

Presentation to the Senate Obesity Inquiry

Australian Sports Commission

12 May 2008

**Issue**

Physical activity, in particular structured physical activity including sport does not have its rightful place on the agenda as the major preventative public health factor in the fight against obesity for Australians of all ages.

**Background**

The National Physical Activity guidelines (NPA guidelines)<sup>1</sup> for adult Australians recommend 30 minutes of moderate-intensity physical activity a day and 60 minutes of moderate to vigorous physical activity per day for children and adolescents aged 5-18 as the minimum requirement for good health. However, to be considered 'physically active' the National Physical Activity Survey (NPAS) states a minimum of 150 minutes of moderate-intensity physical activity over at least five sessions in a week.

Research by the World Health Organisation (WHO)<sup>2</sup> suggests that physical inactivity increases all causes of mortality including obesity and its related diseases including cardiovascular disease and type 2 diabetes. Despite the consequences of physical inactivity, a report produced by Sports Medicine Australia and Pfizer Australia in late 2006 found that 66% of all Australians did not meet recommended guidelines for moderate intensity activity in the previous week.<sup>3</sup> Before they began participating in the Active after-school Communities (AASC) program, the majority of the participating primary school aged children were less active than the average.<sup>4</sup> A study in 2005 shows only 14% of surveyed Australian secondary school students engaged in the recommended levels of physical activity.<sup>5</sup>

3.24 million Australians are estimated to be obese.<sup>6</sup> There are an estimated 1.5m people aged under 18 who are considered overweight or obese. This translates to 20-25% of children and adolescents.<sup>7</sup> The total cost of obesity in 2005 was \$3.767 billion of which \$1.7 billion were direct productivity costs and \$873 million in direct healthcare costs. The federal government bears 37%, employers 16.4% of this cost and society 12.4% of this cost.<sup>5</sup>

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<sup>1</sup> Department of health and Ageing (2008) Physical Activity Guidelines. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines#rec\\_12\\_18](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines#rec_12_18)

<sup>2</sup> World Health Organisation (2003). Health and Development through Physical Activity and Sport.

<sup>3</sup> Pfizer Australia Health Report (Nov. 2006)

<sup>4</sup> Colmar Brunton Social Research (2005-2007). Evaluation of the Active After-school Communities program.

<sup>5</sup> Scully, M., Dixon H., White, V., & Beckmann, K. (2007). Dietary, physical activity and sedentary behaviour among Australian secondary students in 2005. *Health Promotion International*, 22(3).

<sup>6</sup> Diabetes Australia (2006). Economic costs of obesity, *A report produced by Access Economics*.

<sup>7</sup> National Obesity Taskforce Healthy Weight 2008 – Australia's Future the National Action Agenda for Children and Young People and their Families November 2003.

There is evidence that confirms that overweight and obesity in Australian children are strong predictors of overweight and obesity in early adulthood.<sup>8</sup> It has been recommended that the period from adolescence to young adulthood is a key time for the implementation of effective strategies aimed at reducing rates of obesity.

There is also evidence that active children and youths are more likely to become active adults contributing to health across the lifespan.<sup>9</sup> Consequently, it is commonly argued that fostering enjoyment of and participation of physical activity during childhood and adolescence may contribute to an increased prevalence of participation in the adult population.

The obesity epidemic has generated clear economic and social costs to the Australian community as a whole and individually. Participating regularly in structured physical activity (including sport) plays a critical role in the fight against obesity as evidenced below. The key priorities for the Australian Government's National Health and Hospitals Reform Plan include 'focussing on preventative health care and health promotion to help keep Australians healthy and out of hospital' and 'improving the health of our kids'. Undertaking structured physical activity and playing sport are ideal preventative health mechanisms for Australians of all ages and particularly for young people and children to develop positive attitudes and active lifeskills to carry them into healthy adulthood. International research supports this view.

