



## Getting bums out of seats

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*Walking is the best possible exercise. Habituate yourself to walk very far.*

Thomas Jefferson

Children and adolescents are disproportionately affected by the global obesity epidemic, leading to adulthood compromised by early onset diabetes, heart disease, and degenerative arthritis.<sup>1</sup> As a family medicine resident in the early 1990s, it was unheard of to see a teenager presenting with type 2 diabetes mellitus—the kind we used to call *adult-onset diabetes*—but I have now had that experience in my practice, and it is deeply disturbing. In industrialized countries, for the first time in more than a century, the life expectancy of young people might be less than that of their parents. If we think the so-called silver tsunami of aging boomers presents a challenge to our health care system, we haven't seen anything yet.

There is an epidemic of obesity among our youth, but there is also a shadow epidemic of inactivity. Health Canada recommends that children and adolescents participate in activity for an hour or longer each day at a somewhat hard intensity in order to maintain good health.<sup>2</sup> Most Canadian kids fall far short of that goal. A 2010 report<sup>3</sup> showed that only 1 in 6 boys and 1 in 20 girls met this target, and a 2012 study showed that in the Saskatoon school system only 9% of boys and 6% of girls did.<sup>4</sup> The numbers are similar in the United States, the United Kingdom, and Australia.

How did our children become so sedentary? Many blame screen time—television, computers, and video games. While these play their part, there is more to it. Indoctrination into this sedentary way of life starts early, usually when we first start school at the age of 4 or 5. The whole education system is predicated on sitting still in front of a teacher, blackboard, or computer for up to 6 hours a day. There isn't enough physical education in schools. Recess, one of the brief periods in the day when kids get a break from sitting, is too short and, in northern countries like ours, by the time kids get their winter gear on and off, there isn't much time left for running around. When I was growing up, hour-long physical education classes 3 times per week were mandatory even in high school. Now, in high school physical education is optional, and by the final 2 years most kids do no physical activity at school. Many kids are driven to and from school, even if they live just a few blocks away. Among girls other powerful forces are at work. Research shows that in high school peer pressure disproportionately affects girls, so fewer of them are active or participate in organized sport.

Physicians and other health professionals have been identified as potentially powerful agents of change in promoting physical activity, but most don't do it in their practices. One US study showed that less than a third of the adult sample reported receiving advice about physical activity from their physicians and, of those who did, less than half got help making a plan or follow-up support.<sup>5</sup> Sadly, most physicians lack the training, the knowledge, and often the time to do the job well. Perhaps that is why, in spite of recommendations, physicians don't spend less time offering their patients screening tests and physical examinations and more time promoting physical activity. The medical literature shows that advice to exercise given by physicians is not highly effective in changing behaviour.<sup>6</sup>

If physicians can't turn back this tide of inactivity, who can? The answer lies within us—in our communities and particularly in our schools. Leading researchers think that the most effective way to get and keep our children moving is through school- or community-based interventions.<sup>7</sup>

An example of just such a powerful intervention lies close to my home. In my neighbourhood a dedicated volunteer parent named Brent Lockridge approached physical education teacher John Ellis to start a cross-country running program for kids from grades 1 to 8. Within 2 years more than 300 kids—almost half the school—were running 3 to 5 mornings a week and racing in local and regional meets. I wondered how they did it, so I asked Brent. He emphasized 4 things: make the activity simple and accessible to all; make it fair—kids who show up to train get to race no matter their ability; manage parents' expectations—he and John spent more time coaching parents to focus on participation instead of winning than they did coaching the kids to run; and make it congruent with the values of the community. It has been more than a decade now and every autumn during the first weeks of school dozens of children of all ages, shapes, sizes, and colours begin to stream past my house and down into a nearby park for their morning runs.

### Competing interests

This editorial is based on a talk given by Dr Pimlott at TEDx Stouffville on June 21, 2013.

### References

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