

Developing an Active Australia: A Work Plan for 2000 to 2003

A working document of the
Strategic Inter-Governmental forum on
Physical Activity and Health (SIGPAH)

Revised April 2002

Introduction

In recognition of the importance of physical activity in promoting good health and preventing illness and injury, the then Minister for Health Dr Michael Wooldridge, launched *Developing an Active Australia: a framework for action for physical activity and health*¹ in June 1998. This framework document was also the health sector response to Active Australia, the Australian Sports Commission's national call to action to increase participation levels in sport and incidental physical activity in the Australian population.

In 1999, a collaborative body with representatives from all state and territory health departments and the Commonwealth, as well as the Australian Institute of Health and Welfare and the Australian Sports Commission was set up to facilitate national coordination for government action in physical activity and health. This body, the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) provides strategic direction on health-promoting physical activity, provides advice on the health aspects of physical activity and works towards building partnerships with other sectors and organisations within and outside the traditional health arena. SIGPAH reports to the National Public Health Partnership (NPHP) and contributes to the NPHP work program in the area of health gain.

SIGPAH's Terms of Reference are to:

1. Provide a forum for national leadership in physical activity and health issues in Australia;
2. Foster strong partnerships and communication links between relevant sectors, within and between jurisdictions;
3. With key stakeholders, promote a consistent integrated approach to physical activity and health including monitoring and evaluation, across all areas of government;
4. Provide advice to relevant organisations, groups and departments;
5. Provide strategic direction consistent with research on physical activity and health issues; and
6. Report to the National Public Health Partnership through the Secretariat.

Developing an Active Australia: A work plan for 2000 to 2003

During 2001 SIGPAH reviewed the work plan to ensure it reflected current and emerging priorities as well as new issues and opportunities for collaboration.

The review included:

- A workshop led by Mr Bill Bellew (inaugural Chair of SIGPAH) at the March 2001 meeting
- Recognition of the announcement of a large government funding package reorienting the direction of Active Australia and the services performed by the Australian Sports Commission to focus on participation in sport only, hence limiting opportunities for collaboration with the health sector. As such the Active Australia Alliance National

Action Plan will not be endorsed and all cross referencing from the SIGPAH work plan has been removed.

This has further increased the need for avenues for cross sector collaboration for the promotion and support of participation in physical activity across Australia (see initiative 3.1).

- Recognition of three significant reports that have added to the evidence for the benefits of physical activity in enhancing health. These reports have further strengthened the compelling case for action within the health and allied sectors to increase the levels of physical activity in the Australian population.

In May 1999, the Australian Institute of Health and Welfare (AIHW) and the Heart Foundation of Australia produced the report *Heart, Stroke and Vascular Disease - Australian facts*ⁱⁱ. This report looks at major risk factors for cardiovascular disease and brings together information on a range of areas including risk factors, disease prevalence and incident treatment, management and health care costs.

The *Burden of Disease and Injury in Australia*ⁱⁱⁱ study was published in late 1999 by AIHW. This study indicated the relative contribution of physical inactivity as one of the major risk factors for disease and disability. Overall, physical activity ranked second, after tobacco, in terms of contribution to ill health in Australia. The study also suggested that physical inactivity was associated with stroke, colorectal cancer, breast cancer, hypertension, ischaemic heart disease, non insulin dependent diabetes falls and depression.

In July 2000, a discussion paper, *The Costs of Illness Attributable to Physical Inactivity in Australia: a preliminary study* was released. This report illustrates the health-enhancing capacity of participation in regular moderate-intensity physical activity. It suggests that physical inactivity contributes to 6,400 deaths per annum in Australia from coronary heart disease (CHD), non-insulin dependent diabetes (NIDDM) and colon cancer. The annual direct health care cost attributable to physical inactivity is estimated to be around \$377 million per year. For each disease, costs were estimated to be \$161m for CHD, \$28m for NIDDM, \$16m for colon cancer, \$101m for stroke, \$16m for breast cancer, and up to \$56m for depressive disorders.

The area of physical activity is a complex one involving action by a range of sectors and State, Territory and Commonwealth health departments. SIGPAH has been successful in contributing to the developing and strengthening evidence base by supporting new resources which will guide future action. These include, *Getting Australia Active: better practice for the promotion of physical activity*, and the NPHP planning and practice framework case study, *Promoting Active Transport: an intervention portfolio to increase physical activity as a means of transport* (see initiative 2.1). There are plans to review the needs of specific population groups including Indigenous Australians and children and adolescents. The Physical Activity Guidelines have been in existence for some time but more attention is required to increasing community understanding of the need for regular physical activity.

