

Mr Mike Board; Mr Bob Kucera; Mr Arthur Marshall; The Acting Speaker (mr P.W. Andrews); Mr Terry Waldron; Mr John D'Orazio; Mr Peter Watson; Mr Martin Whitley

OBESITY AND DIABETES II

Motion

MR M.F. BOARD (Murdoch) [4.10 pm]: I move -

That the State Government urges the Minister for Health to immediately instruct the Department of Health to coordinate a more meaningful and well-resourced strategy to deal with the rising incidence of obesity, in particular child obesity, and the rapidly escalating incidence of diabetes II in our community.

I thank the Minister for Health for being in the Chamber for this debate. I raise this issue today because there is no doubt that, other than mental health, the two biggest health issues facing Western Australia and, indeed, Australia today are diabetes and obesity. Before we talk about the incidence of diabetes and obesity, and the great concern that we should have as a community about how these can affect a person's health and lifestyle, we need to look at the history of these preventable disease and why today we are experiencing an epidemic of obesity, particularly among young people, and of diabetes, particularly type II diabetes. Although I recognise that this is a health issue of national importance and that it was earmarked as such by the federal Government in 1996, there is no doubt that the current strategies are not working. Despite the large amount of commonwealth and state funds allocated to public preventive programs, they are not working. There is no doubt that we need to put in place not only after the event strategies but also preventive programs. Those programs need to be well resourced and put in place with a sense of urgency. Unless we are prepared to do that, I fear that a large proportion of the public health funding in this country will need to be used to maintain people on renal dialysis and other very expensive treatments, including drug treatments, which are preventing them from enjoying the lifestyle that they deserve. The reason that people are undertaking those treatments is primarily ignorance of the consequences of, and possibly also choices they have made about, their dietary habits and lack of physical activity.

In examining this issue, we need to look at the health system in Western Australia. Our health system reflects the health system within Australia. It has been identified in a number of reports, not only the 2020 report but also the Reid report that came out recently, that over the past 20 years our health system has gradually become a hospital-based health system. In other words, our health system is primarily based on service delivery through hospitals. Hospitals have become a one-stop shop for primary health care and for all sorts of programs, including preventive health programs. The majority of members in this place will agree that, 30 or 40 years ago, our health system was very different. It was generally a primary health care system that was provided by general practitioners, in particular family doctors, who gave not only immediate care but also advice to families about diet, nutrition, physical activity and long-term health strategies. In fact, because people had greater access to general practitioners, their health was monitored in a much more family-friendly way. However, because of the increase in the number of people in Australia, changing lifestyles, greater pressures on our general practitioners and more business activities by those general practitioners, and the advent of Medicare, today there is a different approach to the delivery of health services. Regardless of their intent, general practitioners are not able to provide the long-term primary health care preventive programs that they would like to provide. Because of the Medicare system, they do not have the time or the opportunity to get involved in long-term preventive programs and to provide advice to people in their community. Indeed, many general practitioners do not know the individuals and families within their community unless those people have been visiting them for a long time.

Today we have a different scenario for the delivery of health services. As talked about on many occasions in this House, and as was identified in the Reid report, many people in the community access the primary health care system not through general practitioners, but through emergency departments in public hospitals. They do that primarily so that they can avoid a fee, or so that they can get that care at a time and place of their choosing, even though they may have to wait for six or eight hours for that care. The situation in Australia has changed during the past 20 years. It is interesting to note that other western jurisdictions in the world - for example, New Zealand, Canada and the United Kingdom - have had to face the problem that we are facing in Australia, and they have dealt with it in similar ways. Although there may be slight variations in the payments to general practitioners, in the way in which general practitioners are aggregated, and in the way that we get messages across to the community, the reality is that all those jurisdictions are moving towards strengthening their primary health care system so that it can get back to the basics of delivering preventive public health care through general practitioners. Although we need public campaigns and government-funded programs to get the message across, the reality is that most of the programs in those jurisdictions are being funded and supported by the relevant Government through general practitioners.

As has been agreed in debates in this Parliament, and identified in a number of reports, if we do not have the courage to invest and put a greater slice of our health budget into preventive programs, even though those programs may not show an immediate result, we will do our community a disservice. I say that because

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Governments of all political persuasions need to hear that message. Because Governments are busy focusing on the squeaky wheel, such as the problems with emergency departments and hospital bypasses, and even the problem of the Opposition, which makes sure that these issues are at the forefront of people's attention, they tend to find it easier to cut and prune those programs that may not show an immediate result. We need, as a Parliament and as a community, to get beyond that. We need to have the courage to fund long-term preventive programs, because, if we do not do that, the next generation and the generation after that will say that we failed them dismally. Although we may have smart technology, more and more new drugs and clinicians with greater expertise, all those things are dealing with events after the fact. I am sure that those who have diabetes, in particular type II diabetes, would say they would have preferred to have had a bit more knowledge and understanding of where they were going with their physical activity, nutrition and so on. Knowledge is power, and power can be prevention in this instance.

We need to be far more proactive in this area. Diet has become a major issue for us. I do not need to tell the House about, and I do not want to bore the House with the details of, the problems associated with fast food. The reliance of people on fast food may be due to time constraints, pressure on the family unit, or the fact that because there is only one individual in the household, it is not worth preparing food in the home. Pre-prepared food may be very tasty and easy to consume. However, because of its often high fat and sugar content, it may lead to dietary problems and cause obesity or a problem with the production of insulin. I will talk about diabetes - how it comes about and its incidence in Australia and Western Australia. We need to understand exactly what diabetes is. I will quote from a paper that I wrote for our public policy document that was launched in September -

Diabetes is a condition where there is too much glucose (sugar) in the blood which the body is unable to use properly.

Diabetes mellitus is characterized by a high level of glucose in the blood due to a lack of insulin (Type 1 diabetes), or resistance to insulin action (Type 2 diabetes). Type 1 frequently develops in childhood and requires daily doses of insulin to maintain life. In Type 2, the body resists the action of insulin (insulin intolerance). Its progress can be controlled through physical activity and good diet.

It is estimated that over 900,00 people in Australia have diabetes.

I will repeat that figure: 900 000; that is nearly one in 10 people in Australia with diabetes. The paper continues -

In Western Australia, 80,000 have been diagnosed with the condition; approximately 90% of these are Type 2. It is alarming that in the short space of only six years, the incidence of diabetes in Western Australia has doubled.

It is increasing at such a rate that it is asymptotic - it is likely to double again in the next four years unless immediate action is taken. The paper continues -

The growth in reported diagnosis of diabetes is reflective of our sedentary western lifestyle. It is only through behavioral modifications such as increasing daily activity and making healthy choices in our diet that this rapidly developing epidemic can be checked.

...

Diabetes affects health and lifestyle quality through; loss of vision, renal failure, poor peripheral circulation (leading to slow wound healing, ulceration of lower limbs and, potentially, to amputation).

I am sure all of us know people who have lost toes or even limbs through lack of circulation and ulceration due to diabetes, and in particular diabetes II. To continue -

In recognition of the substantial long-term impact of diabetes on the Australian community, the condition was declared a National Health Priority Area in 1996.

In taking this action, the Commonwealth acknowledged diabetes as a major burden on our society, requiring policy initiatives aimed at reducing the incidence of the disease, its complications and associated morbidity risks.

Diabetes accounts for the continued and alarming growth in health care system costs, as well as for the increased burden on individuals and the community. While there is no cure for diabetes, it can be prevented and controlled.

I am not sure whether I read it in the Reid report, but every individual having renal dialysis costs the State \$12 000 a day, on average. That is an enormous burden, with the continually rising rates of diabetes. Therefore, it will not only become a cost issue, but one about lifestyle, because those who suffer from diabetes must modify

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their eating habits and lifestyle. It becomes an increasing burden on not only their health but also their quality of life. Many of these cases are preventable. The paper continues -

In the six years between 1989 and 1995 the incidence of diabetes almost doubled. An estimated 1.15million Australians will have been diagnosed with Type 2 diabetes by 2010.

The number will increase from 900 000 to 1.15 million in the next six years, at the current rate. That is extraordinary. If we were to multiply that number by the cost of renal dialysis that would be funded and supported by the public health system, and a whole range of other services in the public sector, it must amount to an extraordinarily high percentage of the public health budget. As I said, some 80 000 Western Australian have been diagnosed with diabetes, but the figure that stood out for me when I was investigating this was that for every Australian who has been diagnosed with diabetes, there is at least one more sufferer who has not been diagnosed. We can double the number by including people who have diabetes but are yet to be diagnosed and seek treatment. That figure may be even higher; it has only been deduced by research. It is likely that the figure could be 200 per cent higher than the figure for diagnosed cases. Only yesterday, a good friend of mine was diagnosed with diabetes, and has obviously had diabetes for about six or seven years without knowing it. As a result of not seeking treatment, or looking into the symptoms that were showing, he has now reached a stage of having some very difficult health issues. He did not know, but the symptoms were showing the onset of diabetes II. The paper continues -

... two factors are strongly linked to the onset of Type 2 diabetes and hence recognized as high risk factors. The Australian Bureau of Statistics 2001 data reveals that 6.5 million (46%) Australians are overweight or obese. Our western lifestyle that includes highly processed, fast and convenient foods is a direct factor influencing increasing weight gains in Australians. This results in an estimated \$1.5 billion per year in direct health costs. In Western Australia -

This is a frightening figure -

60% of people aged 25 years and over are overweight or obese.

This debate is not an attack on the Government or the Minister for Health. It is a wake-up warning to all of us that we have not done enough. Previous Governments did not do enough and the present Government is not doing enough. We need to be proactive. If we are not, we will have some serious problems. If that does not frighten members enough, the document continues -

The incidence of diabetes increases with age, with 83% of cases occurring among people 45 years or older. Given Australia's ageing population, the burden of diabetes is expected to rise.

What is even more frightening is a growing incidence of diabetes II amongst young people. This is the focus of much of what I want to talk about today. It may be too late for us to prevent this problem for the baby boomers. Maybe hundreds of thousands of people out there already have diabetes or are likely to become diabetic in the next few years. However, we can and should save the next generation and the one after that. We must somehow put in some stoppers to make sure that they do not suffer the same problems we have. There is an obligation on all of us to become far more proactive in this area. I note with zeal and zest that public campaigns such as the anti-smoking campaign have been successful in changing people's habits and attitudes. Those campaigns can be successful; it is a question of intent. I suggest that the problems associated with obesity and diabetes will far outweigh the health issues and costs associated with smoking. We have ignored this growing epidemic; we have all been part of it; we have all enjoyed it; we have all been lazy; and we have all eaten our way into some health issues. However, we can prevent the next generation from going the same way.

