

The Sydney Morning Herald

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If physical activity was a drug, the community would demand it be listed on the PBS

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Published: October 20, 2015 - 11:45PM

As a society, we have spent more than a century seeking to make life easier for ourselves by making our daily activities less onerous. While that has brought many benefits, it has also produced a modern country whose inhabitants are far too sedentary, to the extent that it is harmful to our health.

The evidence of the harm caused by sitting for too long and not being active is, from a medical perspective, alarming. Between 60 and 70 per cent of Australians do so little physical activity that their health is at risk. This, in turn, places serious burdens upon our health system.

The statistics need to be placed on the record.

Physical inactivity costs the Australian health budget an estimated \$1.5 billion each year, contributing to almost a quarter of all cardiovascular disease and causing an estimated 14,000 deaths annually. It increases the risk of heart disease, stroke, diabetes and some cancers and is a major contributor to the obesity epidemic, with more than half of all Australian adults overweight or obese.

Widespread and effective participation in physical activity could reduce the incidence of hypertension, type 2 diabetes, osteoarthritis, major fractures, bowel cancer, heart disease, osteoporosis, lower back pain, falls in the elderly, stroke, depression, and dementia.

Being active has a vital role in disease prevention, chronic disease management, and mental health.

If physical activity was a drug, the community would demand it be listed on the PBS.

Yet, the message is not getting through to those most at risk, which is why national leadership and a national strategy are urgently needed.

There's an economic incentive for government: increasing physical activity by just 10 per cent could save more than \$250 million – 37 per cent of which would be in the health sector.

The biggest gains are to be made by the most sedentary. Even a small increase in activity can improve health outcomes. For example, walking for half an hour a day, five days a week, may increase life expectancy by up to three years.

GPs understand their patients' lives and health and are usually the first to identify problems and provide advice and support to encourage sustained activity.

However, doctors cannot address sedentary behaviour in isolation – we need a collaborative approach. The corporate sector, small business, community and religious organisations, and sporting groups all have a role.

This collaborative approach is working very well in Scotland, where physical activity is a national indicator and physical activity levels have increased massively. They have sporting ambassadors and national programs such as 'Active Schools', which provide structured opportunities for physical activity.

We need a national strategy, investment and evaluation to boost participation in physical activity, especially among at-risk groups. A national strategy will allow us to untangle physical activity from the issue of obesity. Talking about obesity and physical activity at the same time may send a mixed message; an issue doctors mustn't shy away from.

Two changes are essential.

First, there needs to be more awareness and understanding of what constitutes physical activity. It is often perceived as

gruelling, sweaty, and unenjoyable, but it doesn't have to be competitive, nor does it have to be done in isolation. Doctors have a vital role in educating patients about activities that improve cardiac and respiratory function.

Second, we need to include transport and infrastructure in healthcare policies, making active transport measures a policy priority. In a big country with sprawling cities, long commutes are common.

Good bicycle access, covered walking areas, public exercise facilities, and car-free days improve health through the reduction in air pollution, and create an environment in which commuters walk or ride, rather than drive.

We also need to encourage good urban design. Cities and large towns need walking and cycling paths, playing fields and other green spaces, as well as street lighting, local shops, and better public transport.

Systemic barriers to activity need to be addressed. Lack of public transport and the need for longer trips impact on participation, as seen in the outer suburbs of our major cities, where we find the greatest dependence on cars and the lowest rates of activity.

We need a national plan to clearly define practical, prioritised measures – concrete outcomes that politicians can implement and evaluate.

Such a plan warrants dedicated funding, but physical activities can also be delivered at low or no cost to government, and do not always require an increase in government expenditure.

What a national strategy does require, however, is an investment by government – federal, state and local – in leadership and policy prioritisation.

High rates of sedentary behaviour are leading to unacceptably high levels of harm. It is high time we took steps to address it.

Dr Parnis is vice-president of the Australian Medical Association.

This story was found at: <http://www.smh.com.au/comment/if-physical-activity-was-a-drug-the-community-would-demand-it-be-listed-on-the-pbs-20151020-gkdj3u.html>