**Submission for Victoria's Citizens' Jury on Obesity**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide a submission for the *Victoria's Citizens' Jury on Obesity* organised by VicHealth.


| | |
|---|---|
| Contact Person: | Natalie Stapleton |
| Position: | Professional Practice Dietitian |
| Organisation: | Dietitians Association of Australia |
| Address: | 1/8 Phipps Close, Deakin ACT 2600 |
| Telephone: | 02 6163 5213 |
| Facsimile: | 02 6282 9888 |
| Email: | ppd@daa.asn.au |

**We have an Obesity problem. How can we make it easier to eat better?**

The Dietitians Association of Australia (DAA) believes that helping people eat better with a view to tackling the obesity crisis will require:

1. applying an individual, lifelong approach to healthy lifestyles;
2. focusing on social and behavioural determinants on diet;
3. developing infrastructures to provide ongoing support;
4. improving availability, affordability and accessibility of healthy food and beverage options.

## 1. Provide individuals with personalised advice on healthy lifestyles.

Individuals have different tastes, food preferences, cultural and religious beliefs, lifestyles, socioeconomic status, motivation levels, health and nutrition needs, all of which impact on what and when they eat. A one size fits all approach to nutrition and obesity management will not be beneficial in improving the food a person chooses to eat.

Individualised evidence-based approaches should be used in the prevention and management of overweight and obesity[1,2]. The Accredited Practising Dietitian (APD) program is the foundation of self-regulation of the dietetic profession. APDs are university trained experts in nutrition and dietetics. To make it easier to eat better and to improve one's lifestyle and health, individuals should see an APD for individually-tailored lifestyle advice.

Obesity increases a person's risk of developing many other health conditions including heart disease, diabetes and some cancers[3]. Given that obesity is linked with many other health conditions it is important to see an APD to receive medical nutrition therapy.

## 2. Address social and behavioural impacts on what we eat.

Obesity is preventable. It is an imbalance between energy consumed in food and beverages and energy being burnt[2]. However, the development of obesity is complex and is affected by many factors including social, environmental, economic and genetic factors[2]. Treating and managing obesity needs to extend beyond the food itself and target factors that impact on food intake.

Emphasis on positive meal time behaviours such as eating with the family can improve diet quality[4,5]. The way a family eats can impact on children's and adolescents food choices[6]. So teaching good eating behaviours for the family is really important. Encouraging families to eat more meals at home and showing them good habits should make it easier to eat better.

Emotional eating can contribute to an increase in the amount of food eaten in both adults and children[7-10]. Eating when not really hungry and in response to stress can promote obesity. Targeting emotional eating and the response to stress and emotions can ultimately make it easier to eat better and help tackle the nationwide obesity crisis. It can be helpful to teach people to manage stress and their emotions in other constructive ways not related to food.

### 3. Create support networks and use technology to manage obesity.

Making healthy eating easier can be made possible by building state-wide infrastructure to provide support and good information to the public. Weight loss and management is not easy and ongoing support is vital in the management of overweight and obesity[1,2]. Using telehealth is a way to provide long term support for the management and prevention of overweight and obesity[11]. Telehealth can overcome barriers to healthcare including location, weather and cost[12]. Nutrition services have been provided using telehealth and have successfully achieved behaviour change[13, 14]. During the treatment of obesity telehealth services can provide people with ongoing support from healthcare professionals.

Technology is everywhere in the 21st century, can it help with the current obesity crisis? Smartphone applications and text messaging services have been successful in healthcare[15] and have been beneficial in improving lifestyles and reducing body weight[16, 17]. Given that mobile phones are often a primary mode of communication, the use of mobile technologies in healthcare has been popular. These technologies are convenient and like telehealth can overcome some of the issues with work force and accessibility to services. These technologies should be used in addition to an individually-tailored approach to help health care workers, including dietitians, provide ongoing support and care to consumers.

### 4. Improve accessibility, affordability and availability of healthy food and beverages.

Improving the population's access to affordable, nutritious foods can help make it easier to eat better. Living in some areas forces some people to pay more for healthy food. For example in Queensland people living in remote areas have to pay on average 26% more for a healthy food basket than those in urban cities[18]. Providing equal access to affordable healthy foods can make it easier to eat better.

When healthy food is more available and affordable it can lead to improvements in nutrition and health. In Norway, providing free fruit in schools has led to long term increases in fruit and vegetable consumption[19]. The taxing of energy-dense, nutrient-poor foods (junk foods) can also encourage people to eat better[20,21]. One study found that increasing the price of soda or pizza led to lower intakes of these products, lower daily kilojoule intake and changes in body weight[21].

The Victorian Government should consider policies and strategies that can be implemented state-wide which can provide the community with equal access to affordable healthy food.

