

Fighting FAT

If inactivity is one cause of obesity, it may also be accentuating the problem.

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PHOTOS: NEWSPIX

The plate of goodies could not escape Professor Boyd Swinburn's eye. "Not to be critical," he said, indicating the refreshments on offer at the House of Representatives Health Committee's hearing, "but what we have here—pastries, large muffins and full fat milk ... is totally standard, it is absolutely normal."

It was only a passing comment—and brought a slight protest from chair Steve Georganas (Member for Hindmarsh, SA) that the assembled MPs were all keeping diaries of their diet and exercise—but it could hardly have been a better example of the issues facing the committee's inquiry into Australia's obesity problem.

Because if one message rings loud and clear from the piles of submissions and the hours of hearings, it is that everybody is talking about obesity, but there's little sign of activity.

Professor Swinburn, director of the World Health Organisation collaborating centre for obesity prevention at Deakin University, was making a point at the inquiry's Melbourne hearing about the need for political leadership and the setting of good examples.

But he could just as easily have been talking about our own personal response to obesity.

TOO MUCH: *Eighty per cent of Australians believe eating less junk food is important.*





The daily papers and evening news reports are full of scare stories about junk food and fat kids, video game addicts, explosions in diabetes diagnoses, and Australia's medal-winning ranking in the obesity league. Self-help books fly off the shelves and TV shows about weight loss are ratings hits.

Yet as a number of witnesses to the inquiry have commented, despite words of concern from politicians at the highest level, there is no national program to address the crisis; we don't even have a national monitoring program. (Professor Swinburn calls it a "grossly under-measured epidemic".)

Equally, if we all know that eating too much and exercising too little are bad for us, why aren't we doing anything about it ourselves?

As a submission from Research Australia notes, 80 per cent of Australians believe increasing exercise and eating less junk food are important for dealing with obesity. However, 80 per cent also believe they have a balanced and healthy diet, "a figure challenged by the increasing prevalence of overweight and obesity".

So far, the major focus of public concern has been obesity in children, and the committee has heard of and visited a number of school-based projects in that field, from Stephanie Alexander's grow-your-own-veggies scheme to several exercise and fitness pilots.

But the problem extends through the generations, from childhood to old age—the 50s and 60s are particular danger zones—but we seem content to shake our heads in concern and reach for the next muffin.

Despite the lack of monitoring, the existence of an obesity problem seems well established, and the inquiry's main concern is to solicit ideas for how to tackle it.

Schools have inevitably been a hothouse of initiatives. They tend to be localised, haphazardly funded and some are better monitored than others. But a number—particularly those involving parents—offer a template for broader action.

The Stephanie Alexander Kitchen Garden initiative recently won Victorian government funding to extend to another 250 schools from its seed bed of 27 primaries. The federal government has also announced a national rollout of the program to a further 190 schools across Australia, over a four-year period. Members of the House of Representatives Health Committee visited one of the pilot schools, Westgarth Primary School, while in Melbourne for public hearings.

Ms Alexander says her kitchen garden website gets 30,000 hits a day and the foundation is called daily by schools wanting to know how they can take part.

The scheme's central idea is that to improve their eating habits children "need to be educated about food, where it comes from, how it is grown, and how to prepare it for maximum enjoyment and maximum nutrition".

In her submission, Ms Alexander tells MPs that children also need to experience "the social importance of the table" (many others have noted that one contributor to the obesity problem is that family meals seem a lost art).

In order to teach them all this, Ms Alexander says "we need to capture their interest, curiosity, and energy as well as their appetite". Hence the kitchen garden sees children plant and tend their own veggie patches and then learn how to turn the produce into delicious, and nutritious, meals.

Ms Alexander believes every school should have a teaching kitchen and garden, but adds that there would need to be a major training program to enable teachers to deliver the lessons.

She concludes: "If every Australian child had access to food education that stressed seasonality, freshness and flavour, and that delivered the skills and the enthusiasm to reproduce some of this food at home we would have come a long way to solving what all experts seem to agree is THE public health challenge of the near future."

The kitchen garden project is not the only one to tackle children's diets. The Queensland Association of School Tuckshops has also attempted to improve eating habits, through a Queensland government policy of supplying healthier food and drink to school canteens. Although it has had some success, that success is built largely on goodwill and personal commitment from individuals.

School canteens are traditionally seen as places of low skills and low wages, often staffed by local parents. Canteen managers or convenors are employed not by the schools but by the parent body. In the association's submission, QAST president Lorie Robinson calls for a national training and accreditation program for canteen convenors, and argues they should be employed by the school and paid a decent salary to keep them there.

But is that enough? Ms Robinson points out that a good canteen cannot compensate for broke, time-pressed parents dishing up "energy dense" junk food at home, or packing lunchboxes with salty, sugary processed snacks. Sports club canteens too are guilty of dishing up fast food, wiping out in a serve all the good done on the pitch or in the gym.

