

Premier

Level 11, Executive Building, 15 Murray Street, Hobart TAS
GPO Box 123, Hobart, TAS 7001 Australia
Ph +61 3 6233 3464 Fax +61 3 6234 1572
Email Premier@dpac.tas.gov.au Web www.premiertas.gov.au

Submission No. 108

(Inq into Obesity)

MC
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20 JUN 2008

Mr S Georganas MP
Chairman
House of Representatives Standing Committee on Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Mr Georganas

I refer to your letter of 25 March 2008 inviting the Tasmanian Government to provide a submission to the Parliamentary Inquiry into Obesity in Australia and have pleasure in attaching my Government's contribution.

The Tasmanian Government has a strong commitment to addressing the issue of obesity and this is reflected in an increasing awareness that a wide range of government activities can contribute to individual health and wellbeing and to Australia's productivity at a time when we face the challenges of increasing international competitiveness and population ageing.

Thank you for the opportunity to provide a submission to the Inquiry.

Yours sincerely

David Bartlett MP
Premier

TASMANIAN GOVERNMENT SUBMISSION TO THE

House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia



June 2008

Tasmanian Government Submission to the House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia.

SUMMARY

- Obesity increases the risk of many chronic diseases and will place a potentially unmanageable burden on the nation's health system in the future.
- This burden will be most felt by communities such as Tasmania, which have ageing populations and a lower socio economic profile compared to other States and Territories.
- Improving access to a healthy affordable food supply and opportunities for physical activity are key factors in the prevention and management of obesity and overweight.
- A population-wide approach that seeks to modify the eating patterns and physical activity habits of the entire population, regardless of weight status is likely to yield greater gains.
- Obesity is difficult to treat but can be prevented, therefore a focus on prevention rather than treatment is likely to result in a higher return on investment.
- Considerable planning for obesity prevention has already occurred in Australia. This should be built upon in future planning efforts.
- To achieve improvements in health and wellbeing outcomes for children, the emphasis needs to shift from late treatment of disorders to prevention through early intervention strategies as early as possible.
- As an initial step a comprehensive monitoring system that monitors health status (including body weight), eating patterns and physical activity is required for evaluation of the effectiveness of interventions over time.
- Structural and environmental interventions, such as the restriction of advertising food to children, food pricing policies and the integration of bike/walking paths into urban design, offer greater long term benefits than community education campaigns alone.
- Careful consideration of media portrayal of obesity and overweight is required to ensure repercussions such as stigmatisation of those who are overweight, or increases in rates of disordered eating, are not unintended consequences.
- Efforts to increase breastfeeding duration should be incorporated into a comprehensive multi-strategic approach to obesity prevention.
- Reversing the increasing trends in obesity and overweight requires a shared commitment and investment by all governments.
- Tasmania recommends that the national approach be re-oriented in terms of public discourse towards "healthy weight" rather than "obesity" and that the recent move by Health Ministers to establish a new National Health Priority Area for obesity, be re-named accordingly as the Healthy Weight National Health Priority area.

Introduction:

There is a strong commitment in Tasmania at both government and community level to address the issue of obesity before it leads to serious long term health and productivity problems.

At a broad policy level Tasmania *Together* is the long term social, economic and environmental plan for Tasmania, developed by the community, setting out what Tasmanians want for themselves and their children by the year 2020.

Tasmania *Together* has a particular focus on increasing the proportion of children aged 5 – 14 years participating in organised sport, decreasing the number of Tasmanians who are overweight or obese and increasing the number of Tasmanians over 18 who eat at least two serves of fruit and vegetables a day to improve their health and wellbeing.

In 2007 the Tasmanian Government developed a Tasmanian Health Plan to provide better health services to Tasmanians. It supports Tasmania *Together* goals by emphasising preventative and early intervention services and recognising the benefits of focusing on health and wellbeing, rather than just responding to demand for acute and chronic disease services.

Increasingly there is an awareness that a wide range of government activities can contribute to individual health and wellbeing and to reducing the adverse impacts of obesity on the community. For example, within Government, the Department of Economic Development and Tourism includes Sport and Recreation Tasmania which provides a range of services and programs to develop a vibrant and innovative sport and recreation sector that provides participation opportunities for all Tasmanians.