The Commission of European Communities published two White Papers in 2007: a White Paper on Sport and a White Paper on A Strategy for Europe on Nutrition, Overweight and Obesity related health issues. These papers clearly identify sport as a key player in the fight against obesity – 'as a health-enhancing physical activity, the sport movement has a greater influence than any other social movement'. However, the recognised potential of the sport movement to foster health-enhancing physical activity often remains under-utilised and needs to be developed'.<sup>10</sup>

A major recommendation of the Commission is to strengthen the cooperation between health, education and sport sectors to define and implement coherent strategies to reduce overweight and obesity. The Commission identifies childhood as an area where there is already firm evidence of the effectiveness of intervention in relation to shaping healthy behaviours and as such will pursue both nutrition and physical activity projects with an emphasis on sport and strengthening co-operation between schools, teacher training bodies, local and national authorities and sports clubs.<sup>11</sup>

Research conducted in the United Kingdom supports the Commissions view. Numerous sources support the fact that among all the evidence related to sport and physical activity benefits, the

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<sup>8</sup> Venn, A.J., Thomson, R. J., Schmidt, M. D., Cleland V. J., Curry, B. A., Gennat, H. C., et al. (2007). Overweight and obesity from childhood to adulthood: a follow-up of participants in the 1985 Australian Schools Health and Fitness Survey. *Medical Journal of Australia* 186(9).

<sup>9</sup> Okely, A. D., Booth, M. L., & Patterson, J. W. (2001). Relationship of physical activity to fundamental movement skills among adolescents. *Medicine & Science in Sports and Exercise*, 33(11). And also Glenmark, B., G. Hedberg, And Jansson, E. (1994) Prediction of physical activity level in adulthood by physical characteristics, physical performance and physical activity in adolescence: an 11-year follow-up study. *Eur. J. Appl. Physiol.* 69:530–538.

<sup>10</sup> Commission of the European Communities. (2007). White Paper on Sport.

<sup>11</sup> Commission of the European Communities. (2007). White Paper on A Strategy for Europe on Nutrition, Overweight and Obesity related health issues.

health outcome is considered to be the 'strongest and most systematic' and it is also ranked as the most important benefit.<sup>12 13 14</sup>

For many years the United Nations, its funds, programmes and related specialized agencies have acknowledged the importance of sport in society. United Nations bodies have enlisted athletes and major sporting events in campaigns to promote other public health measures.

Independent specialized agencies of the broader United Nations system like the International Labour Organization (ILO), the UN Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO) have also focused on the value of sport in their fields of work. Since 1984 WHO has engaged with the sporting world to promote a healthy lifestyle and the benefits of regular physical activity. The United Nations International Working Group on Sport for Development and Peace has well documented evidence that regular participation in sport and physical activity enhances health.<sup>15</sup>

Despite all the evidence to the contrary, however, Australia has not placed enough emphasis on structured physical activity and sport as primary health enhancing activities. Why aren't Australians meeting the minimum standards for physical activity to produce a health outcome? The main constraints to participation in sports and physical recreation identified in 2005-06<sup>16</sup> were:

- Cost
- Insufficient time due to work/study
- Not interested
- Injury/illness
- Age/too old

A further barrier that has been identified to participation in structured physical activity is an aged and failing sports infrastructure. Local councils have identified significant funding shortfalls in relation to the upkeep of sports facilities and infrastructure. This is combined with new urban design not including sufficient sports infrastructure and the damaging effect of drought on our playing fields. The Australian Local Government Authority (ALGA) has identified the need to give particular attention to rebuilding sport infrastructure as a means of *improving community health and wellbeing and combating the obesity epidemic*.<sup>17</sup>

The constraints to participation in structured physical activity for primary school aged children identified through the Evaluation of the Active After-school Communities program<sup>4</sup> included:

- Cost

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<sup>12</sup>Coalter, J.A. (2001). Realising the Potential of Cultural Services: the Case for Sport. Research Briefing 12.3. London Local Government Association.

<sup>13</sup> Bailey, R. (2006). 'Physical Education and Sport in Schools: A Review of Benefits and Outcomes.' The Journal of School Health 76(8).