**Summary**

Australia is facing an obesity epidemic. Overweight and obesity are contributing to poor health in Australians and alarming healthcare costs. It is vital that the management and prevention of overweight and obesity become a focus. Nutrition and eating better is just one factor that needs to be addressed when combating overweight and obesity. APDs are the university trained experts in nutrition and dietetics recognised by the Australian Government and are invaluable in the prevention and management of overweight and obesity.

**About DAA**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. As the leading nutrition and dietetic organisation in Australia, DAA is concerned about the alarming statistics for overweight and obesity in the country. DAA appreciates the opportunity to present a submission to the Victorian Citizen Jury on how healthy eating can be made easier to improve the management and prevention of obesity in Australia.

**References**


1. Treating Adult obesity through lifestyle change interventions: A briefing paper for commissioners [Internet]. UK: National Obesity Observatory; 2010. p18. Available from http://www.noo.org.uk/uploads/doc/vid_5189_Adult_weight_management_Final_220210.pdf
2. Clinical Practice Guidelines for the Management of Obesity in Adults, Adolescents and Children in Australia [Internet]. Melbourne (AU): National Health and Medical research Council; 2013. p232. Available from https://www.nhmrc.gov.au/guidelines-publications/n57
3. Guh DP, Zhang W, Bansback N et al., The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis, *BMC Pub Health* 2009; 9: 88
4. Rollins, BY, BeLue RZ & Francis LA, The beneficial effect of family meals on obesity differs by race, gender and household education: The National Survey of Children's Health, 2003-2004, *J AM Diet Assoc* 2010; 110: 1335-1339
5. Gillman MW, Rifas-Shiman SL & Franzier L et al., Family dinner and diet quality among older children and adolescents, *Arch Fam Med* 2000; 9: 234-240
6. Campbell KJ, Crawford DA, Salmon J et al., Associations between the home food environment and obesity-promoting eating behaviours in adolescents, *Obesity* 2007; 15: 719-730
7. Reilly GA, Cook L, Spruijt-Metz D et al., Mindfulness-based interventions for obesity-related eating behaviours: a literature review, *Obes Rev* 2014; 15: 453-461
8. Grant PD & Boersma H, Making sense of being fat: A hermeneutic analysis of adults' explanations for obesity, *Counselling & Psychotherapy Research* 2005; 5: 212-220
9. Andrews RA, Lowe R & Clair A, The relationship between basic need satisfaction and emotional eating in obesity, *Aust J Psychol* 2011; 63: 207-213
10. Farrow CV, Haycraft E & Blissett JM, Teaching our children when to eat: how parental feeding practices inform the development of emotional eating—a longitudinal experimental design, *Am J Clin Nutr* 2015; 101: 908-913
11. Castelnuovo G, Manzoni GM, Pietrabissa G et al., Obesity and outpatient rehabilitation using mobile technologies: the potential mHealth approach, *Front Psychol* 2014; 5: 559
12. Stenlund D & Mines B, Videoconferencing and dietitian services: In rural Ontario communities. *Can J Diet Pract Res* 2012; 73: 176-180.
13. Eakin EG, Lawler SP, Vandelanotte C *et al*. Telephone interventions for physical activity and dietary behavior change. *Am J Prev Med* 2007; 32: 419-434

14. Dennis SM, Harris M, Lloyd J *et al*. Do people with existing chronic conditions benefit from telephone coaching? A rapid review. *Aust Health Rev* 2013; 37: 381 – 388.
15. Krishna S, Austin Boren S & Bales A, Healthcare via Cell Phones: A systematic review, *Telemedicine and e-Health* 2009; 15: 231-240
16. Patrick K, Raab F, Adams M et al., A Text Message–Based Intervention for Weight Loss: Randomized Controlled Trial, *J Med Internet Res.* 2009; 11
17. Stephens J & Allen, J, Mobile Phone Interventions to Increase Physical Activity and Reduce Weight- A systematic Review, *J Cardiovasc Nurs.* 2013; 28: 320-329
18. The 2010 Healthy Food Access Basket (HFAB) survey. Queensland Health and Queensland Terriroty, Brisbane (AU); 2012. p24. Available from https://www.health.qld.gov.au/ph/documents/hpu/hafb-2010.pdf
19. Bere E, Veierød MB, Skare Ø et al., Free school fruit — sustained effect three years later. *Int J Behav Nutr Phys Act,* 2007; 4: 5
20. Powell LM & Chaloupka FJ, Food Prices and obesity: evidence and policy implications for taxes and subsidies, *Milbak Q* 2009; 87: 229-257
21. Duffey K, Gordon-Larse P, Shikany JM et al., Food price and diet and health outcomes. Twenty years of the Cardia Study, *Arch Inter Med* 2010; 170: 420-426.