

# **NSW CHILDHOOD OBESITY SUMMIT**

**Communiqué**

**12 SEPTEMBER 2002**

**NSW CHILDHOOD OBESITY SUMMIT  
10-12 SEPTEMBER 2002  
PARLIAMENT HOUSE, SYDNEY**

***CHILDHOOD OBESITY IS A GROWING AND SERIOUS PROBLEM***

The problem of obesity is so significant and extensive that it warrants more concerted community understanding and attention. One in five Australian adults is obese, and a much larger proportion (67% of males and 52% of females) is overweight and obese. In 1980, 8% of adult females were obese. In 2000 this figure had almost tripled (to 21.7%). In males the increase over these two decades was from 9.3% to over 19%. Childhood and adolescent obesity is also on the rise. Over 5% of children are obese and 14-18 % are overweight. In the 10 year period from 1985-1995, the level of combined overweight/obesity in children more than doubled in all but the youngest age group of boys, and the level of obesity trebled in all age groups for both sexes. We cannot afford to ignore these signals. Obese children have a 25-50% chance of progressing to adult obesity, although it may be as high as 78% in older obese adolescents.

Obesity is a serious and chronic condition. It develops over time and once it has developed it is difficult to treat. It has serious consequences for individuals and society:

- Estimates for 1995/6 suggest that the annual direct costs of obesity in Australia are between \$680 - \$1239 million.
- Obesity in childhood is associated with increased risk factors for heart disease and elevated insulin levels. All these factors tend to track into adulthood.
- Obese adults who were overweight as adolescents have higher levels of weight-related ill health and a higher risk of early death than those who only became obese in adulthood.
- Type 2 diabetes, (formerly termed 'late-onset' diabetes) has now begun to appear among Australian adolescents and is being diagnosed in increasing numbers. This is an ominous development in view of the potential complications of diabetes which include heart disease, stroke, limb amputation, kidney failure and blindness which may occur at a much earlier age.
- Childhood obesity can also lead to orthopaedic complications due to postural imbalance and excessive weight bearing upon joints.

- Obesity adversely impacts on the psycho-social functioning and well-being of children with studies showing a consistent relationship between levels of overweight and dissatisfaction with their bodies as well as with their levels of self-esteem.

We need to know more about why these trends are occurring but it seems clear at this point that observations can be made:

- Genetic factors may predispose some individuals to obesity, but can not explain the phenomenal increases in obesity and overweight that are being detected.
- There is evidence that Australian children, adolescents and adults are eating more: mean intake of energy increased by over 10% among 10-15 year-olds between 1985 and 1995.
- Although physical activity trend data is lacking it is apparent that children and adolescents are less physically active. They now spend more time watching television or playing electronic games than they do in more physically active pursuits. The 2001 NSW Child Health Survey revealed that among 5-12 year-olds, 40% reportedly watched two hours or more of television or videos a day on average while 15% reportedly played computer games for an hour or more a day on average.
- Many other cultural, environmental and social factors are also influencing these trends. If people perceive that a child will be unsafe at play or on a walk or bike-riding to school these activities may be discouraged either consciously or unconsciously. If appropriate or accessible amenities are not available, passive activities are more likely to replace active ones. Cultural values, attitudes and skills with respect to nutrition and physical activity also come into play.

### ***LIKELY SUCCESS FACTORS***

This is not a problem with a single cause or an easy fix or a single solution. Similarly, effectively addressing the complex issue of childhood obesity will require a coordinated, cross-sectoral response, with important contributions from Government, non-Government and the food industries. We need to understand and solve some of the key contributing factors and barriers to moving forward.

- Actions that focus on the population as a whole (such as mass-media-based education campaigns and modifications to the built environment) rather than on individuals (such as one-to-one counselling) are more likely to be successful in the prevention of obesity.
- Responses that are systematic, long term, sustainable and adequately resourced are more likely to succeed.
- There is a need to ensure that gender, cultural and developmental differences are recognised and strategies are tailored to suit the different needs of these groups; further, not all strategies will be relevant or useful to all communities, rather they must be tailored to individual communities.
- The management of obesity requires a much more complex response than dieting alone. A balanced lifestyle response is the key.
- An increase in television viewing is associated with an increase in obesity in children. An increase in sedentary behaviour is also associated with an increase in obesity in children. Experts have advised that television viewing needs to be one of the targets for obesity control efforts.
- The willingness to engage in physical activity will be influenced by a range of environmental, socio-economic and cultural factors. The following factors all influence a child's opportunity to be more physically active as part of daily life (incidental physical activity): the availability of open space; access to and confidence in using public transport; design of suburbs; access to buildings; and provision of lighting. Access to appropriate, affordable and accessible sport, recreation and other physical activities also influence the opportunity and desire of children and young people to be physically active. The perceived level of children's safety (particularly by parents) is a key issue.
- The family and peer group environment is central. International experience indicates that supporting parents to make healthy and balanced choices for their children is the key to reducing the number of overweight and obese children.
- Similarly, cultural values, access to appropriate food outlets, exposure to advertising messages, school food policies, nutrition information, labelling and food regulations all potentially influence daily food selection behaviours.

