Recommendations of the 2007

Wednesday 20 June 2007
Australian Parliament House Canberra

Senator Guy Barnett Forum Chair
Professor Ian Caterson Deputy Chair

The University of Sydney
Nutrition Research Foundation
Organisers

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Healthy Lifestyle Forum

to Help Combat Childhood Obesity

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Healthy Lifestyle Forum to Help Combat Childhood Obesity

Senator Guy Barnett has held eight Healthy Lifestyle Forums to Help Combat Childhood Obesity since entering the Senate in 2002. The most recent forum, held on 20 June 2007 at Australian Parliament House Canberra, brought together approximately 60 concerned members of health care, academia, industry and public health to develop useful interventions and ideas for fighting childhood obesity.

This report details the recommendations of the groups convened. They were asked to consider actions in the key areas of:

- clinical/health care system
- monitoring/benchmarking
- infant and early childhood
- schools and the wider community, and
- industry and private sector solutions.

Sydney University Nutrition Research Foundation

The Sydney University Nutrition Research Foundation was established within the Human Nutrition Unit of the University of Sydney in 1979 with the aim of supporting research and improving knowledge of human nutrition in Australia.

The Sydney University Nutrition Research Foundation seeks to:

- foster and support research in human nutrition
- strengthen links with industry and health sectors
- provide a forum for the exchange of research findings, and
- aid research scholars working in the field of human nutrition.

The Foundation has long been concerned with nutrition and its role as risk factor and management strategy for chronic diseases such as diabetes, cardiovascular disease, osteoporosis and cancer, and more recently the rise in overweight and obesity amongst children. In organising the 2007 Healthy Lifestyle Forum to Help Combat Childhood Obesity, the Foundation was pleased to involve experts in paediatrics, physical activity and public health to ensure a balanced approach to this problem.

The Sydney University Nutrition Research Foundation runs symposia on a range of topics throughout the year. To be included on the mailing list for future events, please email nrf@mmb.usyd.edu.au or visit the website www.mmb.usyd.edu.au/nrf/

Acknowledgments

The Sydney University Nutrition Research Foundation, organiser of the 2007 forum, thanks all participants for applying their wealth of experience and expertise to the problem, the group Chairs and Rapporteurs for their guidance and assistance, Senator Barnett for hosting the event, and his support of this important issue, and Novo Nordisk for their unrestricted educational grant which enabled this forum to be held.

Chairs

Professor Louise Baur
Associate Professor Ruth Colagiuri
Professor Stephen Leeder
Associate Professor Melissa Wake
Professor Gary Wittert

Rapporteurs

Dr Catriona Bonfiglioli
Dr Michelle Cretikos
Ms Suzanne Pearson
Ms Kyra Sim
Dr Margaret Torode

Expert advice

Professor Ian Caterson AM
Dr Tim Gill
Professor W Philip T James CBE
Ms Lesley King

Overview of recommendations

Clinical/health care system

1. Introduce a new Medicare rebate item for a child health check which is linked to the existing immunisation schedule.

2. Revise and disseminate the National Health and Medical Research Council Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents.

3. Paediatric obesity to be modelled through the existing National Primary Care Collaborative.

Monitoring/benchmarking

1. Conduct further rigorous research into costs, benefits and harms of screening of children's body mass index and subsequent intervention models before considering a national program that features individual feedback.

2. Instigate a regular, frequent, long-term, population monitoring system for all of Australia to measure children's: height, weight, waist girth (± measures of body composition); nutritional intake and status; and physical activity and sedentariness.

Infant and early childhood

1. Provide parents and caregivers nationally with nutrition and physical activity recommendations covering life from pre-pregnancy to young children via health care professionals.

2. Improve the health literacy of children, adolescents and young adults across the education spectrum through a nationally implemented health and physical activity education framework.

3. Highlight the importance of breastfeeding to the Australian population and provide support by adopting the World Health Organization breastfeeding references, improving home services immediately after birth, and developing peer-support programs for mothers and fathers.

4. Develop an incentive program for employers that designates an employer as family-friendly by use of a registered symbol displayed on compliant companies' products and websites.

Schools and the wider community

1. Increase the weekly school curriculum physical education components to 150 minutes per week through a high quality, accountable program.

2. Guide policy and practice in regulation and legislation of food-related issues in multiple settings through a nationally standardised set of 'traffic light' classification criteria (Food Standards Australia New Zealand) by July 2008.