I want to concentrate on this area and although I can talk about our generation and what we should or should not have done, I will talk about where we can go and what we can do in a prevention role. I am very concerned about the statistics I gave the House on obesity in the young generation. There is a growing problem in western society of overweight young people under 25 years of age; the United States has by far the highest number, followed by Great Britain, and Australia runs a very close third. This has come about because of lifestyle choices and the changing environment and for a range of other complicated reasons. Those reasons include an increase in technology, the use of computer and technical games, diet, security issues - because young people do not walk to school any longer - and crowded curriculums; there is not the compulsion to be involved in as much physical activity as there was when we were young. We need only look at photographs in anybody's house or even photographs of ourselves when we were young to see how much thinner people were right across the board. Everybody in those photographs looks thinner than people of the same age today. We might wonder what in the hell is going on. Today people are 50 per cent bigger than we were, based on photographs taken of us at the same age. That has come about because we are not compelled to walk anywhere. We have not noticed that our lifestyle has become more sedentary. That has crept up on us in the past 30 years, and we are all victims of it.

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Those changes in lifestyle are starting to reflect in real health issues that we have ignored in the past but of which we are now becoming aware. We may think that someone who is robust or rotund is happy and tells a lot of jokes, but the reality is that the person may be a burden to himself and to the community in the long term. He deserves to be supported through the public health purse, but the reality is that someone else will pay for it. We have an opportunity to prevent that and do something about it.

I want to talk about what we can achieve and how we can go about changing those things. The easy answer is to say that we should throw more money at the public health budget or at prevention or advertising campaigns. Yes, it does need more money and yes, we do need to focus on prevention. It may be that we need to change our focus, not necessarily away from campaigns that are working, but to have the courage and commitment to implement other campaigns. It may be that we need to look at resourcing campaigns against certain types of diet and it may be that we need to even tax those areas. I know that could be a very controversial matter, but it is done with cigarettes. It may be that we need to start looking at how we can receive that income to prevent the community falling into the trap of obesity and diabetes. That would be an easy way of doing it. There is no doubt that we should offer free diabetes testing to the community so that we can identify people who have diabetes. I would like to see a state campaign in which every person in the State can have a diabetes test at state expense, whether it be conducted in a cost-effective way using vans or pharmacies, for which technology is available, or through general practitioners. If it is done through GPs, obviously a further cost would be involved through a Medicare arrangement.

Mr R.C. Kucera: Those things are already available.

Mr M.F. BOARD: Yes, but we need to get everybody into it, minister, because that is not happening and the incidence of diabetes is rising dramatically. I know what is available. I have met with various associations that maintain not enough is happening and the incidence of diabetes is rising at a far greater rate than our efforts at prevention. This is not a criticism. It is something for which this Government, previous State Governments and federal Governments should take responsibility. It is a worldwide epidemic. It goes beyond a health epidemic. It is a social epidemic that, if nothing is done, may result in young people being smarter and more aware but not necessarily healthier. I am very concerned about our obligation to the next generation.

A critical part of what we must do is get children to participate in more exercise, particularly compulsory exercise in schools. As I said, kids are not walking to school because of security issues and they are not exercising because of crowded curriculums and the pressure on them to perform academically. Fewer young people spend time pursuing physical activities. Yes, we have our heroes and yes, some kids spend a lot of time pursuing physical activities; however, on average time spent on exercise is diminishing. There is a different type of young person these days. The average Aussie is not the average Aussie of forty years ago. Our multicultural community comes from a different lifestyle with different backgrounds and expectations. Sport may not be a part of people's normal activity. I recall when my wife taught at a primary school in Newtown, Sydney, it was socially acceptable among Greeks at that time for their children to be as fat as possible. It was considered at that time by the Greek community that fat kids indicated the family was affluent and the kids were doing pretty well. It did not matter that as a result they could not compete in the local school athletics carnival or that they might be scorned by other kids and develop social problems, and possibly mental health problems; they looked affluent and that was a great thing. That was the attitude some 30 years ago in Newtown, Sydney.

Mr J.B. D'Orazio: That also applies to ethnic groups such as Italians.

Mr M.F. BOARD: I am just saying these were Greek kids. It could be any ethnic group. I am not trying to single out the Greek community. I am just saying that was the attitude then. Nobody was concerned about weight, fat or diabetes and the problems they cause. However, we know today what those problems are. We have learnt from those days and we now have that knowledge and information. Until we do more preventive work, we will let our community and ourselves down. Exercise is an important aspect; why is it not a stronger aspect? Nobody could help noticing that physical activity has a stronger focus at independent schools than it has in the public school system. I am not sure why that has come about. It is not a criticism of the public school system; it just seems to be a fact and it is something that must be rectified.

Mr R.C. Kucera: It is not a fact, member for Murdoch. That is a generalisation. I think I would be careful if I were you.

Mr M.F. BOARD: That is an observation repeated to me very often. I am not praising the private school system for that, but it seems to be observed that it places a higher focus on physical activity in its daily activity than do other areas. I do not know why that has come about.

Mr R.C. Kucera: It's a generalisation.

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Mr M.F. BOARD: The minister may say that, but it is a strong observation made to me by many people.

The life skills of young people in our schools need to be considered, and we need to take stock of the real issues facing them in the future so that we can provide them with appropriate skills. Maybe health, nutrition and eating habits are just as important as their ability to use a computer; maybe they are more important. Maybe we have lost focus. Maybe it is necessary to address where we have gone off the rails a bit in concentrating greatly on academic achievement, communication within schools and a range of other matters. Maybe we have let down our young people regarding how much activity they must pursue. These factors may relate to the changing circumstances in the local community and homes. Young people do not walk and run to school and lead a more sedentary lifestyle than was the case in the past. Diminishing numbers of young people are part of a community-based sporting team. Parents are not home to kick the footy, run with the kids, bowl to them or whatever. One parent may be home, but he or she cannot do it. Maybe the kids have ageing parents and face issues involved in that situation, or maybe it is because of family break up and a lack of support for the kids. All these issues mean that the same onus and support is not seen in today's generation to do such things as was the case in the past. As a result, the Parliament, Government and community need to show some leadership and propose a coordinated campaign, as outlined in the motion, through the Department of Health and other government departments, particularly the education department, to consider how we can lift the amount of physical activity in our schools. That is important.

I go further. I believe that nutrition should be compulsory learning within our curriculum. Young people at school, and not as an option as part of a health subject, should learn exactly what they are eating and the effect of this food. Therefore, they can make informed decisions on their dietary habits. Young people are influenced by advertising, by other young people, and in particular by the ease at which they can get various foods. I am shocked every now and again when I go past a local supermarket that opens very early in the morning to accommodate a large number of students at a local high school. Between 7.30 and 8.15 in the morning, the supermarket has eight checkouts operating with lines of young people in school uniform picking up their chips, lollies and drinks. This is because the produce is either cheaper than at the school canteen or the school has made a decision not to sell such products; that is, it has been proactive for the kids. The kids then make other uninformed and pressured choices brought on by lifestyle. I have talked to these kids and asked how they do that, and I was told that mum and dad give them money for lunch. As a result of pressure on parents through their lifestyle, the kids are not provided with a prepared lunch. Our parents provided a packed lunch in our day. That is not happening as much today, particularly in high schools, as it is not cool to come to school with a packed lunch. Students would feel like a dork going to school with a nice salad sandwich and an apple. It would be thought something was wrong with such a student. We can change that attitude. We have changed attitudes with smoking, and I congratulate people for their work in this regard. The same could be done with diet. When young people choose to smoke, they know they are doing the wrong thing. At least it is an informed decision. That is not the case with many dietary habits. They look at their fathers. Mr Simpson from one of the most popular shows in the world has become an icon in Australia. Homer and his kids have become absolute heroes; they have legend status with young people. Homer Simpson is not giving out very good messages, particularly in a dietary sense. This needs to be combated. There is a certain mirth about that comment, and we can enjoy that show - I love the politics of *The Simpsons* - but this is a very serious subject dealing with the long-term health and future of our young people.

I believe other health issues are associated with young people's obesity and diabetes. Maybe ADD and ADHD are involved. I notice that the member for Roleystone is agreeing with that comment. An inquiry being undertaken by the Standing Committee on Education and Health has found that dietary habits relate greatly to the incidence of ADD and other learning difficulties and social behaviours. Members know about red cordial. Seriously, diet can apply to other social behaviours. I refer to people's lack of attention and other difficulties in the classroom. I bet my bottom dollar - I have nothing to substantiate it, other than being sure it happens - that mental health issues evolve as a result of people not being able to participate in group activities such as sport and being singled out because of their weight etc. People's lifestyle and path in life could change by correcting some bad habits or the lack of information within families. A range of add-ons could be referred to when considering this epidemic of obesity and diabetes and diabetes II in our community.

I recently was quoted as calling for the possibility of offering a "free" - although it may not be totally free - breakfast within our school system. Young people could take advantage of some nutrition early in the day if they do not have the necessary support or do not make their own good dietary decisions. That breakfast would be part of the school system. I do not want to be Big Brother on this matter. I do not want the State to take over these areas, which are the responsibility of parents, not the State. We need to be realistic and understand what is happening in the community. We cannot ignore that aspect. We cannot say that an advertising campaign will change the way parents relate to their children's diet. The State needs to take some action and show some

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leadership in this regard. I do not know whether providing a nutritional breakfast, whether subsidised or provided by companies that may want to get involved in school activities, is the answer. I do not know how it would work. Such a scheme has been trialled in other areas of the country, and other countries are doing it successfully. I am not sure what would work in Western Australia, but we need to start thinking about these issues. We need to start progressing in this area.

I have said that I would like nutrition classes to be included in the compulsory curricula in our schools. I go further than that and say that I think that first aid education should be compulsory in schools. Knowledge of health matters, the body and how it operates, and how to save lives would very much help in this area. It sounds as though we want to pile more stuff into the school curriculum. We might want to do that, recognising that the volume of other academic subjects may have to diminish. I argue that this is far more important than some areas of learning at present, although I do not devalue their importance. This is a critical area. This is about people's lives and the quality of their lives. It also goes to the long-term costs associated with providing support for those people.

