



*Address  
by*

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*At the  
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*at  
Bowen Hills*

*on  
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Good evening. It is a pleasure to be with you tonight to discuss the issue of childhood nutrition.

As many people here tonight would be aware, the Commission for Children and Young People advocates on behalf of Queensland's children and young people<sup>ii</sup>, and ensures their rights, interests and wellbeing are protected and promoted.

We recognise that every child has the right to the highest possible standard of health, as outlined by the United Nations Convention on the Rights of the Child<sup>iii</sup>.

The Convention outlines the States responsibility:

*To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition...*<sup>iv</sup>

The *Commission for Children and Young People Act 2000* demonstrates the Queensland Government's commitment to upholding the principles of the United Nations Convention on the Rights of the Child. It ensures that children and young people can access their rights through the office of the Commissioner.

Recently, the *CMC's Inquiry into the Abuse of Children in Foster Care* highlighted the Commission's pivotal role in child protection, with the final report calling for increased powers for the Commission, enabling closer monitoring of the services provided to children in care<sup>v</sup>.

It also recognised the Commission's role in building a community where **all** Queensland children receive the things they need to flourish.

In the past, children's right to adequate nutrition was generally interpreted as referring to a need to combat under-nutrition.

However, while under-nutrition remains a problem for some Australian children and young people – particularly Aboriginal and Torres Strait Islander children in rural communities – most Australian children are at far greater risk of being overweight than of being underfed.

Indigenous children also experience overweight and obesity, mostly in urban centres, but in rural and remote communities as well<sup>vi</sup>.

Figures provided by the Australian Institute of Health and Welfare show that between 1980 and 1995, levels of obesity among Australian children rose sharply.

In 1980, 1.2% of girls aged between 7 and 15 were identified as obese, but by 1995, this percentage had risen to 5.5%. Levels of obesity among boys also rose, from 1.4% in 1980 to 4.7% in 1995<sup>vii</sup>. In 1995, the total percentage of overweight and obese children was 21% for boys and 23% for girls.

Studies carried out between 1995 and 1997 confirmed these unacceptable levels of overweight and obesity among children, with 19-23% of Australian children and adolescents aged between 7 and 18 years, classified as either overweight or obese<sup>viii</sup>.

Many commentators believe childhood obesity and overweight are due to poor diets and low levels of activity.

However, while diet clearly influences child health, monitoring children's diets is a challenge that parents can have difficulty managing.

Preliminary data from the Omnibus 2003 Child Health Survey indicates that many parents are aware of the importance of good nutrition and attempt to provide nutritional food for their children<sup>ix</sup>.

The survey asked parents of Queensland children aged 12 years and less about their children's usual nutritional intake. Around 67% of those surveyed reported that their children usually ate one or two serves of fruit each day, and around 57% said their children usually ate one or two serves of vegetables a day.

This data, while heartening, unfortunately contradicts what children themselves report they eat.

In the 1995 National Nutrition Survey, **children** were asked what they had actually eaten on the day of the survey. Around a quarter reported that they had not eaten any fruit on the survey day, and around one fifth had not eaten any vegetables<sup>x</sup>.

While it might be tempting to think that in the eight years between the National Nutrition Survey and the Omnibus Survey, children's intake of fruit and vegetables significantly increased, it is worth considering that parents may not be fully aware of what their children eat when unsupervised.

Also, estimations provided by parents of what their children 'usually' eat, might be influenced by knowledge of what they 'should' eat.

Decreased levels of activity are blamed on phenomena such as the popularity of computers, video games and television,<sup>xi</sup> and concerns about safety mean fewer children today walk to school or play outdoors unsupervised.

So the social and cultural forces shaping the way we live in the 21<sup>st</sup> century impact on children's growth and are changing children's physical health. Parents can't address these challenges alone.

Communities must work together to develop solutions to problems associated with child nutrition and activity.

As I'm sure you are aware, the consequences of childhood overweight and obesity are far-reaching. The most common consequences of being an overweight child or adolescent are emotional and social problems.

When children as young as six were asked to choose from a list of 39 words to describe their overweight peers, they most often chose words like 'ugly', 'stupid', 'dishonest' or 'lazy'.<sup>xii</sup> Growing up in an overweight or obese body is not a happy experience.

