/healthy_weight08.pdf

families was seen as having the best longer term effect on reducing obesity in the adult population.

The 5 goals of *The National Action Agenda for Children and Young People and their Families* were defined as –

- achieving a healthier weight in children and young people through actions which first stop, then reverse, the increasing rates of overweight and obesity;
- increasing the proportion of children and young people who participate in, and maintain, healthy eating and adequate physical activity;
- strengthening children, young people, families and communities with knowledge, skills, responsibility and resources to achieve optimal weight through healthy eating and active living;
- addressing the broader social and environmental determinants of poor nutrition and sedentary lifestyles; and
- focusing action on giving children, young people and families the best possible chance to maintain healthy weight through their everyday contact and settings.

Australian Health Ministers endorsed the findings of the National Obesity Taskforce in its 28 November 2003 meeting and agreed that families, schools, child care centres, general practitioners, food manufacturers, retailers, sporting groups, urban planners, the media, community health centres, workplaces and other bodies should play a part in tackling obesity and should be the focus of programs designed to address the problem. While some action had been taken by several jurisdictions, there had to be a larger and more coordinated approach across all governments and all sectors of the community.

It was determined that the Taskforce lead and coordinate the implementation of the *National Action Agenda*. The programs envisaged would promote environments that enable greater physical activity, provide healthy food choices and better access to fresh produce, as well as increase community awareness about healthy lifestyles.⁸⁴

Upon the Health Ministers accepting the Taskforce recommendations, the Commonwealth Health Minister announced the launch of a national website <http://www.healthyactive.gov.au/> aimed at encouraging young people and their families to be physically active and have healthier lifestyles and, also, providing practical advice. Guidelines are also being developed to help parents, schools, and

⁸⁴ Australian Health Ministers' Conference, 'Joint Communiqué: Obesity – a National Epidemic', Sydney, 28 November 2003.

child care centres to meet children's needs in this regard.⁸⁵ Links to the *Building a Healthy, Active Australia* initiatives (described below) are available from the Healthyactive site.

In May 2004, it was announced that a panel of health experts from across Australia had developed *National Physical Activity Guidelines for Children* following the lead of the United States, Britain and Canada.

In September 2003, the *National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop* was funded by the Department of Health and Ageing to bring together 30 community leaders and other professionals working in the field of Aboriginal and Torres Strait Islander nutrition and physical activity. The workshop recognised that there were a number of initiatives required to address overweight and obesity in the Indigenous population.⁸⁶

6.2 FEDERAL

On 29 June 2004, the Prime Minister announced a \$116 million package over four years *Building a Healthy, Active Australia* to tackle childhood obesity.

6.2.1 *Building a Healthy, Active Australia*

The *Building a Healthy, Active Australia* package recognises the primary role parents play in children's development but also that governments need to be involved in partnership with schools, sporting bodies, the health sector and the food industry.⁸⁷ The package already has the support of many sporting bodies such as Cricket Australia, Netball Australia, and the Australian Football League. Those organisations have formed a Sports Alliance which has committed over \$9 million, in addition to the Government's funding, to tackling childhood obesity.

Funding to state and territory schools (currently around \$31 billion) will be linked to schools having at least two hours of physical activity per week.⁸⁸ Because

⁸⁵ Hon Tony Abbott MHR, Minister for Health and Ageing, 'Anti-Obesity Taskforce'.

⁸⁶ *National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop*, Adelaide, 11 September 2003, at http://www.healthyactive.gov.au/docs/indigenous_obesity.pdf

⁸⁷ Hon John Howard MP, Prime Minister, 'Building a Health, Active Australia', *Media Release*, 29 June 2004.

⁸⁸ Hon Tony Abbott MHR, Minister for Health and Ageing, 'Australian Government tackles obesity through ground-breaking schools program', *Media Release*, 29 June 2004; Stephanie Balough, 'Get fit regimen revealed', *Courier Mail*, 29 June 2004.

parents have an important role in encouraging healthy eating and physical activity, the package also includes information aimed at assisting parents on how to best incorporate healthy eating and exercise into family lifestyles. However, the Federal Government has not gone as far as to ban all food and drink advertising during children's programming.⁸⁹

The Labor Opposition supports the Government's initiatives but would have itself moved to ban food advertising to children. The Labor policy involves spending \$25 million over four years for a new fund to promote community well-being by encouraging involvement in sport and leisure and improving dietary patterns, and to implement a national strategy to reduce childhood obesity.⁹⁰

The *Building a Healthy, Active Australia* framework initiatives are intended to interrelate to some extent. The package is described under the following headings.

Active School Curriculum

While many schools do offer physical activities to children, there have been no national minimum standards. Only Victoria and the Australian Capital Territory make PE compulsory in primary schools and many schools do not have trained PE teachers. As children spend six or more hours at school each day, they should spend some of that time doing physical activity and learning about the importance of healthy eating and exercise. New conditions of funding under the Commonwealth Government's funding legislation for 2005-2008 requires government and non-government education authorities to include at least two hours of physical activity per week for primary and junior secondary pupils. That can be in the form of physical education classes, exercise and fitness programs, extra curricular sporting activities and access to play equipment. There will be exemptions for children who cannot undertake physical activity. The requirements will begin in all schools from term 1 of 2005.

Healthy School Communities

This \$15 million program builds upon existing local initiatives and community infrastructure to help schools, families, and children to put into practice healthy eating messages. The Government has sent invitations to schools to ask bodies such as the Parents and Citizens' Association and canteen groups to participate in the program by applying for grants up to \$1,500 per school to fund activities that

⁸⁹ Cosima Marriner, 'PM urges children to get physical', *Sydney Morning Herald* online, 29 June 2004.

⁹⁰ Helen Tobler, 'Fat lot of good that'll do', *Australian*, 30 June 2004, p 13.

promote healthy eating. The sorts of projects envisaged include healthy cooking classes, breakfast programs, and healthy tuckshop choices. It will run over 2004 and 2005.

Active After-School Communities

The *Active After-School Communities Program*, a structured physical activity and health program costing \$90 million, developed by the Australian Sports Commission (ASC), is aimed at children aged 5 to 12 years in the after-school hours. It will commence in term 1 of 2005. Children can remain within the security of their primary school or in approved after-school care to engage in the health and physical activities of the program. There is no extra cost to parents. The activities will be delivered by local sporting clubs, private providers, teachers and other community members working with physical activity coordinators.

The emphasis is on providing programs in a safe, supervised environment that are fun for children. It is envisaged that around 3,250 primary schools and approved outside school hours care services will be involved at the initial stage allowing about 150,000 children to participate in a program. The initiative includes provision of small grants to assist schools and sporting and community organisations in delivering the program.

Healthy Eating and Regular Physical Activity: Information for Australian Families

From the second half of 2004, families are being provided with information about how healthy eating and regular physical activity helps children's well-being now and in becoming adults. \$11 million is being spent on this initiative. The information will be delivered through the mass media and will also provide practical tips for parents and information to children to help them make healthy food and fitness choices.

6.2.2 Other Initiatives

The Commonwealth Government is involved, to a greater or lesser extent, in a number of programs, partnerships, and projects to address the problem of childhood obesity across the nation. Some involvement is by way of grants or funding support to governments at a state or local level or to community and sporting organisations etc. Not all initiatives can be canvassed here but the following are some examples:

- The Australian Sports Commission has developed the *Active Australia Schools Network*.⁹¹ Participating parents, teachers, and students can become involved with other schools across Australia to share ideas and information about sport and physical activity for students. The Network provides a model enabling schools to draw on their existing system curriculum materials and other useful programs to improve approaches to physical activity within the school community. It is promoted in Queensland by Education Queensland.

The *Active Australia Schools Network* website (www.ausport.gov.au/schools/indiex/asp) has a members' area containing information about what schools are doing, especially in terms of getting students to be more active. One example provided on the website is from a Victorian primary school where it appeared that the girls were not as physically active as the boys in sport. The school decided to find out what the girls liked to do, invited sportswomen from the Victorian Institute of Sport to speak, provided girls with information about local sporting clubs, and so on. Grade 6 girls then paired with girls from another school and took part in a joint sports expo and rock climbing afternoon. The outcome was that the girls now appear more willing to join in lunchtime games and were more enthusiastic about sport and physical activity.