Today I have raised this issue to try to accelerate to some degree both the Commonwealth and State Governments' thinking on, commitment to and funding for this area. There must be cooperation from all bodies. There must be cooperation from both the Commonwealth and State Governments, the medical fraternity, the government agencies involved and the community. A strategy is needed to bring all those bodies together to formulate an awareness, education and treatment campaign at the same level at which road safety and smoking are attacked. Women are screened for breast cancer. Other types of screenings are available to the community. Very few people seek diabetes testing, yet its prevalence is high. The cost associated with the treatment of diabetes is high, because it is a life sentence. That life sentence is not just for people who are ageing; it applies also to young people. Teenagers are developing diabetes, too. That is a very frightening thought when it is a preventable disease and is brought about by lifestyle issues. I understand that diabetes I cannot be prevented, as with many other health issues that people are born with. However, we can prevent obesity and diabetes II. We cannot prevent people making choices after they have been given the knowledge base. We cannot prevent people deciding to go down a certain path. However, if we can inform them, provide them with screening and preventive programs, and give them the right messages, particularly when they are young, I will bet my bottom dollar that the incidence of diabetes II, in particular, will drop dramatically. If that is the case, we will have served our community exceptionally well. I have not criticised the Government today, and I do not intend to do so. I do not intend to criticise the federal Government, other than to say that it is time we took a much more aggressive approach to this issue. It is an issue we need to accelerate. If we do not, we will all pay a price in the future.

MR R.C. KUCERA (Yokine - Minister for Sport and Recreation) [4.53 pm]: I did not intend to speak to the motion today, until I heard the direction that the member for Murdoch was taking. I do not intend to address the issue from a health perspective. The member for Murdoch and I locked horns for about two and a half years in that regard. The key issue for me, as Minister for Sport and Recreation, is that the premise on which this motion has been raised by the member for Murdoch is far too narrow. I do not disagree with any of the medical facts on obesity and diabetes, and certainly diabetes II, that have been raised by the member for Murdoch. I am very familiar with that program. However, we need to address this argument in much broader terms. This is about the lifestyle that has been adopted essentially throughout the western world. The motion essentially seeks to lump the issue onto the health system; in fact, had the member for Murdoch addressed his motion in the same way he did during his speech, maybe he would get some support for it.

Mr M.F. Board: I did. I said that it would take a coordinated approach by all government agencies.

Mr R.C. KUCERA: Absolutely. I am talking about the wording of the motion.

Mr M.F. Board: It asks the health minister only to coordinate the program.

Mr R.C. KUCERA: I wonder whether that is possible for the health minister.

Mr A.D. Marshall: Your comment is something that I can and cannot agree with. I think it is wrong that, as minister, you make that comment when you have not heard the rest of the debate, which could be enlightening. You have already made up your mind about the debate. You should have waited for all of us to give our opinions first. You don't know everything.

Mr R.C. KUCERA: I accept the view of the member for Dawesville. Had this not been such a narrowly worded motion, I would not be contributing to the debate. Had the motion referred to an across-government approach to obesity and diabetes, I would not be making a contribution. However, it does not.

Mr M.F. Board: It does.

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Mr R.C. KUCERA: No, it does not. Major national programs are in place. We are well aware of that. A major national approach has been taken to obesity by the National Health and Medical Research Council and, indeed, the state health department, and considerable funding is being expended on dealing with obesity.

I return to the point that I want to make about the broad range of issues. I heard the member for Murdoch talk about schools. He has expressed the view that schools should do this, that and everything. One of the comments he made about private schools was that they seem to have more activities. Of course they do, because many private schools are boarding schools and the kids need to be occupied. Nobody has a problem with that. However, it was a great generalisation to say simply that private schools have a better system of activities.

Mr M.F. Board: I did not say that.

Mr R.C. KUCERA: That is essentially the implication of the member's comments. I do not agree with that. As the Deputy Speaker will know, the state curriculum applies to everyone. Loading up the great bunch of teachers in this State with more social issues is abrogating the range of responsibilities that should be applied more properly to families and parents. It is not enough simply to say that there has been a change in family systems. That is not what it is all about. Equally, it is unfair to lump the whole issue onto the Department of Health. That implies that nothing else is being done. The amount of money that has been allocated to cycle tracks in this State, under the tutelage of the Minister for Planning and Infrastructure, is fantastic. I acknowledge that the previous Government did great things in that area as well. It is a matter for Governments to do those things. Without those cycle tracks, of course, there would be a higher incidence of diabetes. On a matter for the Minister for Police, if there were proper safety and security on the streets, parents would allow their kids to walk or ride their bikes to school. It is a much broader issue than simply homing in on what essentially is the result.

Mr M.F. Board: Were you here for the whole debate?

Mr R.C. KUCERA: Yes, I was. The member for Murdoch is missing my point. His motion should have taken a much broader view of what is being done. There is an implied criticism that not enough is being done, when he says that he will not criticise the Government about health issues. This year alone I have presided over a sport and recreation budget that, as the member well knows, is now in excess of \$30 million. The Government recently announced it would give more than \$9 million to fund community sporting and recreation facilities and programs across the board in 2004. I was with the member for Mandurah as a result of his fantastic efforts for soccer in that town. That town now has the makings of a great soccer program. Many kids are joining it. I was also present with him recently when a considerable amount of money was put into the Peel Thunder Football Club. The member for Dawesville is very keen to make sure that that team is supported and wins at least one game this year.

Mr M.F. Board: Why is there a rising incidence of diabetes?

Mr R.C. KUCERA: It is because of a change in people's lifestyle. Frankly, to lump it on the Minister for Health does not recognise that times have changed. I have listened to the member for Murdoch and other members opposite lately. It is like listening to the Harper Valley parents and citizens association. For goodness sake, let us get a little more positive. As I said during question time today, this morning I was with a group of young people who are role models. Work styles have changed. All those things have changed. I appreciate the fact that the member raised these issues during the debate, but to simply bring it back to a health issue is far too narrow-minded.

Mr M.F. Board: I didn't. I talked about education, lifestyle, computers and changing security.

Mr R.C. KUCERA: Madam Deputy Speaker - goodness me, you have changed already! Mr Acting Speaker, diabetes II is an emerging epidemic in this country. It was picked up many years ago. It is far too simplistic to say it is just a health issue. The member for Murdoch referred to Aboriginal communities. The basic ability to get fresh fruit to Aboriginal communities in the north west is a major factor in the dietary conditions that produce diabetes. That involves road issues and the availability of air transport to the north west. All these matters are complex and broad. To simply say that the Department of Health must solve the issue is far too narrow a view. When I was the Minister for Health, a national group was set up to tackle diabetes and obesity. These matters are being dealt with. To make it simply a health issue is narrow-minded.

This year, as a result of excellent management by people from the Department of Sport and Recreation, the Government was able to set up \$2 million worth of additional programs through the sports lottery funding. The other day I told the House that I expect mainstream sporting and recreation groups to apply for those grants to make sure that people are active. I commend those programs to people who live in the country. It is interesting to note that many of the problems that occur are as strong in the country as they are in the city. This year more than 100 projects across the State will be funded to the tune of \$8.9 million to make sure that people across the State have access to facilities to become involved in sport and general activities. Not only sporting activities but

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also a range of recreational facilities are available. This is not just a problem for youth. We talk much about the future, which is an important issue. This year Country Western Australia received 67 per cent of the available funding for sporting facilities. Before a member opposite asks me, only 56 of the grant applications were provided to organisations in ALP seats. The Government has changed the way it distributes these types of funds. The distribution of these funds is not based on what has happened in the past, but on where the funds are needed and wanted. This year the Leader of the Opposition's electorate of Cottesloe received \$43 000 from the CSRFF, the Leader of the National Party's electorate of Avon received \$84 000 and the member for Merredin's electorate received \$660 000. I hope that the National Party members of the House realise that the Government is keen to make sure that young people in the regions are serviced as well as those in the city.

Mr M.G. House: How much did your electorate receive?

Mr R.C. KUCERA: My electorate received only \$9 000. I knew that would be the next question. I was a bit disappointed with that. I will get back to what I was saying.

The member for Murdoch did not refer to a raft of issues that are recognised by the National Health and Medical Research Council. A range of issues must be brought into play. It is not an issue that should simply be put on the head of the Minister for Health; it should span members of Parliament from both sides of the House. People's lifestyles and work practices, and technology, have changed. People no longer use brooms; they use blower vacuums. I hope my wife is not listening to this, because she bought ours. All those things have changed in the past few years. That is an unfortunate epidemic of the twenty-first century. However, the epidemic should not be placed at the feet of the Department of Health.

Mr M.F. Board: Coordinate it.

Mr R.C. KUCERA: The issue is being coordinated across the board. Under this Government all the senior chief executive officers meet on a regular basis. These are the types of things that can be placed fairly and squarely on the table of those people. The Minister for Planning and Infrastructure makes sure that there are cycle tracks. The Minister for Sport and Recreation makes sure that the sporting facilities in this State are funded. The Minister for Education and Training does not lump our teachers with every responsibility that parents should fairly take. Lifestyle is an individual choice.

Mr M.F. Board: It must be an informed choice.

Mr R.C. KUCERA: In this day and age, with the availability of information on all things, it is very easy and simple to make an informed choice. I agree with the issues the member for Murdoch raised regarding Aboriginal communities. Those communities have very different needs and demands. The member does us a disservice by keeping his debate on this issue so narrow. Not recognising ministers who do great things, including the Minister for Education and Training and the Minister for Planning and Infrastructure, does the House a disservice. I am pleased to support the Minister for Health in this regard.

The member for Murdoch made two suggestions. I think I am right in saying that he wants to tax fat foods and fat people.

Mr M.F. Board: That is not right.

Mr R.C. KUCERA: I might have to pay a bit more tax. It is very easy and seems to have been the norm for this House over the past couple of years, particularly with the view of the other side, for members to take a negative view of the world. It is about time members recognised the positive things that are being done in this area. We support the Minister for Health in this House and across government in making sure that the lifestyle we inherited and adopted is changed, not from a health perspective, but from the perspective of individual choice and lifestyle.

MR A.D. MARSHALL (Dawesville) [5.08 pm]: I must disagree with the Minister for Sport and Recreation. The member for Murdoch's motion on child obesity is very important and is not narrow. Nothing is too narrow on that issue. I do not want him to rush away; I want him to learn something from my opening remarks. When I was a youngster at Wesley College we had a marvellous principal called Dr Rossiter. I met him in the street one day when he was very ill, although I thought he looked okay. I said hello and told him that he was looking well. He looked me in the eyes and said, "Arthur, you are either a flatterer or a very poor judge." He was too much of a gentleman to say that I was a bullduster. Three weeks later he died. I was incredibly upset. I want the Minister for Health to wait and listen to this. I have been listening to the minister, who is either a flatterer or a very poor judge about the seriousness of child obesity. Listening to him reminded me of the Old Testament and Ecclesiastes. I ask the minister to please not leave. He has gone. For the benefit of *Hansard*, the reason the minister jumped the queue is that the time is 5.15 pm, and at 6.00 pm it is family night for members. He has members of his family at Parliament House. He has had no regard for the child obesity discussion. He has

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concluded his speech without listening to the opinions of other members of the House. He stood and said that there was a negativity in this place. He raved on for 20 minutes and said nothing, as *Hansard* will show. It was simply because of his selfishness. It had nothing to do with the issue that the member for Murdoch put forward.

