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MEDIA RELEASE

CHILDHOOD OBESITY: SMART LEADERSHIP REQUIRED

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CURBING obesity in Australia's children is achievable and can be realised through a combination of smart governance, community initiatives, the support of individual efforts, and clinical leadership, according to the authors of a narrative review published in the *Medical Journal of Australia*.

Of the 34 OECD member countries, Australia ranks fifth for girls and eighth for boys for obesity prevalence. At 5 years of age, one in five Australian children are already affected by overweight or obesity. Lack of physical activity and the overconsumption of energy-dense nutrient-poor foods are the main behavioural risk factors for childhood obesity.

Professor Louise Baur, from the Charles Perkins Centre at the University of Sydney, Head of Child and Adolescent Health at Sydney Medical School, and Head of the Children's Hospital Westmead Clinical School, and colleagues wrote: "Systems-based policy actions may change long term obesity prevalence in children by targeting the food environment through nutrition labelling, healthy foods in schools, restricted unhealthy food marketing to children, and fiscal policies to reduce consumption of harmful foods and sugar-sweetened beverages.

"Public transport policy and the built environment (proximity to parks, bike paths, green space, schools and shops) influence play time spent outdoors, walking and cycling. Greater access to parks and playgrounds and active commuting are associated with lower body mass index."

Up until now, Baur and colleagues wrote, Australian interventions have largely employed "individual-level approaches" which are of limited effectiveness "unless priority is also given to policies that reduce obesity-conducive environments".

"In terms of obesity prevention, there needs to be integrated action from preconception, through pregnancy and early childhood, and across the age and developmental spectrum," Baur and colleagues wrote.

"Several strategies outside the health sector hold promise for influencing obesity on a population scale.

"These include fiscal policies to reduce consumption of sugar-sweetened beverages, the strict regulation of unhealthy food marketing to children, public transport policies to promote active transport, and urban planning approaches that support active communities.

"Effective treatment of children and adolescents with established obesity is also required ... major challenges in delivering services, at scale, in often resource-constrained environments remain.

"Coordinated health care pathways are required in each health region, linking primary care through to tertiary care services, which include bariatric surgery for older adolescents.

"Overall, curbing the problem of obesity is achievable and can be realised through a combination of smart governance across many sectors, community initiatives, the support of individual efforts, and clinical leadership," they concluded.

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