Other initiatives have focused on a mix of diet and exercise. In Adelaide, MPs visited a high school implementing the South Australian premier's Be Active program, and heard about the Fit2Play scheme, involving 5,800 primary school students.

Initiated by the Queen Elizabeth Hospital Research Foundation, Adelaide and Flinders Universities, CSIRO and South Australian GPs, it aims to educate children rather than dictate behaviour. Children are given tasks and diaries to complete—for example, they are encouraged to exercise but are not instructed to run around the oval for 15 minutes.

The scheme also ranges across the curriculum, from physics to science classes. One Adelaide supermarket reportedly had to widen its aisles to cope with the number of children coming in to inspect the food labels on tins.

IMPROVED EATING: *Children need to be educated about food.*



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Among the results, children spent 44 per cent less time in front of the TV or computer and did 24 per cent more physical activity. The numbers eating two or more portions of fruit a day rose 31 per cent, while consumption of sugary drinks fell 14 per cent.

Like all such schemes, its reach is limited, and funding uncertain—the MPs were told that funding had just been extended, but only for another term. As with the kitchen gardens, there is a waiting list of schools wanting to take part.



Food fight

You could call it the Battle of the Bulge. When MPs sift the evidence to their inquiry on obesity, they will have to weigh conflicting messages and vested interests—not least in the argument over junk food and advertising.

One message delivered in submissions and in hearings by research institutes and academics was the need for a ban on advertising of junk food, especially to children.

As it happens, the advertising lobby had got its retaliation in early. Submission 20 from the Australian Association of National Advertisers, headlined *Eat Well, Play Well, Live Well*, sets out the arguments against such a ban.

As the AANA points out in its submission, junk food advertising bans have already been tried—in Canada.

Advertising to children was outlawed in Quebec 25 years ago, but obesity trends show no difference to surrounding provinces.

“Such evidence continues to be ignored by advocates of advertising restriction—some of whom acknowledge an ‘advertising free childhood’ agenda behind their obesity activism,” the association’s submission reads.

Quoting a British report, the AANA argues that advertising creates brand awareness but at best can influence only choices, not behaviour.

“There is little evidence to support the position that children are particularly vulnerable to advertising. Every study on the subject finds that children are more influenced by parents and playmates than by the mass media.”

In fact, it warns, a ban could be counter-productive. If producers cannot differentiate their products through advertising, they’ll have little choice but to compete on price—and price cutting is likely to lead to greater consumption.

If that sounds like a thinly-veiled threat, it doesn’t deter nutritionists, researchers and other academics from calling bluntly for a ban.

Boyd Swinburn, professor of population health at Deakin University, told the committee’s Melbourne hearing: “Reduction in food marketing to children is really a critical issue that has to be addressed.”

The call was joined in Adelaide by a team from the department of nutrition and dietetics at Flinders University. Senior lecturer Kaye Mehta called advertising to children “unfair and unethical”. Children were vulnerable and gullible and “do not understand fully the persuasive intent”.

Professor Christian Gericke, professor of public health policy at Adelaide University, went further. “What we need is ... bans or severe restrictions on junk food and soft drinks, taxes on soft drinks and junk food, a shift of farming subsidies from dairy and meat products to fresh fruit and vegetables and nuts, something very successful in Finland, for example.”

This is about changing the environment to make it easier for people to make healthier choices. The food industry—in a submission to the inquiry from Horticulture Australia—has already been involved in campaigns to promote healthy eating, including the “2&5” message of eating two portions of fruit and five vegetables a day.

That campaign is “doomed to fail”, Prof Gericke said. “Who amongst us—and I lead a very healthy lifestyle—is eating five portions of fresh fruit and vegetables per day? It is setting the bar so high.”

More to the point, it puts the onus on the individual to change their behaviour, rather than creating the environment to make it easier to make the right choices.

The CSIRO, in its evidence at the Adelaide hearing, took a more conciliatory approach, talking of working with industry to produce healthier products, less energy dense foods which make you feel fuller sooner. “We liaise a lot with [the food industry] to get them to change the kinds of food they make,” Professor Peter Clifton, CSIRO’s obesity theme leader, told the inquiry.

Indeed, such was the interest from teachers in Fit2Play that some were driving up to two hours each way for a training session in the scheme.

That highlights the desperate need many teachers feel for advice and support in delivering exercise programs—a need echoed in submissions from Bluearth (the body behind another exercise program) and from research group Lifestyle Of Our Kids (LOOK).

Bluearth, a “movement education” program, has already reached 35,000 children in 660 schools across Australia by using a network of 35 trainers to train teachers to deliver it.

