

TASKFORCESUBMISSION: submission

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SUBMISSION1: Obesity is a long term problem needing long term solutions. "Prevention" is not "treatment". We need to focus not on immediately reducing obesity rates, which would require all available resources to be allocated to treatments which do not have proven long-term impact in reducing individual obesity levels; rather we need to concentrate on those who are at risk of becoming obese and make nation-wide changes to prevent it.

Prevention requires collaborative partnerships involving all areas- food industry and manufacturers, town planning and urban design, transportation, accessibility and affordability of healthy 'core' foods, and a society that encourages and facilitates an active lifestyle. With this in mind a target for 2020 should be to halt the growth of the obesity epidemic, that is, maintain the current national rate of 60% by 2020. Making wide-spread national changes will see a significant improvement in the health of future generations.

Collaboration between key players is essential for success. Currently overweight/obesity are seen as issues belonging to the health system. Simultaneously the health system is designed to cater for the 'sick' population rather than at-risk populations. We need a collaborative approach: towns must be designed to encourage active living, healthy foods need to be available and affordable, individuals need to be empowered to make healthy choices. Currently not only is there a lack of prioritisation of health among the non-health sector but there is a complete ignorance as to the role that everyone needs to play in obesity prevention. Prevention must be on everyone's agenda.

When planning strategies to tackle this issue evidence-based "best practice" is essential to ensure we do what works. However the obesity epidemic is unique in that we have been working for years to discover what "best practice" is and while we continue to research the nation's health continues to deteriorate. There comes a time when we need to simply 'learn by doing'- Implementation can become the evidence base as long as extensive detailed evaluation is undertaken with continual review to improve strategies to achieve desired outcomes. Obesity is so much a "lifestyle" condition that 'clinical-style' scientific research is not going to provide the answers- there are too many confounding variables beyond the control of researchers. It is imperative to start a new tactic of 'learning by doing' rather than waiting for the non-existent conclusive evidence to emerge.

One option is to model obesity prevention on the historical experiences of tobacco control: we need to stop obesity from being 'the norm'. We cannot expect people to make lifestyle changes to prevent obesity without providing legislation and regulatory control to change the society in which these people live. Some practical steps are needed to empower individuals to have control of choosing a healthy lifestyle. For example:

1. Point of purchase- supermarkets must sell a significant proportion of healthy "green" foods and less unhealthy "red" foods; with this distinction clearly identifiable to the public through colour-coded supermarket aisles or "traffic light" labelling of food packages
2. Healthy food must be more affordable, unhealthy food less affordable- a levy to be charged on "unhealthy" foods which then is used as a subsidy on healthy foods
3. Food industry regulations- nutritional requirements for manufacturers.
4. Advertising legislation on media, promotions and point of sale advertising
5. Urban planning- restrictions on the number of fast food establishments per capita in each neighbourhood
6. subsidies for families to grow fruit and veg
7. School education: teach children to cook healthy, affordable meals

We need to give practical strategies to assist people with making healthy changes. We all know what the problem is, it's time to share the responsibility and provide the solution.

PRIVACY: yes

SUBMIT: Submit