

**INQUIRY INTO INQUIRY INTO CHILDHOOD
OVERWEIGHT AND OBESITY**

Organisation: Charles Perkins Centre - The University of Sydney
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NSW Legislative Council's Standing Committee on Social Issues
Parliament House
6 Macquarie Street
Sydney
NSW 2000



19 August 2016

Dear Honourable Committee members,

Inquiry into childhood overweight and obesity

We are pleased to provide for your consideration a submission prepared by a scientific team of world leading authorities on obesity prevention and control. The team harnesses expertise from five key research teams based at The Charles Perkins Centre: the World Health Organization Collaborating Centre for Physical Activity, Nutrition and Obesity; the World Obesity Federation; Obesity Australia; The University of Sydney's Boden Institute of Obesity, Nutrition, Exercise & Eating disorders and the Prevention Research Collaboration.

The Baird government is to be commended for strong and decisive leadership in recognising the complexity and severity of childhood obesity. By tackling this problem now and by adopting the issue as one of the 12 Premier's Priorities, the government has recognised the huge social, health and economic importance of this issue. The enclosed submission is fully supported by fully referenced robust scientific evidence (provided as an appendix to the main document); we hope it will be of assistance to the Standing Committee.

We make four key recommendations based on the proven "best buys" in the prevention of Childhood Obesity; additionally we make 10 recommendations (four in 'maintain and expand' and six in 'new investment' categories).

Comments are offered to address all of the Standing Committee terms of reference. To complement our submission, we provide an appendix which summarises our recent scientific review on obesity prevention in children and young people.

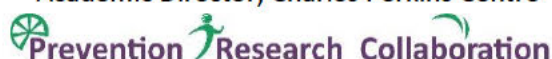
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Yours sincerely,

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**Boden Institute of Obesity, Nutrition
Exercise & Eating Disorders**



Submission to the Standing Committee on Social Issues, Parliament of New South Wales Inquiry into Childhood overweight and obesity

EXECUTIVE SUMMARY

- This submission is the work of five research teams based at The Charles Perkins Centre: the World Health Organization Collaborating Centre for Physical Activity, Nutrition and Obesity; the World Obesity Federation; Obesity Australia; The University of Sydney's Boden Institute of Obesity, Nutrition, Exercise & Eating disorders and the Prevention Research Collaboration.
- The economic impact of obesity in NSW alone is estimated to be \$19 billion annually, consisting of \$2.7 billion in financial costs (including productivity losses) and \$16.3 billion in costs due to lost wellbeing.
- Meeting the NSW Government target to reduce child overweight and obesity by 5% within 10 years (by 2025) will require more intensive implementation of some current programs and policies, together with substantial new investment overall for a comprehensive set of initiatives, delivered at scale and sustained for the decade.
- Whilst no individual policy or program can in itself create sufficient impact to reverse obesity (only a systemic, sustained, comprehensive portfolio of cumulative initiatives, delivered at scale, is likely to be effective) it is nonetheless possible within the required comprehensive approach to identify the policies and programs known to be most impactful and cost-effective for the NSW government and beneficial for the NSW community.
- Four "best buys" are recommended:
 - 1 Implement an effective tax on sugar sweetened beverages (SSBs).
 - 2 Reduce children's exposure to the marketing of SSBs and other energy-dense nutrient-poor foods by implementing internationally agreed recommendations.
 - 3 Provide programs to support parents before, during and after pregnancy, at home as well as in childcare, paediatric healthcare and in educational settings.
 - 4 Strengthen existing initiatives of the NSW Government and of non-government organisations which have been proven effective (four specific initiatives); use new investment to build the comprehensive strategy needed to meet the Premier's 2025 target for childhood obesity (six specific initiatives).

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CURRENT APPROACHES TO REDUCE CHILDHOOD OVERWEIGHT AND OBESITY IN NSW

By adopting childhood obesity as one of the 12 Premier's Priorities the Baird government has acted prudently in recognising the huge social, health and economic importance of this issue. The potential benefits from reducing overweight and obesity are not limited to the health of our children but extend to the rest of the community. They include improvements in worker productivity and absenteeism among adults as well as improved educational performance and less bullying among children [1, 2]. The economic impact of obesity in NSW alone is estimated to be \$19 billion annually, consisting of \$2.7 billion in financial costs (including productivity losses) and \$16.3 billion in costs due to lost wellbeing [3, 4]. Meeting the NSW Government target to reduce child overweight and obesity by 5% within 10 years (by 2025) will require more intensive implementation of some current programs and policies, together with substantial new investment overall for a comprehensive set of initiatives, delivered at scale and sustained for the decade [5]. Whilst no individual policy or program can in itself create sufficient impact to reverse obesity (only a systemic, sustained, comprehensive portfolio of cumulative initiatives, delivered at scale, is likely to be effective) it is nonetheless possible within the required comprehensive approach to identify the policies and programs known to be most impactful and cost-effective for the NSW government and beneficial for the NSW community [5-7].