A group of severely obese children and young people surveyed as part of a 2003 study rated their quality of life at levels as low as those reported by children with cancer<sup>xiii</sup>.

Feelings of depression and low self-esteem are associated with obesity<sup>xiv</sup>. Being overweight or obese not only affects a child's immediate quality of life, but also their future health outcomes.

Obese children have a 25-50% higher chance of becoming overweight adults, with overweight adolescents being even more likely to suffer from overweight or obesity in adulthood<sup>xv</sup>.

Because of the threat to the long term wellbeing of Queensland children and young people, the Commission believes it is vital for the community to be aware of the potential these problems have to adversely affect children's optimal health.

Such communities must ensure children have access to good nutrition and engage in adequate exercise, and the adults around them must be equipped with the information and resources to enable these things to occur.

A recent Lancet Editorial and Review highlighted the need to address these issues, stating:  
*Two potentially far reaching approaches are needed.*

*First, serious poverty-reduction strategies would enable many more people to make the right choices for disease prevention.*

*Second, the discipline of urban planning for health needs to be strengthened.*

*A start to encourage regular physical activity would be, for example, to turn cities and towns into safe places for pedestrians, cyclists, and children.*

*If walking, cycling, and playing outside were incorporated into everyday activity, the recommended targets of 30 minutes physical activity per day for adults and 60 minutes for children could be achieved easily by many.*

*In Germany and the Netherlands, 34% and 46% of urban journeys are made by walking or cycling, compared with 7% in the USA.<sup>xvi</sup>*

The Commission monitors research and practices related to childhood nutrition. This information is used to inform our advocacy activities and policy development.

An example of the way in which we use policy to advocate for children's access to good nutrition and adequate activity can be found in a document recently jointly released by the Queensland and New South Wales Commissions for Children and Young People:

*A head start for Australia: An early years framework<sup>xvii</sup>* was initiated because of the Commissions' awareness of the importance of early childhood development in establishing children's health and wellbeing in later life.

Its is intended to inform community debate and provide a tool for government and non-government stakeholders and community members to use when considering how their activities can contribute to children's positive growth and development.

The framework was released a fortnight ago and is currently available on the Commission's web site. The framework identifies priority outcome areas in health, as well as welfare, education, income distribution and access to infrastructure.

Examples of things which can be done by agencies to support improved health outcomes for children include:

*Conduct [ing] evidence-based programs to reduce the prevalence of childhood obesity, including strategies to ensure those in rural and remote settings have access to fresh fruit and vegetables ... and*

*Promot [ing] healthy physical activities in the home, preschool, school, after school care and community settings.*

The document highlights the need for services to work together more effectively to address the needs of children and young people.

It reminds policymakers and practitioners that as:

*so many health and wellbeing outcomes have common determinants... ..the objectives of a wide variety of government departments – national, state/territory and local – can be met by acting together<sup>xviii</sup>.*

*A head start for Australia* challenges the providers of child-related services in government and non-government sectors to take an holistic view of child development and consider how they can support children's growth in more integrated ways.

Some organisations and agencies are doing this very effectively.

Our work has highlighted a wide range of projects in which different sectors of government and non-government agencies are working together to improve childhood nutrition and increase activity levels.

1. The Queensland Government's strategy *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State* aligns with the priority outcomes outlined within *A Head Start for Australia*.

It acknowledges the critical nature of childhood growth and development and the importance of relationships between mothers and infants in promoting positive nutritional health.

*Eat Well Queensland* identifies priority action areas and key issues to guide governments on the actions needed in different sectors to:

- address food supply issues
- promote healthy eating
- increase consumption of fruits and vegetables
- enhance the health of mothers, infants and children,
- help individuals achieve and maintain a health weight, and
- develop infrastructure and capacity.

This strategy was developed in consultation with a wide range of stakeholders, including:

- the Australasian Public Health Medicine (Qld)
- Australian Health Promotion Association (Qld)
- the Department of Aboriginal and Torres Strait Islander Policy, and
- the Queensland Council of Social Services.

2. Queensland Health has recently invested heavily in increasing its work force to address issues related to child health and nutrition around the state.

I understand 44 new positions have been created to address the nutritional health needs of Queensland children.