Sport and Recreation Tasmania is responsible for the administration of the Premier's Physical Activity Council which led the establishment of the Tasmanian Physical Activity Plan: LIVE LIFE get moving (2005-2010). This plan outlines a community wide approach to creating a more physically active Tasmanian community and also highlights the fact that a range of interventions are required to create a population wide increase in physical activity.

The Tasmanian Food and Nutrition Policy, adopted by the Tasmanian Government in 2004, is a whole of government policy. The policy sets out a series of goals across 12 focus areas which seek to ensure a healthy and safe food supply from *farm to fork* for all Tasmanians. The policy embraces a partnership approach between government, non government, the private and community sectors. The Department of Health and Human Services coordinates action on behalf of government with responsibility for focus areas shared by most other government departments.

An emphasis on preventative health is emerging as part of the new reform agenda being undertaken through the Council of Australian Governments. Prevention is likely to form an important part of new intergovernmental health funding arrangements currently being developed to commence in 2009. Tasmania is actively working with other States and Territories and the Commonwealth to promote a stronger health and wellbeing focus under the new Health Care Agreement.

The remainder of this submission presents information on the prevalence, causes and implications of obesity and possible solutions in the Tasmanian and national context.

Terms of Reference:

The Committee will inquire into and report on the increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system.

Over 50 per cent of the Australian adult population is either overweight or obese¹ and rates are increasing rapidly with estimates that by 2020, 75 per cent of the population will be overweight or obese.²

Some 48.9 per cent of Tasmanians aged 18 years and over self reported overweight or obesity in 2004-05 (compared with 49.3 per cent nationally). There has been an upward trend on this measure since 1989-90. However, these figures are likely to underestimate the true population prevalence of overweight and obesity in adults.

The National Health Survey provides estimates of BMI based on participants' self reported height and weight. However, self reported height and weight are considered less reliable than objectively measured data because people tend to overestimate their height and underestimate their weight.³

The last objectively measured survey of Body Mass Index (BMI) in Australians was the Australian Diabetes, Obesity and Lifestyle (AusDIAB) study in 2000. According to this survey, 68.2 per cent of males and 56.3 per cent of females aged 25 years and over in Tasmania were overweight or obese.⁴ The prevalence of obesity in Tasmania was higher than for Australia as a whole in the AusDIAB study.

Childhood Obesity

Across the world, there is increasing recognition that the right kind of support in the first few years of life sets the foundation for learning, behaviour and health throughout the school years and into adult life.

The Tasmanian *Whole of Government Policy Framework for the Early Years* highlights that recent work in this field has been largely in response to concerns articulated since the 1970s that alongside increasing material wealth of industrialised nations, there has been a troubling rise in the rate of societal breakdown. The effect on children and young people has seen rising rates of alienation, rebellion, delinquency, mental health problems and violence.⁵

Increasing obesity levels have been one of the concerning indicators of childhood health and wellbeing. Recently, Dr Peter Sexton, Heart Foundation President, Australian Medical Association member and Hobart general practitioner, said that in 2003 just over 20 per cent of Tasmanian children aged between two and 18 were obese or overweight. He believed these figures had jumped by 50 per cent in the past five years, meaning that approximately 30 per cent of Tasmanian children, almost one in three, are now obese or overweight.⁶

¹ Australian Institute of Health and Welfare 2006. *Australia's health 2006*. AIHW cat. No AUS 73

² Catford, JC Caterson ID. *Snowballing obesity: Australians will get run over if they just sit there* – Medical Journal of Australia, 2003

³ Flood V et al., *Use of self report to monitor overweight and obesity in populations: Some issues for consideration*, Aust NZJ Public Health, 2000; 24:96-99

⁴ Dunstan D et al., *The Australian Diabetes, Obesity and Lifestyle Study: data report*, Tasmania 2000

⁵ Jenkins S Dr 2005. *Whole of Government Policy Framework for the Early Years*, Policy Division, Department of Premier and Cabinet

⁶ *Fat Alarm for Tassie Children* – Mercury Feb 21, 2008

Childhood obesity in Australia generally has been estimated to be rising at an annual rate of one per cent which means that by 2025 half of young Australians will be overweight or obese if current trends continue. Obesity rates are the highest among the most vulnerable in our society, socioeconomically disadvantaged children and Indigenous children.⁷

Children who are overweight or obese may develop a range of health problems including asthma, sleep apnoea, development of risk factors for heart disease such as raised blood pressure and Type 2 diabetes. The long term consequences of childhood obesity are its persistence into adulthood.

