

Submission No. 61  
(Inq into Obesity)  
*1610610P*

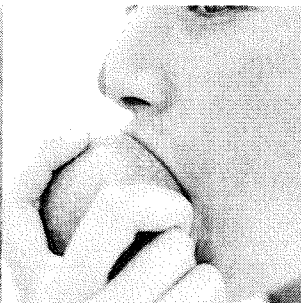
**ACHPER**  
Australia



## **Inquiry into Obesity in Australia**

The House of Representatives Standing Committee on  
Health and Ageing

**From The Australian Council for Health, Physical  
Education and Recreation Inc (ACHPER)**



## **Introduction**

Thank you for the opportunity to contribute to the Inquiry into Obesity in Australia being conducted by the House of Representatives Standing Committee on Health and Ageing.

The Australian Council for Health Physical Education and Recreation Inc. (ACHPER) is acutely aware that there have been a number of Inquiries and Parliamentary Summits throughout Australia during the last 5 years. All of these Inquiries have come to similar conclusions and evidence has confirmed what many have always suspected - that there is an increasing prevalence of overweight and obesity in the Australian population. The work of the Australian Association for the Study of Obesity has been pivotal to the gathering of data and the writing of policy recommendations and researchers and governments have acknowledged that action must be integrated across a range of settings.

ACHPER was also pleased to be part of the ALP pre-election preventative health forum. This forum clearly identified and recognised the importance of several key settings in which behaviour change is required if increasing concerns about overweight and obesity linked to chronic disease is to be effectively addressed.

## **Children and Young People**

ACHPER focuses its attention on children and young people and this submission therefore advocates strongly for the role of the school as a critical setting in combating sedentary behaviour, poor eating habits and 'unhealthy weight' related illness.

ACHPER's recommendations centre on the role of government in initiating programs that are sustainable and use all of the appropriate settings in which children live and grow eg childcare centres, schools, community recreation and sporting organisations and clubs. ACHPER believes the school is a critical setting because it has the opportunity to bring together teachers, students and parents in educating and modeling healthy lifestyle choices.

ACHPER recognises the evidence that underpins arguments for pursuing an integrated solution. Health promoting schools that provide quality physical education, engage with parents and promote school community sport links are important aspects of that integrated solution. However they require a significant injection of funding to become viable and sustainable. The reform of physical education and sport in the UK provides an excellent reference point.

## **Social as well as health issue**

Clearly the evidence that stacks up around the growing incidence of diseases linked to overweight and obesity is irrefutable and ACHPER acknowledges the concept of healthy weight. However we alert the Committee to the unintended social consequences of intensive media attention around overweight and obesity, particularly in regards to children and youth.

The possibility of stigmatizing already socially marginalized groups is something that must be avoided. A number of studies are now finding overweight and obesity and other

associated diseases are associated with poor families and certain ethnic groups so claims that imply that all of the population is at risk can be alarmist in the hands of the media.

ACHPER agrees that there is a need to differentiate between the terms 'overweight' and 'obesity'. It is important to do this to be able to get a sense of how much the weight of the general population has increased over many decades.

ACHPER believes that the growth in overweight and obesity is a social problem as much as it is a health problem. (Wright, O'Dea).

### **Daily Physical Activity in education settings**

ACHPER supports the need to focus some critical attention on the early years of a child's life. We believe that an educated nation of active and healthy young children is the best investment we can make in this country. Productivity as an outcome of the Government's education revolution is linked to the on-going health of the workforce so we must ensure that the capacity of our childcare centres, kindergartens and schools is such that it can impact on the health of our children as future workers.

There was a time when schools provided Physical Education in our primary schools on a daily basis. This seemingly out of favor phenomenon should be reignited across Australia and integrated with better school efforts to make use of incidental play periods.

Evidence has been gathered since the 1956 Vanves experiment in France that establishes the health related, social and mental benefits to children of a quality daily physical education program. Reverting to this concept and resourcing it despite concerns about the cluttered curriculum is not beyond a government committed to preventative health, access, equity and social justice.