In light of these considerations SIGPAH has made a number of alterations to the background section of the Work Plan and to specific initiatives. Appendix B details the rationale for changes made to initiatives in the original work plan. This work plan is intended to supplement and extend the Key Strategies section in *Developing an Active Australia*. It outlines initiatives to be pursued by SIGPAH as well as states, territories, the Commonwealth and key partners seeking an integrated approach to the promotion of physical activity as a recognised valuable health intervention in the 21st Century.

Acknowledgment

The Department of Health and Ageing would like to take this opportunity to thank Mr Bill Bellew, inaugural Chair of SIGPAH, and Director of Health Promotion Branch, NSW Health, for his assistance in the compilation of this Work Plan.

Revised strategies for 2000 to 2003

The theme of 'Monitoring' used in *Developing an Active Australia* has been renamed in this Work Plan as 'Evidence' because it was considered that the latter term more correctly expressed the intention of the strategy. The four themes now used to identify the major areas of activity are:

- **Education**
- **Environments**
- **Infrastructure**
- **Evidence**

The 26 initiatives listed in this publication are cross referenced with SIGPAH identified priorities and *Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity*^{iv}. This reflects the recognition of the important role of physical activity in preventing and managing weight gain.

Keys to identify these cross-references are:

- Denotes a SIGPAH Identified Priority (eg, ● refers to SIGPAH identified priority), and
- ⌘ Denotes an *Acting on Australia's weight* strategy.

Education

Key Strategy: Increase community awareness and understanding of the benefits of participation in moderate intensity regular physical activity.

Key Initiatives:

- 1.1. Support the promotion of the National Physical Activity Guidelines through a public relations & dissemination strategy. ●
- 1.2. Consult with appropriate bodies including ATSIC and NACCHO to develop joint programs and initiatives which address the participation needs and interests of Indigenous Australians. ●
- 1.3. Following consultation determine the need for and appropriateness of National Physical Activity Guidelines for Indigenous Australians.
- 1.4. Establish working partnerships with peak disability consumer bodies to provide information services and greater opportunities for participation among people with disabilities.
- 1.5. Continue the public education strategy to promote regular moderate-intensity physical activity in all states and territories, with rigorous evaluation and careful review at each phase of development. ●

Environments

Key Strategy: Promote better understanding of the health links with other sectors to increase incidental physical activity participation and promote research-based policy approaches.

Key Initiatives:

- 2.1. Promote and build on the findings of the NPHP planning and practice framework case study, Promoting Active Transport : An intervention portfolio to increase physical activity as a means of transport ●
- 2.2. Support further collaboration with local government designed to create local environments which facilitate increased participation in physical activity, based on evidence.
- 2.3. Encourage the inclusion of regular moderate-intensity physical activity in occupational health and safety policies and workplace health policies. ☞
- 2.4. Liaise with DETYA, the Conference of State Chief Executive Officers of Education (CESCEO) and the Australian Sports Commission further to encourage the incorporation of sport and daily physical activity into ☞

school programs, curricula and policies, and the promotion of opportunities for physical activity on tertiary and further education campuses.

- 2.5. Work with appropriate partners to create opportunities and settings for physical activity in residential (including institutional) environments.

Infrastructure

Key Strategy: Ensure appropriate capacity to achieve the national strategic objectives for Physical Activity, including the development of knowledge and practices of health professionals



Key Initiatives:

- 3.1. Review models for inter-sectoral collaboration at the national level to encourage leadership and action for physical activity promotion ●
- 3.2. Support and facilitate continued collaboration between the Commonwealth, State and Territory governments to achieve the agreed SIGPAH Work Plan priorities. ●
- 3.3. Explore the establishment of a national INDEX (innovation & development exchange) project to ensure rapid electronic dissemination of developments in transport & environmental policy.
- 3.4. Develop a strategic approach to encourage the promotion of physical activity in the general practice setting. ●
- 3.5. Support further Physical Activity Specialist Training Courses taking account of the evaluation of the pilot course and utilising internet technology. ●
- 3.6. Contribute to the development and implementation of the chronic diseases prevention framework and other national strategies to ensure recognition of the importance of physical activity in the prevention and management of chronic disease. ●
- 3.7. Contribute to the work of the National Public Health Partnership to ensure national physical activity strategies are developed and implemented in co-ordination with other national public health strategies.

Evidence

Key Strategy: Increase the professional knowledge base for physical activity programs and interventions and promote better practice.

