Submission No. 37
(Inq into Obesity)
16/05/08

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The Hon Steve Georganas MP,
Chair,
House of Representatives Standing Committee on Health and Ageing,
Parliament House,
Canberra,
haa.reps@aph.gov.au

Dear Mr Georganas,

Bushwalking Australia is grateful for the opportunity to make a submission to your committee's inquiry into "Obesity in Australia", which we have attached.

Bushwalking Australia Inc is the peak body for recreational walking in Australia, with a network of clubs and bushwalking federations in each state. You will appreciate that in order to satisfy the timetable for the inquiry we have not been able to canvas this submission among our membership as we would for a normal policy document.

Much of this submission is based on a document "*Towards a Walkable Australia*" which is still undergoing our policy endorsement process. If required, we will forward you a draft copy of this document.

We look forward to an opportunity to meet your committee members, and answer any further questions they may have.

Yours Sincerely,

Ian McDonald,
President

Submission to House of Representatives Inquiry into "Obesity in Australia"

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1. Executive Summary

Walking is the most significant form of physical activity and the key to controlling and reversing the obesity epidemic.

Walking also provides "win-win" benefits for tackling many other emerging issues across all facets of government, such as climate change, peak-oil, congestion, social cohesiveness, and general well-being, as well countering many other health issues besides obesity.

Fortunately, there are a number of simple, low-cost, but far reaching actions the government must take, in partnership with key community organizations.

Recreational walking groups in particular, have a vital role to play in increasing the level of walking within the community.

2. Background

Recreational Walking in Australia

Bushwalking Australia Inc (BWA) is the national peak body for recreational walking. Through BWA and its constituent state organizations, there are some 200 affiliated clubs and walking groups covering all states and territories, with a total membership exceeding 25,000.

Bushwalking clubs are increasingly attracting new members at both ends of the age spectrum, from those who prefer expeditions in remote areas, to those who walk regularly closer to home.

Walking is a non-captive recreation, in that it does not require people to join a club, or pay entrance fees in order to participate. For each affiliated club member there are more than a dozen regular walkers who are not members of any walking club, and around fifty who class themselves as bushwalkers and walk at least several times a year. And for every club member, there are around three hundred who walk regularly for exercise or pleasure.

This is why BWA takes its role seriously to represent and advocate for all bushwalkers and for recreational walking in general.

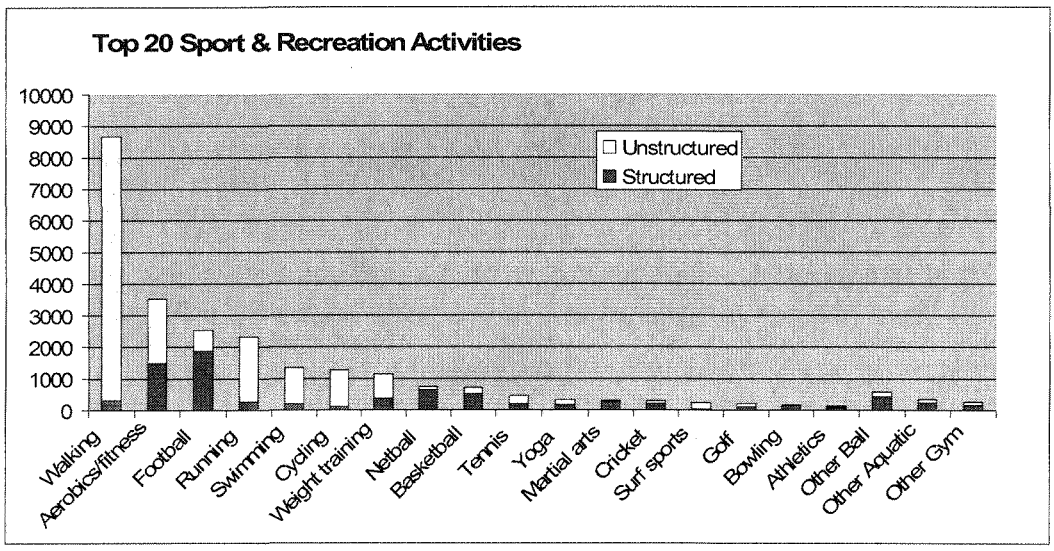

Figure 1 – Structured and Unstructured Sport & Recreation (derived from ERASS 2006)

When unstructured recreation is included, walking provides by far the largest amount of physical activity; over three times the benefit of all football codes combined.