### **Productive Links**

ACHPER believes that to achieve sustainable behavioural change there must be productive links between the health and community sport sectors and that this should be initiated at the Australian Government level. We support the recent announcement by the Minister of Youth and Sport regarding the importance of sport participation being viewed as an important preventative health measure. Education of course has a crucial role to play through 'lifestyle' education however there has been a trend for the education sector to progressively pass off responsibility to health for targeting childhood overweight and obesity.

The current Australian Sports Commission's Schools Network (currently under review) is coordinated by ACHPER provides an excellent way of linking schools with community sport. Such programs often go un-noticed yet for minimal funding have broad impact by promoting partnerships between schools, sporting organisations and clubs.

There is fertile ground here for action.

The focus on a new national curriculum provides the opportunity to once and for all deliver a national curriculum entitlement to the learning area and support it with human

resources and appropriate time in the curriculum. There is no place for schools in our education systems that are not health promoting.

#### **Recent Government Initiatives**

While the Active after Schools communities Program (AASC) targets a relatively small percentage of children, the program must not be viewed as the governments “solution”. Without strong, quality programs within curriculum time the impact of the AASC beyond the curriculum could become misplaced and demeaned.

#### **ACHPER proposes the following strategic actions for your consideration.**

- 1. Honour the Curriculum entitlement of all children and young people to have quality Health and Physical Education programs in their schools.***  
There is an opportunity to mandate this entitlement through the National Curriculum initiative and to assist state and territory jurisdictions with resourcing
- 2. Acknowledge and act on the need for quality, daily Health and Physical Education in our primary schools***
- 3. Commit to an ongoing employment plan to equip all Australian primary schools with at least the equivalent of two days/week of a Health and PE resource teacher.*** Funding used for establishing resource health and physical education teachers in primary schools across the nation could make a significant difference to children’s level and intensity of activity and consequently their health. This is a highly affordable and sustainable strategy.
- 4. Review with more rigour, the claims of external school providers and entrepreneurs that they have the answer to the childhood obesity problems.***  
The concept of schools outsourcing their Physical Education programs and passing on costs to parents and families is at odds with the student’s curriculum entitlement and the Government’s social justice policies.  
The concept of hiring external providers to fitness test children in the absence of an educational context is also fraught with dangers.
- 5. Avoid the temptation to throw band aid /quick fix programs at the problem of sedentariness and poor nutrition habits in children and youth.*** There are some excellent programs available that engage schools and families in collaborative efforts to improve the eating habits and increase physical activity of children over time. The Fit2Play Program managed by the Queen Elizabeth Hospital Research Foundation has been trialled successfully in SA schools and offers a 10 week program that focuses on lifestyle behaviours recommended by the Institute of Medicine Committee on Prevention of Obesity in Children and Youth. It involves reducing television viewing, improving physical activity and increasing fruit and vegetable consumption. This program unlike many private provider programs is designed to complement and not replace the school Health and Physical

Education Program. Teachers and parents work with students to provide a sustainable behaviour change.

**6. *Target the population groups that are most at risk to the effects of inactivity, poor eating habits and other lifestyle behaviours.***

Commit to more than a lip service cross agency approach so that Education, Health, Sport and Family and Community Services can share substantial resources to tackle the complex problems in an integrated way.

Invest in the professional learning of those who work with children and young people everyday particularly in 'at risk environments' by engaging and resourcing the organisations with the skills and experience to deliver such training.

**7. *Respond to the call from peak children's advocacy organisations (The Childrens Television Council, The Parents Jury) to ban junk food advertising during peak television viewing times – if the UK can do it, why can't we?***

The previous Minister for Health and Ageing's view that government has no role in this because it is totally the responsibility of parents is nonsense. T

**8. *Review the Department of Health and Ageing Physical Activity Recommendation of 60minutes per day of moderate to vigorous physical activity for children and youth.***

New evidence suggests that in the modern environment this is nowhere near enough if children are to accrue health benefits by controlling energy input and expenditure. The original Guidelines were well conceived and well intentioned but they are most likely no longer relevant.

**Conclusion**

Officers of our organisation at both national and branch level are available to provide more detail around these recommendations and to assist government and other kindred organisations in their efforts.

It is time for considered and integrated action around the overweight and obesity issues for children and young people. High levels of cooperation are required between the Australian and state government jurisdictions. Another era of piece-meal action and vacillating policies could be extremely harmful.