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PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

Main Committee

COMMITTEES

Health and Ageing Committee

Report

SPEECH

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Page 7111
Questioner
Speaker Georganas, Steve, MP

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Mr GEORGANAS (Hindmarsh) (10.09 am)—by leave—I also want to speak about the obesity report that I tabled in the parliament a couple of weeks ago. I will only be speaking for a short period because I have already spoken about it. I thank the House for granting me leave to speak a second time. This very important report looked into obesity in this country. As the member for McPherson said, it showed that 68 per cent of men and 55 per cent of women in Australia are either overweight or obese. That makes us one of the most obese countries in the world, with one in two adults and one in four children being either overweight or obese.

We saw many things in the course of the inquiry. For example, we saw the Tai Chi classes that the Gold Coast City Council was conducting for residents at a very minimal cost, giving people the opportunity to go out and exercise in the morning. We saw the kitchen garden program operating in Westgarth Primary School in Northcote, where children were learning the art of cooking—something that we heard has been lost over one generation. Previously we would all come home to a meal that was nutritional and that contained all the vitamins and everything we needed. We are now finding that we are living extremely busy lives. Both parents are working long hours and the children are at school and when we come home we sometimes find it much easier to either get some takeaway or just have a quick fry-up, which makes it very simple. From the evidence that was given to the inquiry it was quite plain that this type of lifestyle was one of the reasons that we are becoming overweight and obese.

As the member for McPherson said, it was extremely heartening to see a program in Westgarth Primary School where these children, at a very young age, are taking part in nutritional education and learning skills that they need to live a healthy life. Whilst we were there they cooked us a magnificent lunch. The children grow their own vegetables within the school grounds. They learn the science of growing vegetables, which is like a science lesson for them. They learn how to prepare the vegetables and the art of nutritional cooking. While we were there the children cooked up a mixture of food. I recall having an Indian dhal curry. It was fantastic to see these kids understand what food is meant to be like, and that we can enjoy not only eating it but also the social contact it provides.

One of the questions we asked these children is, ‘Do you eat this food at home?’ They said that they encouraged their parents as much as possible to use the ideas that they bring home from school in their cooking. I asked one of the young children, ‘What do you do when your parents suggest that you get some takeaway?’ Her immediate answer was: ‘We tell them off. We tell them it is not good for you.’ Here is an example that is actually working. This was one of our recommendations in the inquiry—that we ensure that we educate the next generation of children to go through life with the right healthy, nutritional habits that we have lost, because of our busy lifestyles, in one generation.

One of the other areas that we looked at and that got a lot of coverage after the report was tabled was lap band surgery. We took some evidence from a great witness in Sydney who had had lap band surgery. She was a barrister and she had done all her homework. She came to the inquiry with documents listing all the medical expenses—from medicines to doctor’s visits—she incurred to treat the ailments which had resulted from her obesity prior to having lap band surgery. She then had documents outlining the costs of the lap band surgery and the costs of the allied services that went along with that surgery; in other words, psychologists and the whole range of things needed to get the mind in order as well as the body. She incurred huge expenses before the lap band surgery. After the surgery, over a period of time, all those expenses began to diminish because her health was in a much better state. We found that, firstly, the surgery was good for the person with obesity because they immediately lost weight; and, secondly, the costs of medication were dramatically reduced, therefore saving money for both the person and the government in the long run. We found from an Access Economics study that was done recently that obesity is costing us close to \$60 billion.

One of our recommendations was to ensure that we could get more people onto bariatric surgery. We are not talking about people who just want to wear a pair of bathers at the beach and look good; we are talking about people who are morbidly obese and who have tried absolutely everything to lose weight. Their health is being

affected. The cost of looking after these people because of their obesity is escalating. In most cases, these people have no other choice and will go on to develop further ailments and illnesses and, in the worst-case scenarios, die. It was most evident in the inquiry that, with this surgery, there would be a reduction in costs to the government and there would certainly be health benefits to the patient.

Some of the other things that we saw included urban planning, which was mentioned earlier. Urban planning is very important. We found that, for every new development that is opening up, councils and planning departments immediately ask for a hundred car parks or whatever for these businesses, which only encourages people to drive their cars and park them in front of the premises, the shopping centre or wherever they are going without thinking about public transport or perhaps walking or riding a bike. I think our planning laws over the last 50 years have just been catering for the motor vehicle and, therefore, we human beings, who used to do all our business by walking in our communities and our neighbourhoods, now have to get into a car and drive to a shopping centre, get out, do our shopping, get back in the car and then drive back home. We found that urban development and urban planning will play a huge role.

Another recommendation was about labelling. We saw quite clearly, through witnesses who came to speak to us, that people want to eat the right foods, but sometimes there is a myriad, a maze, of labelling and people cannot read through the labelling. We said that we need to simplify that labelling to conform across Australia and ensure that it is as simple as possible to read for the consumer at the point of purchasing a particular food product to know exactly what is in that product. They can then make the choice of whether they want to eat something that has high sugars or low fats et cetera. We found that at the moment it is a very difficult maze for people to get their heads around, so we have asked that industry and government get together and try and come up with some good, simple labelling that gives the information to the consumer while they are making the choice of purchasing the food product.

I will not go on any further. I will just thank my deputy chair, Steve Irons, the member for Swan, the other members of the committee who are here today and all the other members of the committee for their tremendous support and the work that they did in preparing this report. The report has been tabled. It is now in the parliament. It is there for all to see and to use as they see fit. We are hoping that some of these recommendations will come to fruition so that we can go on to live healthier lives and ensure that we are not going to be the first generation to live for a shorter time than the previous generation because of the difficulties and health issues that we will develop because of obesity.