- An *Indigenous Sport Program* run by the ASC, together with the Commonwealth Department of Communications, Information Technology and the Arts, engages national sporting organisations in developing, implementing, monitoring and evaluating specific initiatives to increase participation in sports by Indigenous Australians (see <http://www.ausport.gov.au/isp/index.asp>).
- The Australian Institute of Health and Welfare (AIHW) produces statistical bulletins on overweight and obesity to increase the data available for researchers and policy makers. The series includes *Health, wellbeing and body weight*. See www.health.gov.au/pubhlth/strateg/hlthwt and <http://www.aihw.gov.au/>
- The Commonwealth Department of Health and Ageing funds the **HealthInsite** website at www.healthinsite.gov.au to facilitate access to reliable and up to date health information and provides links to other useful sites and resources (which have been vetted by the site's Editorial Board). It is a single entry point to quality information from leading health information providers including peak health organisations, government agencies, and educational and research institutions. The 'Topics Pages' deal with many health issues and diseases and contain information and resources relevant to a healthy, active lifestyle. The

⁹¹ Commonwealth, Australian Sports Commission, *Active Australia Schools Network*, <http://www.ausport.gov.au/schools/index.asp>

topic page on ‘obesity’ links to a wide variety of media releases, policies, clinical practice guidelines and relevant national and international websites.

Twice yearly, the Department produces the electronic publication *PaperWeight* which focuses on overweight, obesity, and related issues and provides practical advice.⁹²

- ***Clinical Practice Guidelines for Management of Overweight and Obesity*** for general practitioners have been released by the National Health and Medical Research Council (NHMRC) as an important part of prevention and community awareness based on sound evidence. Those include *Clinical Practice Guidelines for Management of Overweight and Obesity in Children and Adolescents* and *Overweight and Obesity in Adults and in Children and Adolescents: A Guide for General Practitioners*;⁹³
- ***National Guidelines for Diet and Physical Activity*** have been issued by the NHMRC to provide evidence-based guides for use by health professionals. There are currently three Dietary Guidelines (including *Dietary Guidelines for Children and Adolescents in Australia*) and two Physical Activity Guidelines (the *National Physical Activity Guidelines for Australians* and the *Physical Activity Recommendations for Children and Youth* (under development));
- ‘lifestyle scripts’ are being developed for general practitioners to address patient health risk factors such as overweight, obesity, poor nutrition and physical inactivity.

Other programs and strategies include:

- ***Rural Chronic Disease Initiative*** (for small rural communities) – around 30 projects across rural Australia aimed at providing local solutions to local health problems with emphasis on healthy eating and physical activity. A Rural Primary Health Program will be established in the near future;
- ***National Child Nutrition Program*** (for children aged 0-12 and pregnant women) – community grants program targeting nutrition and long term eating patterns of children and pregnant women;
- ***Stronger Families and Communities Strategy 2004-2008*** – recently announced by the Prime Minister and the Minister for Children and Youth

⁹² Department of Health and Ageing, *PaperWeight*, <http://www.health.gov.au/pubhlth/strateg/hlthwt/paperweight.htm>

⁹³ NHMRC, *Clinical Practice Guidelines for Management of Overweight and Obesity*, <http://www.obesityguidelines.gov.au/guidelines/index.htm>

Affairs which will include opportunities to address issues such as obesity in children and families;

- **Public Health Education and Research Program Innovations Funding Sentinel Site for Obesity Prevention** (for children and adolescents 0-12 years, 2-12 years, and 12-18 years) – a joint Commonwealth Government and Deakin University funded program with a current trial of community development and intervention programs in Barwon South West to build knowledge, skills and evidence to combat obesity;
- **Walk Safely to School Day** (primary school children);
- **Aboriginal and Torres Strait Child and Maternal Health Exemplar Site Initiative** – identifies Aboriginal Community Controlled Health Services (child and maternal health services) as ‘best practice’ sites to inform national, regional and local policies;
- **Australian Government Breastfeeding Initiatives** – developed on the basis that children who are breastfed are less likely to become obese or overweight;
- **Healthy Kids Australia** – published by the Department of Family and Community Services, assisted by other related agencies, is a magazine to provide parents and child care services with practical ideas for healthy meals and snacks for kids and tips on how to make exercise a part of everyday life.

6.3 QUEENSLAND

In December 2003, Premier Beattie announced that the Queensland Government had established a working group to develop an action plan to promote healthy weight in Queensland children which would be finalised in 2004. He said that the Government was also keen to address the impact of ‘junk food’ advertising on children and that Queensland Health had made submissions to the Review of the Commercial Television Industry Code of Practice advocating that such advertisements be limited to only 20% of children’s programming time.⁹⁴

An additional \$1 million was provided under the 2003-04 Budget to enhance the promotion of healthy weight, nutrition and physical activity in children.⁹⁵

In the lead up to the February 2004 State election, the Government committed \$6.3 million over four years on initiatives to improve nutrition and physical activity of

⁹⁴ Hon Peter Beattie MP, ‘Beattie throws weight behind calls to slim down’.

⁹⁵ Queensland Health, *Budget Highlights 2003-04*.

children. The *Safe and Healthy Schools Policy* includes \$1.6 million over three years from July 2004 for three 'fitness vans' to visit students to encourage physical activity; funding to schools of \$1.5 million to help them to meet fitness related costs; \$800,000 over three years to expand the Healthy Eating Program to 50 schools; and a requirement that all State schools with over 300 students offer interschool team sports. The fitness vans will be staffed by a teacher and a nutritionist who will work with other school-based professionals (such as nurses and sport officers) to encourage healthy lifestyles in students. The underlying premise of the initiatives is that fitter and healthier children will learn better.⁹⁶

The Queensland Health Minister has said that the Government invests \$5 million per year to implement nutrition and physical activity initiatives throughout the State, including the recruitment of 53 new specialist staff.⁹⁷

During 2004-05, the Government has committed \$2 million for new initiatives including the development of a high-profile marketing campaign to raise community awareness of the health benefits of eating more fruit and vegetables. There is also funding provided to the Queensland Association of School Tuckshops and Nutrition Australia to develop and implement an incentive framework for nutrition in tuckshops at school. Significantly, in accordance with recommendations made in projects such as *Eat Well Queensland 2002-2012* (considered below), there will be an emphasis on research and assessment of the body weight, nutrition and physical activity behaviour of children to further inform and evaluate health promotion programs. These announcements are intended to complement Commonwealth Government's initiatives, outlined earlier.⁹⁸

Queensland Health and Education Queensland have agreed to a joint action plan covering five health areas including advancement of healthy weight in children. Implementation will include promoting nutritional guidelines for school tuckshops, fundraisers and special events.

6.3.1 Queensland Health

Queensland Health (QH) has been active in addressing the childhood obesity issue by creating new community and public health positions focused on dealing with

⁹⁶ Hon Peter Beattie, Premier and Minister for Trade, 'Making our schools safer & healthier', *Queensland Media Statement*, 4 February 2004.

⁹⁷ Hon Gordon Nuttall MP, Minister for Health, 'Australian Health Ministers' Conference Focuses on Fluoridation, Obesity', *Queensland Media Statement*, 29 July 2004.

⁹⁸ Hon Gordon Nuttall MP, 'Australian Health Ministers' Conference Focuses on Fluoridation, Obesity'.

nutritional needs of Queensland children, including Indigenous child health and nutrition workers, and new regional physical activity specialists.⁹⁹

The Department is undertaking initiatives that are consistent with its *Strategic Policy Framework for Children's and Young People's Health 2002-2007* to emphasise the importance of effective health interventions that commence before birth, progress in partnership with families, children and young people, and involve health providers working with them at critical life stages.¹⁰⁰ In doing so, it recognises the primary role played by families and communities in promoting healthy growth and development.¹⁰¹ It proposes a reorientation, integration and redesign of health services to meet the growing and complex health needs of children and young people. While it has a number of priority outcomes, one of them is to seek a reduction in conditions which contribute to poor health in later life such as overweight and obesity.

