PO Box 11413
Centenary Heights Qld 4350

small steps
NUTRITION

ABN 61 581 735 009

23 June 2017

Committee Secretary
Health, Communities, Disability Service
& Domestic
Parliament House
George St
Brisbane Qld 4000

Dear Sir/Madam

Re: Late Submission – Healthy Futures Commission Queensland Bill 2017

Further to my email of 21 June 2017 please find my written submission for the above Bill. It would be appreciated if my submission could be considered by The Committee as I believe my work with children and families in educating children about nutrition dovetails the aspirations and objectives of this Bill.

Regards

[redacted]

Karen Smith *(MHumNutr,Deakin)*
Nutritionist

Healthy Futures Commission Queensland Bill 2017

Thank you for the opportunity to provide this submission in relation to the above Bill. This submission is set out in such a way that the reader should be able to see, *inter alia*, why the education of children is central in changing contemporary eating patterns, what initiatives the writer's own business is using to address this, and what further inclusions may be made to this Bill (recommendations)

Establishing the Parameters of this Submission

To assist the reader, the scope of this submission is limited. Please forgive the pun, but there may be insufficient weight given to the nutrition side, in defining the problem (that is, the overweight community), which could impede effective remedies. A U.S. meta-analysis done in 2011 looked at the relationship between physical activity and fat mass in children, and found that being active was probably not the key determinant in whether a child is at an unhealthy weight (1). While the reader doesn't have to agree with these views, there does seem to be a bias out there for activity-based initiatives compared to nutrition-based. The writer agrees that activity-based interventions have their place in dealing with the overweight/obesity problem, but this submission focuses on the nutrition side only. A further limitation of this submission is the emphasis on childrens' nutrition, in part fuelled by the well-documented intransigence of adults when it comes to changing eating patterns.

Why the Focus on Children?

For any intervention to be successful it must include those most vulnerable in our community – those that don't have a voice, which must include children. With nearly one in four children being overweight or obese in Queensland (2) it is timely and appropriate that the health of our children is the focus of this important Bill. Children are often the silent voice in health issues such as overweight and obesity. They suffer the inherent physical conditions of being overweight and obese as well as the psychological burden as they are often bullied and/or excluded and as a consequence they often suffer from low self-esteem. However, perhaps the most important long term consequence of childhood obesity is its persistence into adulthood. There is now epidemiological evidence to support the assertion that the association between obesity and disease begins early in life. (3). Early intervention in eating habits and patterns has to be a priority. 20-25% of Australian 2-8 year olds are already overweight (4,5) and at substantially increased risk of becoming overweight adults, with attendant increased risk of morbidity and mortality (6,7) While parents and infants share a common genetic propensity for weight gain, the early feeding environment is critical for establishing eating habits (8,9).

In Australia in 2014-15 only 68.1% of children aged 2-18 years met the Australian Dietary Guidelines for recommended daily serves of fruit, while 5.4% met the guidelines for serves of vegetables. Only one in twenty (5.1%) children met both guidelines (10). The problems are compounded by a lack of parental concern about overweight/obesity in the general Australian population (11) It is hoped that healthy practices established early in life, such as a balanced diet with sufficient fruit and vegetables, may continue into adolescence and adulthood, thereby reducing a person's risk of developing conditions such as heart disease and diabetes. The criticism of this last statement is that it's not fully known or documented that healthy eating practices and longevity and/or healthy lives are linked in a cause-effect way because the overweight/obese 'problem' is relatively recent for such longitudinal studies.

What Small Steps Nutrition is Doing to Address Childrens' Nutrition

Currently this business is running workshops for Day Care facilities, Early Learning Centres, Kindergartens, and holiday workshops for primary school children. Sessional work for adult audiences has also been run for weight loss groups, sports clubs, local govt.-based initiatives and the Federal Govt. These inclusions are presented here solely to show the breadth and portability of Small Steps' programs.

For the reader's ease, the activities and foci of Small Steps Nutrition are presented next. . For all groups, the 5 basic food groups are presented and discussed, relative to the level of understanding of the different age-groups. For all groups, an understanding of how each food group affects their own body functioning, and how each food group must be included in day-to-day eating, is the main driver. Children learn about nutrition by doing. Seeing, touching, smelling and tasting are central in these workshops. Puppets, informative children stories (e.g. Goldilocks eat your greens) are used for under-fives. Children use fruit and vegetables to make pictures on plates, which are then eaten. For slightly older children, the workshops are more interactive. The children make for example fruit kebabs, salad wraps reinforcing what's available, what preparation is necessary, the benefits … all with reference to healthy eating and its impact on healthy functioning. The emphasis is on making good, healthy eating choices. This is important given the bombardment from various powerful media advertising promoting energy dense but nutrition-poor food.

In each case, the education of children is critical. There have been many instances of poor understanding of the role of food by adults, but passed on to their children in particular which have surfaced in Small Steps' workshops. To illustrate, children have turned up to kindergarten with breakfasts on the run consisting of hash-browns and cups of coke, to be followed with a lunch of chocolate biscuits. Children have also turned up to workshops totally averse to trying or participating in any fruit and vegetable-related activities. In addition, it is astounding the number of children who simply do not know or recognise many commonly used fruit and vegetables. Let's also acknowledge the numbers of children who arrive at Small Steps Nutrition sessions without having had breakfast.