- The development of fundamental “movement skills” is important. There is some evidence that children with poor fundamental movement skills are less likely to participate in active pursuits.
- The encouragement to use active transport (walking, cycling and public transport) is an effective way of increasing the level of physical activity in the population.

## ***RESOLUTIONS OF THE SUMMIT***

In light of the high and increasing prevalence of childhood overweight and obesity, the NSW Childhood Obesity Summit recommends that the NSW and Commonwealth Government adequately resource the following resolutions:

### **1. Early Childhood**

- 1.1 That a universal strategy be developed for identifying those children most at risk of obesity and taking appropriate preventative and early intervention action. That this strategy be integrated with Families First.
- 1.2 That the feasibility of establishing a health takeaway service which is linked to early childhood service outlets be examined. This would enable busy parents to promptly satisfy hunger of young children in a healthy manner.
- 1.3 That the regulatory framework for food advertising directed to children aged 0-8 years be reviewed in recognition that food advertising is one of the contributing factors to the prevalence of eating habits that may promote obesity.
- 1.4 That advertising industry regulations be introduced to ensure free air play to promote free physical activity opportunities for children.
- 1.5 That a comprehensive strategy be developed that aims to promote community driven early childhood services that address the needs of:
  - Disadvantaged communities;
  - Aboriginal and Torres Strait Islander communities;
  - Culturally and linguistically diverse communities;
  - People with disabilities; and
  - Rural and remote communities.
- 1.6 That existing successful nutrition programs (for example “Caring for Children”, “Good Food in Family Day Care”) be built on and extended across all state-wide children’s services where food is brought from home or provided and out of school care, State-wide. This may include:
  - a) Providing practical support for children’s services to meet nutrition standards, including menu/food audits, policy development and review;
  - b) Providing standardised training for children’s services staff including ongoing maintenance of resources and training material;
  - c) Disseminating information and resources already developed to children’s services staff and parents;
  - d) Recognising children’s services making improvements; and
  - e) Adapting the model to include physical activity.
- 1.7 That a standardised and coordinated data collection system be developed and implemented across all early childhood services to inform service delivery.

1.8 That an integrated cross sector strategy to increase breastfeeding initiation, and in particular duration, by providing better information and support for women be adopted.

That all information and support should be provided in a culturally and linguistically appropriate form:

- Information
  - Information regarding the practicalities of breastfeeding, the advantages of breastfeeding over bottle feeding, and infant behaviour in high school curriculum.
  - Comprehensive package of information on infant behaviour and risks of artificial feeding for women at first antenatal visit.
- Health System
  - Provision of free post-natal support around breastfeeding for all women at critical periods, for example first week, six weeks and four months, through early childhood nurses and/or Families First; and
  - Provision of adequate education to early childhood nurses, General Practitioners and Family First personnel to deliver the above support.
- Policy
  - Strengthening of the implementation of the Commonwealth breastfeeding friendly workplace initiatives;
  - Increasing dissemination of dietary guidelines to all personnel involved in the provision of services to breastfeeding women; and
  - Financial support for the Australian Breastfeeding Association to facilitate the technical support of the volunteer breastfeeding support helpline.
- Urban Planning
  - Further roll-out of local government guidelines for provision of appropriate parenting facilities in new developments; and
  - Provision of young child areas in open areas of retail centres where women can breastfeed, containing play equipment and comfortable seating.

1.9 That multipurpose child and family centres be established to offer a flexible range of services in response to local needs such as:

- Pre-school, long day care, occasional care;
- Supported play groups;
- Child and family health programs; and
- Parenting education including good nutrition and healthy life style.

All centres must adopt policies which strongly promote the development of good nutrition and lifestyle habits in young children.

1.10 That strategies be developed to promote provision of nutritious food and healthy exercise in early childhood settings including:

- Professional education on the importance of good nutrition and exercise;

- Development of strategic alliances between government, peak agencies and major suppliers of healthy food and exercise activities;
- Review of Children's Services regulations to ensure they promote healthy habits in young children and provide adequate ongoing support; and
- Effective monitoring of early childhood services to promote compliance with regulations.

