

**STANDING COMMITTEE ON HEALTH AND AGEING  
INQUIRY INTO OBESITY IN AUSTRALIA SUBMISSION**

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**Key Purpose of this submission**

To specifically address the terms of reference relating to the future implications, prevention and management of obesity in children and youths. More specifically to provide recommendations relating to the:

- Investigation into the physical implications of obesity in children
- Prevention and management of obesity in children via a targeted approach to encourage physical activity and reduction of sedentary behaviours

**Obesity – the *new* disability?**

In 2005 alone, obesity-related disability cost Australia in excess of \$855 million (1), although this is mainly attributable to secondary sequelae conditions such as osteoarthritis. With the increasing prevalence of obesity in children, it is likely that obesity-related disability will also continue to increase, although research is lacking. Quality of life studies suggest that obese children also have impaired *overall* physical functioning, but little is known about the extent of restrictions, contributing factors, and whether this has an impact on participation in physical activity. To date, much research has focused on the medical impacts of obesity, with little focus on physical functioning – this is surprising given that most obesity management initiatives are significantly focused on increasing activity.

**A targeted approach**

It is likely that obese children find it more difficult to be physically active and participate in other physically demanding daily activities. This may therefore influence their enjoyment of, and preferences for activity. For example, it is possible that obese children may experience more pain, physical difficulty or discomfort, all of which would be barriers to being physically active, potentially leading them to engage in more sedentary activities. If continued research finds this to be true, then generic approaches to children's physical activity are unlikely to be effective in this group. For these children, tailored activity programs may be needed to maximize their chance of success. The following parent quote describes the limitations of generic programs;

*'I particularly do not like heavy school 'health' programs that see my daughter slogging around the perimeter of the school, trying to run – it is so self destructive'.*

A life-span approach for obesity prevention and management is needed, focusing on key transition phases in the lives of children which are likely to pose key 'at risk' periods. Key periods for targeted interventions may include: early childhood, transition to school, transition into early adolescence (from primary school to high school), and transition into adult life (from high school to work or study).

**The bigger picture**

It is recognised that any interventions to prevent and manage obesity in children need to entail a multi-faceted approach, not only focussing at the individual level (i.e. child & family), but also at the community level (schools, health centres etc.) and population level (government policy, media, urban planning, food supply etc.). Strategies to improve physical activity and reduce sedentary behaviours must be implemented at all levels. However, generic interventions and programs may not be so effective for already obese children.

**Key Recommendations**

- Research is needed to examine the physical functioning of obese children, and the key factors predictive of functioning, and whether this has an impact on activity participation in obese children. This is the focus of my current PhD research which will provide preliminary evidence.
- Target key 'at risk' developmental periods for activity interventions & prevention programs
- Provide targeted, specialist activity interventions for obese children with support from appropriately trained professionals (e.g. PE teachers, physiotherapists, exercise physiologists etc.)
- Provide treatment/prevention activity programs at all levels (individual, community & population)

**Reference:**

1. The economic costs of obesity. In: Economics A (ed). Access Economics, 2006, p 132.



**Signed by Margarita Tsiros on this 16<sup>th</sup> day of May 2008**