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**Submission to the House Health Committee on the Review of Obesity in Australia**

The Children's Nutrition Research Centre in collaboration with the Department of Endocrinology & Diabetes at the Royal Children's Hospital, Brisbane is currently engaged in research projects examining the efficacy of various approaches to treat the obese child and adolescent. These include a project called 'Eat Smart' which examines the impact of different dietary approaches on cardiometabolic markers and appetite. Our background and expertise in the area of nutrition, dietetics and childhood obesity informs our comments and this submission to the Committee.

We applaud the range of public health strategies that are being constructed to support healthy diet and more active living for all of the Australian population. However, we are concerned that the focus on prevention neglects the needs of those who are already overweight or obese and the recognition that obesity needs to be treated primarily as a chronic disease. In particular, we are concerned about the lack of effective treatment pathways for obese children and adolescents throughout Australia. We would like to share with the Committee some of our findings in relation to children being referred to our current research project, the Eat Smart study, which is jointly funded by the National Heart Foundation and the Royal Children's Hospital Foundation.

In 2007 we ran a pilot trial of 'Eat Smart' to test the feasibility of different dietary approaches to weight control. Those children who took part in the study, presented with a significant level of obesity and subsequent medical complications. The average age of the group was 13.2 years with a slight majority of girls and an average body mass index of 33.1 (25 – 49 kg/m<sup>2</sup>). This level of obesity is well above what would be expected in adults and demonstrates the significant level of untreated obesity in young people. Social isolation of some these children were apparent, with several no longer attending school mainly due to perceived or actual discrimination from their peers. Of most concern, was the level of medical complications present, with 60% of participants having one or more obesity related co-morbidity including high blood pressure, abnormal blood cholesterol, altered liver function or insulin resistance (a prelude to diabetes). The majority of these complications were previously unrecognised, and in some cases adolescents presented with a cluster of complications that will increase their risk of cardiovascular disease. These findings mirror those reported from the USA and Europe and highlight the enormous economic burden that

will arise if childhood obesity goes untreated. These findings support the need for treatment pathways for the already obese young person with early identification and treatment of co-morbidities. Currently, General Practitioner's have nothing to offer these families who require intensive support to alter their lifestyle and behaviour. One of the barriers families report to achieving a healthy diet is the high cost of basic healthy food items and the relative cheapness of high carbohydrate, fatty snacks and fast food.

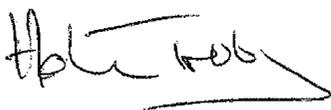
To this effect, we suggest the following strategies be considered:-

- Further significant support for translational research that will move evidence into practice and the dissemination of successful practice from clinical trials to be rolled out to the wider community.
- Designated clinical services in tertiary settings for childhood obesity complicated with co-existing disease in young people, linked with an evaluation process to monitor success.
- Training of health practitioners to manage uncomplicated childhood obesity in primary care settings with a multi-disciplinary approach and using evidence based programmes.
- Improved access and affordability of healthy foods and in particular low energy dense foods such as fruit and vegetables.

We would be happy to provide further information to support this submission to the Committee.



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