

National leadership needed to prevent obesity in early childhood



Key points

- The first 2,000 days of life is a critical period for preventing obesity and establishing and supporting healthy habits that last across the life cycle. In Australia, investment in this life stage is relatively limited.
- We used policy mapping to compare Australia's national policies with five other countries, analysed policies from intergovernmental institutions, interviewed senior health officials, and asked mothers of young children for their views on obesity policies.
- Australia lacks a national framework for obesity prevention, unlike the other countries examined.
- Interventions to prevent obesity in early childhood at the national and state and territory level are limited and focus on personal responsibility. Industry self-regulation is not enough to create healthy environments.
- Solutions need to go beyond health and consider multiple systems, such as how the built environment affects our daily lives.
- There are encouraging interventions in some states and territories to support families during pregnancy and infancy and in early childhood education and care settings. However, the social, commercial and environmental determinants of health must also be addressed.
- Mothers strongly support a broad range of policy options to prevent obesity.
- State and territory senior health officials are interested in a national approach to obesity prevention with financial and structural support from the Commonwealth.
- A national preventive health agency, with obesity as a pillar, is needed to develop long-term strategies to address the social, commercial and environmental determinants of health. This agency could provide the crucial coordinated centralised leadership that is absent in Australia.

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What is the issue?

Few Australian children meet recommendations for diet, physical activity and sedentary behaviour.^{1 2 3} Almost one in four Australian children starts school above their healthy weight.⁴ Preventing obesity early is likely to have the biggest impact in establishing lifelong health behaviours. The first 2,000 days (pregnancy to 5 years) is a critical period, but there is relatively limited investment in obesity prevention initiatives for this life stage in Australia.⁵

In Australia, we do not have a clear policy approach for the early prevention of obesity at a national and state and territory level.⁵

There is a gap in our understanding of public support for obesity prevention policies. Policy makers may be reluctant to implement some obesity prevention policies in the belief that they are not widely acceptable to the public.⁶

Obesity is a complex problem that requires long-term investment and a systems approach.⁷ A systems approach considers what influences our behaviours – where we live, work, learn and play, shop, eat and relax. It requires input from individuals, communities, industry and all levels of government.

What did we do?

We developed policy mapping methodology to examine policies for obesity prevention in the early years involving three projects:

1. International mapping project

We mapped and compared population, settings and health sector childhood obesity prevention policies for six developed countries, including Australia, against the recommendations of the WHO Ending Childhood Obesity Report.⁸

2. Australian intergovernmental project

We interviewed Commonwealth, state and territory health department senior officials responsible for obesity prevention to gain their insights into Australian obesity prevention efforts across intergovernmental institutions.

3. Perspectives of obesity prevention policies among mothers of young children

We asked mothers of young children about their views on six policy options for childhood obesity prevention in NSW:

- Zoning laws about the number of fast-food restaurants in an area
- Restricting unhealthy food advertising in and around public transport
- Building a network of connected walkways and bike paths
- Requiring childcare services to have policies around nutrition, play, screen time and sleep that meet a set standard
- Providing programs to support families with healthy eating and active living
- Routinely taking child height and weight at health appointments and providing feedback on their growth to parents.

What did we find?

The international policy mapping project identified that:

- Australia has limited policy infrastructure to connect policies across government for early childhood obesity prevention at the federal level, compared with five other similar countries (Canada, England, Scotland, Republic of Ireland and New Zealand).
- The strongest national policy area in early childhood obesity in Australia is its regulatory framework in the early childhood sector, although there is limited support for implementation at the state and territory level.
- There is significant overlap of responsibility for early childhood obesity prevention between the Commonwealth and state and territory governments.
- Policies and programs that focus on health and early childhood centre settings are a good start for the prevention of obesity in the first 2,000 days. However, they are not enough to ensure lifelong healthy habits are established during this crucial period. The social, commercial and environmental determinants of health must be addressed across the life cycle in a complex systems approach.

The interjurisdictional project found that:

- All state and territory participants were eager for a National Obesity Strategy, which they believed should include significant support from the Commonwealth.
- Peak interjurisdictional forums for obesity prevention included the Council of Australian Governments (COAG) Health Council (and its working groups) and Food Standards Australia New Zealand (FSANZ). COAG was disbanded in May 2020.
- Policy makers wanted a forum to learn from other jurisdictions, such as that provided through the prevention leaders forum of the Australian National Preventive Health Agency that was disbanded in 2014.
- State and territory governments were progressing several pieces of work agreed in interjurisdictional forums. Policy experimentation in one jurisdiction had led to 'leapfrog' policy outcomes, with jurisdictions learning from each and adapting programs to suit their own needs. However, the states' dependence on the Commonwealth for most of their revenue was noted as a key barrier to progressing this work.
- Australia's Food Standards Codes have tight regulations for infant formulas (0 to 6 months) and follow-on (6 to 12 months) formulas, but there are few nutritional requirements for complementary foods (baby foods from around 6 to 12 months). Also, toddler milks and foods marketed for toddlers and young children have no additional regulations to ensure the healthiness of their contents.
- Australia does not meet the standards of the WHO International Code of Marketing of Breast-milk Substitutes, especially for commercially available complementary foods added in later World Health Assembly resolutions.

The mothers' perspectives project found strong support for broad policies to address childhood obesity, with 89 to 95% of participants approving all six policies listed above, for action in physical activity and food environments, early childhood education and care settings, and the health sector.

This finding reinforces those of other studies that have shown strong public support of obesity prevention policies aimed at children.

What does it mean for policy and practice?

- The first 2,000 days, particularly between the ages of two and five, are relatively invisible in population approaches to obesity prevention. Exceptions to this include emerging support programs for families (usually until 12 months, sometimes two years) and early childhood centre settings (mostly children attending centre-based care).
- There is an urgent need for a national obesity prevention policy that has sufficient resources for implementation and structural support for state and territory agencies to share their lessons.
- State and territory governments and departments have opportunities to learn from each other's experiences, including the way they form partnerships across sectors and between government agencies. A national obesity strategy would create structural support for ongoing and supportive dialogue between Australian jurisdictions. Such structural support may also progress health-related goals in interjurisdictional forums that affect obesity prevention efforts.
- The incidence of early childhood obesity has increased as a result of the unintended consequences of complex overlapping systems. For example, the increase in the availability and promotion of ultra-processed food has increased childhood obesity. Solutions need to go beyond health and consider multiple systems, such as how the built environment affects our daily lives. Approaches to obesity prevention can have an impact across the life cycle. For example, removing junk food advertising in public spaces is likely to reduce the consumption of these foods across multiple age groups.
- Population policy approaches should apply an 'early years' lens – that is, consider the first 2,000 days when developing policy and implementation plans for obesity prevention.
- Policy makers have public support to act broadly (population, settings-based and health sector approaches) to prevent childhood obesity and should amplify the power of the public voice.

What did we produce?

- Two published papers
- One paper under review: 'National policy opportunities for childhood obesity prevention in Australia'
- Three conference presentations.

What are the next steps?

- Conduct a snapshot of state and territory policies and programs for the early prevention of obesity, and interview senior health department officials about barriers and enablers to policy implementation in each jurisdiction.
- Conduct policy mapping and interviews with senior officials from multiple sectors in NSW to identify opportunities and barriers for the prevention of obesity in early childhood across government type below this line.

References

Publications

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