One of the well-established marketing constructs is 'pester power' or the power to coerce parents to buy advertised goods which includes toys and foods. One of the major benefits of educating children in Small Steps Nutrition sessions is the clear 'pester power' capacity of child session participants to take the message of healthy eating back to the home. Anecdotal accounts from Day Care Centres and Kindergarten Managers for example are rich in detail about the effects of children taking their newly learned nutrition arguments back to mums and dads. Children are challenging some of the poor and less-preferred nutrition practices of family. This teaching upward appears to be a happening thing.

For the purposes of this submission, the descriptive part is necessarily brief but at the Commission's request, could be readily expanded.

Recommendations or further inclusions to the bill

It is known that many nutrition and 'wellness' providers have based their learning (and therefore their businesses) on questionable qualifications. Some practitioners are conducting nutrition-related enterprises without even having formal qualification of any kind relying instead on their personal life experiences. This has the capacity to undermine, even risk discrediting fully qualified practitioners who've completed their formal studies. **The recommendation therefore is that the commission establishes robust specifications for all those who run their nutrition-based businesses which impact on children and families.**

Not unrelated to the above is the lack of regulation in the nutrition industry. While this may be beyond the scope of this important Bill, the safety and security of those who will be the givers and receivers of any benefits of targeted nutrition programs need to be protected.

The education of children (and families) is by definition a medium to long-term commitment, involving behaviour which is difficult to measure. As with most government initiatives, it's assumed, there will be close scrutiny of the benefits of monies set aside for the objectives of the Bill. **The recommendation here is that resources need to be given to the ongoing evaluation of funded programs.**

Consideration should be given to linking to productive partners. Sports clubs, universities, local government - such links help to legitimise any initiatives springing from the Bill. **The recommendation is to encourage and support (financially) initiatives which establish such connections to reputable entities.**

Hot-spot areas with high rates of obesity or overweight communities are already known. The Darling Downs-Maranoa area featured recently as the fattest region in Australia (2015) in an ABC program based on findings from the National Heart Foundation (12). **The recommendation here is that priority must be given to designated hot post areas.**

Added to the above, there are known groups and sub-groups in the community which feature in data sets of overweight and obesity. For example, data from the 2016 Report of the Chief Health Officer Queensland a 2012-13 found that 30% of indigenous Qld. children were either overweight or obese (13). **It is recommended that demographic data are used to highlight groups who would benefit most from health-based interventions arising from this Bill.**

Given the stakes, any blanket roll-out of new healthy lifestyle programs may be problematic. The degree of readiness or acceptance is unknown. **For these reasons it is recommended here that pilot programs should be carried out.** Ideally, these pilots could be carried out in the hot-spot areas and which target the demographic groups most at risk as referred to in the above two recommendations.

Lastly, healthy living choices are based on learning and the earlier this type of learning the more likely it will endure over time. The cost of addressing and correcting established behaviours versus the cost of setting healthy eating behaviours at the earliest opportunity make the latter much more cost-effective … and humane. **This last recommendation therefore is to target young children at the earliest practical time in their development, to deliver nutrition and other health promotion initiatives (preventative versus remedial).**

References

1. Wilks DC, Sharp SJ, Ekelund U, Thompson S, Mander AP, Turner RM, et al Objectively Measured Physical Activity and Fat Mass in Children: A Bias-Adjusted Meta-Analysis of Prospective Studies. PLoS One 2011, 6(2):e17205. Published online 2011 Feb 23 doi 10.371/journal.pone.0017205

2. Australian Bureau of Statistics (Internet) Canberra ACT: National Health Survey 2014-2015 [updated 23 March 2016] Available from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Queensland~10004

3. Australian Government: Department of Health (Internet). About Overweight and Obesity 2017 Available from: www.health.gov.au/internet/main/publishing/nsf/content/health-pubhlth-strateg-hltwt-obesity.htm

4. Wake M, Hardy P, Canterford L, Sawyer M, Carlin JB: Overweight, obesity and girth of Australian preschoolers: Prevalence and socio-economic correlates. International Journal of Obesity. 2007, 31 (7): 1044-1051. 10.1038/sj.ijo.0803503

5. Australian Government: Department Health and Ageing (Internet) Canberra ACT : 2007 Australian National Children's Nutrition and Physical Activity Survey – Key Findings. Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-childrens-survey-keyfindings

6. Power C, Parsons T: Nutritional and other influences in childhood as predictors of adult obesity. Proceedings of the Nutrition Society. 2002, 59: 267-272. 10.1017/S002966510000029X

7. Magarey AM, Daniels LA, Boulton TJ, Cockington RA: Predicting obesity in early adulthood from childhood and parental obesity. Int J Obesity. 2003, 27: 505-513. 10.1038/sj.ijo.0802251

8. Davison KK, Birch LL: Childhood overweight: a contextual model and recommendations for future research. Obesity Reviews. 2001, 2: 159-171. 10.1046/j.1467-789x.2001.00036.x.

9. Satter E: The feeding relationship: problems and interventions. The Journal of Pediatrics. 1990, 117 (2 Pt 2): S181-189. 10.1016/S0022-3476(05)80017-4

10. Australian Government: Australian Bureau of Statistics (internet) Canberra ACT. Updated 8 December 2015 Available from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Children's%20risk%20factors~31

11. Campbell M, Williams J, Hampton A, et al. Maternal concern and perceptions of overweight in Australian preschool-aged children. Med J Aust 2006;184:274–7
12. Nichols M, Peterson K, Herbert J, Allender S, Australia Heart disease Statistics: Overweight, obesity and cardiovascular disease – past, present and future. Melbourne, National Heart Foundation , 2015

13. Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2016.