The ACTING SPEAKER (Mr P.W. Andrews): I simply point out to the member for Dawesville that, in the spirit of the code of conduct, we have tended to shy away from talking about members in their absence.

Mr A.D. MARSHALL: Yes. I apologise for that. As a teacher, I wanted him to learn about the Ecclesiastes in the Old Testament, which is written as a veiled allegory. When the average person first reads it, he would not have a clue what he was reading. I did not understand the section about growing old and dying until it was explained to me. Although I do not remember it all, the veiled character of it goes something like this: but the autumn tree shall blossom - that is an elderly person starting to go grey; naught is heard but the sound of the birds - that means that a person is going a little deaf; the shutters in the house are dimmed - that means a person is going a little blind and might need glasses; the pitcher at the fountain is broken - that means a person has a urology problem; the golden braid is broken or shattered, or something like that. The former and current Ministers for Health and the shadow minister would know that the brain has a golden coating. The Old Testament refers to people having a stroke, dementia or whatever. It is all a veiled allegory. Every time the minister gets up, even though he does not know it, he is talking in the days of the Old Testament. When one summarises what he says, there is a message, but it is so bamboozled that I do not think even he knows what he is talking about.

In his absence, I will come back to the subject. I am very disappointed that he grabbed his stumps and ran. Child obesity is a problem not only in Western Australia and this nation, but also around the world. As was mentioned before, it is up to all of us collectively, through the Department of Health, the Department of Education and Training and the Department of Sport and Recreation, to have a joint approach to solving the problem. It will be a difficult task. One in four youngsters in our schools is obese. That is a statistic that none of us in this Chamber would be very proud of. Modern society has changed. Diet control has gone out the window. It is difficult. In general, both parents work, and fast food is the easy way out. Children have more pocket money than they had in days gone by. They have easy access to ice-creams, lollies and chips etc. There is not enough education in schools, from primary level right through to secondary level, to teach children about the right foods, what they should eat and how they should spend their pocket money.

The issue of single parents is a large one in our community nowadays. My heart goes out to single parents. I do not know how they manage their children and their lives, and manage to get an income. They have all the worries of the world. I do not know how they stay sane. Things will slip through. Their children might have a milkshake or a Coke instead of a glass of water. I can see how that would happen, and I half agree with it. They are so busy trying to give their children the right start in life that they let things slip through.

Exercise has declined too. We are all aware that people are not exercising enough. It is very hard to get exercise incorporated in the school curriculum. People mentioned that children are not walking or riding their bikes to school. That is a fact. I have grandchildren. When I take them to the play centre on the weekend, my eyes are jumping from side to side. I worry, because one never knows what kind of misfits are in the community, waiting for children at those children's playgrounds. Those people all look okay. However, somewhere along the line one misfit might be eyeing off the kids and picking out his prey, similar to the animals on some of the programs that have been shown on television lately, when one animal is waiting to prey on another animal for its survival. As a result, parents do not let their kids walk or ride their bikes to school, particularly in the metropolitan area.

In Fremantle in my day, when the wharf was at its strongest and about 30 000 people were employed on the wharf, we would ride to school. I went to Fremantle Boys School for a year. I would ride from east Palmyra to school. We would ride five abreast, with all the champion footballers from the south and east of Fremantle around us. We would be heroes if they talked to us. If they said, "How are you going, son?" I thought I was a champion. Eight hundred people on bikes would ride to work. In those days it was said that men are men on the football field, and the Fremantle people are tough. They got their exercise by hard work on the wharf, by their training and by riding their bikes. They all exercised. Things like that do not happen any more. The vehicle has taken the adult away from exercise.

In the old days at school, we could not wait for Friday because that was sports day. Now the schools do not have sports days. Now the children are lucky if their school has an interschool or faction carnival. Coaching at school was always very easy in my day. We coached at 45 schools. We had pupils coming out of our ears, wanting to learn to play tennis.

Mr J.B. D'Orazio: You tried to teach me how to hit a tennis ball, and I still can't do it.

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Mr A.D. MARSHALL: The member finished up being a good cricketer. That is because I taught him the skills - the hand-eye coordination. He has become a great cricketer and a top wicket-keeper. He cannot say he did not learn anything.

Mr J.B. D'Orazio: You taught me something.

Mr A.D. MARSHALL: He got a start by going to tennis coaching.

Mr J.B. D'Orazio: That is right.

Mr A.D. MARSHALL: A lot of these children are not getting the opportunity that the member had, simply because the subjects in the education system are getting broader and broader. There are languages and computer technology. The old three Rs are out the window. One of the Rs - that is, reading - has about 17 appendages to it. Sport is getting squeezed out of the school curriculum. That is sad. Someone mentioned that there is more sport in the private schools. I am sure that is the case. However, it happens mostly at secondary school level. I am interested in going into the primary schools and giving the youngsters an education on diet; but, more than that, giving them physical education.

People who run every day say that it is like cleaning their teeth. If people miss a day of cleaning their teeth, they feel foul for the rest of the day. If people who are trained to exercise, whether they be joggers or walkers, miss a day, they feel foul for the rest of the day. Our youngsters are not getting that discipline in school or outside school. Children must rely on their parents to get them to under-age events. As has been said, many parents in our community are incredibly busy. They are trying to clothe and feed their children and just survive, let alone be able to provide the recreational activities that they require.

Having said that, I believe I have the answer. The Minister for Sport and Recreation complained that members on this side of the House are always negative and that we do not share. He said that we should get together. He has jumped the gun on me, because I was going to put this in the Liberal Party policy for the next election. I have been holding it up my sleeve. I thought that today was the opportunity to share it with everyone - even though the minister has shot through to go to dinner - so that we might be able to refine this idea. This idea will be a winner. However, I am not saying that I know how to do it properly. I wrote a tennis column for 25 years. Half of the things that happened in tennis were engineered through that column. In those days, professionals were black knights, and everyone hated them because they were making money out of sport. If a professional suggested something, people would not listen to it. Therefore, a professional had to say something like this: the general consensus around the tennis clubs is that more hard courts are needed. In two years hard courts would pop up all over the State. They fed the idea, and someone always wanted to jump on the idea and make himself out to be a genius as a result. I do not care who picks this up, whether it is the Government, the National Party, the Liberal Party or whoever. It is an idea that I have put to Healthway, and it is willing to sponsor it. The Western Australian Sports Federation thinks it is a good idea. It is simply motivating people by putting sport to music.

Some younger members may laugh, as I did. I went to Wesley College as a cricketer-footballer and came out a state tennis player. It was compulsory to be coached at tennis. I hated it. In my era, anybody who played tennis was a sissy. It was a girl's game. Excuse me; equal opportunity does not matter in this case; I am talking about the old days. A Freo boy would not be seen playing tennis. Do members know what we did? My father, who was a truck driver on the wharves, said, "Why am I paying for tennis lessons for you?" For a year, we never hit a ball. The coach was Herbert Edwards. His son was Victor Edwards, who coached Evonne Goolagong, Fred Stolle and John Newcombe. So the strain from this type of coaching worked out. His other son was Stan Edwards, who coached one of the Dutch players, Detty Stove, to win a Wimbledon doubles. It worked, and for a year we were on the court playing tennis to music - the Blue Danube, for goodness sake - da da da da da, da da, da da! There we were, all of us Freo boys, doing all this on a tennis court! Out of that class, there were three Wimbledon players. Wherever we went throughout the whole of Western Australia, we could see the Herbert Edwards style. It was as though it was a robot - a machine - because he managed to get the beat in our heart. He got us thinking that we were whoever was the champion of the day - Adrian Quist, John Bromwich, Frank Sedgeman or the like - and we got this feeling as we stroked that we were hitting the winning shot at Wimbledon. That has been and gone. When I say to my son, Scott, who is a coach, "Have you ever tried playing music?", he says, "Oh, I'd never get a lesson if I did that". It is there to be done. Think about it. Music and marching. We can march for miles in step while the bagpipes are playing, but the minute the bagpipes stop we are out of step and we are tired. What do they have in aerobics classes? They have music! This is the new deal. Herbert Edwards was doing this 50 years ago! Aerobics, or doing exercise to music, is the way to go. When people do circuit training in the gym, they have the music going. Joggers put their walkman on, because the music helps the time to pass more quickly. Dancing is - as members would know if they have ever danced properly - one of the most physically energetic and competitive sports that I know. Dancing is done to music.

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I believe the time is right for some choreographer to put together the right music and commentary on a cassette tape, a compact disc or even a digital video disk, that would be standardised and could be used by all primary schools in Western Australia. For 15 minutes at the start of each school day, any dunce - one would not need to be a phys ed student - could, even if he did not have any coordination, get this promotion going provided he could hit the button. Members may laugh, but the Japanese discovered the benefits of this for their work force years ago. They got all of their workers to do half an hour of exercise before they went to work. On the machines it said exercise, exercise, exercise. They were routine exercises. They were lined up, like old Herb Edwards did to us with tennis, and they did exercises to music. However, that is not happening here. It could happen. Just think of it. I would need the help of the WA Academy of Performing Arts to do this - someone could be allocated the job just so that we could try it out - and we could have a bat and a ball with a commentator. For the left-handers we would have Justin Langer, and for the right-handers we would have Adam Gilchrist, and someone would say, "Elbow up, front foot forwards, Gilchrist to bat now, all he needs now is a four to get the test for Australia! Here comes the bowler!", and we would just get them on a repetitive front foot forwards, elbow up, and do about ten of those. The cricketers would work it out, and we would have the sound of the bat hitting and the commentator saying, "There goes the six! Australia has won the third test against Timbuktu!" Shane Warne would come in to bowl, and the action again would be a rhythmic exercise action, and we could even get Shane Warne saying, "I am very pleased that I was able to hit five wickets in this test". We could have Glen Jakovich football. We could have someone just flying and marking, flying and marking 10 times, and Glen Jakovich would be saying, "It was great playing for Western Australia", or a commentator would be saying, "The Eagles have lost again, but Jakovich played well on the day against the Dockers". Ian Thorpe, our champion, is swimming for his fifth medal at the Olympics - splash, splash, splash - and we could get every child going for a freestyle event, or change that for a woman doing backstroke, to get the girls involved. We could bring in Lleyton Hewitt, clip clop, clip clop, clip clop -

Mr J.C. Kobelke: You have lost your marbles!