However, it is clear from a comparison of childhood and adult obesity rates that most obese adults were a healthy weight as children. For this reason, strategies need to focus on all children adopting healthy lifestyles, not just those that are overweight and obese.

Physical Activity

Physically inactive Australian adults are costing the healthcare system an avoidable \$1.5 billion.⁸ In Tasmania, seven out of ten Tasmanian adults do not meet the national physical activity guidelines of at least thirty minutes of moderate physical activity most days of the week.⁹ Not doing enough physical activity doubles the risk of obesity, cardiovascular disease, type 2 diabetes and increases the risk of breast and bowel cancer, depression and anxiety.¹⁰ Daily moderate physical activity is a significant factor in improving general health and wellbeing, quality of life and in particular management of body weight. Direct health care costs can be expected to increase dramatically as a result of increasing rates of obesity and overweight including the cost of running hospitals and nursing homes, medical and specialist services, pharmaceutical, nursing and allied health services, research and health administration. The demand for services such as renal dialysis will also escalate as a result of complications associated with rising rates of type 2 diabetes.

Sedentary Behaviour

The issue of sedentary behaviour (as distinct from physical activity) is emerging as an area of focus. An individual's amount of sedentary behaviour is an issue for that person's health, independent of their level of physical activity or weight.¹¹

*Getting Australia Active II: An update of evidence on Physical Activity*¹² hypothesises that the obesity epidemic has been most strongly influenced by an increasingly sedentary lifestyle of life due to reasons such as technological advances that require less energy in domestic and occupational settings and greater use of motorised (and therefore, sedentary) modes of transport.

⁷ *Early Learnings – Telstra Foundation Research Report Volume 03, 2006 p. 3*

⁸ *Medibank Private (2007) The Cost of Physical Inactivity*

⁹ *Australian Bureau of Statistics (2005) National Health Survey*

¹⁰ *Medibank Private (2007) The Cost of Physical Inactivity*

¹¹ *Healy, G et al (2008) Breaks in sedentary time: beneficial associations with metabolic risk.*

¹² *Bull F.C., Bauman A.E., Bellow B., Brown W, (2004) Getting Australia Active II: An update of evidence on physical activity*

Healthy Eating

Good nutrition is essential for children to grow and develop into healthy adults and plays a major role in the prevention of many chronic lifestyle related diseases. Poor eating habits come at a significant cost with estimates putting the economic burden of diet related heart disease, stroke and cancer at about \$6 billion per year as reported in 2003. Fruit and vegetable consumption in Australia falls well short of recommended levels and television advertising of energy dense nutrient poor foods in Australia is among the highest of all OECD countries.

Although it is better to be within a healthy weight range, it is healthier to be physically active, eat a healthy diet and be overweight/obese than thin and inactive with an unhealthy diet. Fit and fat is much better than sedentary and thin.

Socio-economic Conditions

Research indicates that low socioeconomic status, whether measured by income, educational attainment, or occupation, means poorer health, a higher incidence of chronic conditions and higher levels of health care utilisation.

Tasmanians in low income households are slightly more likely to be overweight or obese. In 2004-05, 49.4 per cent of Tasmanians aged 15 years and over in the lowest income quintile were overweight or obese, compared to 45.6 per cent of Tasmanians in the highest income quintile.

Tasmania continues to be the state with the lowest median weekly gross individual income for persons aged 15 years and over. In the 2006 Census the median weekly:

- individual income for persons aged 15 years and over was \$398 in Tasmania, compared with \$466 in Australia;
- household income was \$801 in Tasmania, compared with \$1,027 in Australia; and
- family income was \$1,032 in Tasmania, compared with \$1,171 in Australia.

