



Submission to Preventative Health Taskforce January 2009

“Obesity in Australia” (Technical report No 1)

The Sports Medicine Australia (SMA) submission will address Technical Report Number 1, “Obesity in Australia”.

Sports Medicine Australia commends the Government and the Taskforce for the initiative and is very supportive of the broad thrust of the Report. SMA would like to make the following supplementary comment that draws on the experience of SMA members and SMA as an organisation in attempting to make a contribution to dealing with the issue. The submitted comment will address detailed points made in the Report as well as making more general observations. There will also be a more detailed section dealing with the specific issue of preventing activity-related injury.

Comments on the Report

- **A national strategy and national coordination.**

Sports Medicine Australia believes that this is a major requirement of any effective future strategy. The Report makes encouraging points in this regard, but there has been nothing remotely resembling this in Australia since the demise of Active Australia (and even Active Australia was never properly resourced or supported).

Any national strategy must also liaise closely with and draw on the excellent work already undertaken by a number of the state governments and must focus on the entire Australian population. A strategy coordinated with and drawing on existing state programs will be off to a flying start; conversely, every effort must be made to discourage a federal strategy – and other state government strategies – from reinventing the wheel. Further, the strategy must target all Australians as clearly all are at some risk; however, extra efforts will be needed where risk is highest. SMA has been critical of previous government policy which has concentrated on children (obesity rate of 6%) while making less effort with other population groups where risk is much higher (e.g. men aged 45-54 where obesity rates are 25%). It is impossible to obesity-proof a population by an exclusive focus on children. Commendably, the Report does not fall into this trap. Weight gain is incremental through most people’s lives, with spikes at certain times such as child birth and marriage for women.

- **An “energy-balance” strategy, rather than an obesity strategy.**

Every effort must be made to integrate nutrition strategies with physical activity strategies. Currently there is still too much separate thinking between the “nutrition” experts and the “activity” experts.

SMA is sympathetic to the view of Professor Steven Blair who advocates that any submission for action on obesity that supports either nutrition or physical activity without recognition of the role of the other should be returned to the authors.

- **Re-examination and re-thinking of guidelines for physical activity.**

SMA is a guideline setting body with considerable experience in this field. It is critical that guidelines are clear, simple and evidence-based. Unfortunately, accretion of new evidence can often lead to a re-issuing of increasingly complex and changing guidelines. This is usually accompanied by an increasing confusion and disillusion in the public. Guidelines relating to obesity are a case in point. Current physical activity guidelines (“30 minutes a day, etc.”) are aimed at a general health benefit. While this level of activity will not usually impact on weight, it does have important health benefit and it is crucial that this message is not lost. A guideline focus on obesity and weight loss may discourage people from undertaking additional activity if it has no affect on their weight.

Further, there is new evidence from a range of sources (e.g. Taskforce adviser Professor Wendy Brown*) that the current guidelines for physical activity may be flawed. The current physical activity guidelines aim to “top up” a person’s daily physical activity; however, they are based on evidence collected when normal physical activity levels of the general population were much higher than they are today. As the Report identifies, there is also new evidence about the impact of sitting time that should be considered when setting guidelines.

A major task for the new strategy will be the development of new guidelines which should err on the side of simplicity. “Move more; sit less” might be a good starting point for an activity guideline.

- **Initiatives to increase physical activity should be open-ended and on-going.**

As noted in the previous point, there is increasing evidence that physical activity levels have declined dramatically in the last two decades. In fact, there is evidence that there is *probably not enough time in the daily life of the average person to add enough additional recreational physical activity to control weight gain.* (e.g.***) This means that measures to increase activity need to address as many areas of daily living as possible (as well as diet). The Report commendably looks at transport and workplace options for these activity increases.

- **Data collection and presentation must be improved.**

There was no national survey of physical activity in Australia from 2001 until 2007, when SMA with support from pharmaceutical company Pfizer, conducted a national survey replicating the 2001 survey. (For results see <http://www.sma.org.au/mediareleases/pdfmediareleases/2007%2012%2010%20Pfizer%20SMA%20Health%20Report.pdf>) Good policy needs good research and good data as a base and this should be the responsibility of the national government strategy.

Further, data should be presented in meaningful ways. One on-going irritant is the constant amalgamation of “obese” and “over-weight” statistics when the scale of the problem needs dramatising (usually in the case of children).