1.11 That a coordinated and integrated intergovernmental community education/information strategy be developed. Such a strategy should be based on equity principles and:

- Provide information about nutrition and physical activity to different age groups;
- Promote healthy life balance;
- Use a range of communication media;
- Be readily available in key locations that parents access with young children;
- Use positive / strength based messages;
- Be informed by consumer beliefs and attitudes;
- Be linked to on the ground support, for example consistent messages from children's service and health providers and local community based activities; and
- Build on experienced based learning and adult education principles.

1.12 That research is needed to:

- Investigate the possible linkages between poor emotional attachment in infancy and obesity in infancy and childhood and whether programs designed to improve attachment relationships between children and their primary caregivers can be modified to promote healthy eating behaviour in childhood;
- Investigate reasons why the Netherlands has been spared the epidemic of obesity affecting children in most other affluent countries including examining differences in social policy, family and community life and the activities of children and young people in order to apply these learnings to the Australian context;
- Investigate whether (a) there are differences in the growth profiles (height-length, weight, BMI) of children and (b) and social, educational and psychological benefits associated with attending children's services programs that provide meals in comparison with those where families supply their children's food and if so, develop appropriate social policy recommendations; and
- Regularly monitor trends in the growth of children (and young people) (height/length, weight, Body Mass Index (BMI)) in different early childhood settings.

1.13 That a professional training strategy be developed which incorporates the following:

- All professional training programs at undergraduate and postgraduate /in-service levels should be based upon the principles of adult learning. These include experience-based learning and asset-based approaches and

ensuring the provision of adequate support networks to resource their day-to-day practice and to promote reflective learning;

- Staff should be supported to acquire the skills enabling them to apply these principles in their interactions with families and communities;
- Professional development should address the needs of staff for being aware of cultural differences relating to the perceived value of physical activity and the role of food preparation and consumption, and the significance of food and associated activity across cultures; and
- Strategies be developed and implemented to develop greater understanding between Health and the Children's Services sector in their professional development and support programs.

1.14 That cross-portfolio support should be provided for the development of community development approaches that will strengthen communities enabling them to take action to become healthier and more satisfying places to live.

1.15 That all approaches to enhancing the capacity of communities to support families with young children should be based upon the following principles:

- Participation of individual communities in program development, implementation and evaluation;
- Being responsive to the reality of the values and beliefs of individual communities;
- The value of market research in identifying where people's current understandings are is recognised as crucial to program effectiveness;
- Being asset-based and build upon the strengths of local communities;
- Being sensitive to the particular needs of culturally and linguistically diverse and indigenous populations; and
- Being responsive to the continuing changes in communities.

The information needs to be adapted for the needs of particular communities.

## **2. Family and Community**

- 2.1 That there be professional development of primary health care providers in understanding prevention and treatment of obesity, including knowledge about and development of local supports for referral.
- 2.2 That physical activity programs by schools, childcare centres, Out of School Hours (OOSH) and other similar settings are a positive experience and that they are linked to community initiatives and resources to broaden the choice available.
- 2.3 That physical activity and food preparation/child feeding skills are incorporated into “Families First” including resistance from fussy eaters as well as supporting maintenance of breastfeeding to at least six months.
- 2.4 That the provision of physical activity/sport equipment libraries for population groups based on need, with links to public library networks and existing community organisations.
- 2.5 That government agencies, including Department of Community Services, Department of Education and Training, and the Department of Health provide information on obesity issues using learning from existing parenting programs.
- 2.6 That community awareness of the health consequences of obesity (highlighting the effects on children) be raised and sustained.
- 2.7 That skilling people in the community who work with children on a paid or voluntary basis (coaches, girl guides, teachers etc) be skilled in encouraging physical activity and food skills as part of a balanced life style.
- 2.8 That pilot projects be adopted to improve community based access to quality fruit and vegetables including in rural and remote areas - eg fruit and vegetable co-ops; trials of fruit and vegetable supply systems for school canteens and their suppliers; and community groups/sports groups sponsoring a canteen.
- 2.9 That the Department of Sport and Recreation take the lead in developing strategies to improve participation in sport and physical activities in disadvantaged communities where money may be a barrier to participating.
- 2.10 That health funds reimburse child sports registration and other structured physical activity programs.
- 2.11 That resources to build advocacy capacity to promote healthy eating and physical activity in communities (eg Parents and Citizens organisations) be provided.