Mr A.D. MARSHALL: I have not, you know! When I went to Japan for the Expo, we went through Australia House. As we went into the room - I was on a travel rider - I heard clip clop, clip clop, and when I got there, I saw Goolagong hitting a forehand and at the other end it was Ken Rosewall hitting a backhand, because the only way they knew Australia was by our athletes. They were a hit in Japan. It was the sound of the racquet, combined with the swing of these two champions. Rochelle Hawkes could be doing hockey 1, hockey 2, hockey 3. Everyone knows that she is a three-time Olympian at hockey. Waverley Senior could be doing netball. The girls could be shooting for a goal on a rhythmic exercise. Greg Norman is another one. What do golfers do? Golfers go through a rhythm. They swing a club 10 times before they hit the damn thing! How would we be doing that at tennis! Cricketers do a bit of fidgeting and fudging too before they get a chance. Tennis players have got to do it straight off, with split-second timing and with split-second explosiveness with their reflex action, but golfers can go through the swing at their own rhythm. It is again a different tempo and different muscle movements. The opportunity is there to get some people who know choreography and can mix the music and the commentary and make a tape of this nature that can be played for 15 minutes at the start of each school day. It would not only make the children fitter, it would also make them more aware of the importance of physical fitness. Some of them, who get into that dreamland of being a champion, would be inspired by the tape. That tape would produce not just golfers and cricketers but also tennis players, netball players, hockey players and other athletes - goodness knows what - because when we are coaching a team of people we do not actually know whether they will become a champion in the sport that we are teaching them. The member for Ballajura mentioned how he had tennis lessons but he became a cricketer. I could give a lot of examples. As I said, I went to Wesley College as a footballer-cricketer, and I became a tennis player through the tennis lessons and the music.

I will summarise by saying that physical education at primary school has been neglected. Physical education at secondary school has virtually been abolished. We talk about obesity. If people are burning off the fat through physical education, they have a chance to stay slim. The member for Albany, who was a champion Olympic athlete, still trains. As I said earlier, it becomes part of one's routine. He is a will-o'-the-wisp. He is as skinny as they come. He looks like a greyhound or a whippet at times. He is an inspiration to people in this House, who are inclined to be obese. Only the other day I was looking at the 1993 intake of this Parliament, and I compared that with the stayers who are still here, the people of 2004. They have not only aged, and they have not only become veiled in allegory, as I have said - they have made the autumn tree blossom and have gone grey, as a lot of our members have - but they have also fattened up and their fitness levels have depleted considerably. Anyone who makes a joke, as did the Minister for Sport and Recreation, about child obesity, should take a good look at themselves in the mirror. Anyone who takes the subject of child obesity lightly and is not prepared to try something new is a fool. I say again that the time is right to get music back with motivation. I had this article sent to me from America. It talks about the same things - the aesthetics of combining movement with music. I

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do not have time to read it through right now, but, blow me down, the things that are said in this research paper from the University of America are along the same lines as the things I have just been speaking about. We must try it.

MR T.K. WALDRON (Wagin) [5.28 pm]: I support the motion. The key word in the motion is “coordinate”. In this problem that has been highlighted today, coordination across many different fields - education, health, sport and recreation, parents and sporting groups - is the key to child obesity. I had not intended to speak on this issue, but I want to make a few points. I will be fairly brief and try to keep my comments to the point. First, child obesity is a problem. There is no doubt about that. I have seen as I have travelled around my electorate, having been involved in junior sports development in schools etc, that it is a burgeoning problem not just for children but for all age groups. However, it is more of a problem when it starts at a younger age. I support the motion because we must try to improve what is already being done. I acknowledge that health, sport and recreation programs are trying to address the problem, but we must do more.

The member for Murdoch covered pretty well the issues of the lifestyles of children, of their watching television and not getting out and being active and of the choices they make about what foods they eat. I will therefore not go over those issues again. I just say that, knowing the problems that will flow from it later in life, it is sad to see some young kids carrying that extra weight. Obviously health problems will flow, and diabetes is one of them. I will return to that problem later.

There is no doubt that there are many health problems for people that, in turn, become cost problems for Governments, health systems and the whole community. We tend to forget that for young kids there is also the problem of self-esteem. We talk a lot in this House about mental illness and the problems that youngsters have coping with things, and then we see drugs come on the scene and all the issues that flow from that. One problem that child obesity can lead to is very low self-esteem. Young obese kids can sometimes be ostracised in the playground, at school, at sporting clubs and generally among other kids, and sometimes they actually back off from the very things they should be doing because they are not as physically presentable as other kids. They might not be good at some physical activities, so they tend to withdraw from those activities and sports, and so the issue compounds. That can result in those kids facing other issues down the road, such as mental health problems. I make that point because I think it is valid. If we can help obese kids in those communities with programs and education, we will be doing them a big favour.

It is all right to talk about obesity in children, but how can we address it? Federal and State Governments, health departments, sport and recreation departments and education departments have already taken some steps and are trying to do the job of addressing obesity. However, more emphasis should be put on it and we must continue to educate young people about it. People of my age, born during the baby boomer era, have discovered suddenly that they may have cholesterol and blood pressure problems and often wish they had eaten better and exercised more. More people are taking notice of those matters and are taking more regular exercise. Youngsters have the opportunity to learn from those experiences. We must set them an example. We must make sure that education on obesity is constructive for youngsters, and that the programs are attractive and fun. Promotional programs need to be a bit more focused. The “Life. Be in it” program years ago was fantastic. I think all of us in this Chamber remember that program and would relate to it. However, it went off the television and out of the media. Although there have been other programs, none has had the power to get through to people like that program did. Perhaps we should revisit that program.

Mr M.P. Whitely: The Norm.

Mr T.K. WALDRON: Yes, the Norm program. It may be that we should resurrect that program in a different way and start targeting people through it.

I want to talk about sport and physical activity. There are many other activities apart from sport, such as recreational activities, bushwalking and anything that gets people outdoors, that keep people active physically. Physical activity, along with diet, plays a big part in the prevention of obesity. I want to touch on sport for a moment because it has a much bigger role to play than just helping people to cope with obesity. Getting into sports and physical activities certainly helps young people keep down their weight. Those who go on to more professional levels of sport learn about diet etc, which leads them to a healthy lifestyle generally. Along with the physical benefits of sport go many other benefits. I do not want to make a long, rambling speech, but I will say that people who are physically fit or are involved in outdoor physical activities, whether it be physical work or sport, get mental benefits as well. I believe in the notion of a clear body and a clear mind. Many of us who exercise know that people who swim, run or participate in a physical program perform better in their work and feel sharper in their mind. Some people might say that that is only in their mind. So what? That is a very important factor. It helps if people feel that way.

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Another aspect of sport is leadership. Leadership is becoming critical in the country communities in my electorate where fewer and fewer people live. Leadership is also important in setting the example of exercising for youngsters. The role of leadership in communities is super important, particularly in country communities where the population is declining. One thing that sports provide is an opportunity for leadership. They also provide discipline. I believe young people do not dislike discipline. I believe they like constructive discipline. The old days of discipline have gone, but children like to have constructive discipline. They like to know where the boundaries are and that, although they always test them, they will be pulled back. That is another important aspect of sport. I could go on about teamwork. A great aspect of teamwork is that in team sport, as in life, business, school and family, children learn to rely on other people and that other people rely on them.

An aspect that I want to come back to briefly on the topic of sport is self-esteem. Self-esteem is a big issue in obese children because they lose their self-esteem and tend to check out of activities that they should be participating in. Some sports can be detrimental to kids if the people managing the sport criticise a kid for not being good at it. That criticism drives kids away and is not good for their self-esteem. Although a kid may not be the greatest player, being a member of a team is more important and is great for self-esteem. I have seen that very often in junior sport with little girls playing netball or little kids playing footy; whatever it is, it has a great benefit as long as they are part of the team. I have probably gone off what I was talking about, but that is an important issue.

Another issue about child obesity is safety. I know that in this day and age - it happens with my own kids at times when I am busy and my wife is working full time - parents of young children who work and cannot get home leave their children at home for a certain period after school. The children might be with an older sister or by themselves, but they cannot go out because the parents do not want them outside playing because of security worries. What do those kids do? When they go home they do not want to do their homework straightaway, so they flop down, watch a bit of telly and eat. That is a factor that we must think about. We must think about providing programs and security so that kids can at those times exercise not only their body but also their mind. That is vitally important. Safety issues, therefore, are very important.

The Minister for Sport and Recreation talked about the community sporting and recreation facilities fund. I congratulate the minister for what he is doing with those grants; they are fantastic. Country WA has done well out of sport and recreation grants. I acknowledge that and thank the Government for it. Any future Government must increase those grants, because they are vital for sporting facilities in country towns. They are vital not only for sport in country towns but also because they provide many other services, such as a place for people to get together for meetings and to gather socially. They give country towns a focus. Country members on both sides of the House appreciate that. As long as I am a member of this place, I will push for more and more CSRFF grants.

Another aspect is that community groups, sporting groups, service clubs and parents have a role to play in preventing child obesity. The member for Dawesville talked about sport and recreation in schools. It is very much up to the principal of a school as to what happens in that school, but many schools in my electorate conduct very good physical education programs. Some schools do not do them as well as others, but that is very much up to the principal of a school. Parents and sporting clubs must also become more involved with schools. I do not think local sporting clubs participate in enough sports development in schools and they should also take on that role.

I mentioned the "Life. Be in it" campaign and I will now refer to diabetes. Obviously a lack of fitness, obesity etc have an effect on diabetes. I am concerned, as I am sure every member in the Chamber is, about the increase in the incidence of diabetes. My mother-in-law passed away about a year or so ago. Diabetes, being overweight and a lack of exercise were major factors in her death. I saw her lose interest in exercise, which certainly contributed to her leaving us probably five or 10 years before she should have and prevented her from contributing a lot to her community, to the kids and to everyone else. I encourage the minister to do everything in his power to look further at diabetes and to put as many resources as possible into education on it. I will leave the issue at that, other than to say that it is an important area and I think we all, not just the health minister, have a responsibility to improve education in that area. The people born in my era, sporting clubs and community groups have a responsibility to set an example and to continue the focus on education in that area. It is sad to see kids who are overweight. I feel positive that we will overcome this problem. I think our younger generation are smarter than we often give them credit for. They are waking up. With our help and encouragement, we can turn this situation around over the next 10 to 15 years. We should all work together in that effort.

