



13th June, 2008

100 Drummond Street
Carlton Victoria 3053
Tel: 03 9635 5227
Fax: 03 9635 5360
www.opc.org.au

Mr James Catchpole
Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
Canberra ACT 2601

Dear Mr Catchpole

Please find attached a submission to the Inquiry by the Obesity Policy Coalition. The Obesity Policy Coalition is a partnership between the Cancer Council Victoria, Diabetes Australia – Victoria, VicHealth and the WHO Collaborating Centre for Obesity Prevention at Deakin University.

The objectives of the Coalition are to identify, analyse and advocate for evidence-based policy and regulatory initiatives to reduce overweight and obesity, particularly in children, at a local, state and national level.

We are very pleased to make a submission to make recommendations for actions to prevent and reduce the incidence of overweight and obesity in the Australian community, which has now become the norm.

Please direct any enquiries to Jane Martin, Senior Policy Adviser, Obesity Policy Coalition (03) 9635 5206 or Jane.Martin@cancervic.org.au.

Yours sincerely,

Handwritten signature of David Hill in black ink.

Professor David Hill
Executive Director
The Cancer Council Victoria

Handwritten signature of Boyd Swinburn in black ink.

Professor Boyd Swinburn
Coordinator
WHO Collaborating Centre for Obesity Prevention
Deakin University

Handwritten signature of Greg Johnson in black ink.

Greg Johnson
Chief Executive
Diabetes Australia – Victoria

Handwritten signature of Todd Harper in black ink.

Todd Harper
Chief Executive Officer
VicHealth

A partnership with:
The Cancer Council Victoria
Diabetes Australia-Victoria
VicHealth
WHO Collaborating Centre
for Obesity Prevention,
Deakin University



Obesity Policy Coalition

Submission to
House of Representatives Standing Committee on Health
and Ageing

Inquiry into Obesity

Terms of Reference

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

17 June, 2008



The Obesity Policy Coalition

Executive Summary

Overweight and obesity is now the norm for the Australian community, with the majority of the adult population fitting within these categories. This change has happened slowly over a number of decades. As a result it will also take several decades to impact on the factors which are driving this epidemic.

Portraying obesity as an issue of individual choice and personal will power is simplistic. A solution will not be found by merely focussing on changing the behaviour of the individual. To truly change behaviour it is essential to create and sustain supportive environments which encourage healthy eating and physical activity. This will help to build a society which ensures that these choices are the easy choices.

It is understood from public health successes in the areas of tobacco control and road safety that a strategy to address overweight and obesity will require a comprehensive portfolio of interventions. There is no magic bullet or single initiative that will solve the problem. It is also important to recognize that alone, each component part of a comprehensive strategy may not create significant impact, but their complementary and reinforcing action is critically important to effecting change.

Summary of Recommendations for Action

Recommendation 1: that a whole of government, long-term strategy to prevent and reduce overweight and obesity. This strategy should be centrally coordinated and adequately funded, with appropriate monitoring and evaluation established to support planning, build evidence and ensure effectiveness.

Recommendation 2: that weight, nutrition and physical activity measures be collected regularly and disseminated to inform policy and to support planning of interventions. These are also critical elements in tracking changes and evaluating effectiveness of programs and policies.

Recommendation 3: the development of a national food and nutrition policy that reflects public health concerns around food and nutrition to support prevention of overweight and obesity, and encourage healthy eating among Australians.

Recommendation 4: that the Government introduce broad restrictions on the marketing of unhealthy food to children and young people in all forms, in a similar way to the Tobacco Advertising Prohibition Act.

Recommendation 5: that a national front of pack traffic light labelling system is developed that outlines, at a glance, levels of fat, salt, sugar and saturated fat, together with an overall score, in relation to the nutritional profile of packaged food.

Recommendation 6: that current nutrition labelling requirements, and any front-of-pack labelling system that is introduced, should apply to fast food menus and packaging to enable consumers to make informed choices about fast food prior to purchase.

Recommendation 7: that the government request the Department of Treasury and Finance to investigate mechanisms to increase the price of unhealthy foods and to use a portion of the revenue to subsidise fruit and vegetables. The research should investigate the potential impacts of various models to determine the most effective way to achieve this.

Recommendation 8: that action be taken to support and encourage workplace health promotion commencing with the public sector. This could be achieved through the provision of funding to support the development of policies and programs

Recommendation 9: that action be taken to support and encourage workplace health promotion commencing with the public sector. This could be achieved through the provision of funding to support the development of policies and programs.

Recommendation 10: Recommendation: that government supports and encourages to supermarkets to take a lead role in promoting healthy food choices.



House of Representatives Standing Committee Inquiry into Obesity in Australia

The Obesity Policy is pleased to have the opportunity to comment on the Terms of Reference for the House Standing Committee on Health and Ageing.

The Obesity Policy Coalition (OPC) is a coalition between the Cancer Council Victoria, Diabetes Australia – Victoria, the Victorian Health Promotion Foundation and the WHO Collaborating Centre on Obesity Prevention at Deakin University. The OPC is concerned about the escalating rates of overweight and obesity in Australia, particularly in children.

1. Introduction

Obesity has become a global epidemic and has been described by the World Health Organization as “one of today’s most visible, yet most neglected, public health problems.”¹ Obesity is a trend occurring throughout the world and requires a response commensurate with the public health and economic impact of this issue. However, no country in the world has yet succeeded in arresting or reversing this worldwide epidemic.

The problem of overweight and obesity cannot be tackled by focusing solely on the individual. It is not merely a product of poor individual choices, but is influenced by a person’s social, physical and economic environment.

Obesity is a complex issue with significant health, social, and fiscal implications. As such, addressing the obesity epidemic requires a strong and comprehensive approach involving a variety of groups including federal, state, and local government, schools, community organisations, the medical community, food industry and others.

Prevention of obesity is only likely with fundamental changes to societies that involve, for example, production and availability of cheap healthy foods; urban planning to ensure that people exercise more; education about eating beginning in schools; and a global code to promote only healthy food and drink to children. Two years ago, the World Health Assembly adopted the Global Strategy on Diet, Physical Activity and Health, with its recommendations to combat the rise in non-communicable diseases through a healthier diet and increased physical activity. But no health system is yet meeting the challenges of managing obesity, and no society has developed an effective strategy to prevent it.

Editorial, The Lancet²

This submission is divided into three sections. Firstly the health and economic impact of overweight and obesity are outlined. Secondly we consider the factors affecting body weight and outline the strategic approach by the World Health Organization. Finally we make ten key recommendations for government and others to address the issue.

Section 1: Health and Economic Impact of Obesity

Reference 1: 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.

1. Prevalence

Recently reports in the media have trumpeted that overweight and obesity levels are exaggerated. This is not borne out by the data which show that overweight and obesity are the norm in adults and at alarmingly high levels in children and adolescents. Adults are likely to put on weight year on year, resulting in a growing disease burden which is impacting on younger and younger age groups, impeding the productivity of the Australian workforce.

1.1 Adults

In Australia, overweight and obesity have increased over time and in all age groups, with the increase most marked among obese adults.³ The proportion of men classified as overweight or obese increased from 45% in 1898/90 to 52% in 1995, 58% in 2001 and 62% in 2004/05. For women the proportion who were overweight or obese also steadily increased from 32% in 1898/90 to 37% in 1995, 42% in 2001 and 45% in 2004/05. The proportion of men who were obese doubled during this period (from 9% to 18%), while the proportion of women in this category increased from 10% to 17%.

Between 1995 and 2004-5, the average weight of an Australian adult male rose from 80kg to 84kg, while females rose from 65kg to 68kg.⁴ Research has confirmed that people are gaining weight faster than previous generations, with a higher number of people entering adulthood weighing more, and those born later in the previous century will gain weight at a faster rate than their parents.⁵

In 2003, the Australian Institute of Health and Welfare estimated that there may be as many as 3.3 million Australian adults who are obese and 5.6 million who are overweight.⁶ In 2005, 3.24 million Australians were estimated to be obese, comprising 1.52 million males (15.1% of all males) and 1.72 million females (16.8% of all females), and it has been conservatively estimated that the number of Australians who are obese will grow to 4.2 million (16.7% of the population) by 2025.⁷ However, if obesity continues to increase at historical rates, as many as 7.2 million Australians (28.9% of the population) could be obese by 2025.⁸

Many of the figures outlined above are likely to underestimate the actual levels of overweight and obesity. This is because surveillance systems, such as the Australian Bureau of Statistics national health surveys and statewide computer-assisted telephone interviews use self-reported height and weight data, a method which consistently underestimates the true prevalence of overweight and obesity.⁹

1.2 Young People (15-24)¹⁰

According to the ABS 2004-05 NHS, 25% of young people aged 15-24 years were overweight or obese. This compares with a prevalence rate of 49% for the total population aged 15 years or over. An estimated 1 in 4 males (24%) and 1 in 7 females (15%) aged 15-24 years were overweight but not obese. A further 6% of males and 7% of females in the same age group were considered obese.

1.3 Children and Adolescents

The prevalence of overweight and obesity in Australian children and adolescents has reached critical levels and continues to increase rapidly. On conservative estimates, at least 23% of Australian children and adolescents are overweight or obese, and at least 6% of these are obese.¹¹ Prevalence has increased rapidly in the past decade. According to the most recent national data (from the 1985 Australian Health and Fitness Survey and the 1995 National Nutrition Survey), the prevalence of combined overweight and obesity in Australian children aged 7-15 more than doubled from 1985 to 1995, and the prevalence of obesity tripled.¹² The 1995 National Nutrition Survey found that in 1995, 4.6% of Australian children aged 2-7 years were obese, and a further 15.3% were overweight but not obese. Overall, one in five (19.9%) Australian children aged 2-17 years were either overweight or obese.¹³

More recent regional surveys indicate that overweight and obesity rates in Australian children have increased dramatically since the 1995 National Nutrition Survey was conducted. A study of 1001 Victorian children aged 7-11 years conducted in 2003 found that 26.7% were overweight or obese.¹⁴ A 2000 survey of New South Wales children aged 7-11 years reported that 9.9% of boys and 7.1% of girls were obese, and 26.2% of boys and 28.4% of girls were overweight.¹⁵ In 2004, the NSW Schools Physical Activity and Nutrition Survey reported that 25% of boys and 23.3% of girls from Kindergarten to Year 10 (aged 5-16 years of age) were either overweight or obese.¹⁶

Research also indicates that children are becoming obese at a younger age than in the past. A South Australian survey found that the prevalence of obesity in preschool (4-year-old) children increased from 3.5% for girls and 3.2% for boys in 1995 to 5.85% for girls and 4.1% for boys in 2002.¹⁷

1.4 Future Prevalence

Rates of childhood overweight and obesity are expected to continue to increase rapidly unless comprehensive legislative or regulatory action to address the problem is taken at all levels of Australian government.¹⁸ An analysis published this year estimated future prevalence of obesity in children and adults based on current evidence. They estimated that by 2025 overweight and obesity among 5-19 year old children and teenagers will be around a third, representing a breakdown of 37% of males and 33% females. In adults, it is estimated that 83% of males and 67% of females will be overweight or obese in 2025.¹⁹

2. Health Consequences

A small shift in the average population levels of several risk factors can lead to a large reduction of the burden of chronic diseases.