Demand on Health Services

The prevalence of chronic conditions and associated need for health services increases significantly within older age groups, particularly after the age of 65 years.¹³

Tasmania is experiencing the effect of population ageing to a greater degree than other states and territories with the average age being older than Australia as a whole and the gap is widening.¹⁴ Over 30 per cent of Tasmania's population will be 65 years or over by the year 2040, which is double the current proportion.

Population ageing of this degree will have a significant impact on hospitalisation rates. Based on data from 2001-2005, the rate of hospitalisation doubles from age 40-59 years to age 60-79 years, with a further rate increase (>50 per cent) for persons aged 80 years and over. The demand for hospital services in Tasmania can be expected to increase dramatically as a result.

Areas of Australia that have an older population structure and lower socio-economic status, such as Tasmania, are likely to be hardest hit in relation to escalating health care costs associated with obesity and overweight.

¹³ Borowski et al. *Longevity and Social Change in Australia*. UNSW Press 2007

¹⁴ *Demographic Change in Tasmania: Challenges and Opportunities*. Demographic Change Advisory Council of Tasmania 2007

Many of the solutions lie beyond the health system. The implication is clear that the health system in Australia cannot manage this problem alone. Significant investment in structural changes to food supply systems and opportunities for physical activity are required if this trend is to be reversed.

The Committee will recommend what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

A population based approach to obesity prevention

In 2008, the Premier's Physical Activity Council supported the Tasmanian Department of Health and Human Services to produce *Reduce Inactivity, get moving: A review of potential strategies*. This publication highlights the best evidence led interventions for increasing physical activity. These interventions include:

- Population based approaches – creating supportive environments, communication based initiatives and settings based interventions (schools, families, worksites, community, transport, health services and churches);
- Target group approaches – women, older adults, low socioeconomic status and minority groups; and
- Individual approaches – lifestyle versus structured physical activity interventions, print, web, telephone assisted and face to face physical activity interventions.

Many traditional physical activity interventions have focused on population wide communication programs. These measures can only be successful when appropriate supporting frameworks are provided.

At a population wide level, the most effective approaches are likely to be those that influence the uptake of physical activity within everyday life. This includes the development of community infrastructure that supports, rather than limits, physical activity such as the development of appropriate trail networks that provide recreational and walking or bicycle transport opportunities within the community.

Obesity is strongly influenced by food consumption patterns as well as physical activity. In schools, curriculum-based and whole-school approaches are the most effective in promoting healthy eating and physical activity.

Food consumption patterns and physical activity in turn, are influenced by a complex mix of social, cultural, physiological and economic factors, as well as the food available for consumption and opportunities for physical activity.

Given that food choice, eating behaviour and physical activity are intimately associated with culture, a population approach that seeks to improve the food supply and opportunities for physical activity for the whole community is likely to yield better results long term than working with individuals who are seen to be at high risk.

Advice about healthy lifestyles is the same whether a person is overweight or of a healthy weight as poor diet and sedentary behaviour is a serious health risk no matter what a person's weight.

Structural and Environmental Interventions

The available evidence indicates that once excess fat has been acquired, it is very difficult to lose it and then maintain a healthy weight. No matter how intensive the programs put in place, if these are based on advice, education and behavioural approaches alone then weight re-gain tends to occur over time and the sustainability of such programs becomes an issue. For this reason priority should be given to structural interventions that seek to modify the environment in which we live.

The World Health Organisation has identified that reducing the burden of obesity will require environmental/structural changes as well as behavioural changes at the individual level.¹⁵

A settings-based approach focussing initially on improving healthy eating and physical activity in child care centres, schools and workplaces has been recommended in a number of strategic plans to address obesity and overweight. This provides a tangible starting point but needs to expand to the food supply more broadly and to opportunities for physical activity within society as a whole.

The majority of the investment at national level in obesity prevention has been in the area of community education initiatives. Such initiatives can be valuable but would be far more effective if complemented by major structural and environmental interventions.