Amendment to Motion

MR J.B. D'ORAZIO (Ballajura) [5.41 pm]: I move -

To delete all words after "That" and substitute the following words -

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this House recognises the important work being undertaken by the Department of Health and other agencies in developing strategies to deal with rising incidents of obesity, in particular child obesity, and the rapidly escalating incidence of diabetes II in our community and urges the Minister for Health to continue his support for programs in these areas.

First, I congratulate the member for Murdoch for bringing this matter to Parliament. A number of issues that come to Parliament deserve bipartisan support and debate so the entire community can be united in the search for solutions to the problem. The motion contains two major issues - obesity and diabetes. Although obesity and diabetes are linked, obesity has far greater ramifications than diabetes. As a pharmacist, I can tell members that obesity is probably the biggest killer in our community. Since I qualified 20-odd years ago, the number of problems caused by obesity in the community has increased dramatically. That includes matters such as blood pressure, heart problems, renal failure and, of course, diabetes. Other problem are the long-term result of obesity, which creates pressure in old age on various parts of the body so people require knee and hip replacements and the like. It is a major issue. As a community, we have not clearly identified the ongoing effects of obesity. It is important to talk about this matter.

I notice that the member for Dawesville is not here. In his contribution he referred to the *Blue Danube Waltz* and dancing. The thing that he got wrong was that Adam Gilchrist is also left-handed. Therefore, there is no point in having Langer and Gilchrist together as they are both swinging left-handers. He needs to apologise to Adam. I remember the days when I went to the member for Dawesville's tennis coaching school. I could never get the bottle of coke; I think it was made of rubber and bounced so it was never given away.

This is one of the most important matters we as politicians will deal with. I congratulate the member for Murdoch for bringing it to the fore. Members need to stop playing politics and ensure that we all pull in the same direction on this matter. As a pharmacist, it is horrific to see somebody have his foot amputated because of diabetes, or a little old lady walk in with ulcers as big as 50c pieces that cannot be cured and which become septic and cause massive problems to the point of costing lives. As a community, we need to understand the issue. We all live in our cocoons and people do not understand that these things are happening. As a community, we must ensure that the response is coordinated. I disagree with the member's motion because I do not think that this is a Department of Health problem.

Mr M.F. Board: I didn't say that.

Mr J.B. D'ORAZIO: The emphasis was placed on the Department of Health. My amendment will take that emphasis away.

Mr M.F. Board: I said the health department would have the coordination role.

Mr J.B. D'ORAZIO: I moved an amendment to give emphasis to other agencies. That is the critical point. We must understand that the Department of Health is dealing with the end product. Once I finish my speech, the member for Murdoch might think I have some idea of the problem and ways to solve it.

No doubt, diagnosis is important. The member for Murdoch referred to testing for glucose. I totally support that call. It can be done every day out the front of chemist shops. I personally did it twice, and the queue of people wanting glucose testing was enormous. The cost, in the vernacular, is bugger-all. It takes time and somebody to push the button and to look at the glucose readings. It should be encouraged. Some people have absolutely no idea that they have a problem. Also, that testing could be extended to blood pressure.

Mr M.F. Board: If I had my way, pharmacies would be used for many more public and primary health messages.

Mr J.B. D'ORAZIO: Let me finish. Obesity increases blood pressure and places pressure on the heart and creates other problems. It is a pity we could not have two debates today. Obesity is one issue and diabetes is another that creates a raft of other problems to be addressed through the process.

Returning to diabetes testing, it is not hard to test for glucose and blood sugar. It involves two samples. They are like red flags. If a person has a high reading, he or she is sent to professionals to deal with the situation. With child obesity and children diabetes, the community needs to go back one step and look at the fundamentals of why it is happening. We need to understand why it is occurring. Kids today have different lifestyles, expectations and wants from those of previous generations. I refer to a program developed at the YMCA. When I saw that this debate was to take place, I thought it would be a great idea to flag this YMCA program, which has been operating in the city of Bayswater for the past two years. The YMCA asked the council to help fund this program. It works with year 7 students at schools developing activity plans for themselves. That is integrated with a health program relating to the food they eat. It is a whole-of-school approach. It involves the council, the YMCA through its recreational facilities, the sporting clubs, the Department of Health and the Department of

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Education and Training. Interestingly, it is called the YPAAC program. Twelve out of 12 schools in the City of Bayswater agreed to participate in the scheme. The results have been outstanding. The kids work up their own program, and it could be different for every school. For example, it could be a cricket or walking academy or anything they choose. They could go to the recreation centre. The program outcomes are sensational. Of the total population, the students participating in exercise on a weekly basis figure was 90 per cent; children physically active five time or more a week was 50 per cent; and children experiencing one or more new activities - this is what we are really interested in - was 75 per cent. The figure for students regularly participating in new physical activity was 25 per cent, and the figure for students utilising a nominated local club for the first time was 30 per cent. Under the heading of "Links to Community Facilities", the figure for students attending local community facilities under the program was 100 per cent. The kids were getting involved in these links. All the agencies were working together. I see this program as a bit like the HYPE - Hillarys Youth Project Enquiries - program, which has been used so successfully in Hillarys, Port Hedland and a number of other places whereby the health department, the youth support unit, the local government and the police worked together. This is the sort of approach that needs to be taken to get kids active and to address the problem of obesity. It needs to start at school.

Mr R.F. Johnson: What program are you talking about?

Mr J.B. D'ORAZIO: The HYPE program, which was established by the previous Government to solve the youth problem at Hillarys. All the senior players in the equation worked together to solve a problem, rather than saying that it was the health department's problem or whatever. When a program is fragmented, it never works. The key players must get together. That is what the program run by the Bayswater YMCA has done; it has got all the players together and it has worked a treat.

Mr R.F. Johnson: Why didn't you word your amendment along those lines?

Mr J.B. D'ORAZIO: I have. It refers to other agencies. I did not want to go into a big spiel. It includes agencies other than the Department of Health. I think the health department has a very small part to play in this equation. It is the end result. It picks up the tab when the problems have already occurred.

Mr R.F. Johnson: You refer predominantly to the health department in your amendment.

Mr J.B. D'ORAZIO: No, I have referred to other agencies and now I am expanding on the other agencies for the member.

Mr R.F. Johnson: However, you are going on about the Minister for Health. That sounds very political to me.

Mr J.B. D'ORAZIO: No, I would never do that.

Mr R.F. Johnson: Is that your signature?

Mr J.B. D'ORAZIO: That is my signature.

Mr R.F. Johnson: I would never have recognised it!

Mr J.B. D'ORAZIO: That is fantastic.

There has been a sensational success rate in getting those kids into some sort of activity. The self-esteem of these kids is fantastic. They are now being exposed to a different group of people and a different exercise regime. It is a bit like the member for Dawesville's idea about dance. That is one item that could be incorporated if the kids thought that was the way to go.

Mr A.D. Marshall: Music.

Mr J.B. D'ORAZIO: Music as well. I do not care what they do, as long as they do it and it is physical activity.

Mr R.F. Johnson: Perhaps you should refer more to the Minister for Education and Training. Young people need to do more PE.

Mr J.B. D'ORAZIO: It should not even be that department. I think that the local councils should coordinate it.

Mr R.F. Johnson: That is because you are a past mayor.

Mr J.B. D'ORAZIO: No. I think they have the ability to bring all the players together. If any one of these players tries to take charge of this area, it will not work. My council was a great example; it did it very well.

Mr R.F. Johnson: Then your amendment should record what you are saying now.

Mr J.B. D'ORAZIO: The reference to other agencies includes local government.

Mr R.F. Johnson: This is all about the Minister for Health and the health department.

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Mr J.B. D'ORAZIO: I ask the member for Hillarys to let me finish.

Mr R.F. Johnson: You can always ask for an extension.

Mr J.B. D'ORAZIO: I know, but this is important. There is a real chance that we could say, across the political divide, that we need to address this issue and take it seriously and that there are ways to solve the problem.

The YMCA conducted a survey in March 2003 and again in September 2003 of the students in its programs. The results are staggering. The surveys indicate that the number of students participating in weekly exercise activities increased from 76 per cent to 92 per cent; the number of students participating in five or more physical activities on a weekly basis increased from 25 per cent to 50 per cent; and 78 per cent of students experienced one or more new physical activities or opportunities as a result of the program, with 29 per cent of students participating in the new experience on a regular basis, whether it be dance, cricket or tennis.

Mr R.F. Johnson: When were those surveys conducted?

Mr J.B. D'ORAZIO: The baseline was in March 2003 and it was done again in September 2003.

Mr R.F. Johnson: It was over a six-month period.

Mr J.B. D'ORAZIO: The YMCA wanted to see what happened to the trends. The surveys also indicate that 32 per cent of students used a sporting or recreation club for the first time, with 9.5 per cent joining the club as a member. That indicates that there was also better use of community facilities. The surveys also indicate that 59 per cent of the students placed a greater emphasis on being fit and healthy. What was the key strategy? The key strategy was to get the school involved and to get the kids to decide on their activity plan, and therefore they had ownership. When kids have ownership, they will work. More importantly, it ensures that it is linked to the local community, sporting clubs and facilities.

Mr R.F. Johnson: Perhaps we should have that program in this Parliament.

Mr J.B. D'ORAZIO: That is probably a good idea.

I put on the record that I think the YMCA should be congratulated for this initiative.

Mr A.D. Marshall: Yes, well done. Once again, not enough is said about the YMCA.

Mr J.B. D'ORAZIO: Exactly. I think the YMCA is fantastic; it does so much good in our community. These sorts of programs should be supported by the Department of Education and Training and the Minister for Health - all of us. It is about being proactive. The long-term cost to the community of not doing anything is enormous. For example, a packet of five vials of insulin costs \$200. Can members imagine the cost when that is multiplied by 1 000 or 2 000? A program like this costs \$35 000 to fund.

Mr R.F. Johnson: How much does the pharmacist make out of that vial?

Mr J.B. D'ORAZIO: I am glad the member asked me that question. The dispensing fee is about \$5; it is a very small margin.

Mr R.F. Johnson: Really?

Mr J.B. D'ORAZIO: Under the national health system, a chemist gets a dispensing fee, but a very small mark-up. It is a maximum of \$18. The member for Murray-Wellington could tell the member about the mark-ups for chemists. It is a very poor industry.

Mr W.J. McNee: You seem to do all right though!

Mr J.B. D'ORAZIO: I just work hard; that is all.