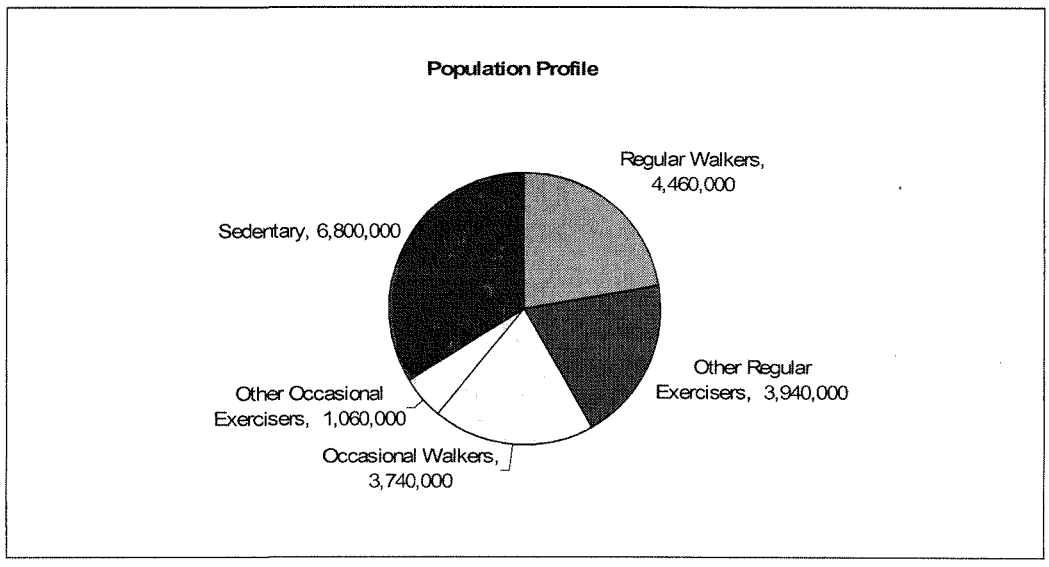

Figure 2 – Walking in the Australian Population (calculated from ERASS 2006)

Walkers make up more than half the people who regularly exercise, and most of those who exercise occasionally. They need to walk more. The challenge is the 6.8 million (almost a third of the total population) who don't exercise at all. Walking would enable them to start exercising with dignity.

3. Discussion

It is no coincidence that the obesity epidemic has arisen at the same time as there has been a decline in the level of everyday walking within the community. Nevertheless, walking remains the form of physical activity that can be undertaken at low cost to both the individual and the public purse. Halting and reversing the decline in walking is essential if we are to overcome the obesity epidemic. Fortunately, there is a range of actions that government and community organizations can and must take to encourage people to walk more.

Bushwalking is the one form of walking that is growing in popularity, and has the potential for further growth. It can be enjoyed by people of all ages and abilities, from those seeking a wilderness adventure, to people who can manage only a short walk in a nature park. Walking is a continuum, and it is not helpful to draw the line between bushwalking and other forms of recreational walking. Nor is it helpful to consider recreational walking apart from other forms of walking.

People want to walk, and increasingly they want to do so in an environment that is attractive and conducive to walking. This is particularly true in national parks and other natural areas where walking is the best way to appreciate the environment, and the most appropriate form of public access. By contrast, towns and cities where most people live, have been allowed to become "***obeso-genic***"; where people who wish to walk, have to put up with an environment that discourages them at every turn. Policies that provide cheap and convenient access for vehicles invariably make walking less convenient and less attractive. A similar situation has occurred in rural areas where depopulation, decline of local services, increasing farm size, and the increasing reliance on motorized vehicles has all but eliminated walking from the farm and the day-to-day life in rural Australia.