World Health Organization²⁰

2.1 Children

Childhood overweight and obesity are associated with a range of very serious health problems and increase the risk of premature illness and death later in life. Children who are overweight or obese are more likely to suffer from a range of medical conditions and health complications, including increased cardiovascular disease risk factors, high blood pressure, type 2 diabetes, inappropriately fast growth and development, hepatic and gastric complications, abnormal glucose metabolism, orthopaedic complications, asthma and sleep apnoea.²¹

Overweight and obese children are also more likely to experience problems which affect their psychological and social wellbeing, including poor self-esteem, negative self-image, social difficulties, bullying, anxiety, sadness, loneliness and depression.²² Research in the United States has found that more stigma is attached to obesity in children than any physical disability, across all socio-economic and ethnic groups.²³

2.2 Adults

Adult obesity carries an increased risk of psychological disturbances, type 2 diabetes, gallbladder disease, cardiovascular disease, endocrine and metabolic disturbances.²⁴ Obesity also increases the risk of certain cancers, including endometrial, oesophageal, renal, gallbladder, colon and postmenopausal breast cancers. Being overweight (BMI of >25 to <30kg/m²) is similarly associated with these cancers, though the effect on risk is less.^{25, 26} Evidence is also emerging that obesity is associated with increased risk of cancers of the pancreas and liver, and multiple myeloma and non-Hodgkin lymphoma.²⁷

A waist circumference greater than 102 cm for men and 88 cm for women, which is a marker of central obesity, might be a better predictor of cancer risk than BMI.^{28, 29}

Overweight and obesity are responsible for a large proportion of the burden of disease in Australia and are estimated to cause 7.5% of the total burden, the second leading single cause after tobacco.³⁰ The attributable burden of overweight and obesity is likely to rise in the future as the prevalence of these increases.

For example, the future burden of disease likely to result from type 2 diabetes has been examined up to 2023. This research took into account the combined effect of increasing BMI and decreasing case-fatality due to cardiovascular causes (measured as disability adjusted life years or DALYs). It found that there would be a considerable increase in the incidence of type 2 diabetes and an even greater increase in future prevalence primarily as a consequence of the obesity epidemic. If current trends continue unabated, diabetes will account for around 9% of total burden in 2023, up from around 5% in 2003.³¹ In terms of specific causes of disease burden, type 2 diabetes is likely to rise from second place (after ischaemic heart disease) in 2003 for males to first place in 2023. For females it is set to increase from fourth place in 2003 to second place (after anxiety and depression) in 2023.

3. Economic Impact of Overweight and Obesity

3.1 Costs of Overweight and Obesity

The financial costs of overweight and obesity include direct financial costs to the health system, productivity losses and carer costs. Overweight and obesity also have significant non-financial costs, including disability, loss of wellbeing and premature death. A recent report on the economic costs of obesity estimated that the total cost of obesity in Australia in 2005 was \$21.0 billion, comprising \$3.8 billion in financial costs and \$17.2 billion in net costs of lost wellbeing.³² The estimated \$3.8 billion in financial costs included \$1.7 billion in lost productivity, \$873 million in direct financial costs to the health system and \$804 million in costs borne by carers. It should be noted that this report was based on the cost of obesity alone and did not take into account the cost of overweight.

The increase in prevalence and incidence of diabetes, along with other factors such as ageing, population growth, excess health price inflation and increases in number of health services provided per case, will lead to a large increase in projected health expenditure for diabetes in Australia. For the period from 2002-2003 to 2032-2033

health expenditure for diabetes is expected to increase by 401% from \$1.4 billion to \$7 billion, largely owing to expected growth in the prevalence of obesity.^{33,34}

In the long term, the escalating cost of health care with progression of an obesity related disorder, such as diabetes, has been calculated as almost doubling over time with normal progression of the disease. This suggests that the economic burden is not only significant, but is likely to get worse even if there is no further growth in the prevalence of obesity. Overseas studies have also found that obese persons attain lower levels of occupational prestige (and lower incomes) than non-obese persons. In addition, other studies have found that obese persons as a group receive more sickness and unemployment benefits than persons within a normal weight range.³⁵

3.2 Economic Impact of Physical Inactivity

Recent research undertaken by Medibank has attempted to quantify the impact of physical inactivity.³⁶ Their research revealed that 17% of the total health cost of treating seven major health conditions could be attributed to physical inactivity amongst Australian adults.

Research calculated the gross direct health costs of physical inactivity of seven medical conditions:

Disease	Cost attributable to physical inactivity 2006/07 (\$million/annum)
CHD	\$371.5
Stroke	\$162.4
Type 2 diabetes	\$210.7
Breast	\$42.2
Colon cancer	\$61.4
Depression symptoms	\$177.3
Falls	\$468.7
Total gross cost	\$1,494.3

Source: Econtech estimates

3.3 Impact on Workforce Productivity

There are significant potential gains among workforce productivity from improved health outcomes, particularly evident for Type 2 diabetes. Currently there is only a small difference in the workforce participation of those with Type 2 diabetes and the general population. However over time, it is projected that the numbers of those with the disease will increase by close to 230%, so any future gain will be significant in this area.³⁷

Section 2: Influences on body weight and strategic approaches

1. Influences on Body Weight

People take in energy from food and drinks, which is used for the body's natural processes and for physical activity. People gain weight if they take in more energy than they expend, and lose weight if they take in less energy than they use. Excess energy is stored mostly as body fat.

Obesity is primarily driven by individual decisions, and the way society influences them.

- 1) Human biology - genetics plays a part but does not pre-destine us to be obese.
- 2) Culture/Individual psychology - it is difficult to break habituated unhealthy eating patterns, especially when common to those around us.
- 3) The food environment - there has also been a huge increase in the quantity of quick convenience foods, which tend to be high in saturated fat, salt and sugar.
- 4) The physical environment - our lives have become increasingly sedentary. For example, fewer children are walking or riding bikes to school.

Environmental factors are extremely important in determining health behaviours, especially those that affect body weight. However, there are many different factors that may contribute to overweight and obesity (Table 1).

Table 1 below sets out the World Health Organization's classification of the strength of evidence to support the role of various factors in promoting or protecting against obesity. As shown in the table, the World Health Organization ranked the strength of the evidence to support heavy marketing of energy-dense foods and fast food outlets as a factor promoting obesity as 'probable', which was also the classification given to 'high intake of sugars'. The only factors promoting obesity for which the strength of evidence was ranked 'convincing' were 'sedentary lifestyles', and 'high intake of foods high in energy and poor in micronutrients'.

Table 1: Summary of strength of evidence on factors that might promote or protect against weight gain and obesity.

Strength of evidence	Factors protecting against obesity	Factors promoting obesity
Convincing	Regular physical activity; high intake of dietary fibre	Sedentary lifestyles; high intake of foods high in energy and poor in micronutrients
Probable	Home and school environments that support healthy food choices for children; breast feeding	Heavy marketing of energy dense foods and fast food outlets; high intake of sugars (sweetened soft drinks and fruit juices); adverse socio-economic conditions in developed countries
Possible	Foods with low glycemic index	Large portion sizes; high proportion of food prepared outside the home; eating patterns showing "rigid restraint and periodic

Section 3: Recommendations for Prevention

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.

Recommended Strategies for Adoption by the Commonwealth

1. Commonwealth Leadership and Co-ordination

Addressing overweight and obesity requires an integrated strategy of prevention and treatment, which will engage all levels of government. This will require strong coordination to bring all the relevant sectors together a drive change.

As is outlined in the UK Foresight report:

“The deceptively simple issue of encouraging physical activity and modifying dietary habits, in reality, raises complex social and economic questions about the need to reshape public policy in food production, food manufacturing, healthcare, retail, education, culture and trade.”

In mapping the future impact and strategies to influence overweight and obesity in the United Kingdom, they identified an alignment with other major policy issues which enables engagement with a broad range of stakeholders and had potential to lead the policy and program agenda. In particular they identified climate change and inequalities as critical when developing a strategy to tackle obesity. This situation is likely to be mirrored in Australia, particularly in relation to climate change.

It is understood from action in the areas of tobacco control and road safety that a strategy to tackle overweight and obesity will require a comprehensive portfolio of interventions. It needs to be recognized that alone, each component part of the strategy may not create significant impact, but their complementary and reinforcing action is critically important to effecting change.

What is required is a whole of government strategic plan to address obesity prevention including:

- community wide programs
- policy and regulatory approaches
- social marketing
- monitoring
- evaluation – impact and outcome
- coordination across government

This will need long-term funding as it is likely that change will be incremental and that monitoring and evaluation will be required to ensure that the initiatives are working as intended, are reaching and influencing the target groups and to identify changes to interventions and programs to improve effectiveness.

Recommendation 1: that a whole of government, long-term strategy to prevent overweight and obesity should be developed. This strategy should be centrally coordinated and adequately funded with appropriate monitoring and evaluation established to support planning, build evidence and ensure effectiveness.

2. Monitoring and Evaluation

There is a dearth of information to inform strategic directions in relation to prevalence of overweight and obesity, attitudes and behaviours, and food consumption in both adults and children. Weight, physical activity, attitudes and food habits of adults and children must be collected regularly and disseminated to inform policy and to support planning of interventions. These are also critical elements in tracking changes and evaluating effectiveness of programs and policies. Incorporating these measures within policies and programs helps to build evidence-based public health. Without population measures, which can be broken down further into sub-groups, effective interventions will not be easily identified and ability to refine them to further improve reach and impact will be limited.

Recommendation 2: that weight, nutrition and physical activity measures be collected regularly and disseminated to inform policy and to support planning of interventions. These are also critical elements in tracking changes and evaluating effectiveness of programs and policies.

3. Food and Nutrition Policy

A more strategic approach to developing food and nutrition policy and regulation is required. This could be achieved through the development of a Food and Nutrition Policy that includes a focus on public health and prevention of chronic disease. Clarification is required as to the role of the government in relation to food and nutrition policy, particularly in an environment where there are competing interests within government.⁴³ A reorientation towards a strategic policy, which considers public health of Australians, would mirror a similar change in focus of the United Kingdom's Food Standards Agency.

The goals of the policy should be to:

- reduce the prevalence of diet-related non-communicable diseases
- reverse the trend in overweight and obesity in children and adolescents
- reduce the prevalence of micronutrient deficiencies
- reduce the incidence of food borne diseases

Recommendation 3: the development of a national food and nutrition policy that reflects public health concerns around food and nutrition. This is particularly important to support prevention of overweight and obesity and encourage healthy eating among Australians.