Best buys: the most impactful and cost-effective strategies to reduce childhood obesity

1 Implement an effective tax on sugar sweetened beverages

Reducing consumption of sugar sweetened beverages (SSBs) is the single most cost-effective intervention we can do to decrease childhood obesity. There is evidence that a targeted tax will reduce consumption of SSBs [8] and generate savings estimated to be up to \$55 for every \$1 invested [7]. At a national level in Australia, an additional 20% tax on SSBs would generate an estimated AUD400 million in revenue each year [9]; the mean daily proportion of energy from added sugars among children and adolescents in NSW (11.2%) is virtually the same as that for Australia as a whole (11.3%); the same relationship holds for free sugars (12.9% and 13% respectively) [10]. Since the NSW population is 32% of the total Australian population (whether overall or just for minors) [11] then it is reasonable to conclude that in NSW a 20% tax on SSBs would generate AUD128 million in revenue each year. There is strong public support for fiscal policy in Australia, with 69% of grocery buyers reporting they were in favour of a tax on soft drinks to reduce the cost of healthy food, with parents being more supportive than non-parents [5].

2 Reduce children's exposure to the marketing of sugar sweetened beverages and other energy-dense nutrient-poor foods by implementing internationally agreed recommendations

Reducing children's and adolescent's exposure to the marketing of SSBs and other energy-dense nutrient-poor foods is the second most cost-effective intervention and would save an estimated \$38 for every \$1 invested [7]. Evidence shows that children's exposure to marketing across all media platforms consistently causes significant, negative effects on food preferences, choices and short-term food consumption; this substantiates the call at the highest levels for tighter restrictions on all forms of food marketing to children [12].

3 Provide programs to support parents before, during and after pregnancy, at home as well as in childcare, paediatric healthcare and in educational settings

There is strong evidence for the effectiveness of obesity prevention in very young children based on research conducted in Australia and New Zealand. Effective Early Prevention of Obesity in Childhood interventions focus on diet, responsive feeding and reducing TV viewing (0-2 years), parental engagement, behaviour change techniques, skill building and links to community resources [3-5 years] [5, 13]. These need to link strategically with complementary programs known to be effective in childcare [14], clinical management in primary and paediatric care services [5]. In the primary school years it is vital to have effective diet and physical activity programs, together with healthy school canteens and school food service provision [5].

4. *Strengthen existing initiatives of the NSW Government and of non-government organisations which have been proven effective; use new investment to build the comprehensive strategy needed to meet the Premier's 2025 target for childhood obesity*

In addition to the top three “best buys”, meeting the NSW Government target to reduce child overweight and obesity by 5% within 10 years requires a comprehensive set of complementary initiatives, delivered at scale through to 2025. The recommended initiatives are set out clearly in the recent report Obesity Prevention in Children and Young People Aged 0-18 Years, provided as an appendix to this report [5]. The recommendations are highly consistent with those set out in the report from the World Health Organization Commission on Ending Childhood Obesity [6].

Specifically, the following additional investments are recommended in building a comprehensive strategy:

Maintenance/expansion

- 4.1 Maintain and expand the [Get Healthy in Pregnancy](#) free telephone coaching program for pregnant women, and those planning pregnancy, aged 16 years and older.
- 4.2 Maintain and expand the successful [Munch & Move](#) program for early childhood services.
- 4.3 Maintain and expand the [Live Life Well @ School](#) primary school program.
- 4.4 Maintain and expand the [Go4Fun](#) community-based obesity treatment program for children aged 7 to 13 years and their families.

New investment

- 4.5 Ensure that the current review of the [PDHPE K-10 syllabus](#) by the Board of Studies Teaching And Educational Standards NSW¹ renews a focus on adequate levels of physical education incorporates evidence for all relevant strategies and policies in support of the Premier's priority - tackling childhood obesity.
- 4.6 Significantly boost healthy school canteen and healthy food service provision strategies in NSW through more robust implementation of the [Fresh Tastes @ School](#) program.
- 4.7 Ensure the establishment of routine assessment of height and weight status of all children through healthcare services teamed with clinical management pathways and the strengthening obesity clinical treatment and management services. This includes providing training and resources for parents, health professionals, primary care providers and educational professionals involved.
- 4.8 Further develop the [Make Healthy Normal](#) social marketing campaign to include a focus on families and carers of children and to provide umbrella communication and branding for the efforts to tackle childhood obesity.
- 4.9 Support NGOs - Cancer Council NSW and Heart Foundation NSW to implement the highly effective [LiveLighter 'Sugary Drink' mass media campaign](#) or its equivalent in NSW [as yet unpublished data show that the campaign led to a significant reduction in frequent sugary drink consumption (4+ cups per week) in Victoria (31% cf. 22%)].
- 4.10 Extend implementation of [Finish with the right stuff](#) – program to encourage junior sports clubs to provide and promote healthier food and water to children aged 5-16 years playing junior sport.