Key Initiatives:

- 4.1. Explore the establishment of a national physical activity monitoring, evaluation and research system to provide specialist physical activity survey design, data analysis, reporting and technical advice to the Commonwealth, States and Territories as well as a clearing house function to ensure rapid dissemination of physical activity research findings in a form which managers and policy makers find accessible ●
- 4.2. Continue to collect and review evidence on physical activity across Australia in relation to various settings and population groups to produce evidence based better practice guidelines to inform the choice of strategies for promoting physical activity at State, Territory and local levels ●
- 4.3. Prepare a discussion paper for consideration by governments, which analyses the disease burden and economic costs of sedentary lifestyle for the Australia health care system and which specifies options for population health strategies based on a level of investment commensurate with the burden and costs. ●
- 4.5. Promote the adoption of uniform definitions, standards and procedures for the measurement of physical activity. ●
- 4.6. Conduct research to identify barriers and opportunities for practice improvement through a focus on key health professionals who are in a position to provide advice on physical activity.
- 4.8. Provide input and analysis to other government policies such as the National Strategy for an Aging Australia, disability discrimination, the Policy for Early Childhood Industry and the National Injury Prevention Plan.
- 4.9. Identify data collection needs and gaps and develop a strategy to prioritise these.
- 4.10. Work with RSISG, AIHW and other relevant groups to coordinate research and monitoring activities and resources.
- 4.11. Replicate the Active Australia Baseline Survey of Physical Activity Levels of Australians (November 1997) in order to monitor trends in participation rates. ●

Conclusion

This three year Work Plan addresses the need for SIGPAH, Commonwealth, State and Territory health departments and key partners to achieve a coordinated and focused approach to the promotion of health-enhancing physical activity.

Effective inter-sectoral action is often required to tackle difficult problems. Working collaboratively, and providing a continuance of commitment to tackle the serious health risk factor of inactivity offers real potential to achieve substantial health gain for the Australian population. The challenge of this document is to harness this commitment to solve the often complex health problems associated with physical inactivity that have their roots inside and outside the direct control of the health sector.

Over the last two decades there has been mounting evidence of the importance of physical inactivity as a primary and independent risk factor for many diseases. It is important to address this health problem through effective partnerships by:

- developing a better understanding of the core business and priorities of relevant organisations;
- developing skills in negotiation, reviewing and maintaining productive relationships with these organisations; and
- maintaining an ongoing commitment to consultation, public discussion and the review of current literature and evidence.

All policy makers, senior decision makers and those in a position to exert influence need increasingly to consider the themes represented in this Work Plan. The need to use cost effective methods for increasing levels of participation in physical activity, particularly physical activity of moderate intensity, across the Australian population has never been more urgent. This Work Plan provides key directions for this endeavour.

Appendix A

1. GLOSSARY

Active Australia	Is a unique collaboration between the sport and recreation, health, local government, education and business sectors. Its goal is to achieve the social, economic and health benefits of an active lifestyle for the individual, for the community and the nation.
Active Australia Alliance	Is an alliance between the sport, recreation, health and other key sectors; all levels of government and the relevant industry sectors to formalise the inter-sectoral approach of Active Australia. <i>Active Australia: A National Plan 2000 – 2003</i> represents the contributions of all Alliance members and forms the basis of a national approach that enables and encourages agencies to work independently, and at the same time interdependently, to achieve national outcomes.
Australian Sports Commission (ASC)	Is the federal government body responsible for sport and has a key role in contributing to sport related outcomes embodied within Active Australia.
Developing an Active Australia: A framework for action for physical activity and health	Is a policy document stating the health sector response to Active Australia.
Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH)	Is the national public health coordinating body of physical activity and health in Australia. The Forum, with the support of the NPHP, aims to increase the proportion of the Australian population who participate in regular moderate-intensity physical activity to improve health through collaboration with other sectors.
National Physical Activity Guidelines	Refer to the minimum levels of physical activity required for good health (30 minutes of moderate physical activity on most days of the week). They are not intended for high level fitness or sports training.

Incidental activity

Is physical activity undertaken while performing other functions (usually a by-product of the function rather than specifically planned physical activity).

Moderate-intensity physical activity

Is activity that increases a person's heart rate slightly but does not make them huff and puff or get out of breath. Examples include washing the car, heavy housework, playing some racquet sports such as doubles tennis or badminton, and some levels of walking, cycling and swimming.

The National Public Health Partnership

The National Public Health Partnership was established in late 1996 and is an ongoing multilateral mechanism between the Commonwealth and State and Territory Governments. The Partnership sets out the roles and responsibilities of the Commonwealth and the States and Territories in public health. It is not a funding mechanism.