QH's Position Statement *Working Together for Healthy Schools* is one of a series of statements building on priority strategies outlined in the abovementioned *Strategic Policy Framework*. It specifies how QH will work with Education Queensland and school authorities to help schools to maximise health and learning outcomes for students on the basis that good health leads to more effective learning. It adopts the 'Health Promoting Schools' approach endorsed by the World Health Organisation as best practice.¹⁰² The approach involves three interconnected components – curriculum teaching and learning; school organisation, ethos and environment; and school and community partnerships – to achieve better health and learning outcomes. QH will support schools as healthy places by working collaboratively to identify health issues, promote safe and supportive physical and social environments, link schools to the broader community resources, services and partners, and provide relevant health services.¹⁰³

⁹⁹ Hon Wendy Edmond MP, Minister for Health & Minister Assisting the Premier on Women's Policy, '\$1 m to tackle overweight and obesity in children', *Queensland Media Statement*, 21 July 2003.

¹⁰⁰ Queensland Health, *Strategic Policy Framework for Children's and Young People's Health 2002-2007*, Foreword, at <http://www.health.qld.gov.au/publications/childhealth/16008.pdf> See also Queensland Health *Strategic Plan 2004-10* at http://www.health.qld.gov.au/publications/corporate/QHstratplan2004_2010/default.asp

¹⁰¹ Queensland Health, *Strategic Policy Framework for Children's and Young People's Health 2002-2007*, Summary Document at www.health.qld.gov.au/publications/childhealth

¹⁰² This concept was examined briefly earlier in the Brief.

¹⁰³ Queensland Health, Child & Health Unit and Public Health Services, *Working Together for Healthy Schools: Queensland Health Position Statement*, www.health.qld.gov.au/publications/childhealth

The *Health Promoting Schools Network* has more than 500 registered members from State and non-State schools, from government and non-government bodies, and from parent, community and professional associations. It has specific education programs about nutrition and actions to promote healthy choices in tuckshops.

Eat Well Queensland 2002-2012

*Eat Well Queensland 2002-2012: Smart Eating for a Healthier State*¹⁰⁴ is an initiative of the Queensland Public Health Forum, an active partnership of government organisations, non-government organisations, and professional associations. It frames Queensland's response to *Eat Well Australia: An Agenda for Action for Public Health Nutrition 2000-2010*, the national agenda for public health nutrition, and complements the *Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy* (1995).

Eat Well Queensland 2002-2012 is the State's first comprehensive, whole-of-population strategy developed to prevent chronic disease in Queensland through addressing food, nutrition, and physical inactivity issues. It identifies priorities with the potential to achieve health gain and, among other issues, addresses obesity.¹⁰⁵ A number of guiding principles underpin the strategy.

Eat Well Queensland 2002-2012 noted that obesity and overweight are risk factors for type-2 diabetes, cardiovascular disease, strokes, some cancers, and some other diseases. It was observed that there was no regular systematic monitoring and surveillance program in Queensland to determine rates and trends of overweight and obesity in Queensland children. Without such, it is impossible to determine the scope of the problem or to develop strategies to combat it.¹⁰⁶ One potential action that was identified is to advocate for sustainable and systemic national nutrition monitoring and surveillance systems that support States' estimates of overweight and obesity.

Other commentators have observed that more research is needed on obesity in, and impacts upon, Indigenous Australians. While there was a suggestion that obesity is an issue for young Indigenous people, there is little research into their activity

¹⁰⁴ Queensland Public Health Forum 2002, *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State*, <http://www.health.qld.gov.au/QPHF/FoodNutrition.htm>

¹⁰⁵ *Eat Well Queensland*, Foreword, p 3.

¹⁰⁶ *Eat Well Queensland 2002-2012*, p 30.

levels.¹⁰⁷ It was recognised that poor nutrition in infancy and childhood was connected with the onset of adult diseases such as cardiovascular disease, type-2 diabetes, overweight, and obesity.¹⁰⁸ Undernutrition continues to be a problem in a number of Indigenous communities but overweight and obesity is now an issue.

Eating patterns and behaviours are formed early in life with factors in the family environment (such as parental food preferences and behaviours, children's food exposure and media exposure, role modelling, interaction with parents around food) being influential. Parents' eating behaviours and parenting practices have been influenced by changes over the past few decades such as more single parent families, less extended family support and more reliance on external child care. There is greater reliance on 'fast' or convenience foods and a loss of cooking skills among parents. Indigenous families are particularly affected by the loss of parenting practices.¹⁰⁹

There is evidence that nutrition intervention programs are effective in addressing determinants of chronic disease and that recent clinical trials have demonstrated that intensive lifestyle intervention targeting nutrition and physical activity in persons at high-risk was highly effective in preventing or delaying the onset of type-2 diabetes.¹¹⁰

Eat Well Queensland 2002-2012 considered that intervention which resulted in a weight loss of 5 kg in overweight or obese Australians would reduce the prevalence of overweight and obesity from 55% to around 40%, thus lessening health care costs associated with type-2 diabetes alone by \$18.6 million per annum.¹¹¹

Eat Well Queensland 2002-2012 cited various studies to support the view that prevention of overweight and obesity is not just an individual responsibility. The broader social environment that promotes sedentary lifestyles and the consumption of high energy foods needs structural change. That is indicated by the fact that

¹⁰⁷ S Headley, 'Background notes on obesity and sport in young Australians: local initiatives', *Youth Studies Australia*, 23(1) 2004, pp 42-46, p 44.

¹⁰⁸ *Eat Well Queensland 2002-2012*, p 34.

¹⁰⁹ *Eat Well Queensland 2002-2012*, p 35.

¹¹⁰ *Eat Well Queensland 2002-2012*, p 33, citing various research findings.

¹¹¹ *Eat Well Queensland 2002-2012*, p 22, citing GC Marks, T Coyne, & G Pang, *Type-2 diabetes costs in Australia – the potential impact of changes in diet, physical activity and levels of obesity*, Commonwealth Department of Health and Ageing, 2002.

changes in food supply, behaviour and environment over the last three decades parallel the increase in the prevalence of overweight and obesity.¹¹²

It was suggested that the best way of addressing the problem was to adopt a population approach to preventing unhealthy weight gain by increasing physical activity and improving the quality of diets through environmental interventions. Partnerships are needed between communities, government, media and the food industry to achieve effective and sustainable changes to the obesity promoting environment in which we live.¹¹³

In terms of the Indigenous population, it was considered that culturally appropriate, community-based nutrition programs addressing both supply and demand issues related to the food supply in Indigenous communities could lead to considerable and sustained improvements in various risk factors of chronic disease.¹¹⁴

Six priority action areas were identified in *Eat Well Queensland 2002-2012*:

- address food supply issues (ie cost, availability, food safety, equity issues etc);
- promote healthy eating;
- encourage more consumption of fruit and vegetables (addressing supply and demand issues);
- enhance the health of mothers, infants and children (e.g. through promoting breastfeeding which evidence suggests is associated with better general health, growth and development of infants);
- help people achieve and maintain a healthy weight; and
- develop infrastructure and capacity.

The target groups are Aboriginal and Torres Strait Islander peoples; other vulnerable groups such as low income earners, homeless people, persons with mental health problems, disabled persons, people in remote areas who experience barriers to access to food (food insecurity), and older persons.

Eat Well Queensland 2002-2012 identifies a number of current and potential actions by government agencies at all levels to address the issues identified by it. Most of those would also have an impact upon childhood obesity. As the focus of this brief is on obesity and overweight in children, the following provides an

¹¹² *Eat Well Queensland 2002-2012*, p 68.

¹¹³ *Eat Well Queensland 2002-2012*, p 68.

¹¹⁴ *Eat Well Queensland 2002-2012*, p 33.

outline of more direct strategies to help children achieve and keep to a healthy weight. Those include:¹¹⁵

- developing and implementing sustainable systems to monitor overweight and obesity in adults and children;
- advocating for national action to ensure that food advertising aimed at children is more consistent with health eating guidelines and supporting national advocacy (such as that by the Coalition on Food Advertising to Children) on that issue;
- implementing the *Queensland Physical Activity Strategy 2002-2007*;
- supporting widespread implementation of best practice, group based intervention programs such as those by QH (included in those dealt with later) and the Indigenous *Healthy Weight Program*;
- implementing QH's *Creating a healthier Queensland: nutrition, physical activity and chronic disease* workshops. The workshops aim to increase the capacity of health and other professionals across the State in consistent promotion of the messages of evidence-based national nutrition and physical activity guidelines to the community.