It was pointed out to me that someone must coordinate the project. Councils are in a prime position. Bigger councils could do it; it would be a great idea. However, some of the smaller councils could not do it. We might have to consider getting some of the regional councils to take ownership of these projects. Some regional councils have heaps of money and cover huge areas, so we would get a bigger bang for our buck just by placing the coordination with those authorities. It is an issue that we all need to look at. The community is absolutely open to this solution. It wants something to happen. It wants someone to come forward and say, please do this. Let us face it; we all want to be fit. I have just been on a fitness campaign and I feel a hundred times better. Interestingly, my cholesterol level and my blood pressure dropped, and I feel 100 per cent. We all must ensure that children understand from a young age that being fit and being involved in activity, whether it be dance, sport, tennis or cricket, is great for their health, but it also stimulates leadership capabilities and the ability to become involved in the community. It also provides a basis for the future. That is where leadership and community-based skills come into play. It is important that we encourage that, but not exert it on kids. Children and youth need to take ownership of what they do. That is why making the health department develop all these

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programs will not work. On an individual basis, each community needs to decide what its programs will be and how much it will put into those programs. If we do it that way, in the end we will get a far better result for the whole community.

Mr R.F. Johnson: I agree that the most appropriate forum is local authorities, because they probably are in a better position. They have all the facilities to do that sort of thing.

Mr J.B. D'ORAZIO: They own all the recreational facilities. All they are doing is bringing in the expertise. We must be careful that we do not impose it on youth. Telling them that they must play basketball will not work. That is why I think the YMCA program is fantastic; it has given the kids ownership of what will happen.

Mr R.F. Johnson: And encouragement.

Mr J.B. D'ORAZIO: Exactly. Once the kids have ownership of what will happen, they will do it; therefore, it would benefit the whole community. The savings to our health system alone would be huge. What is more important is that the wellbeing of our community would improve. People would not be as sick. They would enjoy being part of the community and would make a positive contribution. People who are stressed and have high blood pressure and diseases tend to take that into their living environments and put pressure on themselves, which they should not do. Politicians are a bit different because we have to put up with it every day. I wish that sometimes we could forget about which side of politics we are on and try to get something like this to happen for the benefit of the whole community. We tend to sit on either side of the fence and say that this is a political issue and work out how we can point score. This issue is far more important than that. This is about the kids of the future, the community of the future and the wellbeing of the people we represent.

It is important that we all think together. No-one has all the answers. The Young Men's Christian Association program, which is fantastic, is not the whole answer. It is important to work together, to support each other and to support the efforts of the Department of Health. I support ongoing testing because that highlights the problems. Another option to consider is implementing exercise programs for adults. Looking at the problem of the obesity of children will not solve the problem. Adults suffer from the same problem. A coordinated effort is needed. All members understand that the end goal is to get the community to participate as a unit and to improve people's wellbeing. Many diseases can be prevented by using some commonsense. I again thank the member for Murdoch for bringing the issue to the attention of the Parliament. I commend the Minister for Health and the Department of Health for supporting the program. Every time I have asked for the support of the Department of Education and Training, the Department of Sport and Recreation and the Department of Health, they have strongly supported this type of program. They should continue to fund it. It is great that we have had this debate tonight. I ask the House to support my amendment because the wellbeing of our community is the most important issue that faces the Parliament.

MR P.B. WATSON (Albany) [6.01 pm]: Obesity, especially obesity in children, is a worrying trend in Australia. When I was young and walked home from school, I saw kids playing football, cricket, tennis, hockey etc. However, when today's kids go home from school, they sit in front of their computers, which the parents think is great.

Mr P.D. Omodei: You are just jealous. You are getting old-fashioned. You are jealous of these young kids.

Mr P.B. WATSON: Speaking of obesity, I am looking at members across the Chamber.

This is a very serious subject. I did some research on obesity, in preparation for a grievance to the Minister for Health, about 12 months ago. I learnt that in the 10-year period between 1985 and 1995, the number of combined overweight and obese Australian children tripled in all age groups for boys and girls. Australia has one of the world's fattest populations, alongside the United Nations and the United Kingdom. The coalition of the overeating -

Mr R.F. Johnson: I think you mean the United States.

Mr P.B. WATSON: I am sorry, I meant to say the United States and the United Kingdom. We are the coalition of the overeating. In 1995, the US National Institute of Health calculated the direct and indirect costs of obesity and associated conditions. The direct health cost in the US was \$51.6 billion and the indirect health cost was \$47.6 billion, which is a total of \$99.2 billion. The cost of associated health risks, such as diabetes type II, osteoarthritis, colon cancer, hypertension and heart disease, combined to make the total direct health cost of obesity approximately five per cent of all United States health expenditure. That is not a small amount of money.

Mr M.P. Murray: What about anorexia?

Mr P.B. WATSON: It would not apply to the member for Collie!

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This is a serious matter. The angle I am trying to get at is that the parents must take responsibility. When I was younger -

Mr P.D. Omodei: When was the last time you had a good feed?

Mr P.B. WATSON: I was going to say something, but I remembered where I was.

Parents must take a big share of the responsibility for obesity in children. The other night I went to the basketball finals in Albany, at which 2 000 people attended. I had umpired the basketball during the year when only 20 or 30 people attended. It is used as a drop-off centre. Parents do not encourage their children to play sport. However, if the children make it into the finals, the parents and others go to support them. Many parents are not concerned about what their children do. If the children sit in front of the computer for 20 or 30 minutes or even for two or three hours, the parents are pleased that the kids are out of the way. From the moment they are born, parents teach their kids how to walk and talk, but they do not teach them how to eat properly. People should not expect the Department of Health or anyone else to do something about obesity; it should start in the home. When members attend end of year school functions or whatever, they will find that the parents of obese children are often very large and well fed. They are setting the example for their children down the track. The member for Wagin talked about perfect role models in sport. Parents must set an example. I know a couple in Albany who are obese for some reason or another. I do not know whether it is because of health reasons.

Mr J.J.M. Bowler: Are you going to name them.

Mr P.B. WATSON: I will not.

Mr J.J.M. Bowler: That would be two less voters.

Mr P.B. WATSON: I have been to their home, and I have seen the food the children eat. Both children are on the path of becoming obese, just like their parents. It is said that 90 per cent of the time obese children will carry their obesity from childhood into adulthood. I will tell members about some of the things the Government has done. There is a diabetes clinic in Albany that is run by one of the local doctors. People who have diabetes can find out what problems they have. The doctor will put his patients onto a program and give them blood tests. The doctor can set people on the right track.

Mr P.D. Omodei: What about self-funded retirees? Do the doctors treat them?

Mr P.B. WATSON: Self-funded retirees go to doctors just like everyone else. It is a general practice. There is also a local chemist, which refers people to the local doctor's surgery. A nurse takes a sample of a person's blood and conducts tests for any problems the patient might have, and the doctor can prescribe preventive measures. I am pretty sure the doctor gets government support for that.

The Government has established a physical activity task force to get more young people into sport.

Mr W.J. McNee: That is when they are not growing whoopee weed, I suppose.

Mr P.B. WATSON: I do not know what happens in the member's electorate, although I know that there is a lot of weed in his electorate.

Mr W.J. McNee: You are the ones who are soft on drugs, not me.

Mr P.B. WATSON: Today, most people think the member is on steroids because he has suddenly come out of the bush; whatever the member is on, I want a bit of it. It has got the member going after all this time. He jumps from tall buildings in a single bound, and then comes back into the House.

Mr W.J. McNee: I am indestructible, and I do not approve of whoopee weed.

Mr P.B. WATSON: I will pull up my pants so that I associate with the member to whom I am speaking.

Obesity is a serious issue. It occurs not only in my electorate and across Australia; it is a worldwide issue. I am glad that the member raised this matter today. As the previous speaker said, a bipartisan approach must be taken to this issue because it will affect every member in this Chamber. Some members of Parliament could be considered obese. People do not have to be big and fat to be obese; they just need the requisite fat levels in their bodies or high cholesterol levels. The member for Hillarys is sneaking out of the Chamber. Unless people get these things checked, they will never know. It is good for the community that people can get these things checked at certain facilities.

Members have spoken about exercise. Some people think they must walk, run or lift weights. The Heart Foundation says that if everyone walked for 40 minutes a day at a brisk rate, their health would be 100 per cent better. Obviously, a person's diet plays an important part in obesity. If people who have a sweet tooth like me exercise, there is less chance that they will develop problems. Some people believe that only big people who eat

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a lot of food get diabetes. However, my mother was a stick figure; she was very thin and she had diabetes. In the end it got to her and affected her health, and she did not survive. My uncle, her brother, was the same. He was tall and thin like me. He had complications from diabetes. Therefore, if someone looks really fit, it does not mean that he does not have diabetes. As I said before, someone who does not look fat could still have a problem because of the amount of fat in his body.

I want to say a couple more things, particularly about the direct health cost to Australia. A group that was set up in the United States said that it is not just a cosmetic issue; it is a health crisis. Obesity is costing the Australian Government up to \$1.5 billion in direct health costs. However, it is not only that; it is also the socioeconomic status of kids who are prone to obesity. Melbourne-based research on 560 families has recently been released that shows that disadvantaged families are more likely to suffer from obesity and are more likely to eat a high-fat, high-energy diet. The research, which was undertaken by Deakin University's Karen Campbell, examined how the family environment impacts upon what children eat. The results indicate that not only are families in lower socioeconomic groups more prone to obesity, but also their children are more likely to live in obesity-promoting environments, watch more television and have poorer access to fresh fruits and vegetables.

When I was younger, I was always offered proper food. We had brussels sprouts, spinach, which we did not really like, and things like that. However, children do not seem to eat foods like that these days. Parents seem to take the easy option. Maybe that is because both parents work, and when they come home fast food is the only way for them to go. There can be all the programs in the world, but if we do not get to the parents, and, through them, to the children when they are young, we will have problems in the future.

I believe the Government is doing a great job on this issue. However, there is more to be done. We cannot be relaxed about this issue. We must take a bipartisan approach to this in the future. The Government is doing a tremendous job on this issue, but there is more work to be done.

