Public health aspects of Obesity in childhood

Elizabeth Waters, Kylie Hesketh and Joanne Williams.
Research and Public Health Unit, Centre for Community
Child Health, University of Melbourne, RCH.

Obesity in childhood is emerging as one of the most
important public health challenges of recent times. This is not
only due to the increasing prevalence of obesity in young
people and the negative health outcomes to which it
contributes, but also because of the breadth and complexity
of issues that are involved in its prevention, monitoring, and
management.

Costs
The social, health and economic costs associated with obesity
are considerable. Children who are obese more frequently
suffer social isolation, are negatively labelled, experience
psychological problems including poor self esteem and body
dissatisfaction, and have poorer educational and employment
outcomes. They are more likely than their peers to suffer from
cardiovascular problems (including hypertension), non-
insulin dependent (type 2) diabetes mellitus, hepatic steatosis,
orthopaedic problems (including knock knee and
susceptibility to ankle sprains), and obstructive sleep apnoea. 1 2

Although there is limited information on the economic and social
costs of obesity in childhood, we know that obesity in
adults is a major contributor to the overall burden of disease in
Australia. 3 In 1989-90 the direct economic costs of obesity to
the Australian community were conservatively estimated to be
AUD$464 million (more than 2% of national health care
costs), rising to AUD$736 million when indirect costs were
included. 4

Evidence
Australian research is an important contributor to the
international evidence base, with recently conducted research
demonstrating that:
• parent feeding practices in the early years are important
  contributors to children's later eating patterns;
• approximately 25% of Australian children and young
  people are overweight or obese;
• the prevalence of childhood obesity has increased
  markedly over the last two decades, with a concurrent
  increase in the number of children with type 2 diabetes;
• most children do not appear to grow out of'puppy fat 26-
  41% of obese preschoolers and 42-63% of obese school
  children become obese adults;
• children with overweight or obese parents have a much
  higher risk of obesity, regardless of genetic or
  environmental determinants;
• there are marked inequalities in a wide range of
  determinants of obesity (from location of take away food
  outlets to parental education), and their outcomes;
• differences in socio-cultural perceptions of body size
  appear to have an influence on behaviours associated
  with obesity eating customs and activity patterns;
• overweight and obese children have significant physical
  and psychological barriers to participating in health
  promoting physical activities;
• activity levels and diet are the main contributors to
  obesity, with sedentary behaviours (TV and computer
  games) particularly implicated the strongest predictor
  of children’s activity is the time spent outside; and,
• the number of children and adolescents experiencing
  significant overweight and obesity far exceeds the
  numbers of children and adolescents with eating
  disorders.

It is, however, often commented that there is a general
unwillingness to address obesity at a policy or social
commentary level because of the serious consequences of
eating disorders and the perception that their prevalence
might increase. Controversial debates also rage about
individual versus population rights.

Public policy in Australia
Australia was one of the first countries in the world to develop
a national obesity strategy, 4 and many countries (including the
USA and China) are only now in the process of developing
such a plan. 5 The Australian strategy focuses specifically on
children and families, as well as adults. The Commonwealth
Department of Health and Aged Care have supported the
strategy through increased investment in clinical projects,
establishment of a communication strategy, and promotion of
evidence based research. 6 However, many of the strategies and
recommendations outlined in the report have yet to be fully
addressed.

Current Challenges
The main challenges that we observe are:
• to raise the awareness of this multi-factorial health
  problem, and its influence on short and long term social,
  health, and employment outcomes;
• to conduct research on causal relationships with obesity
  in the Australian population;
• to engage children, families, communities, and inter-
  sectoral organisations in education, manufacturing, food
  products, sport and recreation, advertising, town
  planning, insurance, and crime, in reducing the obesity-
  promoting aspects of our social and physical
  environments; and,
• To evaluate the effectiveness of primary and secondary
  prevention strategies on potential benefits and harms.

Specifically, we must consider concurrent public health
strategies needed to support promotion of increased physical
activity, decreased sedentary behaviour, and

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Meeting with the Minister

Pieta Laut, Executive Director

Late in March, Peter Sainsbury and I met with the Minister in order to introduce the Association and make the Minister aware of the Association's aims and objectives. The meeting was not an opportunity for a formal presentation. Rather it was an opportunity to provide the Minister with some information about the Association's work and to have an informal discussion about public health issues.

The discussion began with a brief overview of the Association and an outline of the professional development undertaken by the Association. The work of the Branches and Special Interest Groups was mentioned, along with the conference agenda. The Minister seemed, in particular, to appreciate the professional development work represented by the Journal. We were happy to be able to indicate that the Australian and New Zealand Journal of Public Health ranked second only to the American Journal in a world ranking of public health journals.

A large part of our discussion with the Minister centred on policy development, implementation and advocacy. We provided the Minister with a copy of the Association's top ten public health issues and we emphasised the importance of:

- early childhood;
- improving the health of Aboriginal and Torres Strait Islander communities;
- better nutrition; and,
- better reproductive health services.

The recent problems revealed by publicity about the regulation of laboratories undertaking pap smear testing was also discussed. The Minister said that while she was moving to resolve the problems in the regulation of these laboratories, she was also very concerned that the women of Australia understand that we still have one of the best cervical cancer screening systems in the world. The Minister underlined the role of the media to responsibly report issues around cervical screening to avoid undermining what are in the great majority of cases, excellent laboratory facilities.

The discussion also covered some food issues, in particular the recent submissions the Association made to Australian and New Zealand Food Authority (ANZFA) on the inclusion of caffeine in non-alcoholic beverages. We noted the paucity of data on the effects of caffeine on children, and the lack of up to date information to supplement the dietary survey used by ANZFA in its modelling and assessments.

We left the Minister a copy of our Policy Statement Book, the top ten public health priorities, and last year's annual report. The preparedness of the Minister to discuss issues as they came up in conversation and her affable manner with us, seem to herald a capacity for cooperative effort to further public health issues.

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environmental change. For example, crime and drug prevention strategies to increase the safety of our streets and public spaces for children, and injury prevention strategies to combat the potential increase in injuries.

References