Other current actions and initiatives intended to have an impact on improving Queensland children's obesity levels include:¹¹⁶

- educational resources for the public are being produced in association with the revised National Health and Medical Research Centre *Dietary Guidelines* series which includes *Dietary Guidelines for Children and Adolescents* (see above);
- QH's Health Information Centre has published an information circular for health professionals – *Towards Healthy Growth And Development: Issues Of Overweight, Overweight and Undernutrition Among Children In Queensland*;
- a new Health and Physical Education Syllabus Years 1 to 10 is being implemented across the State by the Queensland School Curriculum Council;
- the School Nutrition Action Coalition has been established to work with schools in areas of nutrition;

¹¹⁵ Although the actions are aimed at all persons, not just children. For a full range of actions addressing all priority areas, see *Eat Well Queensland 2002-2012*, Ch 7

¹¹⁶ *Eat Well Queensland 2002-2012*, pp 61-63, 69-70.

- a number of nutrition resources have been published by various government and non-government bodies (e.g. QH's Lunchbox Program, Nutrition Australia's Nutrition in Schools Advisory Service and its *Food for Life* and *Better Eating at School Tuckshops* pilot projects). Some resources are aimed at parents and others at child care settings.
- a South Coast Community Health Service overseen by QH conducts a program to address meal planning, budgeting and nutrition for disadvantaged groups;
- QH has locally based projects aimed at vulnerable groups;

Other potential actions that may have a positive impact include:

- to undertake promotion of revised NHMRC *Dietary Guidelines* to ensure that consumers have access to consistent, easily understood, accessible nutrition information based on sound scientific facts to enable healthy food choices;
- to produce a series of evidence-based *Eat Well Queensland* fact sheets on key nutrition issues for media releases and response;
- to develop a strategic coordinated statewide approach to implementing nutrition education in schools in support of the Health and Physical Education Syllabus Years 1 to 10 as well as programs to address nutrition issues;
- to increase access to healthy food from food services such as tuckshops through supporting policies, training and incentives;
- to engage the support of school staff and persons working with children to promote nutrition and physical activities;

In respect of the above actions, *Eat Well Queensland 2002-2012* identifies potential sector partners from both government and non-government areas, with the latter including bodies such as industry groups, consumer groups, professional bodies, and educational bodies. A number of actions are in place to provide the necessary infrastructure and capacity (e.g. strategic management, information development, research and development, innovation, workforce development etc) to support the above strategy and coordinate efforts.

Much is dependent on the creation and maintenance of partnerships with stakeholders and other relevant organisations. Currently, a working group is steering the development of *Eat Well Queensland*.

Some Queensland Health Programs

The ***Kids on Track Program*** targets 3 to 10 year old children. It looks at group parent intervention on the course and severity of obesity and helps parents address children's health problems through nutrition, physical activity and changes in

family behaviour.¹¹⁷ The program is free and is run by a team that includes a paediatrician, dietician, physiotherapist and a psychologist. It involves parents participating in a 2 hour per week workbook session for four weeks. Outcomes are evaluated via parent self report checklists and family clinical measures before, after, and six months after treatment. If the program is effective, it will be expanded to other Queensland health service districts.

QH's *Active-Ate Program* seeks to promote healthy eating and increased physical activity at school. In particular, it aims to reduce the number of children who are obese, overweight or have type-2 diabetes. It includes a classroom component for teachers and resources for the school as a whole to use to facilitate the aims of the program. Those aims include healthy foods at the tuckshop, school breakfast programs, safe walking/cycling to school. There is also an 'Active-Ate Challenge', an interschool competition where being active and eating healthy foods earns prizes for winning classes.

The program also produces a series of factsheets 'Active-Ate Informer'. For example, the factsheet 'Healthy Weight, Healthy Bodies' presents statistics on overweight and obesity, outlining its effects on health, and suggests practical ways to combat the problem (eg eat more fruit and vegetables, reduce TV viewing).

6.3.2 Queensland Commission for Children and Young People

A head start for Australia: An early years framework

The Queensland Commission for Children and Young People (Children's Commission), as part of its role in monitoring research and practices regarding children's nutrition, joined with its NSW counterpart to jointly release the document *A head start for Australia: An early years framework*¹¹⁸ in March 2004. This provides a policy framework supporting actions to achieve positive outcomes in areas of health, welfare, education and infrastructure needs to address holistic needs of children in the 0-8 age group. It establishes nine priority outcome areas and provides examples of integrated actions and evidence-based programs by all levels of government, non-government stakeholders, and the community to achieve them.

¹¹⁷ Queensland Health, 'Kids on Track' Program, <http://www.health.qld.gov.au/kot/default.asp>

¹¹⁸ Queensland Commission for Children and Young People and NSW Commission for Children and Young People, *A head start for Australia: An early years framework*, March 2004, at <http://www.childcomm.qld.gov.au/about/publications/headStart04.html>

The Framework considered that childhood obesity needed urgent attention and, noted that only 51% of children aged 5-8 in the year to April 2000 had participated in at least one organised sport (and only 42% of girls).¹¹⁹

The Framework advocates an increase in sport and recreational activity. While the primary aim is to reduce obesity levels, such activities may well have a secondary benefit – improving children’s confidence, character, and interactions with others.¹²⁰ One example provided of an action to achieve this outcome is the promotion of healthy physical activities at home, at school, at after-school care, and in community settings.¹²¹ Other measures aimed at promoting child well-being and reducing obesity include ensuring that children in remote areas have access to fresh fruit and vegetables. It was also suggested that families at risk through poverty and disadvantage could be helped through home visits, outreach services and other types of assistance.

6.3.3 Sport and Recreation Queensland

Many of Sport and Recreation Queensland’s (SQ’s) programs can be found at http://www.srq.qld.gov.au/community_programs/community_programs.cfm

Get Active Queensland Children and Young People Strategy

SRQ has developed the Get Active Queensland Children and Young People Strategy.¹²² It includes a number of projects which seek to improve children’s levels of physical activity. Resources offering tips on getting more children and young people involved in exercise and providing ongoing support are provided to families, child care providers, professionals, schools etc.

Booklets and a series of professional development and training workshops for early childhood professionals have been developed to promote physical activity in young children. In January 2004, a *Move Baby Move* handbook was launched aimed at helping parents to introduce safe physical activity into their children’s lives from birth.

¹¹⁹ ABS, *Australian Social Trends 2003*, Cat. No 4102.0, p 191.

¹²⁰ *A head start for Australia: An early years framework*, p 31.

¹²¹ *A head start for Australia: An early years framework*, p 31.

¹²² Queensland Government, Department of Local Government, Planning, Sport and Recreation, *Children and Young People Strategy*, www.srq.qld.gov.au/children_and_young_people_strategy.cfm ,

SRQ has launched a Kids Playground website at www.sportrec.qld.gov.au/kids to help children learn about the benefits of sport and exercise. It includes over 100 activities for school and home.

Get Active Queensland Schools Program

The *Get Active Queensland Schools Program*, launched in April 2002, is designed to motivate school children to become active by providing ideas about why, how and where to be active. It extends to all Queensland primary and secondary schools once the region in which the school is located is selected. The program involves prominent sportspersons presenting healthy lifestyle talks and activity sessions to students. For the activity sessions, athletes from the Queensland Academy of Sport help students develop skills and positive attitudes to physical fitness. The healthy lifestyle presentations provide messages about the importance and benefits of physical activity, how to manage a healthy lifestyle etc. The program also assists health and physical education teachers to develop relevant concepts and skills.

In August 2004, a number of Queensland's top athletes visited participating Gold Coast schools to motivate and inspire students to get more active. The Minister for Sport has said that over 43,000 Queensland students have participated in the program.¹²³

School's Out, Keep Active Program

The *School's Out, Keep Active Program* (to operate from 2004 to 2006) is designed for before-school and after-school and vacation care centres to enable staff to improve their skills in providing physical activity sessions to primary school children. Various State sporting organisations are selected to provide activities training and support to staff. It provides networking opportunities and the capacity to trial innovative resources and programs within a practical environment. 66 outside school and vacation care centres are part of the current first year's operation of the program and, if successful, will expand in 2005 and 2006.

