Parliament of South Australia

Inquiry
Into
OBESITY

Nineteenth Report
of the
Social Development Committee

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ESTABLISHMENT AND COMPOSITION OF THE SOCIAL DEVELOPMENT COMMITTEE

The Social Development Committee was established pursuant to sections 13, 14 and 15 of the *Parliamentary Committees Act 1991* proclaimed on 11 February 1992.

Membership of the Committee

Hon Gail Gago MLC (Presiding Member)
Hon Terry Cameron MLC
Hon Michelle Lensink MLC
Ms Frances Bedford MP
Mr Joe Scalzi MP
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FUNCTIONS OF THE SOCIAL DEVELOPMENT COMMITTEE

The functions of the Social Development Committee are laid out in section 15 of the *Parliamentary Committees Act 1991* and charge the Committee —

(a) to inquire into, consider and report on such of the following matters as are referred to it under this Act:

(i) any matter concerned with the health, welfare or education of the people of the State;

(ii) any matter concerned with occupational safety or industrial relations;

(iii) any matter concerned with the arts, recreation or sport or the cultural or physical development of the people of the State;

(iv) any matter concerned with the quality of life of communities, families or individuals in the State or how that quality of life might be improved

(b) to perform such other functions as are imposed on the Committee under this or any other Act or by resolution of both Houses.

TERMS OF REFERENCE

Terms of Reference moved on a motion of the Hon Mike Elliott MLC and carried on Thursday 6 June 2002

That the Social Development Committee —

Investigate and report upon the issue of the impact of obesity on South Australian individuals, families and the community, and in particular—

1. Recent trends in the occurrence of obesity within South Australia;
2. The accessibility of education strategies to minimise the occurrence and harm of obesity;
3. Appropriate minimum standards for physical activity in South Australian schools;
4. The health implications of obesity for individuals and the long-term cost to the South Australian economy; and
5. Any other related matter.

SYNOPSIS

Obesity is a rapidly escalating problem in most developed countries worldwide. Since 1990, obesity amongst Australian adults has increased by over 7%. Currently, more than 60% of Australian men and over half of Australian women are either overweight or obese.[1] Furthermore, from 1985 to 1995, the proportion of overweight Australian children doubled and the proportion that was obese tripled.[2] Latest data indicate that around 24% of Australian boys and 26% of Australian girls are overweight or obese.[3] If these trends continue, Australia is expected to be second only to the US in its rate of obesity by 2025.[4]

Latest estimates put the economic cost of obesity in Australia at around $1.3 billion per year and rising fast.[5] These costs are made up of costs of treatment for associated conditions and lost productivity.

The challenge for government and the community lies in altering the ingrained social and environmental trends that have led to over-consumption and under-activity becoming part of the everyday modern lifestyle.

This will take time and require action in a wide range of sectors. It will require a strong response, but one that balances regulatory with encouragement-based interventions in order to preserve lifestyle choice and freedom.

Significant plans have already been made on a national and state level, including through the National Taskforce on Obesity, which released its first report in 2003, and the establishment of the State-wide Healthy Weight Taskforce which is due to finalise a state-wide strategy later in 2004.

The Social Development Committee supports a strong overall public policy for all South Australians via the *Healthy Weight Statewide Strategy.* The Committee also endorses a focus on those groups with high rates of overweight and obesity and associated co-morbidities, including 'middle-aged' people (45–64 year olds), socioeconomically disadvantaged people (particularly women), Indigenous Australians and people living in rural areas.

The Committee's 51 recommendations call for strong action and reflect the breadth of topics and sectors that relate to the obesity problem. These include public education, accessibility of healthy food and physical activities, physical infrastructure to support physical activity, television food advertising to children, physical education and the availability of 'junk' foods in schools. The Committee's recommendations aim to strengthen and add to those strategies that are already underway.

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[1] Cameron AJ et al cited in Women's and Children's Hospital-Department of Nutrition and Food Services, written submission, p3.
[2] Overweight is defined as a BMI between 25.0 and 29.9; and Obese is defined as a BMI of 30.0 or greater.
[3] Magarey et al Medical Journal of Australia, 2001: p. 561-4 cited in evidence provided by Noakes, Senior Dietitian and Research Scientist, CSIRO Health Sciences CSIRO, 10th September 2003.
[4] International Union of Nutritional Sciences, http://www.iuns.org/features/obesity/tabfig.htm, accessed 4th Feb 2004
[5] National Obesity Taskforce, Healthy Weight 2008 - Australia's Future. The National Action Agenda for Children and Young People and their Families, 2003, p1. Figures are not available for South Australia

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The report of the National Obesity Taskforce in Australia, released in 2003, described obesity in Australia as '*a major epidemic'* of '*…enormous health, social and economic concern.'*[6] If current trends continue Australia is expected to be second only to the US in its rate of obesity by 2025.[7]

In 2001, 67% of Australian men and 52% of Australian women aged 25 years and over were either overweight or obese.[8] Between 1989–90 and 2001 the prevalence of obesity amongst Australian adults increased from 9.5% to 16.7%.[9] Rates of increase in the prevalence of overweight and obesity have been similar for adults in all states.[10]

Furthermore, levels of childhood obesity in Australia tripled between 1985 and 1995.[11] In the same period, the number of Australian children classified as overweight almost doubled.[12] Latest data on overweight and obesity amongst Australian children indicate that 24.0% of boys and 26.4% of girls in Australia are overweight or obese.[13] There is also evidence that the problem is increasingly prevalent in young children. From 1995 to 2002 there was an increase in the proportion of overweight and obese four year old children in South Australia, from 10.6% to 18.4% for males and 12.9% to 21.5% for females.[14]

Highlighting the likely inter-generational consequences of the current epidemic, research shows that overweight children have a 50% chance of becoming overweight adults.[15] Furthermore, obese adults who were overweight as adolescents have higher levels of weight-related ill health than those adults who only became obese in adulthood. In addition, children of overweight parents have twice the risk of being overweight than those with healthy weight parents.[16]

Reasons for Rising Overweight and Obesity Rates

In simplest terms, rates of overweight and obesity are increasing as more people are consuming more, and expending less, energy.

> 'This trend of increasing levels of overweight and obesity in the population is likely to be the result of small decreases in physical activity and small changes in food intake by many, rather than extreme inactivity and excessive food intake among a few.'[17]

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[6] National Obesity Taskforce, 2003, op cit, p1.
[7] International Union of Nutritional Sciences, http://www.iuns.org/features/obesity/tabfig.htm, accessed 4th Feb 2004
[8] Cameron AJ et al cited in Women's and Children's Hospital-Department of Nutrition and Food Services, written submission, p3.
[9] Australian Institute of Health and Welfare. Are all Australians gaining weight? Differentials in overweight and obesity among adults, 1989–90 to 2001. Bulletin, Issue December 2003, p1.
[10] ibid, p7.
[11] Magarey et al cited in Women's and Children's Hospital, Department of Nutrition and Food Services, written submission, p3
[12] ibid, p3.
[13] Magarey et al Medical Journal of Australia, 2001: p. 561-4 cited in evidence provided by Noakes, Senior Dietitian and Research Scientist, CSIRO Health Sciences CSIRO, 10th September 2003.
[14] Tennant, S., Hetzel, D. and Glover, J. Social Health Atlas of Young South Australians, Second Edition, Public Health Information Development Unit, State of South Australia, January 2003, p173.
[15] National Obesity Taskforce, 2003, op cit, p2
[16] ibid, p2.
[17] National Health and Medical Research Council. Acting on Australia's Weight - a strategic plan for the prevention of overweight and obesity, Commonwealth of Australia, 1997, p1.