- 2.12 That access to children's safe play zones, with local community groups acting in partnership with Department of Education and Training, Local Government and Police, eg after hours access to school playgrounds, "slow down – children at play" zones and "closed to traffic" zones be increased.
- 2.13 That NSW Department of Industrial Relations conduct research and come up with practical strategies for implementing family friendly work practices.
- 2.14 That there be a community and industry awareness raising campaign and activities which promote the importance of family life/work balance.
- 2.15 That the NSW Department of Health trial the implementation of *Shop Smart* or *Food Cents*, and that if successful the program be further extended across NSW.
- 2.16 That law reform is required to lessen the exposure of community organisations, including for example the feasibility of extending the sporting injuries insurance scheme to other group activities, and other tailored insurance products which emphasise risk management.
- 2.17 That there be further regular research into what goes on in the family that influences children's physical activity, eating and weight and on the basis of those findings on what is influential on obesity, incorporate them into surveillance and monitoring activities. This issue should also be discussed with the LSAC (Longitudinal Study on Australia's Children) to incorporate in the current longitudinal study.
- 2.18 That child sports registration and other structured physical activity programs be tax deductible.

### **3. School Education**

#### ***Formal Curriculum***

- 3.1 That in order to develop student proficiency in fundamental movement skills by the end of year 6, additional resources be allocated to strengthen and support the teaching of fundamental movement skills in primary schools. An example would be to extend the opportunity for all school sectors to participate in the Gold Medal Fitness Program.
- 3.2 That in order to maximise the benefits of an integrated curriculum, opportunities be identified to enhance teaching about physical activity and healthy food habits across the curriculum. An example would be linking critical literacy skills development in English to physical activity and food issues, asking the Board of Studies to map the curriculum.
- 3.3 That School Sectors identify strategies to review school sport programs and structures in order to ensure that school sport develops fundamental movement skills and includes fun, engaging physical activities that meet the interests of all students.
- 3.4 That in order to assist students to achieve the outcomes of the Personal Development Health and Physical Education (PDHPE) curriculum, additional resources be allocated to the provision of professional development to assist teachers to further develop quality PDHPE programs.
- 3.5 That different approaches be developed and evaluated to provide specialist PDHPE support in primary schools. An example would be the use of a secondary PDHPE teacher for feeder primary schools or accessing physical activity experts in the local community.
- 3.6 That School Sectors and the Board of Studies work with external agencies to coordinate and consolidate the development and provision of teaching resources and services to schools. An example would be establishing clearing-house for external agencies.

#### ***School Community Partnerships***

- 3.7 That additional resources be provided to allow for the continuation and expansion of student welfare and health promoting school initiatives at the local level through partnerships with schools, area health services and community groups.
- 3.8 That opportunities be expanded for students to promote health and well-being through student representative bodies (e.g. propose to the state Student Representative Council (SRC) groups that the state SRC conference in 2003 focus on physical activity and nutrition, and investigate mechanisms for engaging student leaders from the non-government sectors).

- 3.9 That in order to enhance the participation and understanding of parents, strategies be identified and implemented that enable all school communities to become a source of support, information and training for parents. An example would be the dissemination of information about healthy lifestyle behaviours to parents in a way that is responsive to local needs, using the experience of the schools as Community Centres Project, and working with parent organisations.
- 3.10 That partnership initiatives be implemented with local government, sport, recreation and physical activity service providers and professional associations to maximise the use of local facilities, programs, services and expertise for physical activity.

### ***School Environment***

- 3.11 That guidelines and/or policies be developed and implemented to maximise opportunities for all students to be physically active during school hours. An example would be providing equitable access to facilities and equipment during breaks so all students who wish, may be active.
- 3.12 That all schools be resourced to ensure there are adequate facilities and equipment to allow participation by all students and ensure equitable access.
- 3.13 That additional financial support be provided to the NSW School Canteen Association so it may have an optimal impact on the development of healthy canteens in all schools.
- 3.14 That it be ensured that no canteens sell high fat or high sugar foods or drinks through over-the-counter sales, vending machines, special events or contractors. This may be achieved by: (a) legislation; (b) policy directives; (c) support or incentives for school canteens; and/or (d) other means.
- 3.15 That guidelines and/or policies be developed and implemented to ensure all students have easy access to drinking water in schools.
- 3.16 That strategies be explored and implemented to facilitate the provision of healthy foods at schools.

## **4. Health**

### ***Leadership***

- 4.1 That Health Impact Assessments be used to strengthen the role and influence of the Health portfolio across other Government sectors in developing public policy concerning overweight and obesity.
- 4.2 That the current development of a new Australian Health Care Agreement (ACHA) be used to influence policy directions in relation to overweight and obesity. This could include promotion of the use of Care Plans and Enhanced Primary Care (EPC) models.
- 4.3 That the working relationships be improved between general practitioners, Divisions of General Practice, relevant State Government health services (e.g., dietitians, youth mental health workers), and relevant non-Government organisations. This will need a re-examination of the use of existing Medicare Benefit Schedule item numbers (e.g., Care Plans), and upskilling and resourcing by the New South Wales Health Department.
- 4.4 That Area Health Services be required to develop comprehensive strategic plans and resourcing strategies for overweight and obesity, including both population-based interventions and treatment services for individuals, with particular focus on equity.
- 4.5 That more opportunities be created within health care settings and workplaces for physical activity and healthier food choices (“lead from the front!”).
- 4.6 That social marketing campaigns be developed and implemented to set a public agenda for action to prevent and reduce childhood overweight and obesity.