Twenty of these positions are Public Health and Child Nutrition positions, nine are Health Promoting Physical Activity positions, and 15 positions have been allocated to Indigenous Child Health and Nutrition workers<sup>xix</sup>.

3. In other initiatives, the National Obesity Taskforce is forging an alliance between government and those involved in the marketing, advertising and media industries to raise public awareness about childhood obesity.
4. And the Queensland Police Service is currently trialling their *Families – Our Future* program at the Carindale Police Citizens Youth Club.

This program aims to support families with one or more children between the ages of 6 and 15 to spend more time together, learn new skills and develop supportive networks.

The goal is to provide a series of family activities to enhance family function and build social capital, and in the process, raising activity levels of the children and parents involved.

5. Another strategy, the *Get Active Queensland Children and Young People* program developed by the Department of Sport and Recreation aims to improve the levels of regular physical activity of children.

It does this by providing resources for families, early childhood carers, professionals, school communities and sport and recreation organisations.

6. In 2003, the Cancer Prevention Research Centre (CPRC) held a symposium with the Brisbane City Council to examine how community design can influence habitual physical activity.

7. The Queensland University of Technology, working with an industry sponsor, continues to develop its Walk to School Program.

This program involves accredited Walking Leaders supervising children as they walk to school on two days of each week.

8. In fact, this Friday (the 2<sup>nd</sup> of April) is National Walk Safely to School day! This is a Federal initiative which aims to promote better health, cleaner air, less traffic and improved transport.
9. And finally, the Health Promoting Schools Association of Queensland works with Education Queensland, non government schools and Queensland Health to engage school communities in promoting lifelong learning, health and wellbeing.

Activities include specific education programs about nutrition and action to improve the nutritional value of foods available in tuckshops.

I am pleased to be the patron of this organisation.

So as you can see, enormous progress is being made towards developing common understandings of issues related to childhood nutrition and their impact on children's health. There is a great deal of positive action underway.

The Commission will continue to monitor strategies and action to assess the impact of such initiatives on child health. In doing so, we will continue to promote ways in which the Queensland community can work together to improve children's nutritional health and wellbeing.

I would like to acknowledge the important role Nutrition Australia plays in advancing this cause and promoting community participation in this crucial work.

In closing, I want to emphasise that while it is vital for adults to commit to finding solutions to childhood overweight and obesity, **children themselves** must be involved in developing understandings about the problem and coming up with ideas about how to address it.

Although they may not need to go to the lengths of Justin Fletcher, a New Zealand teenager who decided to turn himself into a science project.

Justin put himself through a series of maths, reading and typing tests then went on an intensive junk food diet<sup>xx</sup>. After three days of cocoa pops, coca cola, cake, lollies and meat pies Justin did the tests again and found he read 43% slower, typed at around half his usual speed and solved maths problems more slowly.

Justin's story reminds us that children have the most invested in understanding why a nutritious diet is important. It also reminds us that children might have some good ideas when it comes to promoting child nutritional health.

It is important that we remember to ask them.

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<sup>ii</sup> *Commission for Children and Young People Act 2000*. Queensland Parliament, s. 15.

<sup>iii</sup> United Nations General Assembly (1989). *The UN Convention on the Rights of the Child*. Retrieved March 10, 2004 from <http://www.unicef.org/crc/crc.htm>

<sup>iv</sup> United Nations General Assembly (1989). *The UN Convention on the Rights of the Child*. Retrieved March 10, 2004 from <http://www.unicef.org/crc/crc.htm>

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- <sup>viii</sup> Booth, M.L., Wake, M., Armstrong, T., Chey, T., Hesketh, K. & Mathur, S. (2001). The epidemiology of overweight and obesity among Australian children and adolescents, 1995-1997. *Australian and New Zealand Journal of Public Health* 25 (2), 162-169.
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- <sup>xviii</sup> NSW Commission for Children and Young People & Commission for Children and Young People (Qld) (2004). *A head start for Australia: An early years framework*. Sydney, NSW: State of New South Wales and the State of Queensland, p. 8.
- <sup>xix</sup> A. Lee (personal communication 11 March, 2004).
- <sup>xx</sup> Bell, C. (2004). Someone ask the kids. *Directions in Education*, 13 (2), 3.