



Amanda Rishworth MP

Member for Kingston
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Weighing it up

Ms Rishworth (Kingston) (10:46 AM) —I also rise to commend the House of Representatives Standing Committee on Health and Ageing's report *Weighing it up*. I would also like to reflect on some of the comments that have already been made. This report was based on keen interest from all the committee members. We worked in a really constructive way to look at this issue of obesity in our society and how we might tackle it. On the face of it, it seems quite simple to address the obesity problem: people should take in fewer calories and burn off more calories by exercising. But, as we heard during this inquiry from witnesses and submissions, it is not that simple. What is very important about this report is that it picks up on many different levels of our society that need to tackle it. It looks at some of the grassroots programs. It looks at some of the structural issues in our society such as urban planning. It also looks at some things that we as a government can do in collaboration with industry and other groups around the place. So I think it is a report that looks into many different areas.

As we know, the issue of obesity does get a lot of media, and certainly if you put the word 'obesity' in something then often it will get attention. I think part of the reason is that, as has been demonstrated as part of this report, there will be some very serious ramifications for our society if we do not tackle this problem. The report highlights that high body weight has been estimated to contribute to 7.5 per cent of the burden of disease in Australia, and this is nearing the 7.8 per cent contribution that tobacco use makes. The scope of this problem can be seen in the latest national health survey from the Australian Bureau of Statistics. The 2007-08 figures found that more adult Australians were overweight or obese in 2007-08 than in 1995. That was when the previous survey was conducted. The survey found that 68 per cent of men and 55 per cent of women were either overweight or obese. It was similar for children. There was a significant increase in the proportion who were obese, from 5.2 per cent in 1995 to 7.8 per cent in 2007-08. So it would seem that we do have a trend where this issue is continuing to rise, and this rise is going to continue to lead to a very serious cost burden on our health system.

In addition to the cost of overweight and obesity incurred by individuals, families and the community, there is a huge financial cost on the health system. As the report indicates, we got a submission from Access Economics who did a report, *The growing cost of obesity in 2008: three years on*, which updated their earlier report titled *The economic cost of obesity*. They found that the total cost of obesity in 2008 was around \$58 billion. This sum includes costs of diseases such as diabetes, cardiovascular disease, various types of cancer and osteoarthritis. The figure has risen from the earlier estimate of \$21 billion for the total cost of obesity. We can see

that the cost of this problem will only increase if we fail to act. These costs will be compounded by the unique nature of Australia's demographics. The 2008 Access Economics report predicted that population ageing alone will result in 4.6 million Australians being classified obese in 2025. So it continues to be an issue that we must address.

We heard evidence that hospitals were also bearing a significant proportion of costs as a result of overweight and obesity. For example, the report showed that the increased cost of specialised equipment was a major concern for hospitals. We heard witnesses present this evidence. Similarly, there are also many hidden costs resulting from the obesity health issues. Professor Samaras from St Vincent's Hospital, told the committee:

Every time a coronary artery stent is put in, and obesity is the cause of that, that costs \$10,000. You will not see it as an obesity statistic; you will see it as a cardiac statistic.

In fact it is inherently related to the issue of obesity.

The committee realised just how complex this policy area is, and that is why none of the recommendations are a silver bullet. We must acknowledge that the costs to our health system are not the only costs. As the committee observed, there is extensive personal cost incurred by individuals who are affected by obesity. It was very moving to hear evidence from witnesses to the inquiry identifying a number of areas, in addition to financial areas, where people bear what I would call the personal costs of obesity. These costs include particularly devastating emotional harm, from discrimination, stereotyping and bullying, that often lead to mental health issues. This was very important and certainly should not be seen as less important than the cost burden on our health care system.

Some of these negative effects are fuelled by the increased focus on obesity by the community which, although warranted, has had some perverse effects. The report highlights that too much of this media coverage has been overly alarmist and sometimes of a defeatist nature. Although it was recognised that popular weight-loss television shows draw attention to the issue, they can be somewhat extreme. TV reality shows that encourage people to compete to lose huge amounts of weight in a short time—although, once again, they draw attention to these issues—do not really provide people with some solid solutions that they can follow.

In contrast, our report makes numerous recommendations that look at ways that we can improve a number of measures. Particular recommendations need to be highlighted. Recommendation 3 recommends that the minister for health works with states, territories and local governments through the Australian Health Ministers Advisory Council to develop and implement long-term, effective, well-targeted social marketing and education campaigns about obesity, and more importantly about healthy lifestyles, and to ensure that these marketing campaigns are made more successful by linking them to broader policy responses to obesity.