4. Comprehensive Restrictions on Marketing Unhealthy Food to Children and Adolescents

4.1 Evidence food advertising affects children's food choices

Several systematic and comprehensive reviews of the literature on the effects of food promotion on children have concluded that food promotion influences children's food preferences, purchase requests and consumption, and there is growing agreement among commentators that food promotion is likely to contribute to poor diets, weight gain and obesity in children.

Table 2 below summarises the findings of the three most recent and comprehensive reviews of the literature on the effects of food promotion on children.

Table 2: Findings of reviews of the literature on the effects of food promotion on children

Finding – effect of food promotion on children	Review		
	Hastings et al (2006) ⁴⁴	Livingstone (2006) ⁴⁵	Institute of Medicine (2005) ⁴⁶
Influences food preferences	Reasonably robust evidence	Modest direct effect on children’s food preferences (also likely to have indirect effect).	Strong evidence – influences children to prefer high-calorie and low-nutrient foods and beverages.
Influences purchase requests	Strong evidence	Evidence not reviewed	Strong evidence - influences children to request high-calorie and low-nutrient foods and beverages
Influences consumption	Modest evidence	Modest direct effect on children’s food choices/eating habits (also likely to have indirect effect).	Strong evidence that food promotion influences children’s short-term consumption
Influences diet and health status	Small but significant associations between television viewing and diet, and television viewing and obesity Direct link between food promotion and weight gain is probable (Hastings, 2003)	Modest but consistent association between overall television exposure and weight/obesity. This applies among children and teenagers.	Moderate evidence that food promotion influences the ‘usual dietary intake’ of children aged 2-5 years, with weaker evidence for 6-11 year olds. Strong evidence that exposure to television advertising is associated with adiposity in children ages 2-11 years and teens aged 12-18 years. Food promotion is a ‘likely contributor’ to less healthful diets.

Many researchers, expert commentators and health agencies agree that the evidence justifies intervention to restrict and/or change the nature of food promotion to children. Commentators recommend that such interventions should be introduced as part of a range of strategies to improve children’s diets and reduce obesity.⁴⁷

Researchers and commentators caution that findings of a modest effect size in statistical terms should not be relied on to justify inaction on food promotion. Such findings do not take into account food promotion’s wider indirect effects on children’s food preferences and consumption. In addition, a small statistical effect on the immediate behaviour of individual children is likely to translate to a much larger effect at the population level and over the period of a child’s development.

For example, Livingstone (2006) cites the following comments of one expert: ‘Given the number of factors involved, the independent contribution of food advertising and more specifically advertising on television must be small. Banning

such ads alone as a single strategy to combat excess weight gain in children seems highly unlikely to succeed. However, as part of a broader obesity strategy – or indeed – broader strategy to improve children’s diets, it is impossible to argue against.’

Researchers and commentators also warn against waiting for unequivocal evidence before taking action to restrict food promotion.^{48, 49} For mainly methodological reasons, it is unlikely that research will ever produce unequivocal evidence of a causal effect of food promotion on children’s food consumption. Policy decisions must be made on the balance of probabilities, which clearly favours the hypothesis that food promotion influences children’s food consumption, and contributes to weight gain and obesity in children.

The majority of the research on food promotion has focused on television advertising, but researchers note that this is likely to mean that the current evidence understates the effect of food promotion on children since the cumulative effects of television advertising combined with other forms of food promotion are likely to be much greater.⁵⁰ To be effective, restrictions on food promotion should apply across all media, since the food and beverage industry would be likely to respond to restrictions applying only to certain media by increasing their marketing expenditures on marketing through other non-restricted media. This was the response of the tobacco industry when broadcast advertising bans were introduced.⁵¹ An international review of the effect of tobacco bans on tobacco consumption concluded that ‘a comprehensive set of advertising bans can reduce tobacco consumption but a limited set of advertising bans will have little or no effect.’⁵²

4.2 Regulation and Self-Regulation

The advertising and food industry argue that self-regulation is sufficient to protect children from the negative effects of unhealthy food marketing. This is addressed in more detail in **appendix 1**.

This approach is not recommended by the World Health Organization who state:

“We are also aware that the food and beverage industry strongly supports the concept of self-regulation. My message to you today, is that World Health Organization and many others concerned with public health, believe that self-regulation has not worked in the past and will not be sufficient into the future.”

Catherine Les Gales-Camus, WHO Assistant Director General Non-communicable Diseases, speaking at the World Federation of Advertisers 4th Global Advertising Summit, 30 November, 2004.

4.2.1 Problems with Current Model of Regulation and Self-Regulation of Advertising to Children

Current regulations are inadequate for protecting children from adverse effects of food advertising. The Children’s Television Standards (currently under review by the Australian Communications and Media Authority) contain some general restrictions on the amount and content of advertising during children’s programs on free-to-air television, and only one specific provision on food advertising to children, which prevents advertisements from containing any misleading or incorrect nutritional information. The Standards only apply during P or C programs, which are programs classified by ACMA as meeting certain criteria for suitability for children. P and C programs do not attract high ratings among child audiences, and are only shown for about an hour per day, at times when only small numbers of children watch television. There are no restrictions on food advertising during the programs that are most popular with children, or the time

periods when children are most likely to watch television (generally from 5.30pm-9.30pm in the evening).

Aside from general prohibitions against misleading conduct in the *Trade Practices Act 1975* (Cth) and state and territory fair trading and food acts, food advertising to children through media other than television is only governed by self-regulation under the AANA Food and Beverages Advertising and Marketing Communications Code, which is part of the Australian Association of National Advertisers' self-regulatory scheme.

The OPC believes this Code is ineffective, and self-regulation is unsuitable, for dealing with food advertising to children. Problems with the Code include that it does not address the amount or frequency of food advertising to children, or the types of foods that may be advertised. Nor does it prevent promotional techniques that are commonly used and particularly effective for encouraging children to desire and demand unhealthy foods, such as use of premium offers, popular personalities and characters, and peer pressure. The provisions of the Code are unclear, ineffective, and narrowly interpreted, and do not apply to all types of food advertising to children. In addition, compliance with the Code is voluntary: advertisers are requested to withdraw advertisements that are found to breach the Code, but sanctions cannot be imposed. Complaints against advertisers are rarely upheld, and short advertising campaigns may have finished running by the time determinations are made. See **appendix 1** for further information about the problems with the Code and advertising self-regulation.

4.3 Legislation to Restrict Food Advertising and Promotion to Children

The Obesity Policy Coalition believes that Commonwealth legislation should be enacted to comprehensively restrict all forms of advertising or promotion of unhealthy food or beverages that is directed to children, or to which children are exposed to a significant degree.

Legislation should impose a general prohibition against publishing, broadcasting or communicating advertising or promotion of unhealthy food that is directed to children, which should be modelled on the general prohibitions against publishing or broadcasting tobacco advertisements in Australia in the *Commonwealth Tobacco Advertising Prohibition Act 1992*.

The legislation should apply to all forms and modes of advertising or promotion of unhealthy foods directed to children, including via:

- free-to-air and subscription television
- the Internet;
- the radio;
- print media;
- films and DVDs;
- outdoor advertising;
- direct electronic marketing (i.e. email and SMS messages); and
- product packaging and labelling.

For the purposes of this legislation:

1. **'Unhealthy food'** should include unhealthy beverages, and should be defined according to Food Standard Australia New Zealand's proposed nutrient

- profile scoring criteria for eligibility of foods and beverages to carry health claims.¹
2. 'Children' should be defined as children younger than 16.
 3. Advertising should be considered to be 'directed to children' if any one of the following factors indicates this is the case:
 - (a) the circumstances in which the advertisement is communicated, including:
 - o the timing, location and placement of the advertisement; and
 - o the nature of any media product (e.g. program, website, magazine, film) in association with which the advertisement is communicated;
 - (b) the nature of the advertisement; and
 - (c) the nature of the product advertised.
 4. 'Broadcast', 'publish' and 'communicate' should be defined broadly so that the prohibition applies, to the extent possible, to all forms or modes of unhealthy food advertising or promotion directed to children.

Recommendation 4: that the government introduce broad restrictions on the marketing of unhealthy food to children in all forms, based on the approach taken to tobacco advertising under the Tobacco Advertising Prohibition Act.

5. Improved Food Labelling for Consumers

Nutrition labelling on product packaging is well recognised as an important component in helping consumers make healthy food choices.⁵³ Improving and simplifying the information available to consumers has the potential to improve consumer understanding of the contribution of different foods to their diet. In turn, this can stimulate changes in patterns of food choice that can ultimately lead to improved population health.⁵⁴ It can also provide health professionals with a tool to advise patients on healthy food choices for themselves and their families.⁵⁵

In recent years there has been a move towards 'front-of-pack' labelling schemes that mark out individual food products within categories as healthy or healthier choices (e.g. the National Heart Foundation's 'Pick the Tick' program). Most recently, various front-of-pack nutrient signposting schemes have been proposed that use simple verbal or visual formats (e.g. traffic-lights labels) to highlight key nutrient values on all food products.⁵⁶ However these have not been universally adopted.

Various food standards bodies⁵⁷ and consumer groups around the world have recommended the introduction of these nutrient signposting schemes, in a range of formats.^{58, 59} Several supermarket groups in the UK, have introduced their own traffic light based schemes. In Australia an industry body, the Australian Food and Grocery Council, has developed and implemented a voluntary scheme outlining percentage daily intake of selected ingredients.

¹ These criteria were developed by the United Kingdom Food Standard Agency to determine the overall healthiness of food products as the basis for the new restrictions in the United Kingdom on television advertising of high fat, sugar or salt foods to children. The model takes into account the positive nutritional characteristics of a food (such as fibre, protein and fruit/vegetable content) as well as the less desirable attributes (such as energy, saturated fat, sodium and total sugars). FSANZ has adapted and refined this model for use in the Australian context, and has modelled the nutrient profile criteria on over 10,000 Australian foods. FSANZ is proposing that the adapted model be used to determine eligibility of products to make health claims under a new standard on health claims that will be included in the *Australia New Zealand Food Standards Code* later this year. (See information on the nutrient profile scoring criteria at: <http://www.foodstandards.gov.au/foodmatters/healthnutritionandrelatedclaims/nutrientprofilingcal3499.cfm>.)

All of the schemes outlined above have different formats and use different criteria for classifying the healthiness of products. It is important that consumers, particularly those with low levels of literacy and education, are given information in an easy to understand format. The current lack of standardisation threatens to confuse consumers.

National leadership is essential to ensure that the nutrition messages reaching consumers are consistent, and to avoid the confusion that would result from the implementation of multiple systems each applying different criteria with different formats.