The average primary school teacher is a woman in her 40s or 50s. Evidence indicates that men and women in that age group belong to one of the least active sectors of the population. They often lack confidence in teaching phys ed. The program has accordingly been well received by schools, the Bluearth Institute says.

Describing itself as non-judgmental, Bluearth takes the focus away from sports and competition, and onto movement and exercise, “offering every child the chance



MOVEMENT AND EXERCISE: *Focusing on fun rather than competition.*

for success and fun”. According to Bluearth’s submission, organised sport is not for everyone, with many children who are not good athletes turned off at an early age. They’re never picked for teams, come last in races and feel humiliated. The project diffuses that with non-competitive activity. (In fact, sensitivity over self-image is a common theme to most school-aged initiatives.)

These programs are a natural response to concerns that our children are turning into couch potatoes. In Melbourne, Professor Swinburn offered a note of caution about focusing too greatly on exercise.

He said a 10 per cent cut in a child’s calorie intake is equivalent to a can and a half of soft drink. But to increase calorie expenditure by 10 per cent is equivalent to two-and-a-half hours’ walking per day.

Still, if schools are well-placed for education and intervention on exercise or diet or both, they are also in a perfect position to monitor children. LOOK argues that PE co-ordinators or school nurses should identify children with low physical fitness or high body fat, and have avenues to refer them on for treatment or help.

At the same time, GP services have also called for the opportunity to play a greater role in tackling the problem.

Up to 90 per cent of the population visit their GP in any given year. Dr Helena Williams, chief executive of the Southern Division of General Practice, told the inquiry’s Adelaide hearing that doctors were already amassing huge amounts of data on their patients’ weight and body mass index—data that is not yet being gathered on a consistent, national basis.

Her colleague, Dr Chris Seiboth, said GPs were also in a position to not only identify problems but to “talk to patients



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about their weight in a sensitive and constructive manner”, and to refer them on courses of action.

“Lots of other medical professionals have many skills to be able to assist people with weight loss—dietitians, exercise physiologists et cetera—but not necessarily all of them come from a background which is holistic and able to take into account the social milieu of the patient, what is happening at home, to have that understanding and to know where they are at from a mental health perspective.”



DELICIOUS AND NUTRITIOUS: *Stephanie Alexander teaching good cooking.*

This is no longer solely a health issue; the measures required cut across policy boundaries.

But this will need a change in practice, and changes in funding. At present, GPs see plenty of obese or overweight people, and treat them for illnesses such as diabetes and cardiovascular disease that arise from their weight. But only in a minority of cases is the weight gain treated in its own right.

At the Adelaide hearing, Drs Williams and Seiboth argued GPs could use regular interventions, such as the age 45-49 health check, to refer people on to, for example, a gym or a diet regime. But at present such arrangements were so mired in bureaucracy as to be unworkable.

That brings us back to the need for legislation, regulation and government intervention, from the top down.

Deakin University's Professor Swinburn was not alone in calling for political leadership. Other witnesses and submissions have said Australia needs a national program, backed by the federal government's full armoury of law-making, taxation and subsidies to create an environment where it is easier for individuals to get or stay trim.

The Institute of Obesity Nutrition and Exercise at the University of Sydney is among those proposing that the lead for this should come from the Prime Minister himself, with a strategy led from within the Department of the Prime Minister and Cabinet.

The reasons for this are twofold. First, the issue is so important to Australia's economic and social health that

nothing less will do. Secondly, this is no longer solely a health issue; the measures required cut across policy boundaries to the extent that only the Department of the Prime Minister and Cabinet can bring them together.

At present, everyone passes the buck, the institute says. But a range of sectors have a part to play: health, education and children's services, transport, food and agriculture, planning, local government, communications. Government, private and community sectors must all be involved.

The institute's submission argues that, until now, obesity has been seen as a 'soft' policy issue—a matter of personal responsibility where the traditional response is to introduce a few education programs to persuade people to see the error of their ways.

"However, people's everyday behaviours are not simple to change (otherwise they would), and are strongly influenced by environmental factors," the submissions continues. The price of different foods, social pressures, marketing, and time pressures all play a part.

Similarly, sport—a small contributor to people's activity levels—is promoted but more significant influences such as urban design, transport planning and safety are neglected.

The institute argues for a 'hard' policy approach, similar to that taken on the economy, backed by serious investment. Nutrition and physical activity "do not ... attract the same level of investment as other health issues such as illicit drugs," it points out.

It seems almost too appropriate for the response to an epidemic caused by our sedentary lifestyles to be characterised by inactivity. While the obesity problem remains merely a source of headlines, this will remain the challenge for governments.

In the meantime, pass the muffins. •

For more information on the House of Representatives Health Committee's inquiry into obesity in Australia, visit www.aph.gov.au/haa or email haa.reps@aph.gov.au or phone (02) 6277 4145.