### ***Surveillance, monitoring and research***

- 4.7 That large-scale longitudinal studies of children and young people be supported in New South Wales to monitor trends in weight and body fat, and to enable evaluation of interventions. In addition, these studies should be used to provide a basis for research into the biological, behavioural and social causes of childhood overweight and obesity.
- 4.8 That elements for inclusion be identified in a minimum data set and develop appropriate tools relevant to surveillance and monitoring of childhood overweight and obesity.
- 4.9 That an adequately funded collaborative centre of excellence be developed for overweight and obesity research, prevention and management in New South Wales:
  - (a) in active relationship with the existing New South Wales Centre for Physical Activity and Health and the New South Wales Centre for Public Health Nutrition;

- (b) to encompass research into health promotion in remote, rural and urban areas, and across socioeconomic and ethnic groups;
- (c) to facilitate linkages with groups in other States involved in child and adolescent obesity research; and
- (d) to establish a systematic approach to the regular monitoring, surveillance and routine reporting of prevalence and trend data for childhood physical activity, nutrition, overweight and obesity in New South Wales.

#### ***Population-based interventions***

- 4.10 That in accordance with the New South Wales Health Department's *Health Promotion With Schools* policy, the development and universal implementation of evidence-based interventions in schools be encouraged and supported.
- 4.11 That participation in arts-based physical activity in schools (such as the Rock Eisteddfod Challenge and Croc Festivals) as an innovative way of promoting healthy weight and positive self-esteem, in addition to mainstream sporting and recreation activities be supported.
- 4.12 That initiatives such as 'Active Transport', and urban planning that creates an environment which promotes increased physical activity, be supported.
- 4.13 That activities and interventions that promote and support breastfeeding be supported.
- 4.14 That strategies be developed to ensure adequate access to healthy food, particularly in rural and remote areas.

#### ***Secondary prevention and treatment services***

- 4.15 That a range of group interventions be developed and implemented amongst young people at risk of overweight and obesity across various settings. These interventions should be tailored for children and adolescents according to their developmental stage.
- 4.16 That prevention and intervention programs be developed with specific population groups at risk (e.g., Aboriginal and Torres Strait Islander people, Pacific Islanders, Middle Eastern communities). These programs should pay special attention to avoiding the health promotion paradox experienced in many other programs whereby those most in need (e.g., low socioeconomic status children) are those who are most likely to miss out.

### *Education*

- 4.17 That liaison occur with the Department of Education and Training to take advantage of the schools setting to provide children and adolescents with health information and skills in relation to nutrition and exercise.
- 4.18 That the recognition of childhood overweight and obesity amongst general practitioners and other healthcare workers be promoted.
- 4.19 That the acquisition of additional skills for general practitioners and other health care workers be supported to assist interventions in childhood overweight and obesity, utilising the National Health and Medical Research Council Clinical Guidelines for the management of overweight and obesity in children and adolescents (when available).

## **5. Sport, Recreation and Fitness**

- 5.1 That there be placement of permanent physical education teachers in primary schools in NSW. These should be supported by a newly created pool of physical activity leaders including fitness leaders, retired physical education teachers, parents, coaches and volunteers.
- 5.2 That accredited childcare and out of school care programs include developmentally appropriate and enjoyable physical activity opportunities.
- 5.3 That dedicated funding and infrastructure support be provided for the upgrading of skills of professionals and volunteers providing physical activity programs for children and youth in school and community settings. Sources of funding should include government, peak body contributions and user pays; and that a coordinated system of accreditation be linked to the funding proposal.
- 5.4 That an information and referral centre be established following the summit offering a culturally appropriate perspective on advice given and that there be a consistency of messages coming from all agencies and organisations.
- 5.5 That national physical activity guidelines for children and young people be developed.
- 5.6 That State and local governments commit to a greater investment in cycleways, and walkways together with other facilities and infrastructure that support active transportation, incidental and other physical activity opportunities.
- 5.7 That there be increased access to community facilities to enable greater participation in physical activity. This would include access to:
  - school recreation and leisure facilities in out of school hours;
  - commercial recreation, leisure and fitness centres;
  - local government recreation and leisure facilities; and
  - after school care centres.
- 5.8 That more sport and games be modified to suit the needs and abilities of children from all age groups; that children be engaged in physical activities in a way that is safe, enjoyable and stimulating; and that every opportunity be given towards the inclusion of children from special populations in these modified activities.
- 5.9 That, in order to increase the fun, choice and enjoyment for young people and to remove barriers such as the need for direct supervision, officiating, uniforms and heavily structured rules, there be focus on diversity of physical activities, including organised sport.