The OPC believes it is important to develop and implement a national, mandatory, front-of-pack traffic light labelling scheme for food and beverages to inform consumers about the levels of key nutrients in products including added sugar, salt, saturated fat and total fat plus an overall score. The overall score will be determined by examining the profile of the food, which takes into account both positive and less desirable attributes.¹

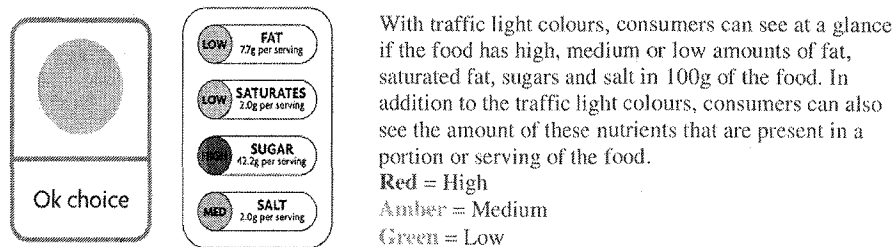


Figure 1: Example of a traffic light label

The development of a nutrient profiling system by the Food Standards Australia New Zealand for assessing healthy claims can provide the basis for determining the levels of these nutrients and the overall score.

Recommendation 5: that a mandatory front of pack traffic-light labelling system is developed that outlines, at a glance, levels of fat, salt, sugar and saturated fat; together with an overall score in relation to the nutritional profile of packaged food.

6. Nutrition Labelling of Fast Food

According to a recent analysis, the Australian fast food market is worth \$9 billion, 60% of which is held by 17 major food chains. In the past five years, the Australian fast food market has increased in volume by 3% per year, and in 2005, 1.4 billion fast food or take away meals were served to consumers.⁶⁰ Fast food chains and takeaway outlets are the most popular place for buying a meal or snack, particularly for families with children under 18.⁶¹ Restaurants are the second most popular outlets, particularly by those on higher incomes. In light of the amount of fast food that is consumed and the fact that it is often high in fat, sugar and salt and of poor nutritional quality, the OPC believes consumers need to be provided with appropriate nutrition information about fast food. This is necessary to enable consumers to make informed choices about fast food.

Products sold at fast food restaurants are produced according to standard formulas with little variation. Therefore it would not be unduly difficult or costly for fast food companies to analyse the nutrient content of their products (as it might be for small take-away food businesses for example) and provide nutrition information on product packaging and menus. Indeed it is likely that many fast food companies, eg McDonalds, already analyse the nutrient content of their products.

The OPC believes that fast food packaging and menus should be made subject to the food labelling requirements in the Food Standards Code, and to any front-of-pack labelling scheme that is introduced. A definition of 'fast food' should be developed that takes into account matters such as whether the food is sold by a business that has more than a certain number of outlets in Australia, and/or which offer standardised products, have standardised menus or are associated with the same trademark, logos or advertising.

Recommendation 6: that current nutrition labelling requirements, and any front-of-pack labelling system that is introduced, should also apply to fast food menus and packaging to enable consumers to make informed choices about fast food prior to purchase.

7. Enabling Cheaper Access to Healthy Food

The government already taxes two products, alcohol and tobacco, that have serious impacts on public health. In both cases, increases in real prices have had the effect of reducing consumption, particularly among young people and adults with low income. There is strong evidence that increases in the price of tobacco in Australia have had immediate and permanent decreases on sales and consumption. International research has also found similar results.⁶²

COAG has also recognised the potential price intervention stating:

"There is also a role in some areas for financial incentives, such as taxation, which can be used to support programs aimed at key risk factors. Tax policy, for example, has been used in the past in the case of smoking, and to some extent in the case of alcohol consumption."⁶³

The aim of an impost on food should be to change food-purchasing habits with the outcome of a healthier diet. Price interventions could have an impact on food patterns if they are targeted, demand is reasonably elastic and if consumers have a choice to shift to healthier food. The issue of determining which foods are unhealthy has already been established through a food profiling system used by the Food Standards Australia New Zealand to determine whether a food is unhealthy. This could be applied and used to identify foods for taxation purposes.

Research modelling the impact of taxation on consumption has found that merely adding an impost to unhealthy food is not enough to change behaviour, in fact it is likely to lead to lower consumption of healthy food such as fruit and vegetables.⁶⁴ As a result it is proposed that a tax on unhealthy food should be coupled with a subsidy of healthy foods, such as fruit and vegetables.

Recommendation 7: that the government request the Department of Treasury and Finance to investigate mechanisms to increase the price of unhealthy foods and to use a portion of the revenue to subsidise healthy foods such as fruit and vegetables. The research should investigate the potential impacts of various models to determine the most effective way to achieve this.

8. Promotion of Cycling and Walking Through Urban Design and Transport Policies

There is a gross imbalance in federal transport funding over the last three decades, with roads and highways receiving more than 90% of federal transport funding. In the last ten years there has been very little spent on urban public transport infrastructure by the federal

government.⁶⁵ Australia is the only developed country in which the national government does not support urban public transport. Australia is unlikely to succeed in managing traffic congestion or reducing transport emissions until the Australian federal government also makes substantial investments in public transport infrastructure.⁶⁶

Federal funding of public transport should be commensurate with that provided to support for road funding. That is, \$19 billion to roads, \$0.56 billion to roads, regional and rail improvement.⁶⁷ Federal government could provide funding for infrastructure to support walking and cycling.

Cycling should be supported by a strategy to build adequate cycle paths, including provision of funding. Transport infrastructure projects should ensure that any road design does not compromise the accessibility for and safety of cyclists. There should also be a mandatory requirement to integrate cycling in all road designs. It is important to support and encourage local governments to provide necessary and adequate facilities for safe cycling either on its own or in conjunction with public transport.

Currently there are also federal policy incentives for car use, for example the FBT exemption where the further you travel, the larger the tax break. The statutory formula, which can be used to calculate the value of motor vehicle fringe benefits, becomes more generous as the distance driven each year increases. In practice this travel can be of a private nature and yet still contributes to a significant reduction in FBT liability.⁶⁸ In other countries, governments have worked with companies to provide options for employees such as providing employees with access to company bicycles and monthly public transport passes.⁶⁹

Recommendation 8: That government adequately funds the development of infrastructure and develops policies to support the use of public transport and to encourage cycling and walking.

9. Workplaces

Work has become increasingly sedentary and more and more Australians are moving into the workforce over time, particularly women. Given the amount of time employees spend in this environment, workplaces can have an important supporting influence over eating and physical activity. As a result, it is important to recognise this and implement initiatives to improve the food supplied in the workplace and encourage physical activity.

WHA60.26, states in point 14: "Health promotion and prevention of noncommunicable diseases should be further stimulated in the workplace, in particular by advocating healthy diet and physical activity among workers, and promoting mental health at work ..."

Global Action on Workers Health 2008-2017
World Health Organization

There is good economic evidence supporting the case for health promotion in the workplace. Research in the UK by PricewaterhouseCoopers found considerable evidence from literature reviews and over 50 UK-based case studies that health and well-being programs have a positive impact on intermediate and bottom-line benefits.⁷⁰ Intermediate business benefits include reduced sickness absence, reduced staff turnover, reduced accidents and injuries, reduced resource allocation, increased employee satisfaction, a higher company profile, and higher productivity.

Recommended Actions in Workplaces⁷¹

Policies and working practices	Ensure policies encourage activity and healthy eating, for example travel expenses should encourage walking and cycling to work and between worksites
Building design	Provide showers and secure cycle parking to encourage active travel to the workplace Improve stairwells and access to encourage stair use
Workplace food services	Actively promote healthy choices in restaurants, hospitality, vending machines and shops for staff and clients. For example through pricing, promotion, placement of products, signage to encourage healthy choices
Education and promotion	Introduce incentive schemes to encourage healthy eating and exercise. These schemes should be sustained and part of a wider program to encourage healthy eating, weight management and physical activity. Examples of schemes include: travel expenses policies; policies on pricing of food and drink; contributions to gym memberships Public sector and large commercial organisations: offer tailored education and promotion programs to support action to improve food and drink in the workplace
Health checks	Public sector and large commercial organisations: if employee health checks are offered they should address weight, diet and activity; and provide ongoing support.

In the first instance the recommended actions could be implemented in the public service which would have an important modeling effect and would have the potential to impact on more than 150,000 employees, with ripple effects on their families.⁷²

Recommendation 8: that action be taken to support and encourage workplace health promotion commencing with the public sector. This could be achieved through the provision of funding to support the development of policies and programs.

10. Food Retailers

Supermarkets have enormous potential to impact on population health. The vast majority of people source most of their food through supermarkets and there are a number of ways in which they can positively impact the health of their customers and their families. The government could support retailers to improve their practice in ways such as those outlined below.

10.1 Improving salt/fat/sugar levels in supermarket brands

Increasingly supermarkets are producing a number of "house" brands sold only within their stores. These are often lower in price than premium brands and appeal to the low-income consumer. Some vary little as far as the quality of their ingredients, for example eggs and sugar. However, some processed foods produced for supermarkets are much higher in salt, fat and sugar than their standard equivalents. For example comparing two high sugar breakfast cereals popular with children: Bi Lo Coco Puffs are sold in a 700 gram package and contain 53% sugar, compared with Kelloggs Coco Pops which are sold in a 450 gram package containing 36.5% sugar. This practice contributes to inequalities in diet and health. Supermarkets should

ensure that their house brands minimize salt, fat and sugar levels, particularly in relation to equivalent premium brands.

10.2 Developing healthier ranges

In the United Kingdom a number of the supermarket chains have developed healthy eating ranges branded as “Be good to yourself” Sainsbury, Good for you! Asda. Compared to other house brands, these offer products that are lower in salt, for example. This type of initiative should be encouraged.

10.3 Front of pack labelling

A number of supermarkets in the United Kingdom have voluntarily adopted the traffic light labeling on the front of packaged foods as recommended by the Food Standards Agency. This is easily understood by consumers and would help them to improve the balance of their diet. This would encourage other brands to meet this standard and support consumers to make healthier choices.

10.4 Confectionery and snack food at the checkout.

The majority of checkouts have unhealthy food on display at the till. Although Woolworths have one of two confectionery-free checkouts in some stores, these checkouts often have soft drink placed here instead. This does not support healthy choices. It is well known that snacks and confectionery are impulse buys and encourage “pester power” in children. Unhealthy snacks, sugary drinks and confectionery should not be on display at checkouts. This initiative has strong support from parents.

10.5 Price Promotions

Fresh fruit and vegetables are an important part of supermarket sales and should make up about a third of Australians’ diet. As a result, price promotions should focus on these products, rather than items such as soft drinks, snack foods and confectionery. Discounting these items sends a skewed message to consumers about what constitutes a healthy diet, and encourages them to make financial savings at the cost of their health.

10.6 Information campaigns

Supermarkets are an excellent place to communicate healthy eating messages to customers. This can be done through training staff in healthy communication messages, provision of in-store help desks and telephone information lines and promote these as sources of healthy eating information. The Commonwealth should consider how they can support and encourage supermarkets to engage in social marketing campaigns around healthy eating and also to ensure the public are receiving a consistent message with adequate reach.

Recommendation 10: that government supports and encourages supermarkets to take a lead role in promoting healthy food choices.