Bushwalking Australia has produced a paper "*Towards a Walkable Australia*" which highlights many ways in which the different parts of government can work with the community to encourage walking.

Re-engineering our environment to make it walkable may not seem to fit within the health sector. This view is wrong for several very good reasons, and many of them have been recognized by the recent Australia 2020 Summit (AUS 2008). Firstly, the health sector has been concerned almost exclusively with illness. It would perhaps be more accurate to describe it as the "sickness sector". Secondly, the greatest and most effective health programs in the past have involved providing clean water, clean air and clean food. The introduction of separate water and sewage systems did more than anything else to improve our health and reduce premature mortality. The task of making our towns and cities walkable will be similar to but far easier than the nineteenth century sanitary revolution.

A program to encourage walking would in fact be more cost-effective than any other health intervention in the medicine chest of public policy. People who keep walking, stay independent longer, and are much less burden on the medical health system. The mantra "use it or lose it" applies to people's health as they get older.

The vexed issue of **indigenous health** is also closely linked to walking in several compounding ways. As hunter-gatherers, indigenous people received regular exercise, and the constant moving of the campsite prevented a range of communicable diseases becoming established. The lack of purposeful everyday walking amongst modern indigenous people contributes not only to obesity, but also to their suffering from mental depression, alcoholism, and many infectious diseases.

Amongst the wider community as well, walking provides other health benefits besides those directly linked to obesity. Mental health, and reductions in many forms of arthritis and cancer are known to correlate favourably with walking and general levels of fitness. People who are lucky enough to remain thin but don't exercise, still suffer many health problems such as heart disease.

In addition to its health benefits, walking provides many benefits to other areas of government responsibility such as transport, local government, planning, environment, tourism. By encouraging walking and walkability, there are wins for many other issues such as global warming, social cohesion, and community security. Clearly many of these issues extend well beyond the areas that are traditionally the responsibility of the health sector and don't fall within the health budget. Nevertheless, spending by government agencies to encourage walking will relieve the mounting burden on the health sector of obesity and other lifestyle-induced diseases, which if unchecked would overwhelm the already strained health budget.

4. General Recommendations

In "*Towards a Walkable Australia*" we have discussed many specific actions that could be taken across all sections and levels of government. For the purpose of the present inquiry however, we will concentrate our discussion and recommendations on those areas that are specifically associated with the health sector.

The specific actions needed within the health sector to encourage walking are entirely consistent with the reforms being universally called for within the health sector as a whole, such as through the recent 2020 summit. These improvements in the health system generally should, with little extra effort, also lead to increased levels of walking and decreased obesity. The other side of the argument is that actions to encourage walking, if taken first, would be a practical way of piloting these reforms.

a. Take a whole-of-sector approach to health, irrespective of funding sources

It is well known that the health sector is the subject of blame and cost-shifting between the various levels of government (national, state and local) as well as the various public, private, and not-for-profit organizations. Only by considering the total picture can appropriate decisions be made.

The present funding system results in resources being corralled within different institutions that deal with different stages of the disease cycle. Funds are allocated and spent according to the political power of the institutions involved, rather then according to their likely benefit.

b. Joined-up-thinking

Health is often impacted by decisions outside the health sector, and desirable policies may run counter to those proposed or already entrenched in other agencies. For example, transport and taxation policies often encourage the use of motor cars, acting against sound health and environmental policy.

c. Broadly apportion health funding on the basis of the benefits to be achieved.

Traditionally, funding for health has been driven by sectional provider and institutional interests rather than through any objective assessment of needs[1]. "*The burden of disease and injury in Australia 2003*" (AIHW 2007) gives a more appropriate basis upon which funding could be applied. In other words, the health funding cake should be divided up in the same proportions as the burden of disease. There are no doubt other measures and other considerations from more recent and overseas research. However significant departures from this type of yardstick should at very least, be open to public scrutiny. There would be no case for more than a 10-fold difference in the ratios of funding levels for different diseases and their health impacts. [2]

d. Provide a greater proportion of health funding towards preventive measures.