<sup>14</sup> Sport England 2007, "About Value of Sport." Value of Sport Monitor retrieved November 2007.

<sup>15</sup> Donnelly, P., Darnell, S., & Coakley, J. (2007). *United Nations International Working Group - Literature Reviews on Sport for Development and Peace*. Toronto: University of Toronto.

<sup>16</sup> Australian Bureau of Statistics. (2007). Motivators and constraints to participation in sport and physical recreation, *National Centre for Cultural and Recreation Statistics*.

<sup>17</sup> Pricewaterhouse Cooper Report. (2006). *National Financial Sustainability Study of Local Government*.

- Time
- Transport issues
- Not interested

Given these common constraints we now need to be providing structured physical activity interventions that lessen and/or remove these barriers. There also needs to be far greater public health advocacy for the role of structured physical activity as a major preventative health strategy. Structured physical activity as opposed to general physical activity on its own offers opportunities for people to come together at a set time and place with a facilitator/s and assists in overcoming isolation and social exclusion, develops a sense of community and also provides more extrinsic motivation for people to actually participate rather than always having to do something on their own of their own volition.

The Active After-school Communities (AASC) program is an example of an intervention that is locally focussed, with a wide ownership targeting primary school aged children that has been effective in changing attitudes and behaviours in relation to structured physical activity not only amongst the participating children but also family and community members. The AASC program was the major measure of the former Australian Government's Building a Healthy Active Australia initiative announced in 2004 in response to the growing crisis in childhood obesity which received bipartisan support at Federal and State levels. The program has been extended for a further 3 years until the 31 December 2010.

The AASC program is a free, fun and safe structured physical activity program offered to primary school aged children in the after school environment across 3,250 schools and out of school hour care services (OSHCS) throughout Australia. The program to date has reached up to 150,000 children, provided free training along with employment opportunities to over 25,000 community coaches, and stimulated local community involvement in structured physical activity.

Extensive research data has been collected over the past three years 2005, 2006 and 2007 to support the achievement of the objectives of the program. Of major importance is the fact that the program is targeting children who were less active after school hours and made them more active as a result of participating the AASC program. Prior to their participation in the program the majority of parents of the children identified that their child was less active out of school hours than the average. To support the value the program has added to assisting children participating in the program to meet their daily physical activity requirements, children have significantly increased their structured physical activity hours per week from 1.5 to 2.9 hours.<sup>4</sup>

Children participating in the program now have a far more positive attitude toward participating in structured physical activity. More than 4 in 5<sup>4</sup> community coaches each year were satisfied that the children involved in the program are becoming more positive towards organised, structured physical activity. One of the most significant reasons for this as identified by the children is that the majority are having fun: 81% in 2005, 84% in 2006 and 85% in 2007.<sup>4</sup> Additionally, a high proportion of school and OSHCS staff are satisfied or extremely satisfied that the AASC program offered a fun experience: 91% in 2005, 95% in 2006 and 94% in 2007.<sup>4</sup> Parents have also provided very positive support to their children wanting to continue to participate in the program because they believe it is extremely safe: between 91% and 94% agreed that the AASC program was safe for children to participate in.<sup>4</sup>

In relation to behavioural change, in all three years of the evaluation between 78% and 81%<sup>4</sup> of participating children wanted to keep coming back after the school holidays. As well as wanting to stay in the AASC program children are also looking to undertake more structured physical activity outside of the program. 50% of all AASC community coaches in 2007 who were directly involved with a local sporting club or other organised sport/physical activity programs agreed that the AASC program is leading to an increase in the number of children participating in organised sport and/or physical activity programs at their organisation.<sup>4</sup> Supporting this almost 2 in 3 (63%) parents of children who participated in the AASC program agreed that their child would like to join a new sporting club or organisation.<sup>4</sup> This perception is significantly stronger in comparison to parents of children who did not participate in the program with 48% agreeing.

There are hundreds of case studies from the AASC program which highlight the positive impact that the AASC program is having on the physical activity attitudes and behaviours of children along with their families and local communities. Three examples are detailed below.