It should be acknowledged that genes and some medical conditions can predispose people to overweight and obesity.[18] However, given the enormous rate of increase in overweight and obesity in the last 20 years, without any changes to the overall genetic diversity in the population, genetics can be substantially ruled out as a significant cause of current high levels of overweight and obesity.

There is ample research to demonstrate that overall energy consumption has increased and physical activity has decreased across the Australian population. Data from National Nutrition Surveys indicate that from 1983 to 1995, average adult energy intake increased by 350 kJ per day[19] and from 1985 to 1995 energy intake amongst children increased by 12-15%.[20]

Furthermore, recent South Australian Physical Activity surveys show that almost half of South Australian adults do not undertake sufficient exercise.[21] The National Physical Activity Survey indicates that physical activity levels amongst Australian adults are declining[22], with the greatest decline in sufficiently active people being for the 30–44 year old age group (64% to 54%).[23]

There is a lack of data demonstrating trends in physical activity levels amongst Australian children. While available data tend to indicate that most children are sufficiently active[24], physical activity levels of children are declining, especially among urban children, children in lower socioeconomic areas and those in public schools.[25] There has also been a decline in sports participation, especially amongst upper primary aged girls,[26] and in children walking and cycling as a mode of transport.[27] At the same time, the amount of time that children spend in sedentary pursuits is increasing. Fifty-five percent of the total leisure time of Australian children is currently spent on ‘electronic entertainment’.[28] A range of research links television-viewing with obesity due to its sedentary nature, the tendency to consume junk foods while watching Television[29] and the likely influence of food advertising and program content.

Physical activity amongst children is particularly important given that children who grow up participating in both non-competitive and competitive activity are less likely to become overweight and obese as adults.[30]

These trends of increased consumption and reduced activity among Australian adults and children result from a range of complex social and environmental trends that are intrinsically linked to

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[18] National Obesity Taskforce, 2003, op cit, p2.
[19] Cook, T., Rutishauser, I. and Seelig, M. Comparable Data on Food and Nutrient Intake and Physical Measurements from the 1983, 1985 and 1995 National Nutrition Surveys. Australian Food and Nutrition Monitoring Unit. Commonwealth of Australia 200, p16.
[20] National Obesity Taskforce, 2003, op cit, p2.
[21] SA PA Survey 1998 & 2001 cited in evidence (slides) received from Dr. Manny Noakes, 10 September 2003. Note: Appropriate minimum standards for physical activity are detailed in the full report.
[22] Armstrong, T., Bauman A., Davies, j. Physical activity patterns of Australian adults: Results of the 1999 National Physical Activity Survey, Australian Institute of Health and Welfare, Canberra, AIHW cat. no. CVD 10, August 2000, pxiii.
[23] ibid, pxiii.
[24] NSW Childhood Obesity website. www.health.nsw.gov.au/obesity/adult/about.html cited in Women’s and Children’s Hospital, Department of Nutrition and Food Services, written submission, p5.
[25] ACHPER, written submission, p7.
[26] Women’s and Children’s Hospital, Centre for Health Promotion, written submission, p6.
[27] Norton and Dollman, 2003 cited in ACHPER, written submission, p6.
[28] Cupitt & Stockbridge, 1996 cited in ACHPER, written submission, p6.
[29] Mehta, oral evidence, Hansard, p65.
[30] Australian Health Promotion Association- SA Chapter, written submission, p2 .

contemporary lifestyle and have evolved over several decades. Experts in the field frequently refer to a range of factors, such as sedentary employment, greater demand, availability and marketing of convenience foods, technological entertainment and lack of awareness about the risks of overweight and obesity, as combining to form 'obesogenic' environments in which people increasingly live. Obesity therefore poses a major challenge to the community and government.

Health Implications and Costs of Obesity

Latest estimates put the cost[31] of obesity in Australia at around $1.3 billion per year and rising fast.[32] Obesity is associated with a 'moderate' to 'very severe' risk of co-morbidities such as coronary heart disease, type 2 diabetes, respiratory problems and some cancers.[33] Being overweight but not obese is also associated with an increased risk of co-morbidities.[34] Poor nutrition, sedentary lifestyles and obesity combined are estimated to account for in excess of 10% of the burden of disease, equalling tobacco smoking as being the most important avoidable cause of ill-health in Australia today.[35]

For children, risks associated with being overweight or obese include type 2 diabetes, gastrointestinal, endocrine and orthopaedic problems[36] and increased heart disease risk factors including raised blood pressure and blood cholesterol.[37] Some obese children also experience significant physical discomfort which affects their daily functioning and learning.[38]

Particularly concerning is the alarming rise in cases of Type 2 diabetes in recent years, both in Australia and worldwide. Numerous expert witnesses cited that the appearance of Type-2 diabetes in children is a recent phenomenon resulting from much higher levels of overweight and obesity. Between 2000 and 2025, the number of cases of diabetes in Australia is expected to increase by over 65% to around 610,000 cases.[39] Recent research undertaken in Victoria estimated the cost of type 2 diabetes to be $3 billion per year in Australia, or $11,000 per person with type 2 diabetes.[40]

Obesity can also contribute to low self-esteem, poor confidence levels and depression in both adults and children.

Reflecting the alarming rates of increase and significant health and economic costs of overweight and obesity, some significant initiatives have commenced internationally, nationally and on the state level. These include the International Obesity Taskforce, the UK Parliamentary Inquiry into Obesity, the Australian National Taskforce on Obesity, the South Australian Healthy Weight

[31] Cost includes for treatment of associated conditions and lost productivity.
[32] National Obesity Taskforce, 2003, op cit, p1. Figures are not available for South Australia
[33] Women's and Children's Hospital - Department of Nutrition and Food Services, written submission, p6.
[34] World Health Organisation, 2000 cited in Australian Institute of Health and Welfare, December 2003, op cit, p2.
[35] National Obesity Taskforce, 2003, op cit, p1.
[36] Must A and Strauss RS. 1999. cited in Women's and Children's Hospital - Department of Nutrition and Food Services, written submission, p6.
[37] National Obesity Taskforce, 2003, op cit, p2.
[38] Spurrier, oral evidence, Hansard, p167.
[39] Type 1 diabetes was estimated to account for 42% of this despite only 10–15% of diabetes cases being Type 1. Components of these costs relate to hospitalisation and medication predominantly. Source: World Health Organisation http://www.who.int/ncd/dia/databases0.htm cited in evidence provided by Noakes, Senior Dietitian and Research Scientist, CSIRO Health Sciences CSIRO, 10th September 2003.
[40] Noakes, oral evidence, Hansard, p33.

Statewide Taskforce and the South Australian Ministerial Physical Activity Council. There are also numerous departmental initiatives in this State such as the Department of Human Services *'Eat Well SA'* and *'Eat Well Outback SA'* Projects, Department of Education and Children's Services *'Eat Well SA Schools and Preschools'*, and *'Active for Life'* Physical Activity Initiative. Many other local and small programs operating in this State which contribute to addressing overweight and obesity, including clinical and community services, are outlined in this report.