References

- ¹ World Health Organization. Nutrition. Controlling the global obesity epidemic. Available at: www.who.int/nut/obs.htm (accessed June 2006)
- ² Editorial. Curbing the Obesity Epidemic. *The Lancet* 2006; 367:1549 DOI:10.1016/S0140-6736(06)68664-9 Accessed 20 May 2008 at: <http://www.thelancet.com/journals/lancet/article/PIIS0140673606686649/fulltext>
- ³ Australian Bureau of Statistics. Overweight and Obesity in Adults. 2004-04. Cat No 4719.0 Australian Bureau of Statistics, Canberra, 2008.
- ⁴ Linacre S. Overweight and Obesity. Canberra, Australian Bureau of Statistics. 2007.
- ⁵ Allman-Farinelli M, King L, Bonfiglioli C, Bauman A. The weight of time: time influences on overweight and obesity in women. Sydney, NSW Centre for Overweight and Obesity. 2006. Allman-Farinelli M, King L, Bonfiglioli C, Bauman A. The weight of time: time influences on overweight and obesity in men. Sydney, NSW Centre for Overweight and Obesity. 2006.
- ⁶ Australian Institute of Health and Welfare. Indicators of health risk factors: the AIHW view. AIHW Cat. No. PHE 47. Canberra, AIHW. 2003.
- ⁷ Access Economics. The Economic Costs of Obesity. 2006. Canberra: Diabetes Australia
- ⁸ Access Economics. The Economic Costs of Obesity. 2006. Canberra: Diabetes Australia
- ⁹ Edward D Janus, Tiina Laatikainen, James A Dunbar, Annamari Kilkinen, Stephen J Bunker, Benjamin Philpot, Philip A Tideman, Rosy Tirimacco and Sami Heistaro Overweight, obesity and metabolic syndrome in rural southeastern Australia *MJA* 2007; 187 (3): 147-152
- ¹⁰ Australian Institute of Health and Welfare 2007. Young Australians – their health and wellbeing. AIHW, Canberra, 2007. <http://www.aihw.gov.au/publications/aus/yathaw07/yathaw07-c03.pdf>
- ¹¹ Booth, M.L, Wake, M., & Armstrong. T., et al. 'The epidemiology of overweight and obesity among Australian children and adolescents, 1995-1997'. *Australian New Zealand Journal of Public Health*, 2001, 25, 162-169.
- ¹² Margarey, A.M., Daniels, L.A., & Boulton, T.J. 'Prevalence of overweight and obesity in Australian children and adolescents: reassessment of 1985 and 1995 data against new standard international definitions'. *Medical Journal of Australia*, 2001, 174, 561-564.
- ¹³ As above
- ¹⁴ Swinburn, B. & Bell, C. (2003) Results of a weight survey of primary school children in the Sentinel Site for Obesity Prevention, Victoria, Melbourne: Deakin University.
- ¹⁵ Goodman, S., Lewis, P.R., Dixon, A.J., & Travers, C.A. 'Childhood obesity: of growing urgency.' *Medical Journal of Australia*, 2002, 176, 400-401.
- ¹⁶ Booth, M., Okely, T., & Denney-Wilson, E. et al. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: Summary report. New South Wales Department of Health, 2006.
- ¹⁷ Vaska, V.L., & Volkmer, R. 'Increasing prevalence of obesity in South Australian 4-year-olds: 1995-2002' *Journal of Paediatric Child Health*, 2004, 40, 353-355.
- ¹⁸ Zimmet, P.Z., & James, P.T. 'The unstoppable Australian obesity and diabetes juggernaut. What should politicians do?' *Medical Journal of Australia*, 2006, 185, 187-188.
- ¹⁹ Department of Human Services 2008. Future prevalence of overweight and obesity in Australian children and adolescents, 2005-2025. Public Health Branch, Department of Human Services, Victorian Government, Melbourne.
- ²⁰ World Health Organization. 2005. Preventing Chronic Disease – a vital investment. WHO Global Report. Geneva 2005.
- ²¹ World Health Organization. *Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation*. WHO Technical Report Series no. 894. 2000, WHO: Geneva.
- ²² As above.
- ²³ French, S.A., Story, M., & Perry, C.L. 'Self-esteem and obesity in children and adolescents: a literature review.' *Obesity Review*, 1995, 3, 479-490.
- ²⁴ World Health Organization. (2000) *Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation*. WHO Technical Report Series no. 894. WHO: Geneva.
- ²⁵ NSW Health 2003. *Report on the weight status of NSW: 2003*. Sydney: NSW Health
- ²⁶ International Agency for Research in Cancer Working Group on the Evaluation of Cancer-preventive Strategies (IARC Working Group) 2002. *Handbooks of cancer prevention volume 6: weight control and physical activity*
- ²⁷ Calle EE, Rodriguez C, Walker-Thurmond K & Thun MJ 2003. Overweight, obesity, and mortality from cancer in a prospectively studied cohort of US adults. *N Engl J Med*
- ²⁸ MacInnis RJ, English DR, Gertig DM, Hopper JL & Giles GG 2004. Body size and composition and risk of postmenopausal breast cancer. *Cancer Epidemiol Biomarkers Prev*
- ²⁹ MacInnis RJ, English DR, Hopper JL, Haydon AM, Gertig DM & Giles GG 2004. Body size and composition and colon cancer risk in men. *Cancer Epidemiol Biomarkers Prev*
- ³⁰ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez A. The burden of disease and injury in Australia 2003. Canberra, AIHW. 2007
- ³¹ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW; 2007.
- ³² Access Economics, The Economic Costs of Obesity, prepared for Diabetes Australia, October 2006.
- ³³ Department of Economic and Social Affairs. World economic and social survey 2007. Development in an ageing world. New York: United Nations; 2007.
- ³⁴ Vos T, Goss J, Begg S, Mann N. Projection of health care expenditure by disease: a case study from Australia. Brisbane: School of Population Health, University of Queensland; 2007.
- ³⁵ Commonwealth Government. About Overweight and Obesity – Economic Consequences. Website accessed July 2006 at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-hlthwt-obesity.htm>
- ³⁶ Medibank Private 2007. The cost of physical activity. Medibank Private, 2007.
- ³⁷ (Vos et al 2004 in: Productivity Commission 2006. Potential Benefits of the National Reform Agenda. Report to the Council of Australian Governments, Canberra, 2006.

- ³⁸ Amisola RV, Jacobson MS. Physical activity, exercise, and sedentary activity: relationship to the causes and treatment of obesity. *Adolescent Medicine State of the Art Reviews*. 2003; 14(1): 23-35.
- ³⁹ Batch JA, Baur LA. Management and prevention of obesity and its complications in children and adolescents. *Medical Journal of Australia*. 2005; 182(3): 130-135.
- ⁴⁰ Booth M, Okely T, Denney-Wilson E, Hardy L, Yang B, Dobbin T. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: Summary report. NSW Department of Health. 2006.
- ⁴¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378
- ⁴² World Health Organization 2008. Prevention and control of noncommunicable diseases: implementation of the global strategy. Available at: www.who.int/gb/ebwha/pdf_files/A61/A61_8-en.pdf
- ⁴³ Yeatman H. Window of Opportunity: positioning food and nutrition policy within a sustainability agenda. (*Aust N Z J Public Health*. 2008; 32:107-9) doi:10.1111/j.1753-6405.2008.00184.x
- ⁴⁴ Hastings, G., McDermott, L., Angus, K., Stead, M., & Thomson, S. (2006) *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health Organization, 2006 (available at <http://www.who.int/dietphysicalactivity/marketing/en/index.html>)
- ⁴⁵ Livingstone, S. 'New Research on Advertising Foods to Children: An Updated Review of the Literature', published as Annex 9 to Ofcom *Television Advertising of Food and Drink Products to Children* consultation, 28 March 2006
- ⁴⁶ McGinnis JM, Gootman, JA, Kraak, VI, eds. *Food Marketing to Children and Youth: Threat or Opportunity?* Institute of Medicine of the National Academies, 2006
- ⁴⁷ Livingstone, S. 'New Research on Advertising Foods to Children: An Updated Review of the Literature', published as Annex 9 to Ofcom *Television Advertising of Food and Drink Products to Children* consultation, 28 March 2006; McGinnis JM, Gootman, JA, Kraak, VI, eds. *Food Marketing to Children and Youth: Threat or Opportunity?* Institute of Medicine of the National Academies, 2005; Report of a Joint WHO/FAO Consultation. Diet, Nutrition and the Prevention of Chronic Diseases, WHO Technical Report Series 916, World Health Organization: Geneva, 2003, available at: http://www.who.int/hpr/NPH/docs/who_fao_expert_report.pdf, accessed 19 July 2006; Lobstein, T. & Dobb, S. (2005)
- ⁴⁸ Livingstone, S. & Helsper, E. 'Advertising foods to children: Understanding promotion in the context of children's daily lives', prepared for Ofcom, 7 May 2004.
- ⁴⁹ Hastings, G., McDermott, L., Angus, K., Stead, M., & Thomson, S. (2006) *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health Organization, 2006 (available at <http://www.who.int/dietphysicalactivity/marketing/en/index.html>)
- ⁵⁰ Livingstone, S. & Helsper, E. 'Advertising foods to children: Understanding promotion in the context of children's daily lives', prepared for Ofcom, 7 May 2004. Hastings, G., McDermott, L., Angus, K., Stead, M., & Thomson, S. (2006) *The extent, nature and effects of food promotion to children: a review of the evidence*. Geneva, World Health Organization, 2006 (available at <http://www.who.int/dietphysicalactivity/marketing/en/index.html>)
- ⁵¹ Cited in Saffer, H. & Chaloupka, F. (2000) 'The effects of tobacco advertising bans on tobacco consumption.' *Journal of Health Economics*, 19, 1117-1137
- ⁵² Saffer, H. & Chaloupka, F. (2000) 'The effects of tobacco advertising bans on tobacco consumption.' *Journal of Health Economics*, 19, 1117-1137.
- ⁵³ Rayner M, Boaz A, Higginson C: Consumer use of health-related endorsements on food labels in the United Kingdom and Australia. *J Nutr Educ* (2001) 33(1), 24 – 30
- ⁵⁴ Cowburn G, Stockley L: Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr* (2005) 8, 21 – 28
- ⁵⁵ Beard T, Nowson C, Riley M. Traffic light food labels. (Letter) *Med J Aust* 2007;186:19.
- ⁵⁶ Food Standards Agency UK. www.fsa.gov.uk
- ⁵⁷ Most notably, the Food Standards Agency in the UK is advocating for retailers and manufacturers to use traffic-light labels, and the European Heart Network (EHN) has recently recommended that the European Commission develop a mandatory front-of-pack nutrition labelling scheme as part of their amended nutrition labelling proposals (EHN, 2006).
- ⁵⁸ European Heart Network (EHN): Review of 'front-of-pack' nutrition schemes. Brussels: European Heart Network, 2006. Available online: <http://www.ehnheart.org/files/ReviewFoP-122402A.pdf> (9 July 2007)
- ⁵⁹ Grunert KG, Wills JM: A review of European research on consumer response to nutrition information on food labels *J Public Health* (2007) (in press)
- ⁶⁰ BIS Shrapnel, *Fast Food in Australia, 2006 to 2008*, March 2005. http://www.bis.com.au/verve/_resources/Fast_Food_in_Australia_2005_-_Website.pdf
- ⁶¹ BIS Shrapnel Foodservice Report May/June 2003.
- ⁶² Jha P, Chaloupka F. World bank. Curbing the epidemic: Governments and the economics of tobacco control. Washington DC. The World Bank, 1999.
- ⁶³ COAG Human Capital Report, National Reform Agenda. Council of Australian Governments.
- ⁶⁴ Danish Academy of Technical Sciences (ATV) Economic nutrition policy tools – useful in the challenge to combat obesity and poor nutrition. Danish Academy of Technical Sciences, 2007.
- ⁶⁵ <http://www.ptua.org.au/federal/submissions/federalbudget2008-09.pdf>
- ⁶⁶ <http://www.ptua.org.au/federal/submissions/federalbudget2008-09.pdf>
- ⁶⁷ National Heart Foundation. Carlisle R. Think Tank Presentation on Planning for Health. Available at: http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Rachel_Carlisle.pdf?File/5_RachelCarlisle.pdf
- ⁶⁸ <http://www.ptua.org.au/federal/submissions/federalbudget2008-09.pdf>
- ⁶⁹ http://www.getup.org.au/files/campaigns/getup_budget.pdf
- ⁷⁰ Black, C. Working for a Healthier Tomorrow. Crown Copyright, London, 2008. Available at - <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>
- ⁷¹ National Institute for Health and Clinical Excellence. Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Guideline no 43. NICE, UK, 2006.
- ⁷² Workforce Profile. APS staffing. Accessed 13 May, 2008 at: <http://www.apsc.gov.au/stateoftheservice/0607/partwostaffing.htm>