#### *Building local club membership in Deniliquin, New South Wales*

The Deniliquin Golf Club partnership with the AASC program has attracted so many budding young golfers that they are looking to start a junior competition. The club became involved in the AASC program in April 2007 and has 50 local primary school students a week come and try their hand at golf. The club became interested in the AASC program as a way to attract new members, particularly junior players, and seven members of the club became registered deliverers with the program. The AASC program not only provided the pathway for students to become involved in golf, but also provided Deniliquin Golf Club with the necessary training, equipment and financial resources to support the program.

#### *Local community partnerships in Sheffield Tasmania*

Prior to the AASC being introduced in Sheffield Tasmania, there were few opportunities for children in the area to participate in basketball. Since starting the program, 3 coaches from Sheffield Basketball Club have completed the community coach training and begun delivering to Sheffield School. The coaches have found that the course not only assisted them with their AASC sessions, but also with their club coaching. They have also found the Playing 4 Life approach very successful, especially with the primary school aged children. During Term 3, 2007 they used the AASC Playing 4 Life basketball Companion Book for the delivery of their program, delivering to around 60 – 70 students each night.

The money the coaches receive for delivery of the AASC program goes straight into the club and is used to reduce the fees for juniors and tournament costs. Prior to the AASC program there were no club based teams and now the club has five junior teams that regularly play in primary school rosters. Furthermore, Sheffield Basketball Club have noticed that children are staying in the sport after the primary school age as they have some older teams in rosters that were non-existent before.

#### *Building community capacity, Northern Territory*

Wallace Dennis is a local resident in the remote community of Minyerri, 260 kilometres southeast of Katherine. With the assistance of the AASC program, he has gained important qualifications and

employment through his involvement and is a vibrant role model for younger children in the region. 'Sport is important for young people within the community because it gives them something to do and makes them feel good about themselves and they are healthier,' Wallace said. Through the AASC program Wallace has completed his Community Coach Training Program and now assists in coaching junior AFL, cricket, softball and football. He completed Year 10 in 2005 and now has a full-time position as Minyerri Council's sport and recreation officer. Wallace has two employees and runs the AASC program and holiday programs in the area.

Whilst the AASC program provides significant physical activity engagement opportunities for primary school students, a similar program tailored to meet the needs of adolescents needs to be introduced at secondary school level. To support this as a natural progression of the AASC program and to provide a lifelong pathway for active participation there is a need to strengthen community sport opportunities through a community hub concept. This would be facilitated by sport development officers placed in local communities partnering with local government authorities to provide a face-to-face avenue for older Australians to become actively involved in range of structured physical activities with easy access to facilities including opportunities in the workplace. The development officers could also be responsible for providing information and support in relation to older Australians accessing other community health and medical services.

## **Recommendations**

*Whilst advertising and education campaigns are important factors in assisting people to lead a healthier lifestyle, it is real and tangible interventions at the community level which will have the greatest impact. The vital role of structured physical activity in the fight against obesity particularly with children and youth cannot be ignored.*

### **Recommendation 1**

There is a need to reposition structured physical activity commensurate with its importance as a risk factor for obesity and as an evidence-based preventative approach for obesity and many other conditions.

### **Recommendation 2**

Any structured physical activity preventative health approach to obesity should be coordinated across health, education and sport, particularly, in relation to children and youth.

*It is very evident that the AASC program is having the desired effect in terms of getting Australian children and their communities active and more healthy as a result.*

### **Recommendation 3**

The AASC program should be available to all primary school students on an ongoing basis. It overcomes 3 key barriers for families to participating in structured physical activity, cost, time and transport and engages children, families and communities in a fun and safe way.

**Recommendation 4**

Similarly a structured physical activity program should be designed and implemented across the secondary education sector.

**Recommendation 5**

A community sport initiative should be a priority for consideration based on a local community hub concept which meets the needs of older Australians along with programs which encourage workers to undertake structured physical activity during the work day again looking to overcome the key barriers to regular participation.