- **Injury as a barrier**

Sports Medicine Australia is particularly concerned by the potential danger for any strategy to increase physical activity to be derailed by an increase in participant injury. Injury – and fear of becoming injured – is a very real barrier to increasing physical activity levels. This barrier increases with increasing age and increasing weight. (***) As Australians of higher weight will be the main target of any strategy, it is critical that every measure is taken to minimise the risk of injury.

Sports Medicine Australia and SMA members have a long history in the prevention and treatment of injury in sport and physical activity. Following is a detailed set of recommendations that SMA believes will help to minimise the impact of injury on any policies to increase physical activity in Australia.

Any strategy to combat obesity should include injury prevention programs so that injury and fear of becoming injured is not a major barrier to increasing participation in sport and physical activity.

The effectiveness of sport and physical activity as a key component of the Government’s preventative health approach is directly dependent on the number of Australia’s participating. A major, and until recently largely unaddressed, barrier to participation in sport and physical activity has been injury – and the fear of becoming injured during participation.

Existing programs

There are two major national programs targeting sports injury.

The Safer Sport Program (SSP)

The Safer Sport Program (SSP) is a program unique to Australia that teaches community volunteers (Sports Trainers) basic injury prevention and treatment.

Established in 1983 by Sports Medicine Australia (SMA) with Commonwealth Government assistance, the Program has been highly successful and operated without direct Commonwealth assistance since 1997. In 2007/2008 5,374 community volunteers successfully completed at least one of the levels of the program and became part of the more than 15,000 Australians with current Sports Trainer accreditation. While initially established to service Australian Football and Rugby League, the program now provides medical coverage to all levels and all types of sport. In 2006, Sports Trainers provided the bulk of the medical coverage to the Commonwealth Games.

The major limitation of the Safer Sport Program is that it only covers participants in organised sport. This deficiency has been recently addressed by the roll-out of the National Smartplay program.

Smartplay

The Smartplay program is designed to provide sports safety information and advice to individual participants. Smartplay uses university research into sports safety and translates it into a format suitable for the average person. National Smartplay provides safety and injury prevention advice to participants in 22 discreet sports and activities – from AFL and Rugby to Skateboarding and Lawn Bowls. There is also supplementary information covering treatment and follow-up prevention techniques for the eight most common sporting injuries.

Initiated in South Australia and enhanced in Victoria, in 2006/2007 Smartplay was extended into a national program with Commonwealth assistance. Resources have been disseminated through sporting organisations, schools, pharmacy, health professionals and SMA.

Opportunities

Research shows that most sports injury can be prevented. The greatest opportunity in sport and activity injury prevention is to build on the success of existing programs.

For National Smartplay there is a large body of resources in different state programs that could be added to the program. One of these is a resource providing information for women wanting to become more physically active and addressing perceived barriers to activity, such as pregnancy (one of the greatest points of drop-out from physical activity for females), menopause, contraception and a range of medical conditions.

The safety net of the Safer Sport Program could be extended by making it more accessible to community volunteers and to others working in support roles in sport. The most obvious group here are coaches, who currently receive minimal injury prevention training. Recent research shows coaches can have a substantial positive impact on injury rates if given the correct information.

While the inadequacy of injury data collection has been a frustration, opportunities exist to extend state pilot programs, such as Victoria's "Injury Tracker", nationally.

Recommendations

- National Smartplay. Support the extension of the program to add more resources and their continued national dissemination.
- Safer Sport Program. Support delivery in regional, remote and other disadvantaged areas and any plans to extend it to groups such as coaches or other areas of delivery such as secondary schools.
- Injury Data Collection. Support national extension of existing successful pilots and investigate methods of capturing more data from health professionals treating sports injury.

Remove tax barriers to research donations in sports injury prevention and physical activity promotion.

Sports medicine and sports science research in Australia is currently hampered by the fact that donations for research in this area are not tax deductible. To qualify for tax deductibility, donations must be for research into "disease prevention." This situation is made even more difficult for researchers seeking funds by a recent decision that research into ways of increasing physical activity was not "disease prevention."

- It is strongly recommended that the definition of tax deductibility for donations to research be widened to include research into sports medicine, sports science and the promotion of sport and physical activity.

References

- * Wendy Brown. "Stand up, sit down, keep moving". Presentation at the Asics Conference of Science and Medicine in Sport, Hamilton Island, 17 October 2008.
- **Adrian Bauman/Wendy Brown. Presentations to the Australian Society for the Study of Obesity (ASSO) Conference, Canberra, September 2007.
- *** Caroline Finch and Neville Owen. "Injury prevention and the promotion of physical activity: what is the nexus?" Journal of Science and Medicine in Sport 4:1 2001.