Physical activity

Any bodily movement produced by skeletal muscles that results in energy expenditure.

1. ACRONYMS

ABS	Australian Bureau of Statistics
ACHPER	Australian Council for Health, Physical Education and Recreation
AIHW	Australian Institute of Health and Welfare
ASC	Australian Sports Commission
ATSIC	Aboriginal and Torres Strait Islander Commission
DhoA	Commonwealth Department of Health and Ageing
CAS	Confederation of Australian Sport
DETYA	Department of Education, Training and Youth Affairs
NACCHO	National Aboriginal Community Controlled Health Organisation
NHF	National Heart Foundation of Australia
NHPA	National Health Priority Area
NPHP	National Public Health Partnership
RICA	Recreation Industry Council of Australia
RSISG	Recreation and Sport Industry Statistical Group
SCORS	Standing Committee on Recreation and Sport
SIGPAH	Strategic Inter-Governmental forum on Physical Activity and Health
SMA	Sports Medicine Australia

2. WEB SITES

2.1 National

ASC	www.ausport.gov.au/partic
Active Australia	www.activeaustralia.org
ABS	www.abs.gov.au
ACHPER	www.achper.org.au
AIHW	www.aihw.gov.au
CAS	www.sportforall.com.au
DHAC	www.health.gov.au
Heart Foundation	www.heartfoundation.com.au
SMA	www.sma.org.au

2.2 State

	Sport and Recreation	Health
VIC	www.sport.vic.gov.au	www.dhs.vic.gov.au
NSW	www.dsr.nsw.gov.au	www.health.nsw.gov.au
QLD	www.sportrec.qld.gov.au	www.health.qld.gov.au
WA	www.msrr.wa.gov.au	www.health.wa.gov.au
SA	www.recsport.sa.gov.au	www.health.sa.gov.au
ACT	www.sport.act.gov.au	www.health.act.gov.au
NT	www.nt.gov.au/dsr	www.nt.gov.au/nths
TAS	www.osr.tas.gov.au	www.dchs.tas.gov.au

2.3 International

World Health Organisation	www.who.int/hpr/active/index.html
US National Coalition for Promoting Physical Activity	www.ncppa.org/ncppa
US Physical Activity and Health Network	www.eval.sru.cis.pih.edu

Appendix B

Initiative	Comments/changes
1.2	Increased in priority – needs to be achieved before progressing initiative 1.3.
1.3	Has been reworded to more accurately reflect successful ways of promoting physical activity in Indigenous communities. Priority status has also been lowered while initiative 1.2 has been raised.
1.5	Elevated to a priority in view of the need to continue to raise public awareness of the importance of regular moderate physical activity and the opportunity for sharing resources through SIGPAH.
2.1	Reworded following completion of <i>Promoting Active Transport</i> report.
3.1	Revised in light of ASC and Active Australia Alliance changes and need for inter-sectoral mechanism. Status raised to priority as inter-sectoral leadership is critical.
3.2	Identified as a priority as it is the essential work of SIGPAH.
3.3	Priority status has been lowered as it would be undertaken as part of initiative 4.4.
3.6	Has been reworded to reflect progress with the chronic disease prevention framework.
3.7	Minor rewording to reflect changes to the National Public Health Partnership.
4.1	Status has been raised to priority in view of importance of monitoring progress and connection with other monitoring initiatives.
4.3	Identified as a priority as report completed and providing valuable information.
4.4	Merged with 4.1 in view of their similarity. Remains a priority.
4.5	Status has been raised to priority as integral to a comprehensive monitoring system.
4.7	Health Inequality impact assessment tool development was deleted as there are competing demands and this would be a complex task. Inequality to be considered as part of all SIGPAH initiatives.
4.11	Raised to priority status as ongoing monitoring of participation rates is essential.
4.12	No longer relevant given changes to Active Australia.

ⁱ *Developing an Active Australia: a framework for action for physical activity and health: A report by the Commonwealth Department of Health and Aged Care; Canberra, ACT, 1998.*

ⁱⁱ Australian Institute of Health and Welfare (AIHW) 1999. *Heart, Stroke and Vascular Disease, Australian facts*. AIHW Cat No. CVD7. Canberra AIHW and the Heart Foundation of Australia (Cardiovascular Disease Series No.10)

ⁱⁱⁱ Mathers C, Vos T, Stevenson C 1999. *The Burden of Disease and Injury in Australia*. AIHW Cat No PHE 17. Canberra: AIHW

^{iv} National Health and Medical Research Council, *Acting on Australia's weight: a strategic plan for overweight and obesity*, Commonwealth Department of Health and Family Services, 1997