¹ <http://www.boardofstudies.nsw.edu.au/syllabuses/curriculum-development/K-10.html>

EVIDENCE TO ADDRESS THE STANDING COMMITTEE TERMS OF REFERENCE

Strategies to assist parents and carers in enabling their children to make healthier food and beverage choices and be active, including by participating in sport

- ☐ Please refer to recommendations 3, 4.2, 4.3, 4.4, 4.5 and 4.6. In addition we recommend the expansion of the program [Finish with the right stuff](#) – to encourage junior sports clubs to provide and promote healthier food and water to children aged 5-16 years playing junior sport.

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

- ☐ Please refer to recommendations 1, 2, 4.5, 4.6, 4.8 and 4.9. We note that home-based, school-based, and other settings-based strategies appear to be less successful with this age group. This underlines the importance of high-level regulatory strategies to address junk food marketing and SSB consumption.

Strategies to support health professionals to identify and address childhood overweight and obesity

- ☐ Please refer to recommendations 3, 4.1 and 4.7.

Coordination between NSW Government agencies to reduce childhood overweight and obesity

- ☐ The mechanisms currently in place under the auspices of the Department of Premier's and Cabinet/Ministry of Health represent best practice; the government is to be commended for its approach.

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

- ☐ Whilst the coordination between government agencies is well managed, as noted above, there is room for improvement with respect to the engagement of and collaboration with non-government organisations.
- ☐ We note in particular the apparent decision to discontinue the world-renowned [NSW Premier's Council for Active Living](#) (PCAL) as of December 2016; this would appear to be a backward step given that this is exactly the sort of forum which allows engagement of other sectors. PCAL was established in 1996 and is the longest running intersectoral entity of its kind in the world.
- ☐ With respect to the private sector, we note with disappointment the need for great care in engaging with the organisations responsible for quick service restaurants, snack foods, SSBs as well as the organisations engaged in the marketing, advertising, promotions, and sponsorship of these products. All evidence globally indicates that these industries will do their utmost to delay and water down effective policies when these threaten increasing corporate profits. Government should note an irreconcilable conflict of interest between the health priorities inherent in the Premier's initiative to tackle childhood obesity and the revenue priorities of so-called "big food" and "big soda" companies.

REFERENCES

1. Kite J, Hector DJ, St George A, et al. Comprehensive sector-wide strategies to prevent and control obesity: what are the potential health and broader societal benefits? A case study from Australia. *Public Health Res Pract* 2015; 25(4): e2541545.
2. Martin A, Saunders DH, Shenkin SD, et al. Lifestyle intervention for improving school achievement in overweight or obese children and adolescents. *Cochrane Database Syst Rev* 2014; 3: CD009728.
3. NSW Government. Ministry of Health NSW Healthy Eating and Active Living Strategy 2013-2018; Status Report Year 1. 2015. Available from: <http://www.health.nsw.gov.au/heal/Pages/Strategy-Status-Report-Yr1-2014.aspx>
4. Access Economics. The growing cost of obesity in 2008: three years on 2008. Available from: <https://www.deloitteaccessconomics.com.au/uploads/File/The%20growing%20cost%20of%20obesity%20in%202008%20-%203%20years%20on.pdf>
5. Bauman A, Bellew B, Boylan S, et al. Obesity prevention in children and young people aged 0-18 Years: a rapid evidence review brokered by the Sax Institute. Full technical report. Prepared for the NSW Ministry of Health: Sydney. Physical Activity Nutrition Obesity Research Group, [in press]; 2016.
6. World Health Organization. Report of the Commission on Ending Childhood Obesity. World Health Organization: Geneva; 2016. Available from <http://www.who.int/end-childhood-obesity/final-report/en/>
7. Gortmaker SL, Long MW, Resch SC, et al. Cost effectiveness of childhood obesity interventions: evidence and methods for CHOICES. *Am J Prev Med* 2015; 49(1): 102-111.
8. Colchero MA, Popkin BM, Rivera JA, et al. Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. *BMJ* 2016; 352: h6704.
9. Veerman JL, Sacks G, Antonopoulos N, et al. The impact of a tax on sugar-sweetened beverages on health and health care costs: a modelling study. *PLoS One* 2016; 11(4): e0151460.
10. Australian Bureau of Statistics. Australian Health Survey: consumption of added sugars, 2011-12. Catalogue number: 4364.0.55.011; 2016. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.011Main+Features12011-12?OpenDocument>
11. Australian Bureau of Statistics. Population by age and sex, regions of Australia, 2014; 2015. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3235.0>
12. Norman J, Kelly B, Boyland E, et al. The impact of marketing and advertising on food behaviours: evaluating the evidence for a causal relationship. *Curr Nut Rep* 2016; 1-11.
13. EPOCH Centre of Research Excellence Collaborators. Early Prevention Of CHildhood Obesity [EPOCH] - Centre of Research Excellence [Web Portal]; 2016. Available from: <http://www.earlychildhoodobesity.com/>
14. Wright DR, Kenney EL, Giles CM et al. Modeling the cost effectiveness of child care policy changes in the U.S. *Am J Prev Med* 2015; 49(1): 135-147.

APPENDIX I
YEARS

OBESITY PREVENTION IN CHILDREN AND YOUNG PEOPLE AGED 0-18