Building Active Communities Workshops

SRQ is currently delivering a series of *Building Active Communities Workshops* throughout Queensland involving key industry leaders. Those leaders share insights and provide practical strategies for dealing with issues faced by the sport

¹²³ Hon T Mackenroth MP, Deputy Premier and Minister for Sport, 'Elite athletes to inspire students on the Gold Coast', *Media Statement*, 10 August 2004.

and recreation industry. The programs build on local community knowledge to encourage sport and recreation in the community.

6.3.4 Education Queensland

Smart and Healthy Schools Fund

In July 2004, the State Government announced that \$1.5 million over three years would be allocated out of the *Smart and Healthy Schools Fund* to support a range of activities in schools. In the first round of grants allocations, 40 schools have been chosen to receive grants of up to \$20,000 for things such as establishing a school walking group, constructing playground and softball facilities, and purchasing sport equipment (e.g. canoes and kayaks). The idea is to make sport and being physically active enjoyable for students.¹²⁴ See Education Queensland's website at <http://education.qld.gov.au/schools/healthy>

Walk to School Program

The *Walk to School Program* is an ongoing project developed by the Queensland University of Technology working with an industry sponsor. It involves accredited Walking Leaders supervising children as they walk to school two days a week. Leaders must undergo child safety checks. In association with this is the Federal Government's annual National Walk Safely to School day. The project manager has reported that children who participate benefit physically and socially by making new friends. Parents have found that children have better confidence to take up other sports.¹²⁵

6.3.5 Other Initiatives

There are a growing number of programs and projects that have been initiated by the Queensland Government or are supported by it at a community based level. Not all can be mentioned here. For example, the *Active Brisbane City Grant Scheme* is a Brisbane City Council and Queensland Government program that provides grants to not-for-profit incorporated organisations or school-based clubs involved in delivering sport and recreation to Brisbane residents.

¹²⁴ Hon Anna Bligh MP, Minister for Education and the Arts, 'Smart and healthy grants to get Queensland school children moving', *Queensland Media Statement*, 17 July 2004.

¹²⁵ Siobhan Ryan, 'Walk to School project runs out of puff', *Courier Mail*, 23 August 2002, p 6.

A range of government agencies, including QH and the Department of Primary Industries, publish electronic newsletters about healthy lifestyles and nutrition. The DPI 'Attitude Bites' newsletters provide information on national and international food and consumer trends.

6.4 SOME INITIATIVES IN OTHER STATES AND TERRITORIES

There has been a rapid increase in the number of government policies, projects, programs and partnerships in all States and Territories aimed at preventing and reducing childhood obesity levels. Only a few can be mentioned here.¹²⁶ Many are in partnership with, or provide resources or funding to, communities in promoting initiatives aimed at children and young people.

6.4.1 New South Wales

In late 2002, the New South Wales Government announced the establishment of the Centre for Overweight and Obesity to bring together relevant research groups on the issue and, in the same year, NSW Health developed a partnership with the Australian Child and Adolescent Obesity Research Network. This is in recognition of the need to have accurate research about methods to tackle obesity as well as accurate measures and data in order to identify trends.

The NSW *Childhood Obesity Summit*, held in September 2002, was convened by the NSW Health Minister to join the whole community (including parents, manufacturers, food advertisers, sporting organisations, schools, government agencies, and consumer bodies such as the Heart Foundation and Nutrition Australia) to build consensus on a short and a long term strategy to respond to childhood obesity issues.¹²⁷ It was considered that initiatives must be aimed at the population as a whole rather than at individuals, but should be tailored to individual communities.

The NSW Government responded to the Summit's 145 resolutions and recommendations in October 2003, with an *Action Plan for Prevention of Obesity in Children and Young People 2003-2007* containing 34 actions to address the

¹²⁶ Sourced mainly from S Headley, 'Background notes on obesity and sport in young Australians: local initiatives', *Youth Studies Australia*, 23(1) 2004, pp 42-46 and relevant state and territory government websites.

¹²⁷ NSW *Childhood Obesity Summit*, Communiqués, 12 September 2002, at <http://www.health.nsw.gov.au/obesity/adult/summit/summit.html>

issue. Most will be driven by NSW Health.¹²⁸ The Plan will also interconnect with the implementation of measures under *Eat Well NSW: Strategic Directions for Public Health Nutrition 2003-2007*.

Among proposed initiatives are mandatory school tuckshop guidelines (see below); improved funding to the School Sport Foundation to promote physical activity in schools; and more school sport programs and resources to support them, including teacher development. The current *Active Communities Grants Scheme* is being modified to focus on projects to get young people, especially from disadvantaged groups, involved in sport or activity. There will be activities such as 'Bike Week'. The Roads and Traffic Authority will commit to building cycleways linking to shops and other facilities and assist local Councils to create pedestrian networks. Realising the need to support parents are initiatives to promote breastfeeding, and to improve access to information about healthy eating and activities.

To provide opportunities for good nutrition and physical activity in out of school care settings, the Government is providing information about those things to child care centres. It is also having discussions with bodies that provide professional training to child care workers to improve teaching in the areas of nutrition and exercise as well as building competency to provide physical activity for children. A number of out of school hours care programs have been developed by various health services throughout the State. Strategies to engage children in more physical activity are also being developed.¹²⁹

Community awareness is being improved through efforts such as an overweight and obesity website at www.health.nsw.gov.au/obesity that provides accurate information on healthy weight; an interactive Kids' Food and Activity Guide; and information about referral agencies. In addition, the Department of Sport and Recreation and NSW Health are developing an on-line training program providing information about children's fitness and nutrition to link to the aforementioned website.¹³⁰

In March 2004, the NSW Government issued guidelines for food sold in school tuckshops. These will be compulsory for State schools while non-State schools will be encouraged to comply. The Guidelines limit the sale of high fat foods such as chocolate and doughnuts to just twice a term. They work through a 'traffic

¹²⁸ NSW Department of Health, *NSW Government Action Plan 2003-2007*, <http://www.health.nsw.gov.au/obesity/adult/gap/ObesityActionPlan.pdf>

¹²⁹ Strategic Inter-Governmental Nutrition Alliance (SIGNAL), *FOODChain*, Newsletter, May 2004, p 22 at <http://www.nphp.gov.au/workprog/signal/foodchain.htm>

¹³⁰ See also the DSR website at www.dsr.nsw.gov.au/active/prog_main.asp which has ideas for getting active and has links to relevant sporting organisations and clubs.

light' system, where green foods are the healthy option, amber foods should be eaten less often and red-labelled food can only be sold twice a term.

6.4.2 Victoria

The Victorian Department of Human Services promoted the October 2002 Citizen's Summit *A Healthy Balance: Victorians respond to obesity*.¹³¹ It made a number of recommendations for Government action. Those recommended actions include the need for urgent baseline data to determine the extent of childhood obesity; and providing financial incentives for children to engage in sport or recreation (e.g. tax deductible sporting club registration fees). The Summit emphasised the need to establish a Healthy Children's Council to bring relevant government agencies together with industry, local governments and the community. In terms of schools, it suggested schemes such as school vegetable gardens and a program providing free fruit or vegetables each day for students.¹³²

The Victorian Health Department (VicHealth at <http://www.vichealth.vic.gov.au>) supports a number of projects related to combating obesity in children. For example, the *Out of School Hours Sports Program* (a joint initiative of VicHealth and the Australian Sports Commission) hopes to create links between children, parents, childcare services, sporting associations, national sporting organisations etc. in order to provide a safe, good quality and fun sporting experience for juniors. It will run over three years. The Program will use existing sporting programs as well as trialling new ones. VicHealth also supports initiatives such as the 2003-2004 *Walking School Bus Program* to help parents and teachers set up walking buses to take children to and from school.¹³³

The Victorian Government also hosts the Better Health Channel <http://www.betterhealth.vic.gov.au/> which provides much information and interesting facts and tips about health and exercise. It also has topics dealing with children's weight and associated issues.