3. Council of Australian Governments is called upon to: support State Planning regulations to protect agricultural land for food supply; implement the National Heart Foundation's recommendation of funding support for the development, implementation and evaluation of the *Healthy Spaces and Places Project*; and, develop further national guidelines for planning and health that promote physical activity in the built environment.*

Industry and private sector solutions

1. Nominate obesity as a National Health Priority.

2. Form a national forum at Cabinet level involving ministers from health, agriculture, education, treasury and trade, transport and related fields with chief executive officers of the food industry and retailers, agriculture and farming, physical activity urban planning and development to determine a truly national response to the obesity problem.

* Recommendation text amended on 11 September 2007

Full recommendations

Clinical/health care system

Effective health service delivery for overweight and obese children and adolescents and their families

Group Chair - Professor Louise Baur
Rapporteur – Ms Suzanne Pearson

Background

We recommend:

1. That obesity be recognised as a chronic disease and as a National Health Priority.

2. That childhood obesity be kept as a high-level priority on the Council of Australian Governments (COAG) agenda.

3. The development of a national health strategy/national action plan on obesity.
    a. This should be similar to existing strategies for Asthma, Diabetes, Heart Failure and Immunisation, and
    b. This should be implemented effectively and appropriately evaluated.

4. The development of a cohesive, multi-level Obesity Policy Framework involving prevention, regulation and treatment strategies. The oversight of this policy should sit within Prime Minister and Cabinet.

Proposed Strategies

Recommendation 1

Introduce a new Medicare rebate item for a child health check which is linked to the existing immunisation schedule.

- This rebate should be available for a service delivered by either a General Practitioner (GP) or a GP practice nurse.
- The health check could be given at 8 weeks and at 4-5 years. If further time-points for the health check are possible, then we recommend 6 months, 18 months and at adolescence, and
- The health check would involve:
    - measurement of weight, length/height and a short child/parental lifestyle questionnaire, and
    - education, prevention and anticipatory guidance strategies.

Recommendation 2

Revise and disseminate the National Health and Medical Research Council (NHMRC) Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents.

- These were first issued in 2003 and need to be updated.
- The first version of the guidelines were not associated with a dissemination plan, so that most GPs appear to be unaware of them, and
- Characteristics of the revised guidelines:
    - oriented towards a range of health professionals (ie not just GPs)
    - adapted to diverse cultures and systems
    - linked to a well-funded dissemination plan aimed at a range of health professionals
    - supported by an well-funded training program
    - associated with a range of resources to facilitate uptake
    - user-friendly and applicable

Recommendation 3

Paediatric obesity to be modelled through the existing National Primary Care Collaborative.

Such an approach would have the following implications:

- relevance for a range of health professionals eg GPs, practice nurses, Allied Health Professionals (clinical psychologists, exercise physiologists, physiotherapists, dietitians, pharmacists, aboriginal health care workers, occupational therapists, social workers, etc)
- improved implementation of Enhanced Primary Care plans
- development of electronic systems to support assessment and management of overweight and obese, children eg electronic Body Mass Index (BMI) for age charts
- effective use of Medicare rebate systems
- development of effective treatment and referral pathways
- collection and utilisation of data to support protocols for assessment, management and referral
- incentives for achieving targets

Monitoring/benchmarking

Options for measuring and tracking the problem, advantages and disadvantages

Group Chair - Associate Professor Melissa Wake
Rapporteur – Dr Michelle Cretikos

Background

Whereas monitoring implies data collection from only a relatively small *sample* of children, screening and benchmarking require that *all* children in a target group (eg all three-year-old, school entry or Year 5 children) be weighed, measured etc, and that this individual level information be fed back to parents (and possibly to children and schools). This may seem an attractive option, and a number of independent programs are already being offered to this effect with good support and uptake.

Two major systematic reviews have recently considered the strength of evidence supporting childhood BMI screening. Both recommended against such screening, on the basis that it is not known whether its benefits outweigh its harms. Harms include the 'opportunity cost', ie the alternate benefits the money could have purchased if not spent on screening.

Proposed strategies

Recommendation 1

Rigorous research is urgently needed into the costs, benefits and harms of screening of children's BMI. This requires substantial targeted strategic research funding. Funding should support examination of a variety of possible screening and intervention models and varying age groups.