Many of the issues raised in evidence received by the Social Development Committee were consistent with those outlined in the National Obesity Taskforce report. The Committee supports the National Obesity Taskforce's 4 year plan to address obesity amongst Australian children and young people. The Committee supports its preventative approach and the need to involve parents and families, given the strong influence of parents on children's eating and exercise habits, and a range of research linking obesity amongst parents and children.

Rather than duplicating existing initiatives, the Committee seeks to make recommendations relating to:

- How the South Australian Government can assist with applying the National Obesity Taskforce's 2004-2008 strategies;
- Any additional strategies of specific State Government responsibility that can inform the development of the *Healthy Weight* Statewide Taskforce and Strategy; and
- Any further research required to ensure strong evidence-based approaches in future.

The Committee also supports a strong overall public policy for all South Australians via the *Healthy Weight* Statewide Strategy which promotes a coordinated approach and message across a range of sectors and environments including homes, health, schools, the media and industry.

The Committee supports a preventative approach focusing on children and young people but also a focus on those groups with high rates of overweight and obesity and associated co-morbidities, including:

- 'Middle-aged' people (45–64 year olds);
- Socioeconomically disadvantaged people, particularly women;
- Indigenous Australians; and
- Adults, particularly women, living in rural centres.

Furthermore, a number of key principles for addressing overweight and obesity in South Australia were clear in research and evidence received by the Committee. These were:

- The need for a focus on population-based strategies. That is, strategies that will facilitate significant decreases in the rate of overweight and obesity across the South Australian population. This requires addressing social and environmental issues as the primary overall strategy;
- The need for any state responses to have strong links with existing national initiatives;

- The need for partnerships and the involvement of a range of sectors;
- The need for a balance between regulatory interventions and education/ encouragement-based interventions; and
- The need to minimise negative images of people who are overweight and obese.

ISSUES

The following is a summary of key issues raised in evidence and corresponding recommendations.

Research toward a Stronger Evidence Base for Interventions

Despite ample evidence of rising rates of overweight and obesity and a broad range of existing initiatives aimed at addressing the problem, evidence indicated that there remains a lack of current research to demonstrate clearly what the drivers of obesity are and what interventions are successful in addressing these.

A key recommendation of the National Taskforce report relates to the development of 'Whole of Community' Demonstration Areas' throughout Australia. These demonstration areas seek to improve understanding of effective interventions and encourage 'good practice'.

Public Awareness and Health Promotion

A key issue raised in evidence was that, while awareness of good nutrition, physical activity and the risks associated with overweight and obesity is generally on the increase, many Australians still lack awareness in these areas. Furthermore, advertising, food labelling and numerous commercial weight loss programs can contribute to confusion and misinformation. Evidence suggested that men, young people and people from low socioeconomic backgrounds may be most susceptible to poor knowledge in these areas.

There was strong support for a public education and health promotion strategy aimed at reducing overweight and obesity as part of a broader strategy. There was a clear consensus that education strategies alone will not minimise the occurrence and harm of obesity and must occur within the context of strategies that achieve broader environmental and social change.

The need for public health promotion and education strategies to provide a positive, clear and simple message was promoted in evidence. Public health campaigns such as 'Quit *for Life'* and *'Slip Slop Slap'* were frequently cited in evidence as good models. However, the issue of obesity poses somewhat greater complexity for a public education campaign as there can be no simple "do or don't" message in relation to eating. Many witnesses also warned against creating guilt associated with eating. Campaigns that encourage greater consumption of fruits and vegetables were consistently endorsed.

Over Consumption of High-Fat, Low Nutrient 'Junk' Foods

Anecdotally, it was reported that increased energy consumption is partly due to increased availability of 'junk' foods, including chips, chocolates and other snack foods as well as 'fast food' such as McDonalds.

Business research does not support increased sales of 'fast foods' in recent years.[41] However, large fast food chains are expected to increase turnover by nearly 6% annually over the next three years.[42] There is also a range of research showing that commercial food-serving sizes have increased. Australian research also shows that "upsizing" by fast food chains on average increases kilojoules by 23%, fat by 25% and sugars by 38% for only a 12% cost increase.[43]

Value for money, especially 'meal deals' provided by many fast food outlets, was reported to encourage over-consumption. Many people want convenient meal options but have limited funds. Fast food franchises offer meals that people know most children will eat, as well as long opening hours, play facilities and convenient locations. Furthermore buying fresh food often requires access to regular transport which is a problem for some people, especially in socioeconomically disadvantaged communities. The Committee also received some anecdotal evidence that there has been a reduction in cooking skills in the community, particularly in low socioeconomic groups.

The general principle supported in evidence was the need to accept the community's desire for convenience foods but to make healthy options more accessible. Given the popularity of fast food outlets, a number of witnesses were supportive of moves in the fast food industry to provide healthier choices. It is important to emphasise that this is only one of a range of strategies that can assist with addressing obesity and there is also a danger that new menus to attract families may increase consumption of unhealthy foods also.[44]

Barriers to Physical Activity

In addition to increases in sedentary employment and engagement in sedentary and technological entertainment, other barriers to engaging in adequate levels of physical activity raised in evidence were:

- The costs of organised physical activity for adults and children, especially for people on low incomes.
- Competitive sporting culture in Australian society, which can deter children and adults who do not display a natural talent for traditional competitive sports or who are already overweight or obese. Research shows that upper primary school aged girls, children who are already overweight or obese, children from some ethnic groups may be most affected.[45] Obese

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[41] B&T Weekly Magazine (Australian Business Magazine). Strong Growth Predicted for Big Fast Food Chains. 2 April 2003. http://www.bandt.com.au/news/5d/0c01585d.asp, accessed 9 Feb 04, no page numbers.
[42] ibid, no page numbers.
[43] lecturers from Melbourne's Deakin University said in a letter to the Medical Journal of Australia 2002; 177: 686 cited in Medical Observer Weekly, Larger Meal Deals Mean More Fat, 13 December 2002 reproduced in http://www.mydr.com.au/default.asp?Article=3839, accessed 9 Feb 04, no page numbers.
[44] Crisp, L. The Weekend Australian Financial Review. Perspective: Big Fat Profits. January 17-18 2004, p16.
[45] Women's and Children's Hospital, Centre for Health Promotion, written submission, p6.

Australian adults are also 50% less likely than other Australian adults to reach a 'sufficient' level of physical activity.[46]

Transport and the Physical Environment

The Planning and Transport sectors have a relevant contribution to make to reducing overweight and obesity and promoting healthy lifestyles. The transport sector can influence levels of physical activity in the community, for example through programs that encourage the use of 'active transport', such as cycling, walking and public transport.[47] Transport also affects access to healthy food supplies and health services.

The State Government will release the new *SA Transport Plan* during 2004, which has a key focus on active transport.[48] This report details a number of other current transport initiatives operating in this State which encourage active lifestyles.

Urban planning and design can also influence physical activity levels, particularly incidental physical activity such as walking to shops, schools or bus stops. The extent of 'sprawl', street layout and networks, quality of the physical environment and perceived safety and surveillance are central issues which can encourage or inhibit the use of public places for physical activity and active transport.