MR M.P. WHITLEY (Roleystone) [6.12 pm]: Although I welcome the member for Murdoch's original motion, I believe it is too narrow. I agree with the comments made by the Minister for Sport and Recreation. It is too narrow in its breadth of issues, and also in its search for solutions. Frankly, we need to talk about issues such as childhood obesity and diabetes type II, but we need to look at the crisis of lifestyle for many children. I am a parent and a former teacher. In my professional life as a teacher, and also in this Parliament, I took, and continue to take, a very keen interest in an issue that I believe is related to the issue we are debating today; that is, attention deficit hyperactivity disorder, and the high incidence of that in Western Australia in particular, and in Australia to a lesser degree. The incidence of ADHD, of obesity, of type II diabetes and of a range of mental health and other health issues in children and adults is a symptom of the same phenomenon; that is, that we are experiencing somewhat of a lifestyle crisis. It is an epidemic of the twenty-first century. In this sense, I believe that the approach that has been taken whereby we look to government, and to certain departments of government, to provide solutions to these problems is a bit too narrow.

It is a lifestyle crisis. In some cases, the current generation of parents agonises more about its role than did previous generations of parents. As a society these days, we are obsessed with the notion of stranger danger and with the idea and the concept that our streets are not safe and that our children cannot walk to school or go unsupervised to playgrounds. Those sorts of messages are constantly reinforced in the media. I am a parent with two young children: a 13-year-old son and a nine-year-old son. It does influence my thinking. However, the reality does not match the rhetoric. There have always been incidents of child abuse, and there has always been the concept of stranger danger. We need to ensure that our children are mindful of those sorts of problems. However, frankly, sometimes the fear of letting our kids go off unsupervised to playgrounds and letting them ride their bikes on the street etc because of what might happen to them is making us, as a generation of parents, over-organise and over-supervise our kids. In fact, we are robbing them of the capacity to organise their own lives and their own informal play activities.

I am a great fan of sport. I love it. I still play, very badly, a number of sports.

Mr P.B. Watson interjected.

Mr M.P. WHITLEY: I do not think the member for Albany should give me a hard time, because I remember an over that he bowled to me in a fundraising cricket match. I will put on the record how many runs came off that over, if he gives me a hard time. I am a fan of organised sports. My kids are participants in organised sport. There are great benefits to be had from it. I believe what is missing for many children is not the organised sport or the organised physical activity; it is the impromptu physical activity, as the member for Albany said.

When I was a child, I went to Manning Primary School. I lived in Salter Point, which was about a mile from the school. On most days I would either ride my bike or walk to school. From as young as probably eight or nine years of age, I would walk to school with my sister or with some other kids, or I might even walk by myself to

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school. My parents did not have an obsession with or fear about stranger danger, although I could talk about incidents of stranger danger that occurred then. As young kids, because we were not supervised as much, we learnt to develop the instincts that we needed to protect ourselves. We would take an hour to walk home, and we would do all sorts of things. School finished at 3.10 pm, and we would not get home until half past four or even half past five. Our parents did not agonise or worry about it. They were not concerned that we might be getting ourselves into some sort of mischief. Along the way we exerted a lot of energy. We had a lot of fun and perhaps got into a bit of trouble. However, basically, we got exercise in our daily activities.

Because of the distance that we live from the primary school that my youngest son attends - that is, Roleystone Primary School, which is a fantastic school - we must drive him to school. He also gets picked up from school. We live in a relatively isolated area, so we must organise play activities for him after school. My wife spends a lot of time organising play activities for my youngest son after school. That never happened when I was a kid. It was never organised; it happened spontaneously. We would go down to the local oval and kick the football, or throw rocks at a tree or sometimes at each other. Activities were going on. We got exercise in our normal, daily routine. It did not need to be organised.

In part, the lifestyle crisis which we have and which the Minister for Sport and Recreation talked about so accurately is a crisis of confidence in our community. It is a crisis that stops parents allowing their children to explore, to grow and to engage in non-organised activities. Although it is important for government to provide organised activities and for children to play an organised sport and to have opportunities to participate in physical education at school, it is also incredibly important to have a community that encourages a lifestyle in which kids have the opportunity to participate in accidental play, when they run into their neighbours and organise their own activities. That is much better for kids. They grow up with more confidence, they have more responsibility for their own lifestyle, and they benefit in many ways. The issue of childhood obesity is related to a number of these issues. I also have talked about the need for more unstructured play and the exaggerated fear of stranger danger, which is an understandable fear that parents have - it is a fear that I have as a parent. That exaggerated fear makes parents reluctant to let their kids play in an unorganised fashion, just in case something goes wrong.

The pace of life has moved on for so many parents. There are many more instances of two-income families in which both parents are working and have tremendous time pressures placed on them. As a generation, we are cash rich but time poor. We have a relatively high level of disposable income. We have material possessions that the previous generation simply did not have. However, we do not necessarily have the time or the mentality to enjoy them. We feel that pressure to acquire and accumulate far more than previous generations. The expectation is that a couple setting up a first home will have four-bedrooms and two-bathrooms with formal and informal living areas and all the rest of it -

Mr R.F. Johnson: What has this got to do with the amendment to the motion? We are talking about diabetes and obesity.

Mr M.P. WHITLEY: We have reached crisis point for many children with childhood obesity, diabetes II and mental health disorders, all of which are related to the way in which we live, how society organises itself, how we parent and the expectations we put on our children.

There is a temptation for today's society to over-analyse issues such as attention deficit hyperactivity disorder. I think ADHD is related to the incidence of childhood obesity because it is linked to issues such as diet and, in some cases, the lack of exercise. We seek to categorise the behaviour of children in a way that was previously never done. ADHD is characterised by impulsive and inattentive behaviour and hyperactivity. I have read to this House before the diagnostic criteria for ADHD, all of which are the sorts of behaviours that all children, and, in fact, all adults display at various times. However, we categorise that behaviour as a disorder if we think kids are displaying that condition to too great an extent. Today, kids are also diagnosed with other conditions such as oppositional defiant disorder, which is a classifiable disorder, the diagnostic criteria of which is outlined in the *Diagnostic and Statistic Manual of Mental Disorders*, or DSM-IV, prepared by the American Psychiatric Association and widely used in Western Australia to classify mental health problems. DSM-IV includes two conditions: conduct disorder, which boils down to kids misbehaving, and oppositional defiant disorder, which has a bunch of diagnostic criteria but boils down to kids refusing to do what they are told. This generation of parents is more obsessed with finding labels and categorising behaviours than previous generations. It is part of our desire to be the perfect parent. In that sense, this generation of parents is trying too hard and is too concerned when its kids appear to have problems. We are almost too ready to analyse our kids and to categorise them as having behaviours or disorders and to identify those problems.

Mr P.B. Watson: Do you think that parents and doctors are looking for quick solutions? The doctor will come along and put the child on drugs -

Mr Mike Board; Mr Bob Kucera; Mr Arthur Marshall; The Acting Speaker (mr P.W. Andrews); Mr Terry Waldron; Mr John D'Orazio; Mr Peter Watson; Mr Martin Whitley

Mr M.P. WHITELEY: As I have said in this place many times, the causes of ADHD - of impulsive, hyperactive and inattentive behaviour - are multiple. It could be diet. It could be lifestyle. It could be a dysfunctional home environment. It could be some sort of life crisis. It could be neurotoxin exposure. In a small number of cases it could be a naturally occurring biochemical imbalance in the child that is best treated with medication. The causes are multiple, yet we try to apply universal solutions. I think that is part of the problem. We see something that concerns us as parents, we try to categorise, and then we look for the simple solutions. I do not blame parents for that. Often parents have expressed to me their concern that they feel very guilty when their child is medicated for ADHD. I think that is wrong. They should not feel any guilt, because, after all, they are not the ones who have prescribed the medication. If there is any fault, it lies with the prescribers. Often that ready rush to prescribe dexamphetamine and, to a lesser degree, methylphenidate, for ADHD is the fault of bad doctoring rather than bad parenting.. Unfortunately, parents seem to get caught with that tag. I certainly think that is part of this problem that I am talking about; namely, the desire to over-categorise behaviour and to over-organise, and in some sense the desire to be a perfect parent. A lot of parents ring me because of my interest in ADHD and because they know that I am of the view that too many kids are medicated for the condition. Often their child has been medicated and they do not feel comfortable about it, so they ring me to hear the other side of the argument. Often they feel guilty. However, they have gone to the doctor and described the set of behaviours, and the doctor has classified that set of behaviours and has offered the simple solution. It is all part of our tendency to quickly identify and classify problems, and sometimes to rush too quickly towards a solution.

Mr P.B. Watson: A number of the children that I see have the same problems, but they just grow out of them.

Mr M.P. WHITELEY: Some do and some do not. That comes back to the point that the member for Albany made earlier. It is this search for a magic bullet solution that so often leads to further problems.

Part of the problem lies in the structure and design of our suburbs. This may seem to be a bit out of left field when we talking about the issue of obesity; however, many Australian suburbs are designed in such a way that the houses front onto the street, and they have a formal front garden that is not used for any play activity, formal rooms at the front of the house and living areas at the back of the house, and an ever-decreasing backyard. We design our suburbs for privacy rather than for community. As a result, we do not see the same number of kids playing on the streets in many Australian suburbs as we might see in a suburb in the United Kingdom, where the traffic levels are often much higher. We do not get that same sort of community interaction. Because we design our suburbs in a such way that they do not allow people to integrate within the community, because they are built for privacy, there is not that level of natural and accidental interaction between people, particularly children. We do not get the sort of neighbourhood mix that occurs with other forms of urban planning. All those factors together are part of a lifestyle crisis. I know my speech tonight has been a little unstructured and all over the place, but that is because the problem we have is one of a holistic nature. If we have a crisis with children's obesity, health problems such as diabetes, and mental health disorders such as ADHD etc, it is because of a range of causes. There is no simple solution and the responsibility for addressing those problems does not rest with any single government department; it does not even rest with the Government. It rests with the whole community. This is a crisis of lifestyle, as the Minister for Sport and Recreation said. It is a twenty-first century lifestyle crisis. One does not have to look too far to see that politicians are fairly well qualified to talk about obesity. I believe a study four or five years ago identified that the average politician was about 13 kilograms overweight. As a group, why are politicians overweight? It is because of their lifestyle. It is because politicians have difficulty arranging a routine that allows them to undertake physical exercise. Although we have a very well-equipped gym, the structure of this workplace, which requires us to respond to a two-minute warning bell, means that we cannot use the facility. What is the only escape that we politicians have when we are in this place - and we are often locked in here for many a long hour? It is food and the bar. Hence, our lifestyle is in part responsible for our tendency as a group - although there are some notable exceptions - to be a tad on the obese side. The solutions to childhood obesity and the incidence of diabetes II as well as a whole range of other health and mental health problems among children and adults require a complete revision of lifestyle. Unless we are prepared to look at this in a holistic manner, we will not see any improvement.

Debate adjourned, on motion by Mr R.F. Johnson.