Self-regulation of Food Advertising to Children

In 2006, the Australian Association of National Advertisers (AANA) developed and implemented the (AANA) Food and Beverages Advertising and Marketing Communications Code (Food Code), as part of its national scheme for self-regulation of advertising. The Food Code contains several specific clauses on food advertising to children.

Problems with AANA Food Code

The OPC believes the AANA Food Code is inadequate for dealing with advertising of unhealthy food to children for the following main reasons.

First, the Food Code does not restrict the volume, frequency or timing of advertising of unhealthy food to children. The OPC believes it is the volume and frequency of this advertising at times and during programs when large numbers of children watch television, more than individual instances of inappropriate or misleading advertising, that influences children to prefer, demand and consume unhealthy food.

Second, many provisions of the Food Code apply only to advertisements 'directed to children'. The Practice Note to the Code adopts the definition of 'advertising to children' used in the AANA Code for Advertising to Children – 'Advertisements which, having regard to the theme, visuals and language used, are directed primarily to Children...' This definition is unduly narrow, as it would exclude advertisements intended for or directed to both children and adults, or advertisements not designed primarily for children but likely to be seen or heard by a significant number of children.

In addition, these provisions apply only to advertisements for 'Children's Food or Beverage Products', defined as food or beverage products which are targeted toward and have principal appeal to children. This would exclude advertising for food and beverage products that have generic appeal, such as many soft drinks, ice cream, confectionery and fast food products.

Third, many provisions of the Food Code are drafted in an ambiguous, blunt and ineffective manner. They contain many loopholes and exceptions, and are narrowly interpreted, making it easy for advertisers to circumvent the provisions.

Consequently, the Food Code does not prevent most inappropriate techniques and practices used to advertise unhealthy food to children. For example, it does not prevent the following practices.

- **Pester power**

The Food Code does not prevent typical techniques used by advertisers to create pester power (i.e. techniques to make children want products so they will pester parents to buy them). Clause 3.5 of the Code states that advertisements directed to children for food or beverage products 'shall not include any appeal to children to urge parents and/or other adults responsible for a child's welfare to buy particular products for them.'

Clause 3.5 only applies to advertisements that directly ask or appeal to a child to urge parents to buy products for them, or that imply that children should do this by portraying children engaging in this behaviour.¹

¹Clause 3.5 only applies to advertisements that include an express or implied appeal to children to urge parents to buy products for them (see clause 3.5 of the Food and Beverages Code and the Food and Beverage Code Practice Note, available from: http://www.aana.com.au/food_beverages_code.html). The Practice Note accompanying the Food and Beverage Code states that an example of an implied appeal to children to urge parents to buy products

The Parents Jury² recently made a series of complaints under clause 3.5 of the AANA Food and Beverages Code about various promotions featuring characters and images from children's film *Shrek the Third* on the grounds that they encouraged children to urge parents to buy products for them.³ The Advertising Standards Board (which determines complaints under the Food Code) rejected each complaint because the promotions in question did not 'contain any direct appeal to a child to ask a parent to buy the product ... ' and ' ... did not amount to "an appeal to children to urge parents to buy particular products for them".'⁴

However, advertisers do not create pester power by telling or asking children to urge parents to buy products for them; they create pester power by using techniques such as premium offers, characters or personalities popular with children, movie tie-ins, or association of products with fun and adventure.

- **Characters and personalities**

The Food Code does not prevent use of popular children's characters and personalities to promote or endorse unhealthy food products.

AANA has removed clause 3.6 from the Food Code, which used to prevent advertisements directed to children from using popular personalities or celebrities to advertise products 'in way that obscures the distinction between commercial products and program or editorial content.'⁵

- **Premiums**

The Food Code does not prevent promotion premium offers in advertisements for unhealthy foods to children.

Clause 3.6 of the Code states that advertisements for food or beverage products directed to children 'shall not feature ingredients or premiums that are not an integral element of the product/s or service/s being offered.'

However, clause 3.6 is ineffective for preventing promotion of premiums, as the Advertising Standards Board has decided that non-food or beverage products included with or as part of a food or beverage product (e.g. toys included with McDonalds Happy Meals), are 'integral' elements of products and therefore not premiums.⁶

In addition, an advertisement is only considered to 'feature' a premium if the premium is given 'undue prominence' because it occupies more than half the advertisement, or otherwise dominates the advertisement. The Advertising Standards Board recently decided that an advertisement for Nutella (a children's chocolate spread) did not breach clause 3.6 because the ad did not give undue prominence to free Shrek stickers in jars of Nutella, despite the fact

would be an advertisement that portrays a child in a supermarket asking for a particular product or putting it into a shopping trolley without asking.

² The Parents Jury is a web-based forum for parents to express their views and collectively advocate for the improvement of children's food and physical activity environments. See the Parents Jury website at www.parentsjury.org.au.

³ Letter from the Parents Jury to the Advertising Standards Board, 'Use of Shrek to promote unhealthy food products to children', 10 July 2007.

⁴ Advertising Standards Board, Case Reports issued in response to complaint no 248/07, 14 August 2007, available from: http://www.adstandards.com.au/pages/casestudy_search.asp, accessed 29 August 2007.

⁵ Clause 3.6 is not included in the current version of the AANA Food and Beverages Advertising and Marketing Communications Code published on the AANA website (at http://www.aana.com.au/food_beverages_code.html). AANA removed clause 3.6 from the Food Code in April 2008 without notifying or consulting with stakeholders, or publicising this change.

⁶ Advertising Standards Bureau Case Report number 197/06, complaint about McDonald's Australia Ltd's Happy Meals – Kitty and Spy Gear advertisement, 13 July 2006.

that almost the entire ad was devoted to showing scenes from the Shrek film or promoting the stickers.

- **Peer pressure**

The Food Code does not prevent use of peer pressure in advertisements to encourage children to desire unhealthy food products.

Clause 3.3 of the Code states that advertisements for food and beverage products directed to children 'shall not state or imply that possession or use of a particular product will afford *physical, social or psychological advantage* over other Children, or that non-possession of the product would have the opposite effect.' (Emphasis added.)

Therefore, clause 3.3 only applies to ads that imply that a product will give children *an advantage* over other children (for example, by making them 'cooler' or perform better than other children). It would not prevent advertisements that create peer pressure in other ways, for example, by implying that having a product will impress children's peers, or making children believe a product is 'cool' or socially desirable.

General problems with self-regulation and AANA scheme

There are also broader problems with AANA's self-regulatory scheme, and with use of self-regulation to deal with food advertising to children, including the following main problems.

- **Lack of compliance mechanisms**

Compliance with AANA's codes is not monitored, and cannot be enforced. Enforcement of the Code relies entirely on complaints from the public and competitors, and there are no sanctions for advertisers who breach the Code.

Complaints about advertisements in breach of the Food Code are determined by the Advertising Standards Board (the board of the Advertising Standards Bureau), which is administered by AANA and funded by the advertising industry. If the Board upholds a complaint under the Code, it may direct the advertiser to modify or withdraw the offending advertisement but it has no power to force advertisers to comply with its directions.⁷ In practice, advertisers tend to comply with these directions, but the Board only upholds complaints in a very small minority of cases (e.g. in 2006, the Board only upheld complaints in relation to 5% of advertisements it considered), and many short advertising campaigns may already have finished running by the time directions are made. This, combined with the lack of sanctions, means there are no real deterrents to advertisers breaching the Code.

- **Lack of procedural fairness**

There are a number of problems with the procedural fairness of the Advertising Standards Bureau's complaint-handling scheme.

One of the major problems with the scheme is that the Advertising Standards Board cannot hear new complaints about advertisements it has already considered in the past five years, even if complaints raise new issues or arguments, or are made under different provisions or Codes.

Decisions of the Advertising Standards Board can now be appealed to an 'Independent Reviewer'. But the fees for seeking review (\$500 for consumers and \$1000 for incorporated associations) would be prohibitive for most complainants, and fees are not refundable if grounds for review are not met. The Independent Reviewer can recommend review or

⁷ 'In the Public Interest: Monitoring Australia's Media', report by Senate Select Committee on Information Technology, April 2002, p 81.

amendment of the Board's decision but the Board is not bound to follow the Independent Reviewer's recommendations.

- **Lack of independence**

The AANA Codes are developed by AANA, which represents the interests of Australian advertisers, including many major food advertisers. The Food Code was developed by AANA in conjunction with the Australian Food and Grocery Council. AANA invited comment from consumer and public health stakeholders on a draft version of the Food Code for a short period, but most concerns of these stakeholders were not addressed. AANA has since made a number of amendments to the Food Code (including removing clause 3.6 which related to use of popular characters and personalities in food advertising to children) without notifying or consulting with these stakeholders, or publicising the amendments.

Administration of the AANA scheme also lacks independence. The Board of Directors of the Advertising Standards Bureau, which administers the AANA scheme, consists entirely of people holding executive or marketing positions with major advertisers, most of which are food advertisers.