Concerns about children's road safety and safety in public places were raised a number of times in evidence. One study found that about 25% of children today are allowed to play unsupervised in the neighbourhood, compared to 83% in their parents' generation.[49]

Evidence received from Planning SA promoted high quality medium-to-high density development incorporating a good mix of businesses, services and residences as optimal to promote a healthier and more active community. A number of current planning initiatives that promote active lifestyles are detailed in the report, including the *Metropolitan Planning Strategy 2003*.

The Committee supports the *State Transport Plan 2003*, the *Metropolitan Planning Strategy 2003* and the State Government's role in the development of 'active communities'.

Emotional and Psychological Issues

The Committee received a range of evidence that obesity can be linked to some emotional and psychological problems. Many studies demonstrate that people who are overweight or obese experience relatively high rates of poor self esteem and social isolation[50] and that children who are obese are at increased risk of mental illness.[51] Obese children suffer from high levels of bullying and teasing in school and obese adults may experience social and workplace discrimination which can cause or exacerbate emotional problems.

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[46] Armstrong, T. et al, August 2000, op cit, pxiv.
[47] Public transport is considered a form of 'active transport' as it involves some walking before and after the journey.
[48] Supplementary written evidence (slide presentation) received from Mr Andy Milazzo, Director, Transport Policy, Department of Transport and Urban Planning, 11 February 2004, slide 3.
[49] Norton et al (unpublished) cited in Women's and Children's Hospital, Centre for Health Promotion, written submission, p6.
[50] ACHPER, written submission, p7.
[51] American Psychiatric Association 2003 cited in ACHPER, written submission, p7.

There is also some evidence that emotional and psychological issues can play a role in perpetuating over-consumption, for example where food is used as a 'comforter'. In some cases, it was raised, professionals should be aware that previous trauma or abuse can play a role in perpetuating children's over-consumption of food.

Food Marketing

Food Labelling and Point of Sale Information

Many witnesses reported that marketing and labelling of commercial food products plays a major role in widespread community misconceptions about what constitutes healthy eating.

Food labelling in Australia is governed by the Australian Food Standards Code and is restricted to statements of fact about physiological function and properties of food and cannot include health claims.

Although the Australian Food and Grocery Council (AFGC) proposed modification of the Code to allow evidence-based health messages, the Committee concluded that this could lead to greater misconceptions about products where the industry chooses to highlight possible health benefits while not alerting the consumer to possible health detriments.

Programs such as the Heart Foundation's 'Tick' program provide a useful compromise. This program enables the Heart Foundation to promote their health message and assist consumers to make healthy choices, while enhancing marketing for food companies.[52] Another benefit of the 'Tick' program is that it has encouraged industry to modify their product to be healthier.[53]

Television Advertising of 'Junk Food' to Children

Television advertising of food to children was a key and highly contentious issue in evidence received by the Committee.

While research to date does not provide unequivocal evidence of a causal link between food advertising and increased consumption by children of whole categories of foods, strong evidence was presented to the Committee that it is a significant contributing factor in an overall environment that promotes overweight and obesity.

This position is also supported by the World Health Organisation and International Obesity Taskforce. In a recent report on Diet, Nutrition and the Prevention of Chronic Diseases, the World Health Organisation concluded:

> 'The evidence that the heavy marketing of these foods and beverages to young children causes obesity is not unequivocal. Nevertheless… there is sufficient indirect evidence to warrant this

[52] Wells, oral evidence, Hansard, p263.
[53] The National Heart Foundation, written submission, p2.

> practice being placed in the ''probable'' category and thus becoming a potential target for interventions.'*[54]*

As evidence from the Coalition on Food Advertising to Children (CFAC) suggested, it seems unlikely that there would be considerable investment in food advertising to children if it did not influence their consumption of advertised goods. McDonalds, for example, has increased its expenditure on media advertising in Australia more than 8-fold since 1983-84, from $6 million to over $52 million in 2001.[55]
Advertising aimed at children was seen as a particular concern given children's susceptibility to messages within advertising. Furthermore, there is a range of evidence that television advertising is the most effective form of advertising. Children and young people in Australia watch an average of 2.5 hours of television per day[56], which equates to an average of 75 advertisements per day.[57] McDonalds invests 95% of its advertising funding in television.[58]

Bans of varying coverage on television food advertising to children have been implemented in some countries, such as Sweden, Belgium, Denmark, Italy, Ireland and Quebec, Canada, and are being considered in a current UK Parliamentary Inquiry into Obesity.

A number of concerns about current television advertising regulations in Australia were raised in evidence. One concern raised was that the Children's Television Standards (CTS) which restrict advertising during children's programming ('C' and 'P' programming) do not correspond with real peak viewing times for 5-12 year olds.[59] Furthermore, while the CTS prohibit misleading or incorrect information about the nutritional value of food products[60], a number of witnesses argued that this has little impact on the many food products marketed on notions of fun and lifestyle.[61]

Moreover, the current regulatory system relies on complaints to monitor compliance. The process of lodging a complaint, however, is long and complicated and few complaints are received from the public. Recent research conducted by CFAC also indicates that breaches are being overlooked.[62]

There is some evidence that food companies and advertisers are becoming increasingly aware of the risks associated with junk food and advertising. For example, both the Australian Association of National Advertisers (AANA) and the Australian Food and Grocery Council (AFGC) expressed commitment to assist with public education relating to healthy eating and lifestyle.

In addition, a new self-regulatory Code for Advertising to Children was implemented in October 2003, which includes a specific clause covering the advertising of food and beverages to children.

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[54] World Health Organisation. Diet, Nutrition and the Prevention of Chronic Diseases. WHO Technical Report Series, Report of a Joint WHO/FAO Expert Consultation, Geneva 2003, p65.
[55] Coalition on Food Advertising to Children (CFAC), Children's Health Or Corporate Wealth? The Case for Banning Television Food Advertising to Children, Briefing Paper, November 2003. Writers: Bronwyn Ashton, Nutrition consultant, Nutrition Australia, Representative on CFAC, Heather Morton, Lecturer, Department of Public Health, University of Adelaide, Representative on CFAC, Johanna Mithen, Centre for Physical Activity and Nutrition Research, Deakin University.
[56] National Obesity Taskforce, 2003, op cit, p2.
[57] Mehta, oral evidence, Hansard, p65.
[58] ibid, p7.
[59] as measured by Target Audience Rating Points, the percentage of the target audience that is tuned into the stations, in this case free-to-air television, at a particular time (Source: Coalition on Food Advertising to Children (CFAC), 2003, op cit, p8).
[60] Australian Broadcasting Authority. Commercial Television Industry Code of Practice, April 1999, p40
[61] Morton, oral evidence, Hansard, p70.
[62] Coalition on Food Advertising to Children (CFAC), 2003, op cit, p9.

There was, however, some scepticism amongst other witnesses about the practical outcomes of this new Code.

Overall, evidence received from the food and advertising industries emphasised the broad range of influences impacting children's eating habits, especially parents and schools, and the lack of unequivocal evidence linking televised food advertising to obesity.

The Committee concurs that food advertising on television is one of many factors contributing to environments that promote obesity. The Committee nevertheless concludes, as stated by the World Health Organisation, that it is highly probable that television food advertising has a significant impact on children's eating habits and therefore should be considered a potential target for interventions.
It was also clear in evidence that the food and advertising industries can play an important role in addressing overweight and obesity. Given the influence of the food and advertising industries and their economic contribution both nationally and in this state, there is a need for cooperative action between the food and advertising industries and government where possible.