The latter are more challenging to implement as there are stakeholders who stand to lose from such intervention and significant commitment and investment will be required.

Real changes are unlikely to accrue unless some tough decisions at a policy and regulation level are made. Experience with tobacco suggests multiple sustained strategies are required over many years, but there is a serious risk that already existing health inequalities across socio-economic groups will be exacerbated if the approach taken is one that promotes "individual responsibilities" rather than socio-environmental change (i.e the behavioural changes and weight improvements will accrue, if at all, in the higher SES groups).

Food advertising to children, food pricing policies and urban design interventions are good examples of the sort of structural initiatives that can have an impact.

The current volume of marketing and advertising to children of energy dense nutrient poor foods and beverages is of major concern and strategies to reduce this should be a priority.

Energy dense nutrient poor food makes up a significant proportion of readily available and cheap foodstuffs. Altering the relative price of more nutritious food is one policy approach governments could consider. This would involve making either energy dense, nutrient poor food products more expensive or reducing the cost of nutritious food. The cost effectiveness of such policies and their financial impact, especially for low income households, would need to be assessed.

Urban planning and infrastructure also play an important role in providing safe opportunities for physical activity such as well-lit walking tracks, safe cycle-ways and ensuring access to a healthy and affordable food supply.

¹⁵ World Health Organisation 2004. *Obesity: preventing and managing the global epidemic [Report of a WHO Consultation]*. WHO Technical Report Series No. 894. Geneva:WHO.

Educational settings provide opportunities to promote student health and wellbeing. Through the curriculum and supportive practices and policies, children can learn about health and wellbeing, what creates health and what are the most important health determinants. The study of health and wellbeing enables students to better understand the factors that contribute to the wellbeing of themselves, others and the community. Through the health and wellbeing curriculum, students participate in a wide range of activities to learn how to maintain healthy lifestyles into the future. There is a focus on building students' capacity to live fulfilling lives and making informed life choices which rests on developing a strong sense of personal responsibility, identity and self-esteem.

The Tasmanian Curriculum's *Health and wellbeing syllabus* has a strong emphasis on promoting health literacy and higher order thinking skills. It is intended that students will increase their individual knowledge and skills to access, understand and use information to promote and maintain good health. They will also develop skills to critically analyse information which promotes greater autonomy and personal empowerment to make choices and act accordingly.

Early Intervention

The Tasmanian Government considers that from a life course perspective, one of the starting points for preventing the problems with obesity is to intervene in the early years of a child's life. In order to achieve improvements in health and wellbeing outcomes for children, the emphasis needs to shift from late treatment of disorders, to their prevention through early intervention strategies as early in life as possible. Investment in quality early years programs for young children and their families can improve individual health, wellbeing and productivity and result in benefits that accumulate over a lifetime.

Governments at all levels are implementing strategies focussing on the early years and early childhood is a part of the Council of Australian Government's Reform Agenda. The Tasmanian Government has established the Tasmanian Early Years Foundation to support and promote the wellbeing, development and learning of Tasmanian children up to the age of six years.

The Foundation works in partnership with the community to support children and their families and raise awareness of issues affecting childhood development. One of the ways the Foundation does this is through its annual grants program. Grants are available to local communities to improve the wellbeing, learning and developmental outcomes of Tasmanian children. One of the priority areas for funding is creating opportunities for integrated and collaborative approaches to health, early education and family support services. In 2007-08, for example, grants were provided to enhance child nutrition and encourage a healthy start to life. Eat Well Tasmania was funded to hold a two day Child Nutrition and Physical Activity Conference – *Growing our Futures*.

A focus on the early years and funding for early intervention projects such as the *Growing our Futures* conference will assist in preventing the obesity problem.

Prevention and intervention in the early years of a child's life can improve the quality of life for vulnerable children and help all children. A child that has a good start in life is likely to be happy, healthy and an able learner and as an adult, be independent and contribute to the community.

Implementation of Obesity Prevention Initiatives

Over the past ten years considerable planning for obesity prevention has been undertaken in the health sector in Australia. Examples of well thought through strategies include:

Acting on Australia's Weight, 1997, developed by the National Health and Medical Research Council.