¹³¹ Victoria, *A Healthy Balance: Victorians respond to obesity* at <http://www.dhs.vic.gov.au/phd/obesityforum>

¹³² See also *Healthy Eating and Physical Activity in Early Childhood Service*, Department of Human Services, Eat Well Victoria Partnership, July 2003; *Public health nutrition policy in organised settings for children aged 0-12: An overview of policy, knowledge and interventions*, Eat Well Victoria Partnership, September 2003, <http://www.vichealth.vic.gov.au>

¹³³ Another imitative is *Be Active Eat Well* a community based intervention project run by Deakin University in the south-western Victorian town, Colac.

6.4.3 Australian Capital Territory

The ACT Obesity Seminar was held in October 2002. In November 2002, the *ACT Eat Well ACT Public Health Nutrition Plan 2002* was launched providing a strategic framework for the promotion of healthy living and well-being and a focus on nutrition. Plans will be developed aimed at preventing overweight and obesity in children and improving nutrition. The lead agency is ACT Health's Health Promotion Unit which will work with Community Care nutritionists and the ACT Nutrition Advisory group to develop the plans. There is work underway towards a *Physical Activity Strategy*.

ACT Health has also initiated the *Tuckatalk in Schools Project* aimed at primary school students to help them eat healthier food at school. It is hoped that schools will be encouraged to establish vegetable gardens, breakfast programs, and cooking classes. For further information see the ACT Department of Health and Community Services website at www.health.act.gov.au

6.4.4 South Australia

The State Government in **South Australia** has begun working on guidelines for its *Eat Well SA* campaign to be launched later in 2004. Among other things, this campaign has the objective of reducing the availability of foods high in fat, salt, or sugar at school and pre-school sites to only twice per term. The Department of Health's website at www.healthysa.sa.gov.au provides a gateway to information and resources about obesity, including a range of programs for healthy eating and for physical activity.

6.4.5 Tasmania

The *Eat Well Tasmania, Kids Coalition* seeks to bring together people working in child nutrition and similar areas to focus on particular projects to improve nutrition in children. The Department of Health and Human Services and the Department of Education are jointly funding the Tasmanian School Canteen Association to increase the availability of safe and healthy food sold in school tuckshops. A *TasteBuds* project provides nutrition training and resources to childcare services and, to date, participating family day care centres have indicated that they feel more confident and more knowledgeable when communicating with parents about food issues.¹³⁴ A number of other initiatives are being planned or are currently being implemented.

¹³⁴ SIGNAL, *FOODChain*, p 27.

The Premier's Physical Activity Council (at www.physicalactivity.tas.gov.au) helps communities to get more Tasmanians into exercising. The Council also conducts research and evaluations of current trends and practices. It promotes projects such as *Get Walking Tasmania*. It also supports *Active Kids* to increase opportunities for young people to participate in physical activity. See also the Department of Health and Human Services website at www.dhhs.tas.gov.au

6.4.6 Western Australia

In Western Australia, the Premier's Physical Activity Taskforce has created initiatives such as grants to local governments to promote new and innovative approaches to increasing exercise in the community. The Taskforce has representation from a number of WA Government agencies. The website <http://www.patf.dpc.wa.gov.au/index.cfm?fuseaction=home.welcome> contains information about various initiatives, some targeted at children (e.g. the *Walking School Bus*), as well as fact sheets and research resource links.

The WA Department of Health's Health Promotion Directorate is involved in a number of programs and research, some in conjunction with the Premier's Physical Activity Taskforce. During 2003-2004, it disseminated the *Healthy Lifestyles Framework* which comprises a number of lifestyle programs such as *Find 30: It's not a big exercise* which seeks to make the community aware of the need to do more physical activity. It also has some healthy eating programs as well as supporting *Eat Well WA*.¹³⁵

The Department's *Fruit 'n' Veg Week* website at www.fruitvegweek.health.wa.gov.au contains information not just about the annual fruit and vegetable week in May but also curriculum-matched activities that help children to prepare simple and healthy meals.¹³⁶

7 NON-GOVERNMENT BODIES

As noted earlier, Australia's major sporting bodies, the AFL, Cricket Australia and Netball Australia have joined to form the Sports Alliance. The Alliance has provided \$9 million to form a partnership with governments believing that a national plan is necessary to make a real impact on childhood obesity. As part of the Commonwealth Government's *Building a Healthy, Active Australia* package,

¹³⁵ WA, Department of Health, Population Health, Achievement and Highlights, *Annual Report 2002-2003*, p 62.

¹³⁶ See also the Department of Health's website at <http://www.health.wa.gov.au/>

up to 1000 sporting ‘heroes’ will visit Australian schools and after-school care centres to promote the benefits of healthy eating and exercise. Community cricket, football and netball clubs will be linked to the program to allow a pathway for continued participation in community sport.¹³⁷

There are many programs being established to help parents with encouraging children to become more active and lead healthier lifestyles. One example is Aussie Fit Kids (at <http://www.aussiefitkids.com>), based in Melbourne which has supervised exercise programs for children aimed at promoting positive attitudes to exercise. The program also offers advice to families in supporting their children.

In early 2004, the combined forces of former Olympian, Cathy Freeman, Nike and Uncle Toby’s launched a project, ‘Nikego’, to encourage Victorian children in the 5-10 age group to jump, skip, run, hop and walk their way to fitness. It runs during after-school care but is open to all children and the cost is included in any child-care charges. If the pilot succeeds, it will be expanded to other schools in Melbourne and to other states.¹³⁸

Many organisations have websites aimed at assisting overweight and obese children and young people and their parents and are too numerous to mention here. The HealthInsite (<http://www.healthinsite.gov.au/>) website provides links to many resources including organisations aimed specifically at informing children and young people. Examples include:

- the Healthy Eating Club (<http://www.healthyeatingclub.org/home.htm>)
- Nutrition Australia’s children’s nutrition and teenagers’ site (<http://www.nutritionaustralia.org/Default.htm>)
- Make a Noise – Healthy Bodies (<http://www.makeanoise.ysp.org.au/bodies.asp>)
- Child and Youth Health (<http://www.cyh.com/>)
- The Source (<http://www.thesource.gov.au/index.htm>).

The Australasian Society for the Study of Obesity website at <http://www.asso.org.au/home> provides much helpful information and research about obesity issues as does the National Heart Foundation site at <http://www.heartfoundation.com.au>

¹³⁷ Andrew Demetriou, James Sutherland & Lindsay Cane, ‘Sports starts can help fight battle of bulge’, www.theage.com 9 July 2004.

¹³⁸ Muriel Reddy, ‘Freeman lends weight to obesity fight’, www.theage.com, 1 February 2004.

8 FOOD INDUSTRY RESPONSES

The food industry does have concerns about its products and how they are marketed. Litigation involving fast food chains, even if unsuccessful, is not good for a company's public image. There may also be a change in public feeling about 'junk food' and 'fast food' chains, as reflected by the considerable box office success of *Supersize Me*, an 'anti junk food' movie about a man who ate nothing but food from McDonalds for one month with considerable weight consequences.

After considerable market research, **McDonalds Australia** launched the *Salads Plus* range in August 2003 to allow consumers access to 'lighter choice' meals and snacks that contain no more than 10g of fat per serve. It seems that the range has around a 7% turnover. The chain is also introducing buns with half the sugar of those used currently. Similarly, the **Hungry Jack's** chain is developing new menu items such as a range of salads and a 'good 'n' fresh' sandwich range.

A 'fast food' outlet that has always tended to offer healthy options is **Subway** which, for a number of years, has promoted its '7 under 6' range (seven sandwich varieties with less than 6g of fat each). Subway increased sales by 44% in 2003 with the help of an American student who dropped more than 100 kg by eating nothing but Subway sandwiches and coffee.¹³⁹

Each chain is also conscious that customers are still looking for food to taste nice so the challenge is to create healthy alternatives that are not bland or unappealing.¹⁴⁰

More recently, **Coca-Cola Amatil** decided to withdraw its products such as Coke, Fanta, Sprite and Lift from Australian primary schools, a move welcomed by health experts. However, there are no plans to follow suit in secondary schools. It is reported that it is instead promoting water and fruit juices and special diet varieties.¹⁴¹

It has been difficult in the past to find nutritional information about the traditional products offered by McDonalds, KFC and similar chains. In addition to widely promoted nutritional information about the new *Salads Plus* range, McDonalds is planning to place information about nutritional value on the packages of its existing foods.¹⁴²

¹³⁹ Beth Quinlivan, 'Obesity: fat profits', *Business Review Weekly*, 30 June 2004, <http://www.brw.com.au>

¹⁴⁰ C Hughes, 'The Tallowed Halls of Obesity', *Consuming Interest*, Spring 2003, pp 10-12.