This is important, because as the report shows, social marketing, if well directed, can play a significant role in educating Australians about healthy eating and living. The report makes it clear that the message of the social marketing campaigns can increase people's demand for healthy products as well as encourage physical activity and healthy eating to become part of everybody's daily routine. An example

of this is the How Do You Measure Up? campaign which includes a hard-hitting television ad and billboard posters. But this is not enough by itself. As the anti-smoking campaign over the last 20 years has shown, long-term ongoing integrated campaigns are the most successful in influencing behaviour across society. We also heard a lot of evidence from the witnesses and submissions about grassroots programs that are having an effect on the ground. As previous members have mentioned, the federal government's Active After-school Communities program has certainly been supported.

There are also programs such as the Stephanie Alexander Kitchen Garden program. I felt very lucky to attend the Stephanie Alexander Kitchen Garden program and see it up and running in Melbourne. This program is very inspirational. For people who do not know about the program, kids make a garden with some help from teachers and volunteers. They plant a whole lot of things and then they have a lesson in taking those things from the garden and cooking them, really making that connection between growing fresh healthy food in the garden and learning how you transform that into a cooked meal.

We talked to one of the coordinators, who said that they do not talk about 'healthy' versus 'non-healthy' products. Really they are looking at making the connection between good food and the kitchen. I talked to some of the children in this program and one comment really stuck with me. I was talking to one of the young people in the program and I asked him whether he takes home some of these lessons in cooking. The young boy said, 'Well, look, I do. In fact Dad used to cook everything from packets and now I take home the recipes and we cook fresh food.' I think that was really important and it showed just how this program is making that connection between fresh food and the home environment. As the previous speaker said, our young people have the nag factor for their parents and, if we can get them nagging their parents about healthy eating and good eating as opposed to wanting to eat lollies, then that is certainly a positive thing.

One aspect of the integrated approach to fighting obesity that I am particularly passionate about is an improved food labelling system. I do believe that Australians need good information in order to make good choices and that an informative, simple food labelling system is really important in doing this. As the report shows, there has been overwhelming support for the introduction of an improved labelling system, one that gives you key information that is very visual and placed on the front of the package.

The design of such a labelling system needs a lot of consideration. I know that as a committee we heard a lot of information supporting the traffic light labelling system. This is a system that does have a lot of merit. I will be particularly interested in the report commissioned by the UK Food Standards Agency, which involves an independent group of experts studying over 18 months the most effective food labelling, to see how we might go forward on this. As we know with food labelling, there are always different issues, and I look forward to this report by the UK Food Standards Agency, which might show us how Australia might move forward with better food labelling. I note also recommendation 12, which talks about the industry and the government working together to provide better food labelling.

I would also like to draw the chamber's attention to recommendation 15, which looks at reformulation of foods. I think it is important that we reduce the amount of

salt and fat in our products. We heard evidence from a lot of the canteens that we went to that they are opting to buy pies and pasties with reduced fat and reduced salt so that you can get products that can taste the same that may have reduced amounts of fat and salt and sugar. Recommendation 15 looks at that as well. I know there has been a lot of discussion in South Australia about how we might remove trans fatty acids, which are, from all accounts, a nasty fat, from food products.

In conclusion, the costs of obesity in Australia are significant. The international evidence tells us that Australia is not alone in facing increasing rates of obesity. The World Health Organisation has classified obesity as a chronic disease and, as far back as 1997, declared that:

... overweight and obesity represents a rapidly growing threat to the health of populations in an increasing number of countries worldwide.

This threat does mean that individuals need to take responsibility. The report shows there are factors, though, that impact on people's ability to control their weight, and that is where industry, government and other organisations have a role to play.

I would like to take this opportunity to thank all the other members of the committee. As I said from the outset, this was a particularly constructive committee report where everyone did work together very well. I would like to thank the secretariat—Sara, Penny, James and the other members—who did work very hard in providing us with a very interesting program. I would also like to thank all the witnesses that appeared before the committee, and those that made the many submissions. This did provide the committee with real food for thought, which we have certainly highlighted in the report. There is no silver bullet, but there are things that all levels of government can do, and that industry and individuals can do to address this problem.