It should be noted that television advertising regulations are under federal jurisdiction and therefore the Social Development Committee can only make recommendations that urge the Commonwealth to take action in an appropriate direction.

The Education Sector

The education sector does not carry the predominant responsibility for strategies to reduce the incidence of overweight and obesity. However, pre-schools, primary and secondary schools provide ideal access points for education and other strategies aimed at children and families. In South Australia, 96% of children and adolescents aged 5 to 17 attend school and 88% of young children attend preschool.[63] Pre-schools and primary schools also offer opportunities to shape healthy eating and exercise habits early in life. In addition, there is a range of evidence to suggest that good nutrition and daily exercise programs can contribute to improved student attitudes and learning outcomes.

The school and pre-school environment also provides some opportunities to minimise the availability of 'junk foods', such as through the school canteen, and at school events.

The South Australian Curriculum Standards and Accountability (SACSA) framework requires schools to provide learning about and through physical activity as well as about food and nutrition.[64] Furthermore, a number of schools throughout the State submitted evidence to the Inquiry indicating that they recognise the importance of promoting healthy eating and adequate physical activity. To varying degrees, schools have implemented daily fitness programs, minimum time requirements for children's engagement in physical activity and restrictions on availability of junk foods and soft drinks in school canteens.

A key message in evidence was that education settings need strong support and resources from the health sector to assist with addressing health issues, including overweight and obesity.

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[63] Dewis, oral evidence, Hansard, p188.
[64] Fletcher, oral evidence, Hansard, p175.

Physical Education

There was overwhelming support in evidence for a strengthening of the role of schools in promoting regular exercise and physical education, including formal and traditional sports as well as non-competitive options.

A range of physical education and activity programs currently operate within South Australian schools. Since 1998-1999, Department of Education and Children's Services (DECS) physical activity funding has increased from $6.22 million to $12.04 million, representing a per student increase from $34.77 to $70.41.[65] The main initiative aimed at increasing levels of physical activity is *Active for Life*, established by DECS in 2002. However, DECS currently does not stipulate a minimum requirement for physical education. A number of expert recommendations suggest that children should receive a minimum of between 100 and 180 minutes of physical education, including sport and general physical activity, per week.[66]

Further improvements suggested in evidence related to increasing physical education staff and expertise, increasing extra-curricular activity opportunities for students in public schools and improving links between schools and community activities and clubs to assist school-leavers in the transition into community activities.

The Committee supports the DECS *Active for Life* Physical Activity Strategy as the main strategy for achieving the outcomes outlined by the National Taskforce relating to schools' role in promoting physical activity.

Food and Nutrition Education

The provision of education relating to food and nutrition is an area in which the education sector has a key responsibility. Health, nutrition education and physical education are core areas of the curriculum and are universally provided in South Australian schools. The draft *Eat Well SA Schools and Preschools* guidelines, currently circulating for community consultation, represent the South Australian Government's comprehensive response to the range of issues around food and nutrition education, as well as food availability, in schools. These guidelines are strongly supported by the Committee.

'Junk' Food Availability in Schools

There was very strong support in evidence for greater regulation of foods available in school canteens and at school events.

Research is not specific about the impact on obesity of changes to school food supply practices as interventions cannot be isolated from children's diet and lifestyle outside the school setting.[67] However, school food supplies certainly provide some opportunities to influence children's diets

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[65] Supplementary written evidence (slides) provided by DECS with oral evidence, slide 38.
[66] DETE, 100 Minutes Project, 1994 cited in Women's and Children's Hospital, Centre for Health Promotion, written submission, p9.
[67] DECS, second written submission, received 24 Feb 04.

and attitudes to food. Furthermore, it was consistently raised that health and nutrition education provided in schools is currently undermined by the bad example set in school canteens and by the presence of vending machines.

A common concern raised in the debate about junk food in school canteens is the need for canteens to maintain profits required by the schools council.[68]

The draft *Eat Well SA Schools and Preschools* guidelines make comprehensive recommendations relating to food supply in schools, outlining those foods that should be limited or not provided in schools.

Child Care and After School Care

Like schools, child care centres provide an ideal access point for education and other strategies aimed at young children and families. Furthermore, child care services can assist in the early formation of good habits relating to diet and physical activity.
Many child care centres have nutrition policies and there are a range of resources available to child care workers to assist with the development of appropriate policies and practices. The '*Start Right Eat Right'* (SRER) award scheme for child care centres that achieve a high standard of nutrition and food safety benchmarks is now available to all child care centres in South Australia. It is hoped that at least 30 centres per year will achieve the SRER award.[69] Furthermore the DECS *Eat Well SA Schools and Preschools* project aims to work with the Department of Human Services to target all children in some form of care, including child care centres.[70]

In relation to after school care, a strong predictor of children's fitness and body fat is their physical activity pattern in the two hours immediately following the formal school day (from 3.30 – 5.30p.m.). For an increasing number of children this time is spent in out of school hours care programs. Hence, it is very important to provide opportunities for children to be physically active in after school care programs.[71]

Child care services are the joint responsibility of the Commonwealth and the State Government, through DECS. DECS also administers the Family Day Care Scheme in this State, and supervises the provision of Out of School Hours Care Services.

Maternal and Infant Health

There is also now evidence that breastfeeding has a protective effect against future obesity, especially for children who are exclusively breast fed in the first six months of life. Expert guidelines and strategies relating to obesity from around the country include recommendations relating to the promotion of breastfeeding.

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[68] Advertiser newspaper. Salad days and no junk food on the new school roll. Advertiser, 7 January 2004.
[69] McWhinnie, J.A. SRER Project Officer and Community Dietitian-Nutritionist, Noarlunga Health Services (Woodcroft Community Health Service). Start right Eat Right. Child care Nutrition Award Scheme: An initiative to improve children's nutritional wellbeing (Part of the Healthy Children: Nutrition Issues in child care Panel Strand Five: Children's Wellbeing). Paper presented at the "Our Children's Future 3" Conference, Adelaide Convention Centre, 1-4 May 2003, p4.
[70] Kay oral evidence, Hansard, p186.
[71] Women's and Children's Hospital, Centre for Health Promotion, written submission, p6.

While there have probably been some improvements in breastfeeding rates over the last decade, the Women's and Children's Hospital reported that breastfeeding rates remain below desired levels in this State.[72] Given the range of health benefits associated with breastfeeding, the Committee strongly endorses programs aimed at improving breastfeeding rates up to at least 6 months.

Primary Care Services

The Committee received evidence that primary care services, including general medical practice, community health centres, private and public sector health services, can play an important role in treatment and awareness-raising regarding healthy weight.

The role of General Practitioners (GPs) and paediatricians featured strongly in evidence. It was frequently raised that primary health care professionals must have accurate information about diet and exercise and be able to educate patients in a sensitive and clear way. Some research shows that currently there is an under recognition by the medical profession of overweight and obesity. [73]

An information package in Victoria, LEAP (leap, eat and play) that GPs can provide to families with an overweight child is currently being evaluated[74] and may provide some useful information for this state. Also, the National Health and Medical Research Council (NHMRC) recently released guidelines for GPs, *Overweight and Obesity: A guide for General Practitioners (2003).*

Workplaces

Employers can assist in creating workplace environments that encourage healthy eating and physical activity. Many workplaces, workplace practices and employer expectations are not conducive to daily physical activity. Furthermore, in some occupations and workplaces, workers are limited in their food choices during work hours. For example, factory workers may have to rely on lunch vans, and truck drivers on road houses, which do not traditionally have a wide range of healthy options.

