

Committee Secretary
Department of the Senate
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obesitycommittee.sen@aph.gov.au

Dear Committee Secretary

The Australian College of Nursing (ACN) thanks you for the opportunity to input into the **Select Committee into the Obesity Epidemic in Australia report**.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

The Australian Bureau of Statistics (2015) found that around one in four (27.4%) children aged 5-17 years were overweight or obese in a 2013-2015 survey, similar to 2011-12 (25.7%)ⁱ. While many factors may influence your weight, overweight and obesity occur mainly because of an imbalance between energy intake from the diet and energy expenditure (through physical activities and bodily functions). Genetic and environmental factors also play a roleⁱⁱ.

There is strong evidence supporting a direct association between obesity and chronic disease including cardiovascular disease, stroke, type 2 diabetes, colorectal cancer, chronic kidney disease, breast cancer (females), depression and osteoarthritisⁱⁱⁱ.

Nurses are the largest health professional group providing care to the Australian community. ACN members provided comment on the role of the nurse in the prevention and treatment of obesity in primary health care settings such as but not limited to maternal and child health nurses, practice nurses, secondary school nurses, community health nurse and occupational health nurses. These nurses are well placed and should be actively engaged to participate in initiatives to prevent obesity in young people and whole of population.

ACN members raised concerns about nurses' wellbeing when caring for bariatric patients particularly in the hospital setting. Not all hospitals are equipped to manage a bariatric patient particularly in rural settings. In addition to equipment requirements nurses raised issues with the infrastructure in old hospitals, for example the width of the door often prevents the use of bariatric beds as they don't fit through the doorway.

Universal health policies, which act across an entire population, regardless of risk, have great potential to reduce the population prevalence of obesity. However, such policies may also be a determinant of widening inequalities if they disproportionately benefit higher socioeconomic groups, who tend to have greater social and economic resources. To mitigate widening inequalities in obesity and associated health consequences it is essential that any population obesity prevention strategy reduce overall excess weight in the population and reduce the associated gradient.

A Cochrane Collaboration's Review on Childhood Obesity Prevention included 55 studies worldwide. A broad range of programme components were used in these studies and whilst it is not possible to distinguish which of these components contributed most to the beneficial effects observed, their synthesis indicated the following to be promising policies and strategies^{iv}:

- including healthy eating, physical activity and body image in school curricula.
- Increasing the number of opportunities for physical activity and the development of fundamental movement skills each week in children's settings.
- Improving the nutritional quality of food supplied in children's settings, particularly schools.
- Creating environments and cultural practices within settings that support children eating healthier foods and being active throughout each day.
- Professional development and capacity building activities which help to support teachers and other staff as they implement health promotion strategies and activities.
- Supporting parents to make changes at home that encourage children to be more active, eat more nutritious foods and spend less time in screen-based activities.

Urgent action is needed to reverse the trend that is seeing increasing numbers of people who are overweight and obese. In addition to the policies and strategies outlined above, ACN endorse the following recommendations:

1. Legislation to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television.
2. Make adjustments to improve the Health Star Rating System, and make it mandatory.
3. Developing and continue to fund comprehensive national active travel strategies to promote walking, cycling and the use of public transport.
4. Funding high-impact, sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour.

5. Establishing obesity prevention as a national priority with sustained funding, regular and ongoing monitoring and evaluation of key measures and regular reporting around targets.
6. Supporting, updating and monitoring comprehensive and consistent diet, physical activity and weight management national guidelines.v.
7. Based on the available evidence, a tax on sugar sweetened beverages to deliver similar population weight benefits across socio-economic strata or greater benefits for lower socio-economic population groups^{vi}.

ACN values your invitation to participate and we look forward to seeing your report. We are happy to assist with any further consultations in the future.

Yours Sincerely

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4 July 2018

ⁱ Australian Bureau of Statistics (2015). National Health Survey: First Results, 2014-2015. Commonwealth of Australia. Canberra.

ⁱⁱ Australian Institute of Health and Welfare (2017). Risk factors to health. Australian Government. Canberra. AIHW

ⁱⁱⁱ Australian Institute of Health and Welfare (2017). Risk factors to health. Australian Government. Canberra. AIHW

^{iv} Waters E, de Silva-Sanigorski A, Burford BJ, Brown T, Campbell KJ, Gao Y, Armstrong R, Prosser L, Summerbell CD. Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD001871. DOI: 10.1002/14651858.CD001871.pub3.

^v Lal A, Mantilla-Herrera AM, Veerman L, Backholer K, Sacks G, Moodie M, Siahpush M, Carter R, Peeters A. Modelled health benefits of a sugar sweetened beverage tax across different socioeconomic groups in Australia: a cost-effectiveness and equity analysis. PLOS Medicine. Accepted May 2017.

^{vi} Backholer K, et al (2016). The impact of a tax on sugar sweetened beverages according to socio-economic position: a systematic review of the evidence. Public Health Nutrition. 2016 Dec; 19(17): 3070-3084.