Eat Well Australia, 2001 and *Getting Australia Active, 2002* developed by the National Public Health Partnership

Healthy Weight 2008 - Australia's Future - The National Action Agenda for Children and Young People and their Families, 2003 developed by the National Obesity Taskforce.

These plans have been carefully considered and widely consulted. Future planning for obesity and overweight interventions should take note of, and build on the work already done.

These reports all highlight the need for multi-strand sustained strategies that go beyond individual responsibility and look to making hard decisions about changes to the environment in which we live.

Monitoring Overweight and Obesity

A sustainable national monitoring system for healthy weight, physical activity and nutrition is required.

Australia has failed to establish a sustainable monitoring system for the prevalence of obesity and the related factors of physical activity and nutrition. Without such a system it is not possible to establish a clear understanding of the scope of the issues, emerging trends and the success of interventions within Tasmania and Australia.

The Tasmanian Physical Activity Plan identifies the need for research and evaluation of current physical activity trends, needs and practices to inform decision making as a key strategy.

Whilst there have been a number of surveys implemented and planned in recent years there is no overarching system for the coordination and ongoing collection of data for both monitoring the effectiveness of interventions and identifying emerging trends.

The *Health Kids Checks* proposed under Federal Labor's plans for tackling obesity in the lead up to the 2007 federal election would provide an ideal opportunity for routine measurement of children's height and weight by trained health professionals in the health care setting. If a system was developed for the ongoing collation of this data into a comprehensive data base it would provide a very valuable source for tracking trends in overweight and obesity in children over time.

Appropriate Community Messages

The current media focus is on obesity and overweight. It is important that community messages highlight healthy weight and other health and community benefits delivered through physical activity and nutrition, rather than obesity prevention.

Stigmatisation of overweight people can be an unintended and unfortunate consequence of excessive societal focus on weight (as distinct from good nutrition and physical activity), and body image disturbance in young people, particularly girls, has been linked to the media portrayal of weight issues. There is growing concern that the continuing focus on obesity is contributing to increasing rates of disordered eating including primary school children. Despite relatively low rates of clinically defined eating disorders such as anorexia nervosa, there is a range of much more common behaviours, referred to as disordered eating, which impact on physical and mental wellbeing. These include repeated dieting, body image preoccupation, binge eating and purging. The focus should be on appropriate levels of physical activity to maintain a healthy body.

Over emphasis on obesity in the media also has the potential to result in people adopting unhealthy steps to reduce their weight, for example, through the use of diet pills and fad dieting.

Media effort aimed at reducing obesity would be better aimed at promoting healthy eating and increasing physical activity. For these reasons promoting healthy weight is a preferable term to preventing obesity.

Increasing Breastfeeding Duration

There are many benefits to breastfeeding which go beyond prevention of overweight and obesity.

For many years claims have been made about the link between breastfeeding and reduced risk of obesity which have at times been considered controversial.

However, a systematic review of the evidence undertaken in 2004 suggests breastfeeding has a small but consistent protective effect against obesity in children.¹⁶ In addition, a recently published study in *The Lancet*, demonstrated that adolescents who had been breastfed beyond 4 months had a lower body mass index and a reduced risk of being overweight than those who had not been breastfed to 4 months. The observed relationship between breastfeeding beyond 4 months and a reduced risk of overweight was independent of socioeconomic factors such as race and parental education¹⁷.

A national ongoing effort to increase breastfeeding duration, including effective monitoring of breastfeeding rates could have a significant impact on reducing obesity rates well into the future and should be incorporated in any comprehensive obesity prevention strategy.

¹⁶ Arenz, S.¹Rückerl, R.²Koletzko, B.³Von Kries, R.¹ Breast-feeding and childhood obesity-a systematic review. *International Journal of Obesity & Related Metabolic Disorders*; Oct2004, Vol. 28 Issue 10, p1247-1256, 10p

¹⁷ Woo JG, Dolan LM, Morrow AL et al. *Breastfeeding helps explain racial and socioeconomic status disparities in adolescent adiposity. Paediatrics*, 2008; 121:458-65.