- 5.10 That an ongoing national monitoring and surveillance system be established to evaluate weight status, levels of physical activity and nutrition and dietary intake in children and young people; and that research relating to Aboriginal and Torres Strait Islander peoples be undertaken using culturally appropriate methodology by Aboriginal and Torres Strait Islander researchers.
- 5.11 That parent and care givers be provided with opportunities to increase their knowledge and skills to enable them to support and encourage their children's physical activity.
- 5.12 That incentives, such as funding and infrastructure support, be provided to schools, clubs, community organisations and business to strengthen school and community links which lead to increased participation in physical activity; and that networking and research be encouraged to identify best practice in school and community projects.
- 5.13 That every child in New South Wales leave primary school with competence and confidence in a broad range of fundamental movement skills and be positively motivated to continue their participation in physical activity throughout their lives.

## **6. Local Government**

### ***Promotion of healthy and active lifestyles, consultation and policy/decision making processes***

- 6.1 That resources and training be provided to Councillors and staff to develop an awareness of the childhood obesity problem and enable them to promote a healthy active lifestyle and to be positive role models for their community.
- 6.2 That information be provided to the community to promote a healthy and active lifestyle using public opportunities and Council facilities eg meetings, events, libraries.
- 6.3 That frequent and regular consultation be undertaken with families and young people in the planning and policy process that reflect the diversity of the community.
- 6.4 That Councils promote a physical activity and nutrition focus when formulating policy and/or making decisions.
- 6.5 That activity and recreation events for young people with a family focus be promoted.

### ***Leadership in improving community food supply (agriculture, retail, prepared food outlets) as part of a safe and healthy environment for residents and workers***

- 6.6 That effective models and examples of Local Government successes in making “healthy choices the easy choices” be identified, promoted and disseminated.
- 6.7 That collaborative projects and events that improve the availability, pricing and promotion of healthy food choices be undertaken.
- 6.8 That the National Local Government General Assembly resolution regarding breastfeeding facilities and develop workplace policies regarding breastfeeding at Council workplaces be implemented.
- 6.9 That urban planning policies include location of and access to supermarkets in communities and promote growing fruit and vegetables locally.
- 6.10 That Social Plans reflect dialogue between citizens and Local Government regarding food and nutrition issues.
- 6.11 That nutrition policies and guidelines, which apply to council services, venues and events and community information be developed, implemented and monitored.

***Taking a leadership role in creating a supportive environment for physical activity opportunities***

- 6.12 That an environment be developed that supports incidental activity through the provision of safe and appropriate infrastructure (eg paths, cycleways).
- 6.13 That partnerships be developed with the local community and relevant stakeholders in developing cost-effective and appropriate physical activity opportunities.
- 6.14 That urban design and renewal policies that promote physical activity opportunities be developed and adopted.
- 6.15 That physical activity policies/guidelines be developed, implemented and monitored which apply to Council services, venues and events and community information, for example, children's services.

The following recommendations address general issues:

- 6.16 That a well-funded statewide media campaign on childhood obesity be developed.
- 6.17 That lead agencies and key partners in managing the childhood obesity response over the next three to five years be identified.
- 6.18 That the focus of the childhood obesity response must be projected as a 'whole of society' issue.

## **7. Commercial Food Industry**

- 7.1 That the NSW Government develop mandatory rules for implementation in school canteens from years K – 12 and that children and young people be involved in the development of such rules.
- 7.2 That the food industry be encouraged to continue to develop innovative foods and beverages reflecting advances in nutrition science and changes in consumer needs, and be encouraged to communicate the benefits of these products' contribution to healthy diets.
- 7.3 That the NSW Government convene a high level taskforce (consisting of Government, food industry, non-government organisations, fitness industry, and media agencies) to consider and develop funding options (direct and indirect) to support community nutrition education and physical activity messages, to be incorporated into C-Time television programming.
- 7.4 That the Australian Food and Grocery Council (AFGC), as the peak food industry body, convene a special meeting of its members and kindred associations, to consider additional ways by which the food industry may work nationally to address the childhood obesity issue.
- 7.5 That food retailers explore the options of using their infrastructure as a distribution outlet for nutrition and activity information including point of sale location.
- 7.6 That the NSW Government compile a compendium of consumer friendly food, diet, nutrition and physical/lifestyle activity related sources (web-based or hard copy) and that industry, media and other stakeholders assist in dissemination.
- 7.7 That partnerships be established between Australian Governments and all sectors of the agri-food industry to fund, support and /or promote a comprehensive national program to educate Australians on the *Australian Guide to Healthy Eating* to assist consumers to select balanced diets incorporating major food groups including fruits and vegetables.
- 7.8 That the NSW Government work with sport and recreation organisations, venue operators, sports nutrition experts and the food industry to develop and implement a “healthy model food policy” for use at sporting venues and events in NSW that meets the needs of sports participants and spectators.