For any disease category it makes sense to apply the available funds towards measures that are likely to have the greatest effect. For some diseases, treatment may be straightforward and appropriate. For some, prevention or early intervention may be preferable. For others, research may be the only possible response.

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[1] Extensive discussion, (and general agreement) on this point has most recently been made at the Australia 2020 Summit, and the Centre for Policy Development website www.cpd.org.au

[2] "*Health and welfare expenditure*" (AIHW 2006) shows total expenditure according to the institutions where the money is spent, but it does not link those costs back to the diseases and specialties involved.

Typically funds are more readily available for later stages of a disease, when the impact on the individual is clear, but sadly by then it is often too late. For many diseases, spending money on preventive or screening programs would be far more cost-effective than treatment at the chronic or life-threatening stage.

e. Don't discount personal responsibility

Often issues are not taken on board by health authorities, simply because the risk factors are said to be a matter of personal responsibility. For instance people's choice of lifestyle contributes greatly to the likelihood of heart disease. We are not proposing a "nanny-state", but we are suggesting government has a role in creating an environment in which people can take healthy choices without suffering personal disadvantage.

f. Develop and use social capital

Significant improvements in community health cannot be achieved in isolation, nor can they be achieved by government, the private sector, or individuals acting alone. They also require public-interest organizations within the community that can harness individual effort, and make the connection between government and private organizations.

5. Practical application of these recommendations in relation to walking

By taking a whole of sector approach, and applying available funds where they would provide most benefit, a very significant amount of funding would be released for preventive programs, and especially for programs that would encourage walking and reduce obesity..

a. Making the present system work better

Looking at the existing systems of preventive health, there are a number of failings which could be corrected by simple reforms within those programs.

i. Go beyond public relations and advertising

Most population health programs go no further than exhorting people to walk or exercise more, without providing any real or substantial help to make and sustain that choice. Many programs simply don't even reach the target audience. They ignore the fact that take-up of any program requires both physical and social infrastructure. Walking is a social activity, and requires community support to back up individual choice.

ii. Provide follow up for clinical programs

People often commence walking programs on advice from their GP, or as part of a rehabilitation program such as from heart disease. Once people graduate from such

programs, there is no ongoing funding to support them. Recreational walking groups may be reluctant to take on these people, due to liability issues, and their tendency to slow the pace and detract from the enjoyment of others. Programs are needed to bridge the gap between rehabilitation, sustainable lifestyle choices, and full integration with and acceptance by the community.

iii. Provide targeted funds for community organizations

There are shortages of community organizations able to support or coordinate walking initiatives. Such that exist receive little or no funding, or have walking as a very minor part of their role. At very least each state needs a central community organization whose primary focus is walking.

iv. Provide targeted funds for supportive environments

Supportive Environments for Physical Activity (SEPA) was a heart foundation initiative, which demonstrated the link between walking and the local environment. This has been taken up by a few local governments, but without any support from state or federal levels. By contrast, programs such as "roads to recovery" and "black spot" funding have been made available to encourage motor vehicle use, often at the inconvenience of walkers.

v. Provide targeted funds for active recreation

Funding designed to encourage physical activity has been hijacked by organized sport. A classic example of this was the Active Australia Alliance in 2002. The federal government now diverts virtually all its efforts into elite or organized sport, which benefits only a tiny minority in the community. The recently report released by Kate Ellis Minister of Sport (ELLIS 2008) said: *"Whereas early federal sports policy had a clear focus on community physical activity and 'Life. Be In It' style programs, this has declined over time to become virtually non-existent."* Unfortunately, the report dwelt solely on organized and elite sport, failing to mention walking or active recreation.

vi. Support the development of attractive local trails

The provision of walking trails and footpaths has been left to local government or the whim of sympathetic land managers. As a result such paths and trails that exist are fragmented, don't go where they need to, are poorly maintained, or perceived as unattractive or dangerous.