- **Conflict of interest**

Clearly, advertisers' overriding interest is to be able to use advertising techniques that are effective to reinforce and/or increase desire for, and sales of, their products. Indeed, advertisers' interest in self-regulating is largely to deflect government regulation that may impede this ability. They are, therefore, very unlikely to develop, or submit voluntarily to, self-regulatory rules that may have this effect. However, in the area of food advertising to children, advertising restrictions that impede advertisers' ability to increase or reinforce children's desire for, and consumption of, unhealthy foods are exactly what is needed, particularly since the vast majority of foods advertised to children are unhealthy.



Obesity Policy Coalition

Think Tank Presentation

3 July, 2007



World Health Organization
Collaborating Centre on
Obesity Prevention



DIABETES
AUSTRALIA
VICTORIA

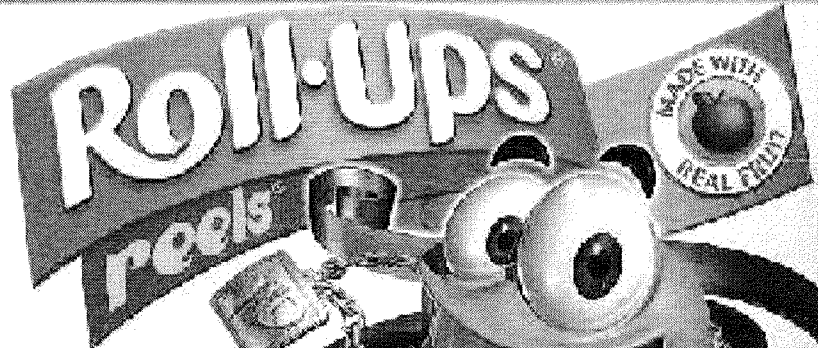




World Health Organization
Collaborating Centre on
Obesity Prevention



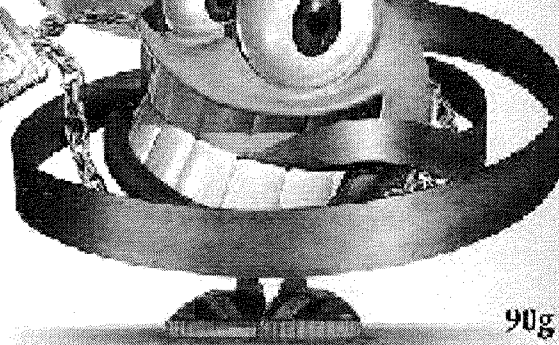
UNCLE TOBYS



Grapple Apple Flavour

WITH NO ARTIFICIAL COLOURS OR FLAVOURS

6 Reels



UNCLE TOBYS

Wrestley Deal

Height: 11 feet, 6 inches
Weight: 200 lbs
Favorite Food: Roll-Ups
Favorite Drink: Juice
Favorite Sport: Wrestling
Favorite Music: Rock



www.rollups.com.au



World Health Organization
 Collaborating Centre on
 Obesity Prevention

DIABETES AUSTRALIA
 VICTORIA





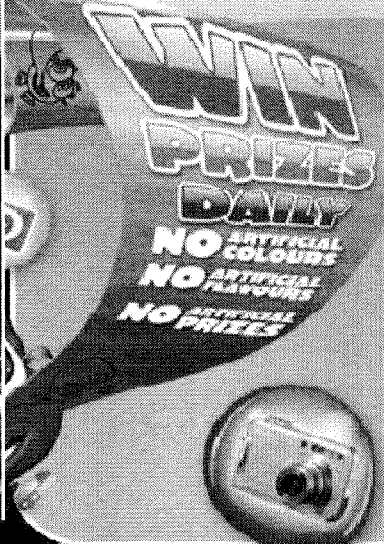
World Health Organization
Collaborating Centre on
Obesity Prevention



DIABETES
AUSTRALIA
VICTORIA



WIN PRIZES DAILY



We're giving YOU the chance to win some fabulous prizes including a PlayStation 3 Portable, Sony Cyber-shot DSCS700, 1Gb iPod Shuffle and Motorola Motofone F3. And it's sooo simple...

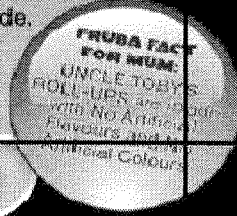
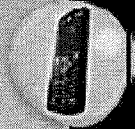
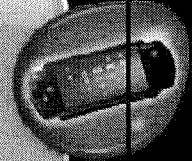
Ask mum or dad to purchase any UNCLE TOBYS ROLL-UPS product from a participating Woolworths or Safeway supermarket between 16/04/07 and 18/05/07 and then choose the way you want to enter:

Online: www.rollups.com.au and click on the Win Prizes Daily button and follow the instructions

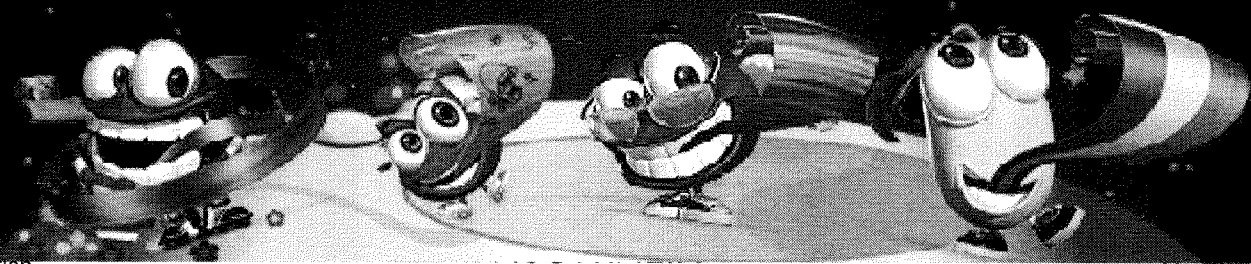
OR

Telephone: Call 1900 955 557 and leave your name, mailing address, telephone number and the last four digits of your UNCLE TOBYS ROLL-UPS barcode.

ONLY AT WOOLWORTHS & SAFEWAY



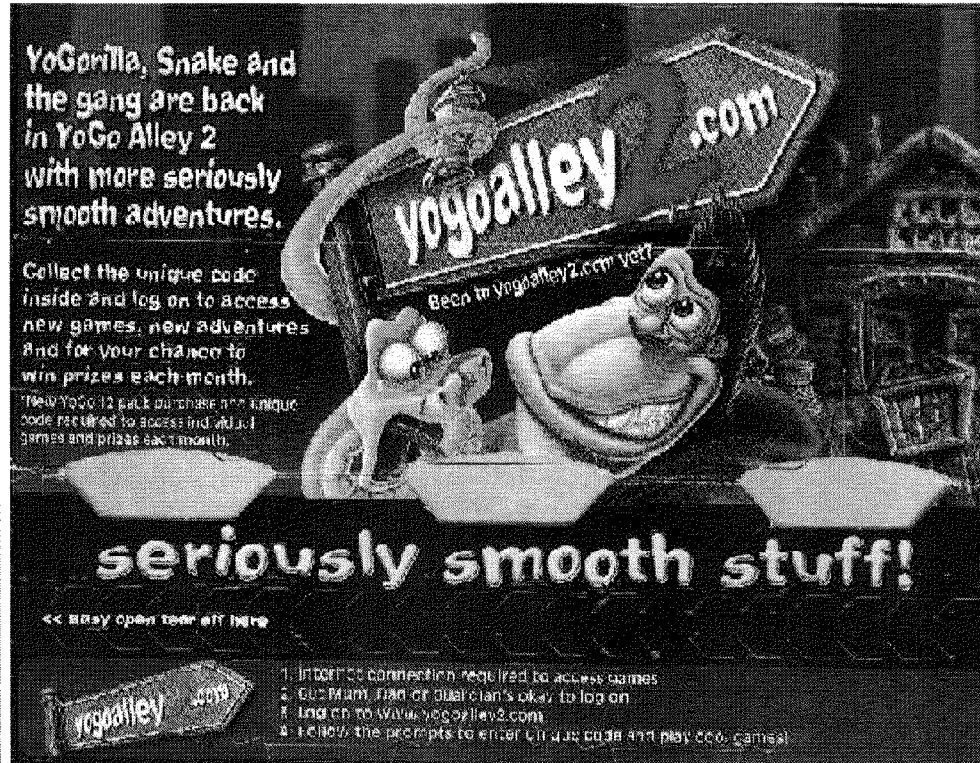
GOOD LUCK AND HAVE A FRUBALICIOUS DAY!



Obesity Prevention

VICTORIA





World Health Organization
Collaborating Centre on
Obesity Prevention



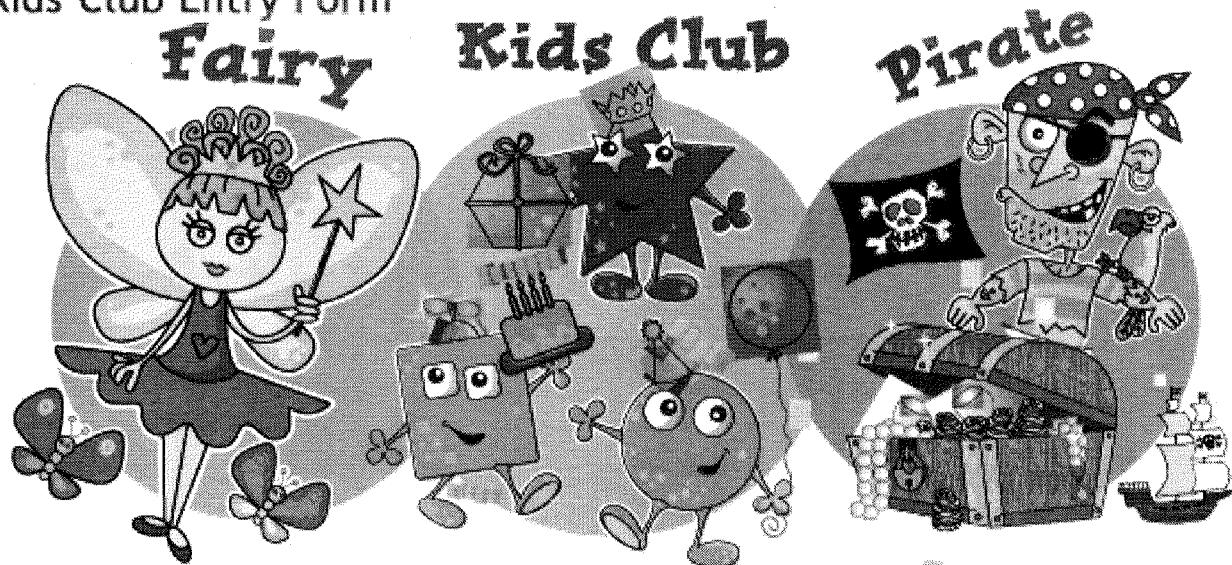
DIABETES
AUSTRALIA
VICTORIA



The
Cancer
Council
Victoria

happening at **HUNGRY JACK'S**

Happening at Hungry Jack's®
Kids Club Entry Form



Complete the form below to become a member of the HUNGRY JACK'S® KIDS CLUB. Your name will then be entered onto our special membership roll. And on your birthday you will receive your membership card and your special birthday card. Being a member of HUNGRY JACK'S® KIDS CLUB is great fun, because you will get special free treats, not just on your birthday, but all through the year.