### ***Labeling and Regulation***

- 7.9 That nutrition labelling be mandatory on standardised / franchised fast food.

- 7.10 That new ways be found to provide nutrition information on standardised fast food.
- 7.11 That new and meaningful ways be found of representing the energy value of a food portion (e.g. activity equivalent).
- 7.12 That, as a matter of urgency, Australian Governments introduce a regulatory system allowing food manufacturers to provide health claims about how food may protect and promote good health and weight control on food labels and in advertising.

### ***Research and Monitoring***

- 7.13 That quantifiable goals and targets be established for monitoring and evaluation of programs or strategies addressing the issue of childhood obesity.
- 7.14 That a regular (five-yearly) National Nutrition, Physical Activity and Health Survey be undertaken (and that the next be commissioned as soon as possible).
- 7.15 That a national standardised method be established for collecting interim nutrition and physical activity data to allow ongoing comparison of data to track changes. This can be used by researchers in industry, health and other agencies.
- 7.16 That the NSW Government co-ordinate a bid for the establishment of a Centre of Excellence for Weight Control under the National Food Industry Strategy with food industry and research agencies.
- 7.17 That the NSW Government support research on the links between children's food choice, satiety, metabolism and levels and type of physical activity and other relevant factors (initial research suggests children who are physically active may make better food choices).
- 7.18 That the NSW Government initiate research to compare and contrast successful public health campaigns (e.g. 'Slip Slop Slap', 'Anti-Smoking' and 'Click Clack Front and Back') so as to understand their success factors and apply them to childhood obesity.
- 7.19 That industry and media agencies make available 'non-commercial-in-confidence' research to the NSW Department of Health to assist in the development of policies and programs to prevent overweight and obesity in children.
- 7.20 That higher levels of research and development tax concessions be introduced for industry money spent on research related to overweight and obesity in children.

## 8. Media

- 8.1 That following participation in the NSW Childhood Obesity Summit the Australian Association of National Advertisers together with the Advertising Federation of Australia undertake to review the existing code on advertising to children and to consult with the Australian Broadcasting Authority on the implementation of that code.

That the Federation of Commercial Television Stations undertake to engage in widespread public consultation of the Commercial Industry Code of Practice. Such review to be advertised and public comments to be invited in the coming months. The code review will be undertaken in conjunction with the Australian Broadcasting Authority.

- 8.2 That it be noted that the NSW Childhood Obesity Summit recommends that the Commonwealth Government should conduct an independent review of the current regulatory frameworks governing food advertising in the media to children to ensure:

- a) Maximum clarity and effectiveness of the regulations and their operation; and
- b) A media environment that promotes balanced, healthy eating and lifestyle choices.

- 8.3 That a systematic, scientific review of the potential impact of media and food advertising on diet, physical activity and childhood obesity be undertaken.

- 8.4 That further research be conducted to address the gaps in current knowledge.

- 8.5 That the NSW Department of Health work closely with key stakeholders and other jurisdictions to identify funding sources for further research.

- 8.6 That as one component of a broader strategy to address childhood obesity, a national public awareness/ information campaign be designed and implemented in conjunction with or including the development of relevant support networks. The campaign should be long term and incorporate all key stakeholders and provide a context and a platform from which more sustainable, structural and specific strategies can be established and supported. The campaign should use appropriately targeted media, including the web, so as to be inclusive of all members of society. Other successful public health campaigns could be used as a structural model. The key elements of the campaign should include:

- positive messages to inform families, institutions and individuals and empower them to make healthy choices about nutrition, physical activity and sedentary lifestyles;
- consistent core messages across key environmental settings, eg., school, work, home, community and food outlets; and

- recognition of cultural diversity and the concerns and needs of different groups within the community.

The campaign should be designed in a way that allows for evaluation and feedback for the long-term viability and success of the campaign.

- 8.7 That the NSW Government convene a high-level group with representation from print and electronic media, young people, health and other appropriate research experts to develop, implement and evaluate a strategy to; a) inform print and electronic media, including indigenous and ethnic media, about the significance of childhood obesity and its health and social consequences, and b) encourage the presentation of positive role models and positive messages about healthy, balanced food choices and physical activity across all aspects of media.
- 8.8 That the "Food Standards Australia and New Zealand review of nutrient content and other related claims" be supported.