The Coorong District Council *Good Food on the Road* program is one program in this State that aims to address this issue. It aims to increase the supply and demand for healthy food choices for truck drivers in the Coorong District by developing a voluntary accreditation scheme for food outlets.[75]

Workplaces can also provide a setting for public education and social marketing around the issues of overweight and obesity.

Overweight and Obesity amongst Indigenous People

In 2001, 31% of Indigenous people living in non-remote areas were obese, compared to 16% of other Australians.[76] Furthermore, the Director of the Nganampa Health Council has identified

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[72] National Health and Medical Research Council, September 2003, op cit, cited in Women's and Children's Hospital, Centre for Health Promotion, written submission, p3.
[73] Spurrier, oral evidence, Hansard, p169.
[74] Spurrier, oral evidence, Hansard, p169.
[75] Senator the Hon Kay Patterson, Minister for Health and Ageing, Media Release: Federal Government Funds New Health Projects to Tackle Chronic Disease in Rural Australia. December 18, 2002, no page numbers
[76] Australian Institute of Health and Welfare, December 2003, op cit, p10.

weight gain and obesity as the 'single most important factor' in terms of the very high rates of chronic illness in remote Aboriginal communities on the Anangu Pitjantjatjara Lands.[77]

Indigenous Australians are disproportionately susceptible to co-morbidities associated with poor nutrition, overweight and obesity, such as diabetes and Syndrome X.[78] In South Australia between 1998 and 2000, Indigenous males died from diabetes as the underlying cause of death at more than seven times the rate of non-Indigenous males, and females at more than fourteen times the non-indigenous rate.[79]

It was consistently raised in evidence that there is a complex range of factors that contribute to high rates of obesity and associated co-morbidities amongst indigenous people. Many of these issues are similar to those in the general community, such as lack of awareness, financial and other issues that lead to over consumption of 'junk' foods and disincentives and barriers to physical activity. Higher risk of co-morbidities may also be in part due to the genetic predisposition to 'abdominal obesity', or fat storage around the middle.[80]

The NHMRC reports:

> 'To understand the present state of Aboriginal and Torres Strait Islander nutritional health it is necessary to set it in historical perspective. The limited information about the diet and nutritional health of these people before European colonisation suggests slim, strong people living in harmony with their environment. With the transition from a traditional hunter-gather lifestyle to a settled westernised existence, Aboriginal and Torres Strait Islander diet has changed from a varied, nutrient-dense diet to an energy-dense diet, high in fat and refined sugars. This has had a serious negative impact on the health and well-being of these peoples.'[81]

It was also raised in evidence that even when awareness exists, there are many barriers in indigenous communities to acting on advice and information about maintaining a healthy lifestyle and weight, for example acute poverty and other social problems. There was a focus in evidence received by the Committee on the provision of practical assistance in Aboriginal communities, such as breakfast programs, in preference to education campaigns.

Under-nourishment also remains a significant problem in many remote Aboriginal communities. Under-nutrition in children is also now known to lead to obesity in adulthood.[82] A major contributor to under-nourishment and lack of food is the high price of food in remote communities, coupled with very low incomes. Also, high rates of substance abuse can direct substantial amounts of money away from the purchase of food and other necessities.[83]

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[77] Nganampa Health Council, Ngaanytjarra Pitjantjatjara Yankunytjatjara Women's Council, Anangu Pitjantjatjara and all Community Councils on the Anangu Pitjantjatjara Yankunytjatjara Lands, Mai Wiru. Process and Policy. Regional Stores Policy and associated regulations for the Anangu Pitjantjatjara Lands. Published by the Nganampa Health Council, 2002, p33.
[78] National Health and Medical Research Council, Nutrition in Aboriginal and Torres Strait Islander Peoples: An Information Paper. Commonwealth of Australia 2000, p2.
[79] Australian Institute of Health and Welfare. Diabetes: Australian Facts. National Centre for Monitoring Diabetes Australian Institute of Health and Welfare, November 2002. AIHW cat. no. CVD 20, ppxi.
[80] World Health Organisation, 2000 cited in Australian Institute of Health and Welfare, December 2003, op cit, p10.
[81] National Health and Medical Research Council, 2000, op cit, p2.
[82] Smith, oral evidence, Hansard, p102.
[83] National Health and Medical Research Council, 2000, op cit, p2.

In response to this crisis, the Nganampa Health Council has worked with local community councils and other Anangu organisations to develop the *Mai Wiru: Regional Stores Policy and associated regulations for the Anangu Pitjantjatjara Lands.* The policy's goal is to ensure continuous access to nutritious and affordable food and essential health items.[84] Transport SA has also proposed a pilot project aimed at reducing freight, and therefore fresh food, costs. [85]

The Committee supports *Mai Wiru: Regional Stores Policy and associated regulations for the Anangu Pitjantjatjara Lands* and the establishment in 2004 of the Aboriginal Lands Parliamentary Standing Committee as the means for ensuring the maintenance of policies relating to food supply in remote Aboriginal communities in this State.

People in Rural Areas

In 2001, adults living in inner regional Australia or other rural areas were more likely to be overweight or obese than adults in the major cities (55.2% and 54.1% compared to 49.6%respectively).[86]

People in rural communities face many of the same issues as people in urban areas, including a lack of time to prepare healthy meals, barriers to sufficient exercise and lack of awareness about healthy diet and the risks associated with inactivity.

A major additional issue raised in evidence was the high cost of fresh food in many rural areas. It was reported in evidence that many low income families are moving to small rural towns in search of cheap housing, but where food is often more expensive. A study undertaken in 1999 found that a basket of food to feed a family for a fortnight could be up to 75% more expensive in a South Australian rural town than the same food in Adelaide.[87] Transport and access to shops, especially given high petrol prices is also an issue for people on low incomes.[88] These issues may contribute to consumption of less fresh foods and over-reliance on cheap take-aways.

The Department of Human Services' (DHS) *Eat Well SA* (including *Eat Well Outback* SA) state-wide nutrition promotion project has key aims relating to improving food security throughout SA, particularly rural areas.[89] The Department of Transport and Urban Planning (DTUP) also reported a number of actions in support of the *Eat Well SA* aims.[90] The Committee supports current initiatives within DHS and DTUP to improve access to healthy food in rural areas.

The Committee also received evidence that the variety of physical activity facilities and opportunities is limited in many rural areas and that the cost of insurance for new groups wanting to use existing halls and sporting clubs may be prohibitive.

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[84] Nganampa Health Council et al, 2002, op cit, p21.

[85] Supplementary written submission received from Mr. Andy Milazzo, Director, Transport Policy, DTUP, Transport SA, 27 Feb 2004.

[86] Australian Institute of Health and Welfare, December 2003, op cit, p7.

[87] Women's and Children's Hospital website. Media Release, in rural South Australia food costs up to 75% more than Adelaide, Friday, 16 June 2000. http://www.wch.sa.gov.au/media/160600_media_release.html, accessed 10 Feb 2004.

[88] Wakefield Region Dietitians, written submission, p1.