World Health Organization
Collaborating Centre on
Obesity Prevention

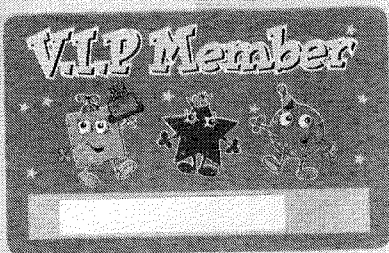


★ Happy Birthday to a very important person. ★

[Blank space for name]

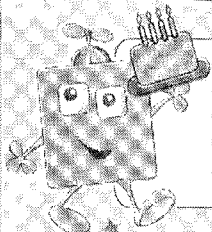
The HUNGRY JACK'S® KIDS CLUB would like to congratulate you on your twelfth birthday and thank you for being a member of our Club. We hope you have a great year and to help celebrate we would like to present you with the HUNGRY JACK'S® KIDS Club V.I.P member's card.

This card gets you a free upgrade to the next size fries and drink when you purchase one of our Value Meals.

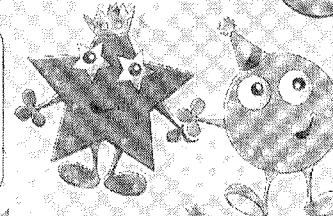


HUNGRY JACK'S® is a registered trademark of the Oldemark Corporation. Used under license.

★ A Happy Surprise Every Month ★



[Blank space for name]



Present these coupons at any HUNGRY JACK'S restaurant to get your free birthday treats.

Cut out this card and take it to any HUNGRY JACK'S restaurant and we'll give you a special treat of a free KIDS CLUB™ Meal: a hamburger, small fries, small Coke, plus a toy as our birthday gift to you.

Perhaps you'd like to have your birthday party with us? Call in to your favourite HUNGRY JACK'S restaurant and ask the manager for information about our great, fun-filled party packages. Have a great day and Happy Birthday!

Free Birthday Meal!

January	February	March	April
Free small Fries <small>With any burger purchase.</small>	Free small Coke <small>With any burger purchase.</small>	1/2 Cheeseburger <small>With any burger purchase.</small>	Free small fries <small>With any burger purchase.</small>
Free small Coke <small>With any burger purchase.</small>	1/2 Cheeseburger <small>With any burger purchase.</small>	Free small fries <small>With any burger purchase.</small>	Free small Coke <small>With any burger purchase.</small>
Free small fries <small>With any burger purchase.</small>	Free small Coke <small>With any burger purchase.</small>	Free small fries <small>With any burger purchase.</small>	Free small Coke <small>With any burger purchase.</small>
1/2 Cheeseburger <small>With any burger purchase.</small>	Free small fries <small>With any burger purchase.</small>	Free small Coke <small>With any burger purchase.</small>	1/2 Cheeseburger <small>With any burger purchase.</small>





BONUS SHREK PACK

Sell 51-250 carrypacks
 Receive: The SHREK Pack, including:

- 25L Shrek storage container
- Shrek 1 & Shrek 2 DVD set
- 3 X M&M'S Hangsells (1 X each variant)
- Shrek ears
- Donkey hand puppet
- Hoyts Family Movie pass (valid 12 months)

LIMITED EDITION

BONUS BOOKS

Sell 25-50 carrypacks
 Receive: 30 X Shrek colouring-in books



World Health Organization
 Collaborating Centre of
 Obesity Prevention



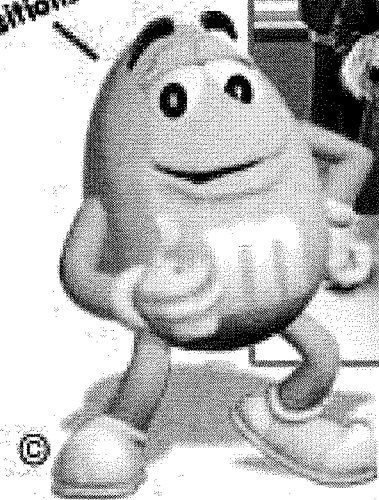
CALL YOUR LOCAL CONSULTANT

FRIENDLY HELPFUL FREE

FREECALL 1800 095 000 | www.marsfundraising.com.au



**Dont Miss Out.
Book Early!**
(limited positions available)



**Our M&M'S®
Characters can
come and assist
you to kick off
your school's
MARS
FUNDRAISING
drive with fun and
flair!!**


We'll be sure to provide you with
all the essential tips for safety
and success you need.



World Health Organization
Collaborating Centre on
Obesity Prevention



**TWO BIG CUPS
ARE BETTER
THAN ONE**



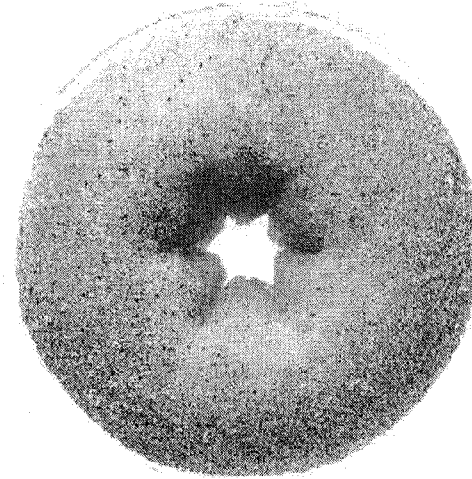
Labels are gone to the other side. If you buy a big cup and we'll give you another big cup for FREE. While stocks last.

See us now to the front of the

trampoline

1000-1000-1000

www.trampolineHQ.com.au



Present this DONUT
& receive a
FREE

CINNAMON ORIGINAL

DONUT KING

Only 2 Donuts per Person per day

For the enquiry call 1800 000 000



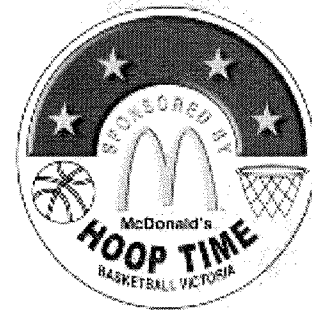
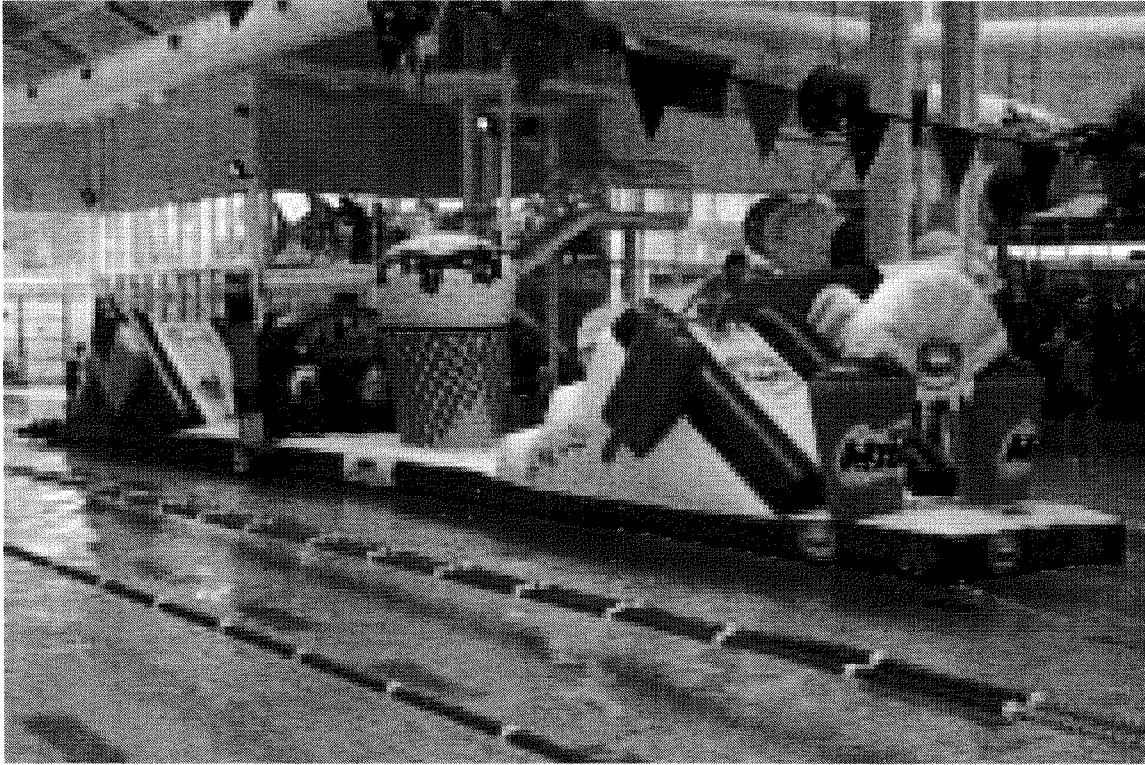
World Health Organization
Collaborating Centre on
Obesity Prevention



**DIABETES
AUSTRALIA**
VICTORIA



**The
Cancer
Council**
Victoria



McDonald's[®]
HOOP TIME
 Your choice of a FREE

CHEESEBURGER
 & SMALL FRIES

GARDEN SALAD

VALID UNTIL 31/12/06 AT
 ALL McDONALD'S FAMILY
 RESTAURANTS IN VICTORIA

HOOP TIME is a special offer available at participating McDonald's Family Restaurants in Victoria. Offer valid until 31/12/06. Offer available at participating McDonald's Family Restaurants in Victoria. Offer available at participating McDonald's Family Restaurants in Victoria. Offer available at participating McDonald's Family Restaurants in Victoria.





World Health Organization
 Collaborating Centre on
 Obesity Prevention

 **DIABETES
 AUSTRALIA**
 VICTORIA

 **Cancer
 Council**
 Victoria

Protecting Children from Effects of Advertising

- Children vulnerable to marketing as can't understand persuasive intent and lack ability to critically interpret advertising
- Food advertising influences children's consumption, preferences and purchase requests



World Health Organization
Collaborating Centre on
Obesity Prevention



Public Opinion

- 86% of Australian parents are concerned about the marketing of unhealthy food when children watch TV
- 89% support stronger restrictions at times when children are watching TV
- 75% of 366 parents were concerned about TV ads using toys and giveaways with unhealthy food



World Health Organization
Collaborating Centre on
Obesity Prevention



Public Opinion cont'd

- 65% of 325 parents were concerned about fundraisers for schools and community groups promoting unhealthy food
- 67% of 321 parents were concerned about sponsorship of children's sport of unhealthy food
- 67% of 112 parents were concerned about the use of the internet to market unhealthy food



World Health Organization
Collaborating Centre on
Obesity Prevention