## **9. Transport and Planning**

- 9.1 That the availability of free drinking water in all public places be ensured.
- 9.2 That planning policy and urban design principles for all future greenfield and brownfield sites include cycleways, footpaths, reduced carparking and public transport access to all key trip generators such as schools, hospitals and fresh food shops. These policies and principles need to be underpinned by legislation, funding (public and private) and capacity building for planning, health and transport professionals.
- 9.3 That funding for roads and transport infrastructure and maintenance be aligned with a transport hierarchy that recognises walking, cycling and public transport to reduce car dependence. (These criteria are based on similar United States and United Kingdom examples of Transport Equity Act 21 and New Approach to Transport Appraisal).
- 9.4 That implementation of Pedestrian and Access Mobility Plans and Cycle Plans including facilities in urban, regional and rural local government areas to ensure “continuous path of travel” be accelerated.
- 9.5 That an alliance be established and coordinated by Premier’s Department comprised of Planning, Education, Health, Transport, Sport and Recreation, Local Government and other key stakeholders to deliver planning that encourages active transport and access to fresh food.
- 9.6 That the priority given to pedestrians and cyclists in managing traffic flow be increased.
- 9.7 That the introduction and full implementation of the draft State Environmental Planning Policy (SEPP) 66 on integrated land use and transport planning be supported.
- 9.8 That residential streets be re-established primarily as safe places for people, ie playspace for children, community social space, active transport, property access and extension of quality living environment.
- 9.9 That councils and schools and other relevant agencies be required to prepare appropriate pedestrian and bicycle access plans for local areas. In particular, schools, sporting facilities and shopping centres should be a standard suitable for a 10 year-old child to ride unsupervised by an adult. That would include safety, signage, pleasant environment and connected to other bicycle paths.
- 9.10 That strategies be implemented and developed to decentralise facilities and services including schools, local food shops, sporting venues and health facilities.
- 9.11 That the NSW Government actively work with Local Government and Police to prioritise road safety audits around schools and modify the environment to maximise the safety of children (such as stringent parking restrictions and

enforcement around schools before and after school, a further reduction in speed limits, and demerit points for drivers infringing these rules).

- 9.12 That the NSW Government require public transport services and information to be accessible to children.
- 9.13 That the NSW Government increase penalties including demerit points for motorists who stop in pedestrian zones, bus zones and/or on footpaths and for offences against cyclists and pedestrians generally.
- 9.14 That a range of capacity building programs for individuals and communities should be implemented and evaluated to increase active transport and reduce car use. These programs should include skill development, community learning, organisational practices and partnerships.
- 9.15 That student and parent road safety programs be reviewed and strengthened. These include bike education programs and advice to parents on risks and consequences be provided.
- 9.16 That a culturally appropriate public information campaign to promote active transport for children and parents including people from non-English speaking backgrounds be developed, implemented and evaluated.
- 9.17 That a community and stakeholder network to advocate active transport be developed, funded and supported.
- 9.18 That Australian governments review all tax concessions and repeal those which favour private motor vehicle usage, and substitute new concessions which favour active and public transport.

## **APPENDIX I**

### ***SUMMIT BACKGROUND AND PURPOSE***

During 10-12 September 2002, recognising the problem of childhood overweight and obesity, the NSW Government held a summit at Parliament House involving members of both houses of Parliament and invited community representatives, in order to:

- Create a better understanding by the community of the causes, nature and extent of the childhood overweight and obesity problem;
- Create a better understanding by the community of the causes, nature, and extent of the childhood overweight and obesity problem, particularly in NSW but also throughout the world;
- Better inform Members of Parliament through a forum bringing together a range of experts on public health nutrition, physical activity and childhood obesity as well as community representatives who reflect the spectrum of views on childhood overweight and obesity;
- Hear and consider the views of families, parents and young people, in particular;
- Examine existing approaches to the childhood overweight and obesity problem and consider new ideas in a bipartisan forum;
- Consider evidence regarding those strategies that work and those that do not, and in particular, to consider the effectiveness of:
  - existing, policies, programs and services
  - current resource allocations in the area of childhood nutrition/physical activity and prevention of overweight and obesity
- Identify ways to improve existing strategies and services that work and to identify gaps and needs in programs and services;
- Build community consensus about future directions in childhood overweight and obesity prevention policy; and

- Recommend a future course of action so that the best available strategies, both long and short term, are implemented to overcome the childhood overweight and obesity problem.

The Summit concluded after 3 days of deliberations. This communiqué sets out the resolutions agreed to by the Summit.