[89] South Australian Health Promoting Schools Communication Network website, http://www.sahps.net/iforum_agency

[90] Supplementary written submission received from Mr. Andy Milazzo, Director, Transport Policy, DTUP, Transport SA, 11 Feb 2004.

People with Disabilities

Research suggests that people with disabilities are more likely to be overweight or obese than other population groups.[91] Recent Australian research has shown that for people with intellectual disabilities, for example, the rate of obesity is around three times that of the general population.[92]

A number of factors may lead to weight gain in people with disabilities, including medical conditions that affect the body's metabolism, medications that may increase appetite, depression, dependence on family members or carers to provide meals and reduced mobility and lack of regular exercise. The Office of Recreation and Sport's *State Physical Activity Survey* identified people with disabilities as a group with very low levels of physical activity.[93]

For people with disabilities that affect their communication skills, awareness about healthy lifestyle can be limited due to communication problems with professionals and lack of relevant health promotion, materials and campaigns.

There is a range of resources and programs available to people with disabilities to assist with physical activity, diet and general health. For example, the SPARC Disability Foundation in this state supports people with disabilities to participate in community sport, arts and recreation activities. DECS also provides physical activities for students with disabilities. However, the Social Development Committee Inquiry into supported accommodation for people with disabilities identified that there remains significant unmet need in the provision of suitable recreational activities for many people with disabilities.[94]

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[91] NSW Council for Intellectual Disability, Position Paper: Health and People with Intellectual Disability. http://www.nswcid.org.au/systemic/position/health.html, accessed 23 February 2004, no page numbers.

[92] Stewart L, Beange H, McKerras D (1994), A survey of dietary problems of adults with learning disabilities in the community" Mental Handicap Research 7, 41-50 cited in NSW Council for Intellectual Disability, http://www.nswcid.org.au/systemic/position/health.html, accessed 23 February, no page numbers.

[93] Schetter, oral evidence, Hansard, p117.

[94] Parliament of South Australia, Inquiry into Supported Accommodation. Eighteenth Report of the Social Development, Laid on the Table of the Legislative Council & ordered to be Printed 25 November 2003, Third Session, Fiftieth Parliament, November 2003. p181-183.

LIST OF RECOMMENDATIONS

Research toward a Stronger Evidence Base for Interventions

The Committee recommends that:

1. The State Government identifies the most appropriate areas within the state to develop and implement 'whole of community' pilot demonstrations for evaluating community-wide interventions to reduce overweight and obesity.

   This would be part of the recommended national network of demonstration areas.

2. The Minister for Health supports further stages of the Child and Youth Health longitudinal study of overweight and obesity amongst South Australian children as required.
3. The Minister for Health ensures implementation in this state of the national monitoring systems once developed, through primary care and other relevant services.

Public Awareness and Health Promotion

The Committee recommends that:

4. The State Government develops and implements, as part of the State Healthy Weight Strategy, a state-wide community education and social marketing strategy to reduce overweight and obesity and increase fruit and vegetable consumption. This should include:
   - Healthy weight role models, especially for young people;
   - A focus on groups with high rates of obesity, including:
     - middle-aged' people (45–64 year olds);
     - low socio-economic groups;
     - Indigenous Australians; and
     - People in rural centres (particularly women).
   - Consultation with the Australian Association of National Advertisers and other relevant industry and media groups with a view to gaining their input and support.

   This should be in accordance with any national education and social marketing strategy arising form the National Obesity Taskforce agenda.

5. The Minister for Health develops a register of all people and organisations in South Australia that can disseminate information and promote healthy eating and active living behaviours to families.

   This would include individual and organisations in the primary health care, education, early childhood, medical, child care, sports and recreation and welfare sectors.

Over Consumption of High-Fat, Low Nutrient 'Junk' Foods

The Committee recommends that:

6. The Minister for Industry, Trade and Regional Development implements a review of point-of-sale information in and labelling by fast food franchises with a view to improving consumers' ability to make healthy choices.

7. All relevant Ministers support incorporation of food preparation and developing healthy lifestyles in all community and government-provided living skills programs. This should include a focus on groups with high rates of obesity, including:

    - 'middle-aged' people (45–64 year olds);
    - low socio-economic groups;
    - Indigenous Australians; and
    - People in rural centres (particularly women).

Barriers to Physical Activity

The Committee recommends that:

8. The Minister for Recreation, Sport & Racing undertakes community consultation to determine groups' and localities' needs in relation to exercise and physical activity facilities and improves provision accordingly. For example, sport equipment libraries.

1. This should have a focus on provision for:

- middle-aged' people (45–64 year olds);
- low socio-economic groups;
- Indigenous Australians; and
- People in rural centres (particularly women).

9. The Minister for Recreation, Sport & Racing, in conjunction with local councils, develops and promotes user-friendly registers of equipment and low-cost activities in all areas within the State.

10. The Minister for Recreation, Sport & Racing, in conjunction with the Minister for Urban Development & Planning and local councils, ensures maintenance of well-used community exercise facilities.

Transport and the Physical Environment

The Committee recommends that:

11. The Minister for Urban Development & Planning ensures that all new non-industrial developments and neighbourhood renewal projects are designed to promote active living by:
    - Developing planning guidelines to assist State Government agencies, local councils and developers to design neighbourhoods promote healthy eating and active living.

      This should promote the accessibility targets outlined by 'Pedshed' mapping, that is that 60% or more of an area is within walking distance[95] to neighbourhood centres; and
    - Developing improved partnerships with and training for local government in area-based planning and development.
12. The Minister for Education and Children's Services encourages all South Australian schools to implement active transport programs, such as safe routes to schools and "walking buses".
13. The Minister for Urban Development & Planning, in collaboration with relevant community groups, reviews existing and explores new initiatives to assist with improving the safety and security of children in public areas.
14. The Minister for Education & Children's Services and Minister for Transport investigate opportunities to provide schools and community organisations with public liability insurance for active transport initiatives and other physical activity programs, under departmental insurance arrangements.
15. The Minister for Transport promotes a focus on pedestrian and cyclist safety in areas of high community use, for example shopping centres, in the *SA Transport Plan.*

Emotional and Psychological Issues

The Committee recommends that:

16. The State-wide Healthy Weight Taskforce and Strategy incorporates an appropriate focus on emotional and psychological issues relating to overweight and obesity and corresponding supports.

    This should include attention to abnormal dieting patterns and body image problems, particularly for young people.

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[95] 5-10 minutes of walking

Food Marketing

The Committee recommends that:

17. The State Government promotes the expansion of proven programs such as the "Tick" and development and evaluation of new partnership programs that have specific aims related to overweight and obesity.

18. The State Government lobbies the Commonwealth to establish an independent body for monitoring compliance with all Codes and Standards relating to advertising to children.

    Membership should include, but not be restricted to, the Federation of Australian Commercial Television Stations (FACTS) and the Australian Broadcasting Authority (ABA), as well as other relevant and knowledgeable organisations.

    The independent monitoring body should:
    - Monitor breaches and recommend action accordingly;
    - Assess complaints in an independent fashion;
    - Recommend modifications to regulations where necessary; and
    - Evaluate the effect of the new Children's Television Standards.

19. The State Government ensures that community consultation occurs in this State in relation to the National Obesity Taskforce's proposed research to assess the impact of current food and drinks advertising practices on rates of overweight and obesity.