¹⁴¹ 'Coke pulled out of primary schools', *Courier Mail*, 16 July 2004.

¹⁴² Stephen Dablowski, 'McFeast your eyes on this', www.theage.com, 31 March 2004.

The 'fast food' chains appear to be responding to a growing consumer trend towards low fat and low kilojoule products. Nestle has reported that its *Lean Cuisine* sales have increased by 14.7% over the past year and that Peters' *Light and Creamy* icecream is outperforming its rivals.

There is a growing market for functional foods – foods which include components that target health problems – such as low fat snack bars, margarines with added plant sterols to reduce cholesterol, enhanced calcium in dairy foods. The Commonwealth Government's Centre of Excellence for Functional Foods together with initiatives such as the *National Food Industry Strategy* provides encouragement for further development. Some countries, including Japan, have laws regulating health claims and manufacturing processes of functional foods.¹⁴³

9 ROLE OF PARENTS

It has been reported that having overweight parents has considerable influence upon a child's weight and overweight parents are more likely to have overweight children.¹⁴⁴ Indeed, while government initiatives and packages are important, children need parents' support to adopt healthy eating patterns and to exercise regularly.

Research has also found that overweight and obesity in children have become so common that parents are not even recognising that their own children are overweight. In a survey of 300 British families, only 25% of parents with overweight children realised that their children had a problem and 33% of mothers and 57% of fathers thought that their children were normal weight when they were actually obese. One of the reasons might be the media attention given to eating disorders such as anorexia so parents feel guilty if their child develops this disorder but less so if their child becomes obese.¹⁴⁵

Treatment centred on the child alone may increase the child's anxiety and he or she might refuse to participate.¹⁴⁶ There are many actions parents can take to help children maintain or lose weight and keep up a healthy lifestyle. There are also a

¹⁴³ Queensland Department of Primary Industries, 'Super size seniors', *Attitude Bites*, 2 June 2004.

¹⁴⁴ Michael Bradley, 'Parents blamed for obesity', *Sydney Morning Herald* online, 9 July 2004, citing a United States study in *Paediatrics*.

¹⁴⁵ UK House of Commons Health Select Committee, *Obesity*, p 95, citing medical school research reported in *The Observer*, 14 March 2004.

¹⁴⁶ LA Baur, 'Treatment of Childhood Obesity', citing other studies

number of government and non-government websites with tips and guidelines.¹⁴⁷ The family and peer environment is integral to the treatment of childhood obesity, with international experience showing that supporting parents in making healthy and balanced choices for children is the key element to tackling the problem.¹⁴⁸

It is important for parents to support the overweight or obese child emotionally. In particular, they shouldn't be labelled as 'fat' or teased in the hope they will do something about being overweight. Such children need to have their self-esteem built up not diminished so parents should make them feel valued and attractive while assisting them to be as healthy and active as possible.

Some hints for parents include:

- seek advice from a nutritionist about how to manage a child's weight and the best foods for the child to be eating. It may not be a case of cutting back on kilojoules but, rather, a need to ensure that the food is nutritious and to encourage the child to be more active while they 'grow into' their weight;
- make some changes to eating habits in the household – e.g. make sure that the family eats together as much as possible at the table rather than in front of the television. Avoid buying snack foods such as chips and biscuits that encourage eating between meals;
- seek guidance in shopping for healthy foods and in preparing nutritious meals which contain adequate amounts of vegetables and fruit. All the family should eat the same healthy meals, not just the overweight child;
- find out what sports or activities children enjoy and support them in taking part in them or try to do activities with them, such as walking or cycling. Help children to see exercise as play or fun not a necessary evil for weight control;
- try to incorporate activity as part of children's chores such as getting them to wash the car or take the dog for a walk;
- encourage children to be involved in clubs and organised sport if they have the inclination and/or ability. The parent must be committed to ferrying them to training and to matches;
- try to avoid children becoming involved in sports where they are likely to always come last, thereby acting as further discouragement.

¹⁴⁷ For example, South Australian Child and Youth Services Parenting and Child Health, <http://www.cyh.com/> (under Parenting/child health).

¹⁴⁸ *NSW Childhood Obesity Summit, Communiqué*, 12 September 2002, p 4.

As indicated earlier in this brief, the Commonwealth Government has committed \$11 million towards an education campaign for parents as part of its *Building a Healthier Australia* package announced in June 2004.

An often overlooked, but important, point is that home economics or domestic science is no longer popular or compulsory in schools. There will, consequently, be a generation of parents who do not know how to put together a simple nutritious meal for the family, even one that should not take long for time-poor parents to undertake. The reliance on packaged and process foods will only increase as will the levels of consumption of 'fast foods' from McDonalds, KFC and the like. It has been observed that we are inundated by television cooking shows but there is probably less food preparation going on in Australian kitchens than ever before. Obese children need access to nutritious home cooked meals shared by the whole family and to achieve this, parents need to understand the connection between nutrition and simple cooking.¹⁴⁹

10 SOME OVERSEAS APPROACHES

Most countries facing the problem of childhood obesity are developing policies and programs to tackle its causes. While for many it is too early to assess the impact of the various approaches, some have had some initial signs of success.

10.1 WORLD HEALTH ORGANISATION'S GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

The World Health Organisation's (WHO) *Global Strategy on Diet, Physical Activity and Health*, endorsed by the World Health Assembly in May 2004, seeks to promote and protect health.¹⁵⁰ It was found that around 17.6 million children under 5 worldwide are overweight. WHO recommends that schools adopt policies and programs to protect children's health by promoting healthy eating, physical activity and other healthy behaviours. Australia became the first country to commit funds (\$150,000 as an immediate contribution) to implement the Strategy in accordance with national policies.

¹⁴⁹ Angela Shanahan, 'Why it is time to bring back domestic science', www.theage.com, 26 January 2004.

¹⁵⁰ WHO, *Global Strategy on Diet, Physical Activity and Health*, Geneva, May 2004, at <http://www.who.int/dietphysicalactivity/media/en/gsf Obesity.pdf>

Food industry associations, including Australian industries, were represented at the meetings in which the WHO Strategy was formulated to express their views.¹⁵¹

10.2 INTERNATIONAL OBESITY TASKFORCE

A group of international researchers in the paediatric field, comprising the International Obesity Taskforce, delivered a Report, *Obesity in children and young people: A crisis in public health* to the WHO on 12 May 2004.¹⁵² The Report found that at least 155 million school-age children worldwide are overweight or obese (with around 34-45 million, or 2-3%, being obese). The Taskforce works with groups worldwide to examine the problem and suggest solutions. It found that there had been a steady increase in obesity in European children, with more prevalence in southern Europe. In the UK, 20% of children are overweight and 6 to 7% are obese. Among the causes identified were more use of transport to take children to school, falling opportunities for recreational physical activity, availability of more television channels, energy dense foods and their advertising, more 'fast food' chains, and the rising consumption of soft drinks.

The Report also revealed that while childhood obesity was dominant among higher socio-economic groups in developing countries, it was most prevalent among the urban poor and lower socio-economic groups in developed countries. The latter may be due to poor diet and limited opportunities for play. It seems ironic that developing countries that have recently overcome, or still have, starving people problems, also have a growing number of overweight and obese people. More concerning still is that such countries do not have the sophisticated medical and public health services necessary to tackle the problem now or the health related consequences later in life.

The International Obesity Taskforce considered that because so many obesity-promoting environmental factors exist, there must be strategies developed to deal with them through broad based public health programs. Actions that the Taskforce considered countries should take include: promoting clear and consistent consumer information; incentives to the food industry to provide lower energy and more nutritious foods for children, improved maternal nutrition and breastfeeding initiatives, and schools having nutrition and physical activity policies.