Recommendation 2

Rather than one-off, intermittent surveys, Australia needs an ongoing funding commitment to a regular, frequent, long-term population monitoring system to measure children's:

- height, weight, waist girth (± measures of body composition)
- nutritional intake and status, and
- physical activity and sedentariness.

This should be:

- national in scope
- ongoing - not less than three-yearly, but ideally continuously
- consistent, comparable and reliable over time and jurisdictions
- federally budgeted as a 'non-lapsing' program, and
- managed and coordinated by a single agency eg Australian Institute of Health and Welfare (AIHW), with input from other bodies such as the Australian Bureau of Statistics (ABS) and the Commonwealth Scientific and Industrial Research Organisation (CSIRO).

This commitment should not depend on further reports - there are already many that have not been acted on.

The exact model could be decided later. However, whatever model is chosen, it should build in - from the outset - sustainability, comparability and consistency of all of the following:

- workforce
- equipment
- expertise
- data management and analysis

These would be best achieved by committing to a single agency over the long-term, subject to quality review, but not having to regularly re-tender.

The resulting database should be made publicly available (eg to policy makers, researchers). Such access should be:

- timely
- straightforward
- adequately confidentialised
- set up to allow confidential data linkage, and
- prospectively managed.

The basic 'no frills' model should have inbuilt capacity for:

- more intensive modules for more challenging components (eg specific physical activity, fitness, electronic food capture, blood sampling, environmental/attitudinal/policy elements)
- variable as well as fixed components, and
- sampling flexibility, eg for additional components/subgroups.

Monitoring and feedback should also occur at the organisational level:

- supermarkets
- schools (food and activity)
- local urban landscape

Until there is better evidence of its effectiveness, any benchmarking should be aggregated and fed back at the organisational (rather than individual) level.

Infant and early childhood

Foetal, early life and the preschool years, how important are they and what needs to be done?

Group Chair - Professor Gary Wittert
Rapporteur – Ms Kyra Sim

Background

It is important to recognise the **critical windows for action** in foetal, early life and the preschool years and their specific opportunities. These windows and opportunities are:

- pre-pregnancy
    - optimising nutrition pre-pregnancy
    - nutrition during pregnancy
    - screening and intervention for at-risk factors during pregnancy, eg obesity, gestational diabetes, hypertension, pre-eclampsia, smoking
    - target large for gestational age new-born babies
- post-natal and early feeding practices, and
- infancy and early childhood.

Enabling strategies

Multi- and cross-sectoral involvement is required to facilitate the implementation of the recommendations that follow. Information (health promotion) and where appropriate intervention or modification of existing practices can be delivered through the following means (either by themselves or collectively):

- non-government organisations
- primary care settings
- schools (Government and non-Government) and other Government organisations
- workplace
- food industry
- media and role models (eg the Wiggles, Hi 5)
- peer support (eg new mothers groups)
- internet (certification of websites (approval of information by Federal departments)

Proposed strategies

Recommendation 1

Development of appropriate and consistent practice recommendations for nutrition and physical activity considerations for pre-pregnancy, pregnancy, for infants and for young children from the point of view of the parent/caregiver. These recommendations have to be developed for national implementation and consistently disseminated by healthcare professionals (including doctors, nurses, midwives, dietitians, exercise physiologists, pharmacists etc) and the media. Investment in implementation in addition to development is required:

- development of clear evidenced-based guidelines for healthcare practitioners and regular training for key professionals
- the publication of a concise user-friendly take-home booklet for distribution by appropriate healthcare professionals – it must recognise the cultural

diversity and specific needs of the Australian population (rural health, Indigenous communities and culturally and linguistically diverse (CALD) groups), in terms of diet and the primary language of care givers, and must be aimed not just at mothers but at fathers too
- regularly scheduled updates are required

Recommendation 2

Improve the health literacy of children, adolescents and young adults across the education spectrum. A nationally implemented health and physical activity education framework needs to be developed; in some areas, it can build on existing structures. Targets for implementation include:

- early childhood – learning through games, activities – building on the current food provision guidelines (national) and also through role models such as Wiggles, Hi-5, and others
- primary school – build upon the (state) health learning curriculum
- high school – build upon (state) sex education (eg importance of health pre-conception and during pregnancy and breastfeeding) and home economics (eg learning the importance of fruit and vegetables and a healthy weight for good health) and teaching food preparation and cooking skills
- workplace – ongoing education in the workplace underpinned by the availability of healthy foods in staff canteens, the provision and availability of maternity leave, breast-feeding rooms, and
- general population – the normalisation and acceptance of breastfeeding and healthy nutrition practice through the use of media. Suggestions include the use of role models including peers, increased coverage of breastfeeding in television, films, workplace, advertisements, and Parliament.

