

A lifeSPANS approach: Addressing child obesity in Australia

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Compelling populations, individuals or even ourselves to act preemptively on the urgent and massive challenges of tomorrow is notoriously difficult.

The concept is called temporal or future discounting, and it is well documented.¹ It is the idea that we prioritise our current comfort and happiness over our future and seemingly distant safety or wellbeing. This psychological shortcoming plays out in many ways. At the micro level, we may defer until next week what we should do today—that run, drinking more water or the dentist check-up—as it may not reap benefits for months, or ever. Eventually, we may act on some of these but whether delayed, deferred or denied, it can reap serious health consequences.

At the macro level, it becomes even more problematic. When we combine this “delay what’s beyond tomorrow” phenomenon with short-term political cycles in the context of systems-based, slowly evolving and largely invisible future threats, important but not yet imminent issues are not just postponed, but ignored.

Few challenges are a greater threat to the health of Australians, nor better define future discounting, than obesity. At the individual level and in our modern, obesogenic societies, weight gain has become the norm—the biological and social path of least resistance. Food systems have shifted from a focus on seasonal, fresh and relatively calorie-poor staples with minimal processing or meat, to an environment where junk foods and processed foods are ubiquitous, heavily advertised, hugely profitable and, for many communities, the only feasible “choice”. Poor nutrition is now the leading risk factor for disease in our country.² City living has come with benefits, but along with an increasingly automated and digitalised lifestyle, has seen physical activity become something we must seek out, rather than an unavoidable component of our daily lives. Factors such as these have made individual action difficult for most of us and combined with our biology, have contributed to obesity rates more than doubling in Australia since 1980 alone.³

At the policy level, a dangerous, pernicious and unhealthy status quo has evolved over decades. One which sees a population

increasingly affected by preventable, chronic disease. One which can only be solved through difficult decisions from politicians and the public to make the short-term, passive but unhealthy comfort harder; and the long-term promise of wellbeing more attractive. One which must see sustained public demand and political commitment for a distant goal and best scenario of nil-effect, in the face of constant, coordinated and powerful pushback, threats and careful intimidation from largely unprecedented policy counter-currents.

But opportunities do exist; levers throughout this gridlocked policy landscape that can be utilised to move the obesity agenda forward.

One of those is our kids.

We know that if we cannot prevent obesity in our children, those young Australians will likely never achieve wellbeing. We know that one in four of our children is overweight or obese and that while 5% of healthy weight kids become obese adults, up to 79% obese children will never realise a healthy weight.^{4,5} We know that the school years are a time when major weight gain occurs in our lifecourse and almost no one loses weight as they age.⁶ Recent evidence suggests early, simple interventions not only reduce weight and improve the health for our youngest kids, but also reduce weight in their parents.^{7,8} An important network of effective implementation platforms and primed partners already exist in our schools and teachers around the nation. Finally, a large (but likely overstated) proportion of Australians may call “nanny state” at even the whiff of effective policies against obesity, but less so if those policies are aimed at our children.

With this in mind, I was recently invited to Canberra to present on how I would spend an extra \$100 million each year on preventive health for the nation. This is the five-point policy plan I proposed; a lifeSPANS approach to addressing child obesity—and with it, equipping a new generation of Australians to act on tomorrow’s risks, today. This is an evidence-based package to reduce the major sources of premature deaths, starting early.

1 | SCHOOLS AS PLATFORMS FOR HEALTH

- \$3 million to support the revision and implementation of clear, mandatory guidelines on healthy food in school canteens
- \$3 million to coordinate and support the removal of sales of sugary drinks
- \$13 million to expand food and nutrition programs to remaining primary schools
- \$40 million as \$5000-10 000 means-tested grants for infrastructure that supports healthy eating and drinking in primary schools
- \$130 million to cover 1.7 million daily school breakfasts for every child at the 6300 primary schools nationally^{9,10}
- \$140 million left from sugary drink tax revenue for school staffing and programs for nutrition and physical activity

Schools alone cannot solve the child obesity epidemic; however, it is unlikely that child obesity rates can be reversed without strong school-based policies to support healthy eating and physical activity. Children and adolescents consume 19%-50% of daily calories at school and spend more time there than in any other environment away from home.¹¹ Evidence suggests that “incentives” are unlikely to result in behaviour change but peer pressure might.¹² Therefore, learning among friends offers a unique opportunity to positively influence healthy habits.

Trials have demonstrated both the educational and health benefits of providing free school meals, including increased fruit and vegetable consumption, knowledge of a healthy diet, healthier eating at home and improved school performance. Providing meals to all children supports low-income families and works to address health inequalities and stigma.¹⁰

School vending machines or canteens selling sugary drinks and junk foods further fuel an obesogenic, modern food environment. Sugary drinks are the leading source of added sugar in our diet in Australia and are considered a major individual risk factor for non-communicable diseases, such as type 2 diabetes.¹³ Removing unhealthy foods and drinks from schools would support children, teachers and parents and send a powerful message to communities about the health harms of these products.