¹⁵¹ C Hughes, 'The Tallowed Halls of Obesity', p 12. The consultation with food associations can be viewed at www.who.int/hpr/NPH/docs/consultation_private_sector.pdf

¹⁵² International Obesity Taskforce, *Obesity in children and young people: A crisis in public health*, 12 May 2004, www.who.org/childhood

10.3 BRITAIN

The recent death through heart failure of a 3 year old girl in London weighing 40 kilograms (three times the normal weight for that age) prompted the Commons Health Select Committee to call for a ban on 'junk food' advertising.¹⁵³ On 31 May 2004, Health Secretary, John Reid decided that advertising 'junk food' during children's television programs would be banned, with an official announcement expected in September if the Cabinet agrees. A White Paper on public health, including the proposal, will be published in Autumn 2004 and, if agreed to by the Government, the advertising ban will be enshrined in a Bill.¹⁵⁴

As of September 2003, the policies developed to prevent and manage obesity in children and young people in Britain include:

- a National Health Service focus on increasing breastfeeding by 2% per year;
- the 'Healthy Start' scheme to enable lower income families to buy fruit and vegetables, cereal based and other foods for weaning infants;
- 'Sure Start' – local community based programs funding activities such as cooking clubs and food co-operatives in disadvantaged areas.

There are a number of school-based nutrition initiatives. For example, compulsory nutritional standards for school lunches were reintroduced in 2001; and primary schools must teach food preparation and cooking and hygiene as part of the national curriculum for children up to 11 years of age. A national school fruit scheme gives 4-6 year olds a free piece of fruit every day. The 'Healthy Schools' initiative includes a project in which students grow their own fruit and vegetables, fostering an understanding of where foods come from and encouraging them to eat more healthily.

In terms of physical activity, schools must ensure that students up to age 16 undertake PE for two hours a week. Programs and resources are being introduced to support this requirement. The School Sports Partnerships, being developed by the Government, involve specialist sports colleges and schools coming together to create sporting opportunities for students inside and outside school hours. A recent Government survey indicated that the scheme was successful with 68% of students in such a partnership for three years spending at least two hours each week on high

¹⁵³ UK House of Commons Health Select Committee, *Obesity*, 3rd Report of Session 2003-04, 27 May 2004, <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/23/23.pdf>

¹⁵⁴ Patrick Hennessy & Stephen Cuachi, 'UK bans junk food ads on TV for children', www.theage.com, 31 May 2004.

quality sports inside and outside school.¹⁵⁵ There are also some programs to encourage walking or cycling to school.

Other school-based programs are encouraged to have accreditation under a framework provided by the national healthy schools standard funded by the Government. A Department of Health initiative called 5 A DAY encourages families to consume more fruit and vegetables while 'Positive Futures' is a nationwide scheme to get 10 to 19 year olds to become involved in sport and has assisted 25,000 young people since 2000.¹⁵⁶

A National Audit Office Report *Tackling Obesity in England* in 2001 emphasised the need for a coordinated approach between government and non-government organisations. This has occurred at a national level with the establishment of a Cabinet Committee on Children and Young People's Services, the creation of a Minister for Young People, and a Children and Young People's Unit.

10.4 UNITED STATES

The focus in the **United States**, the country with the highest levels of obesity, is on governments supporting individual efforts and education to fight the problem.

Similarly to the situation in Australia, US school curricula tend to emphasise academic subjects over those involving physical activity and only around 35% of years 9-12 students regularly engage in vigorous activity. While most states have laws requiring some level of physical activity in schools, they tend to be broad and discretionary. However, there are recent efforts resulting in at least 44 states having PE standards, a few of which include PE as a required subject for assessment and graduation.¹⁵⁷ For example, Maryland has passed legislation recommending that schools offer specified minimum amounts of quality physical education each day.¹⁵⁸

Governments at all levels in the US have started to act. State Governments are working with schools, communities etc to promote exercise for youth and the community that has resulted in measures such as safer cycle and walking paths and the use of school facilities after school for activities.

¹⁵⁵ UK House of Commons Health Select Committee, *Obesity*, pp 72-73 citing figures from the Department of Media, Culture and Sport at www.dcms.gov.uk

¹⁵⁶ UK Parliamentary Office of Science and Technology, 'Childhood Obesity', *Postnote*, September 2003, No.205, http://www.parliament.uk/parliamentary_offices/post.cfm

¹⁵⁷ US NGA Centre for Best Practices, Health Policy Studies Division, 'Preventing Obesity in Youth through School-Based Efforts', *Issue Brief*, 4 February 2003, p 3.

¹⁵⁸ American Heart Association Inc, 'State Advocacy Update: Addressing the obesity epidemic', at www.americanheart.org

A number of school-based programs for physical activity and nutrition have commenced with the support of State and Federal Governments, particularly in terms of research to determine the level of the child obesity problem at the State level and the factors affecting it. For example, in California, government agencies recently surveyed Californians aged 12 to 17 years to gather information about their diet and exercise in order to inform policy recommendations for improving the health status of adolescents in that State.¹⁵⁹

At a national level, in March 2004, Secretary of Health and Human Services announced a public education campaign to promote healthy lifestyles.¹⁶⁰ Also in March, the Secretary released a Food and Drug Administration (FDA) Report which made recommendations for a multifaceted strategy to fight obesity.¹⁶¹

In June 2003, the US Senate introduced the Improvised Nutrition and Physical Activity (IMPACT) Bill as part of a new government approach to combating obesity through education and through seeking to overcome the difficulties faced by the community in making healthy choices and becoming active. It provides for resources and incentives at the local level for the building of parks, paths and activity centres and for funding programs destined to promote healthy lifestyles including partnerships with schools and child care centres. The Bill expands an existing school health program. It has been referred to the House Subcommittee on Health.¹⁶²

For many decades, the US has had a number of Federally supported child nutrition programs and related activities. The *School Lunch program* which commenced with legislation passed in 1946 and *School Breakfast program*, dating back to 1975, provide cash subsidies to participating schools and residential child care institutions for all meals they serve and larger subsidies for free and lower priced meals served to children from lower-income families. The meals must follow Federal administrative standards and Federal nutritional guidelines. However, such initiatives still face stiff competition from 'junk foods' and soft drinks that are available from school canteens or vending machines. Many schools needing funds seek contracts with food and soft drink companies that enable them to keep a percentage of sales if they stock the product in the school. Fortunately, a number of schools are restricting or limiting the sales of unhealthy food and drink and

¹⁵⁹ S Foerster, *et al.* 1998 *California Teen Eating, Exercise and Nutrition Survey*, Pubic Health Institute, 2000.

¹⁶⁰ American Heart Association Inc, 'Statement of AHA on Department of Health and Human Services Plan to Combat Obesity', *Advocacy News*, 9 March 2004.

¹⁶¹ US Food and Drug Administration, Centre for Food Safety and Applied Nutrition, *Calories Count – report of the Working Group on Obesity*, 12 March 2004 at <http://www.fda.gov/oc/initiatives/obesity/>

¹⁶² US Congress, Bill Summary and Status for 108th Congress, at <http://thomas.loc.gov>

finding other means of supplementing income.¹⁶³ The *Child and Adult Care Food Program* subsidises meals and snacks served by child care facilities.¹⁶⁴

In addition, there are many Federal agencies and organisations that provide resources to states for addressing childhood obesity at a school-based level. There are also a number of publicly accessible websites containing a myriad of information about health, nutrition and exercise and about obesity in children.¹⁶⁵

A number of non-government initiatives are in place.¹⁶⁶

¹⁶³ NGA, 'Preventing Obesity in Youth through School-Based Efforts', p 4.

¹⁶⁴ US Library of Congress, Congressional Research Service, *Child Nutrition and WIC Programs: Background and Funding*, Report for Congress, updated 24 July 2003.

¹⁶⁵ For example: the American Obesity Alliance at www.obesity.org; the Centres for Disease Control and Prevention's School Health Index at www.cdc.gov/nccdphp/dash/; Office of the Surgeon General at www.surgeongeneral.gov/sgoffice.htm; US Department of Agriculture (information about child nutrition program) www.fns.usda.gov/cnd/default.htm; National Association of State Boards of Education (resources for school boards including a school health policy guidelines) at www.nasbe.org/HealthySchools/fithealthy.mgi

¹⁶⁶ John Morgan & Stephen A Shoop, 'Jared takes steps to help kids fight fat', *USAToday.com*, 15 July 2004.

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