Recommendation 3

That the importance of breastfeeding is made more apparent to the Australian population and is better supported through:

- adoption of the World Health Organisation (WHO) breastfeeding references
- improved home services post discharge from hospital, with better trained and supported healthcare professionals, and inclusion of fathers, and
- peer-support programs for mothers and fathers.

Recommendation 4

Develop an incentive program for employers that designates an employer as family-friendly by use of a registered symbol that can be displayed on its products and website. Criteria for entitlement to the symbol include:

- the promotion (and facilitation) of breastfeeding
- provision of 'family friendly' and flexible maternity/paternity leave. If any food is provided on site, healthy food options must be available, and/or provision for storage/preparation of fresh food must be made (eg staff fridge, microwave)
- workplace education in the benefits of good nutrition and physical activity, and
- any food produced must meet minimum standards of nutrition.

Schools and the wider community

Addressing the environments in which we live and function

Group Chair - Associate Professor Ruth Colagiuri
Rapporteur – Dr Margaret Torode

Overarching recommendation

Build an ACTION PLAN around implementing *Healthy Weight 2008*, *Be Active Australia* and *Eat Well Australia* with particular attention to the following areas:

Feasibility

The group noted that there has been a reprehensible lack of commitment and funding to existing national plans to increase physical activity and healthy eating.

Long term feasibility may be enhanced by the establishment of a national collaborative network of community demonstration projects to rigorously evaluate and disseminate results to add to the existing pool of knowledge.

Acceptability

While there may be some stakeholders whose interest may conflict with these recommendations, the recommendations are consistent with community values and professional recommendations and advice.

Proposed strategies

Recommendation 1

Increase the current 120 minutes per week to150 minutes per week of Physical Education (incorporating sport and physical activity) in school curriculum and ensure this program's:

- quality, eg appropriately trained physical education teachers, and
- accountability (ensure that what is supposed to be happening is happening).

Recommendation 2

Develop a nationally standardised set of criteria for classifying foods into 'traffic light' framework (FSANZ) by July 2008 to provide a tool to guide policy and practice in the regulation and legislation in relation to food, in multiple settings, eg improving school food: allowable fund raising drives; regulation of vending machines and other food sales in schools; limit access of inappropriate food outlets near schools.

Recommendation 3

Request COAG to support State Planning regulations to protect agricultural land for food supply and:

- implement Recommended Action 3 of the National Heart Foundation of Australia's (NHFA) *National Walking Initiative* forum discussion paper: 'Provide funding support to enable the development, implementation and evaluation of the Healthy Spaces and Places project (NHFA, Planning Institute of Australia and Australian Local Government Association)' Note: a request for funding support is currently with The Hon Christopher Pyne MP, and

- develop national guidelines for planning and health to include:
    - decreasing car use eg increase cost of parking, provide incentives
    - multi use of school facilities for physical activity
    - access and co-location of school and facilities within the community, and
    - active transport including walking and cycling.

Industry and private sector solutions

What can be done to encourage and support industry engagement on the issue?

Group Chair - Professor Stephen Leeder
Rapporteur – Dr Catriona Bonfiglioli

Background

This group contained several representatives of the food, fitness and advertising industries with others from public health, the nutrition sciences, consumer organisations and other interested parties.

The discussion ranged widely. There was, however, strong endorsement for the notion that obesity is major national problem and that responsibility for dealing with it belongs with everyone, including industry.

Proposed Strategies

Recommendation 1

Nominate obesity as a National Health Priority.

Recommendation 2

Form a national forum at Cabinet level involving ministers from health, agriculture, education, treasury and trade, transport and related fields with chief executive officers (CEO) of the food industry and retailers, agriculture and farming, physical activity urban planning and development. The aim of the forum would be to determine a truly national response to the obesity problem and for the group to continue to meet regularly. It would **not** be a meeting of senior bureaucrats, government departmental heads and less-than-CEO business managers. The agenda would be as broad as necessary to effect a change in the epidemic dynamics of obesity, as monitored through regular surveys of national nutritional behaviour and physical fitness.