Finally, it is not only about taking things away but also supporting locally driven programs and the school infrastructure to support healthier habits. Drinking fountains, play equipment and canteen hardware could all be supported through small grants aimed at further empowering schools as decisions makers and agents for healthier kids.

2 | PRICING THAT'S FAIR TO FAMILIES

- 20% increase in sugary drinks pricing with phased expansion to fast foods over three years, unlocking approximately \$400 million in annual revenue to add to existing \$100 million for prevention

- More than \$600 million in annual health savings expected from sugary drinks price increase of 20%
- \$10 million for social marketing campaigns to explain the new policy measures, and benefits to community
- Compensation package for farmers and small retailers producing and selling sugary drinks (cost unknown but likely small)
- Such legislation would also support industry to reformulate or reshape product portfolios for long-term market planning

Today's food environment sees increased availability of lower cost, processed foods high in salt, fats and added sugars.¹⁴ People have less time to prepare meals and are influenced by aggressive food marketing. This leads to food inequality with those from low socioeconomic backgrounds at greater risk from obesity. Obesity increases the risks of cardiovascular disease, type 2 diabetes, stroke, cancer, mental health issues and premature death.¹⁵ There are also wider societal and economic costs amounting to an estimated \$8.6 billion spent in the health sector alone annually.¹⁶

Food prices should be adjusted in relation to nutritional content. Policy makers must shift their pricing focus to integrate the true societal cost of products associated with fiscally burdensome disease. In 2016, a WHO report highlighted that a 20% increase in retail price of sugary drinks lowers consumption as well as obesity, type 2 diabetes and tooth decay.¹⁷ The landmark peso per litre sugar tax from Mexico highlighted the behaviour change potential such policies possess. Sales of higher priced beverages decreased substantially in subsequent years. Importantly, the most significant decreases occurred among the poorest households.¹⁸ For Australia, a similar approach is estimated to lead to \$609 million in annual health savings and raise \$400 million in direct revenue.¹⁶

These legislative approaches should be framed as an expansion of our existing GST and would encourage industry to reformulate products, positively influencing the food environment.^{13,15,17}

This is not a sin tax or ban, it is an effective policy and pricing that is fair to families. It is also backed by evidence and supported by the public.¹⁹

3 | ADVERTISING THAT SUPPORTS OUR KIDS

- End all junk food marketing to children, and between 6 AM and 10 PM on television
- End the use of cartoons on any food or drink packaging
- \$30 million to replace junk food sponsorship of sport and arts events with healthy messaging and explanation of lifeSPANS policy approach
- Phased expansion of advertising ban over three years to all non-essential foods (GST language)

The food industry knows that marketing works, otherwise they would not spend almost \$400 million annually on advertisements in

Australia alone.²⁰ Three of four commercial food advertisements are for unhealthy products and evidence suggests that food advertising triggers cognitive processes that influence our food choices, similar to those seen in addiction. Studies also demonstrate that food commercials including the use of cartoons influence the amount of calories that children consume and the findings are particularly pronounced in overweight children.²¹

Fast food advertising at sporting and arts events further reinforces a dangerous and confusing notion that sees the direct association between societal heroes or elite athleticism and the unhealthiest of foods.

Ending junk food advertising to children, including any use of cartoons in the advertisement of food and drinks, is an important step to support our kids.

4 | NUTRITION LABELLING THAT MAKES SENSE TO EVERYONE

- Further strengthen existing labelling approaches, including mandatory systems

Nutritional information can be confusing for parents, let alone children. Food packaging often lists nutritional information in relation to portion size meaning a product with a higher figure may simply be larger rather than less healthy. While the Health Star Rating system, implemented in 2014, has made substantive progress, it remains voluntary.²²

Efforts should be made to strengthen the usability of existing efforts and make consistent, evidence-based and effective labelling mandatory. Such developments would also provide stronger incentives for manufacturers to reformulate products, reducing sugar, fat and salt content.

Clearer and consistent information would help create a more enabling food environment for families to make informed choices about their food.

5 | SUPPLY CHAIN SYSTEMS AS SOLUTION-CATALYSTS

- Utilise procurement and supply chains of schools and public institutions to drive demand for healthier foods
- Leverage the purchasing power of large organisations to reduce the costs of healthy foods for partner organisations and communities

Coordinated strategies are needed to support the availability of lower cost, healthy foods for all communities. Cities and large organisations such as schools and hospitals could collaborate to purchase food as collectives, thus driving demand, building market size and improving economies of scale.²³

By leveraging collective purchasing power, institutions can catalyse the availability of sustainable and healthy foods to also support wider, positive food environment change.

6 | A \$100M QUESTION

The answer to obesity will never be in telling people what to do, guilting them for making unhealthier choices in a confusing consumption landscape, or by simply banning things. We also know that education and knowledge will get us only so far. The real answers lie not even in inspiring populations to make hundreds of healthier decisions each and every day in the face of a seductively obesogenic, social milieu. If we are to drive long-term, sustained and scalable change, we must tweak the system to ensure those healthier choices become the path of least resistance—and eventually preferred. And I believe we must focus, initially, on our kids.

It is time for a lifeSPANS approach to addressing obesity in Australia.

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