20. The State Government lobbies the Commonwealth government to develop and promote incentives for the food and advertising industries to contribute resources towards independent research in the area of overweight and obesity, in a way that is transparent and maintains the credibility of research.

21. The State Government lobbies the Commonwealth to implement a mandatory regulation that requires limitations (a maximum time limit for advertising per programming time) on food advertising to children within peak viewing times, regardless of the classification of a program.

2. This would not include limitations on health promotion advertisements, for example those promoting consumption of fresh fruit and vegetables.

Education Sector

The Committee recommends that:

22. The Minister for Education and Children's Services ensures proper evaluation of the *Active for Life* Physical Activity Strategy with a view to promoting and extending those initiatives that are successful throughout the State.

23. The Minister for Education and Children's Services ensures, through *Active for Life*, that the cost to students and families for participation in physical activities continues to be kept to an absolute minimum.

24. The Minister for Education and Children's Services implements physical activity guidelines for schools, including a recommended minimum of :

    - 30 minutes of organised physical activity per day for primary students; and
    - 100 minutes of organised physical activity per week for secondary students

    to be facilitated through the *Active for Life* Physical Activity Strategy.

    Note: There is currently no single agreed Australian standard for minimum physical activity. The Commonwealth Department of Health and Ageing is currently developing national standards, including for children and adolescents, due to be released during 2004. The minimum requirements outlined in this Recommendation are very moderate recommendations that the Committee considers to be consistent with current guidelines and recommendations from ACHPER and Education Departments throughout Australia.

25. The Minister for Education and Children's Services investigates opportunities to increase the variety of activities provided, including non-competitive options, in collaboration with the South Australian Primary School Sports Association (SAPSASA) and the South Australian Secondary Schools Sports Association (SASSSA).

26. The Minister for Education and Children's Services considers the development of a 'credit system' for physical education whereby students can substitute endorsed out-of-school/ community physical activities for time in traditional physical education and sports.

    Development should consider a system for determining whether out-of-school activities contribute to appropriate Learning Areas within the Standards and Accountability Framework (SACSA) framework.

27. The Minister for Education and Children's Services implements a policy within *Active for Life* which promotes children's participation in community based sports and activities and aims to assist school-leavers with the transition from school-based to community based activities and clubs.

28. The Minister for Education and Children's Services implements a review of pre-service teacher education courses servicing Health & Physical Education and increases opportunities for post graduate studies in Health & Physical Education.

29. The Minister for Education and Children's Services and Minister for Sport, Recreation & Racing expand opportunities for use of school facilities for community physical activities.

    This should be achieved through partnerships and cost-sharing between community clubs and organisations and schools (including for insurance costs). It should include the use of outdoor grounds and specific community programs during school holidays.

30. The Minister for Education and Children's Services encourages schools, as part of the *Eat Well* initiative, to consult with students, parents and caregivers in the development of food, nutrition and physical education programs to ensure their relevance.

31. The Minister for Education and Children's Services ensures ongoing monitoring of the successful implementation of *Eat Well* in schools and develops a system of publicly awarding successful schools.
32. The Minister for Education and Children's Services promotes the health benefits of *Eat Well* to students, parents and caregivers, including practical suggestions for healthy food choices in the home and lunchboxes.
33. The Minister for Education and Children's Services assists school councils with alternative ideas for fund-raising to compensate for any losses resulting from changes to canteen and vending machine supplies.

Child Care and After School Care

The Committee recommends that:

34. The Minister for Education and Children's Services:
    - assesses current policy and practice on physical activity within Child Care centres and after-school care programs according to the minimum physical activity standards outlined in the new Commonwealth guidelines for children (once finalised); and
    - makes relevant improvements where necessary.

    This should examine real and perceived barriers.
35. The DECS *Eat Well* strategy be extended to child care centres and after school care programs with appropriate modifications.

    The extension of *Eat Well* to child care centres should incorporate the existing *Start Right Eat Right* award system and include the provision of resources to parents.

Maternal and Infant Health

The Committee recommends that:

36. The Minister for Health implements evaluation of all 'good' practice programmes for healthy eating (including breastfeeding) and active living within antenatal and postnatal care (including home visiting) with a view to:
    - Extending where appropriate;
    - Increasing access rates by Indigenous people.
37. The Minister for Health targets new parents in any public information strategies relating to healthy eating, active living and maintenance of healthy weight.
38. The Minister for Health, in partnership with all other relevant Ministers, implements and promotes a state-wide policy regarding breastfeeding friendly environments.

Primary Care Services

The Committee recommends that:

39. The Minister for Health promotes distribution of the National Health and Medical Research Council's '*Overweight and Obesity: A Guide for General Practitioners'* and prompt sheets to all general practitioners and other primary health care professionals throughout the State.
40. The Minister for Health promotes the implementation 'Lifestyle Scripts' to be distributed by general practitioners where appropriate eg. to recommend a certain amount of exercise per week to a patient.
41. The Minister for Health ensures the participation of all general practitioners and other primary health care professionals in this state in programs for monitoring Body Mass Index (BMI).
42. The Minister for Health, in collaboration with appropriate community health services, explores opportunities for increasing community-based support programmes for management of overweight and obesity.

Workplaces

The Committee recommends that:

43. The Ministers for Health, for Social Inclusion, for Housing, for Transport and for Industrial Relations implements fitness and healthy eating workplace policies.
44. The Minister for Industrial Relations considers the inclusion of health promotion clauses relating to healthy eating and physical activity in Enterprise Bargaining agreements.
45. The Ministers for Health and for Transport lobby the Commonwealth to:
    - implement comprehensive evaluation of the Coorong District Council Good Food on the Road program so that the model can be applied elsewhere with any appropriate modifications; and
    - provide ongoing support for the program if found to be successful.
46. The Ministers for Health and for Transport:
    - implement a survey to identify occupations and workplaces that require greater choice in healthy foods and greater assistance and information relating to healthy lifestyles; and
    - in collaboration with appropriate stakeholders, seek to develop and implement a system of accrediting and promoting cafés, mobile lunch vans, workplace canteens, roadhouses etc. as healthy food providers, using the Coorong District Council Good Food on the Road program as a model.

Overweight and Obesity amongst Indigenous People

The Committee recommends that:

47. The Healthy Weight Statewide Taskforce ensures that the Strategy, which is currently being developed, is culturally appropriate for Indigenous people, or has corresponding Indigenous components. The Strategy should make appropriate links with established Aboriginal health services.
48. The Minister for Health investigates the need to extend programmes for healthy eating (including breastfeeding) and active living within antenatal and postnatal care (including home visiting) in Indigenous communities.
49. The Minister for Aboriginal Affairs and Reconciliation investigates an appropriate South Australian Indigenous community for participation as a 'whole of community' demonstration area, as recommended by the National Taskforce.

People in Rural Areas

The Committee recommends that:

50. The State Government supports the ongoing implementation of *Eat Well SA* and *Eat Well Outback SA* in appropriate communities, incorporating improvements arising from evaluation.

People with Disabilities

The Committee recommends that:

51. The Minister for Disability ensures that any future development of home-based supports, respite services or supported accommodation (including institutional care) services for people with disabilities includes a strong focus on:
    - appropriate choice of physical recreational activities;
    - improved information for people with disabilities and carers (paid and family/informal) about healthy diet, lifestyle and physical activity possibilities, recognising the different needs and limitations of different people with disabilities (eg. physical, intellectual).