As well as local trails, there is also a need for iconic and long-distance trails that attract walkers from interstate and overseas.

vii. Raise the status of walking

Rather than being at front and centre of our health and transport policies in particular, walking is often relegated to a position of low status and last resort. This is not helped by

terms like "pedestrian", and by the tendency to associate walking with age and disability, rather than youth and adventure.

viii. Support walk-to-school programs

The number of children walking to school has declined dramatically over the last generation. The walking school bus is a welcome idea in an environment where parents (rationally or otherwise) feel it unsafe to allow their children to walk to school. Insofar as the walking school bus is the first step in encouraging children to walk to school independently or in small groups, then it is a good thing. Unfortunately, it can also send the message that walking is intrinsically unsafe when its not. Again, the ultimate aim should be to make walking safe, and assure people that it is.

ix. Better support within the health sector

The health sector itself often does a poor job of promoting walking. For example, many hospitals and medical centres give pride of place to the doctors' car park. Nursing staff clamor for parking spaces as close as possible to their place of work, to avoid having to walk alone in unfriendly dark spaces. While most patients need access by vehicle, hospitals would do better to make pedestrian access much safer and more attractive day and night, whether or not staff, visitors or patients arrived by private car or public transport.

b. New Actions

There are a limited number of actions that governments could take. They are relatively low-cost or zero-cost initiatives that fit easily within existing programs, or are similar to those conducted successfully in the past, such as Metric Conversion and Competitition Policy Reform. For the most part they simply require statesman-like leadership and forward thinking.

i. Include active recreation within the Sport Ministry

The present government has included sport within the health portfolio, a move which we applaud. However there is no recognition of active recreation, since both the agencies involved (*Australian Sports Commission* and *Australian Institute of Sport*) deal only with organized and elite sport.

ii. Include walking within the Transport Ministry

As the primary transport mode, walking needs to be recognized and included within federal transport agencies and programs. While some token recognition is given to cycling through the *Australian Bicycle Council*, no equivalent body (let alone an active program) exists for walking.

iii. Encourage the formation of walking groups

This needs to be done within the community itself, but the process would be assisted by a program not unlike the *Landcare* and *National Heritage Trust* programs, though on a much less costly scale. The aim should be to make these groups self-sufficient and self-perpetuating.

iv. Provide organizational support for walking groups

Support needs to be provided within government, involving both state and local governments as well as the commonwealth. Again we can learn from the experience gained through *Landcare* and *National Heritage Trust*. We also need to encourage non-government organizations to develop within the community. This is already happening in regards to bushwalking (through Bushwalking Australia and the State Bushwalking Federations), but not for other forms, notably walking for everyday transport or exercise. With appropriate encouragement and resources, bushwalking organizations could be expanded to cover these other forms of walking.

v. Measure and monitor the level of walking within the community

We know little about the level of walking within the community. This has been recognized as a deficiency by the responsible federal agencies responsible for health and transport statistics as well as by the ABS. We particularly need a breakdown of walking levels by locality and socio-economic status.

vi. Survey neighborhoods for walkability

We need to identify barriers to walking at a neighborhood level, and to prioritize actions (both short and long term) to overcome them. Such barriers include lack of footpaths or trails, lack of safe road crossings, lack of shops, public transport or community services; excessive speed, lack of shade, stranger-danger and gaps in the path/trail network Again, a program is required, perhaps modeled on the *Roads to Recovery* and *Black Spot* programs. Indeed, extending these two programs specifically for pedestrians would be an excellent first step.

6. Conclusion

Walking is without doubt the most powerful and widely applicable antidote to the obesity epidemic. Not only is it the best medicine available, it comes with a range of beneficial side effects. Even in financial terms, the very modest investment required from the public purse is handsomely repaid by a much healthier and more productive society.

7. References

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