

Public Health Association of Australia:

Policy-at-a-glance – Physical Activity Policy

Key message:

1. Societal changes have resulted in markedly reduced levels of physical activity, which are associated with poorer health outcomes.
2. Physical inactivity is responsible for approximately seven per cent of the total burden of disease, and 13,500 lives each year in Australia.
3. Regular physical activity is associated with enhanced health and reduced risk for all-cause mortality. Beyond the effects on mortality, regular, moderate-intensity physical activity provides many physiological, psychological, social, environmental and economic benefits.
4. Physical activity benefits both men and women of all ages and these benefits occur relatively soon after the adoption of an active lifestyle.
5. While some strategies may prove independently effective in raising community levels of physical activity, a combination of strategies is optimal for increasing population levels of physical activity.

Summary: Physical activity promotion is a cost-effective method of preventing a wide range of non-communicable diseases. There is considerable potential for inter-sectoral action to promote physical activity. This policy seeks to outline a series of principles and tangible actions designed to enhance population-wide levels of physical activity to improve health outcomes.

Audience: Australian, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA's Health Promotion Special Interest Group (SIG)

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PHYSICAL ACTIVITY POLICY

The Public Health Association of Australia recognises that:

1. Societal changes such as mechanisation of transportation, occupation, leisure and household work have resulted in markedly reduced levels of physical activity.¹
2. Reduced levels of physical activity are associated with poorer health outcomes.^{2,27}
3. Regular physical activity is associated with enhanced health and reduced risk for all-cause mortality. Beyond the effects on mortality, regular, moderate-intensity physical activity provides many physiological, psychological, social, environmental and economic benefits. There is evidence^{2,27} that regular physical activity:
 - reduces the risk for all-cause mortality;
 - reduces the risk of mortality and morbidity from coronary heart disease;
 - reduces the risk of developing non-insulin dependent diabetes (NIDDM), colon and breast cancer³, osteoporosis and fractures;
 - helps control weight, as well as blood pressure and blood lipid profile⁴;
 - reduces stress, anxiety and feelings of depression⁵ and loneliness;
 - enhances functional capacity and independent living among older adults;
 - promotes psychological well-being, better cognition, social interaction and social integration;
 - helps minimise the consequences of certain disabilities and can assist in the management of painful conditions; and,
 - improves quality of life and may reduce self-destructive and anti-social behaviour among young people.
4. Physical inactivity is responsible for approximately seven per cent of the total burden of disease, and 13,500 lives each year in Australia.^{6,28}
5. The direct health costs of physical inactivity were estimated in 2000 at \$377 million;⁷ more recent reports suggest this figure is closer to \$1.5 billion.²⁹
6. While the exact amount of physical activity required for optimal health benefits is difficult to quantify, the PHAA supports/recognises the National Physical Activity Guidelines for Australians which recommend “putting together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days”⁸. Guidelines for older adults recommend the same amount of physical activity, but also highlight that older adults should do some form of physical activity – no matter what their age, weight, health problems or abilities.³⁰
7. Separate National Physical Activity Guidelines have been developed for Australian children and youth. Physical activity, particularly floor-based play in safe environments, is recommended from birth up to 1 year.³¹ Children and youth aged 5-18 years are advised to participate in at least 60 minutes of moderate-to-vigorous intensity physical activity every day, as well as limiting use of electronic media to no more than two hours per day.^{32,33}

8. In 2000 and 1999, 45% and 46% of Australian adults, respectively, participated in sufficient¹ physical activity to obtain a health benefit, compared to 51% in 1997.^{7,34}
9. Australian population data show that women, middle-aged and older adults, non-English speaking groups, parents (particularly mothers) of young children, and those with lower levels of education are less likely to be physically active.⁹
10. Physical activity benefits both men and women of all ages and these benefits occur relatively soon after the adoption of an active lifestyle.⁹
11. The risks of injury during physical activity are relatively small and mainly occur in individuals involved in competitive sports or in those that are typically sedentary and suddenly engage in vigorous activity¹⁰.
12. For those with or without heart disease, the benefits of moderate physical activity far outweigh the risks¹¹.

The Public Health Association of Australia notes that:

1. While some strategies may prove independently effective in raising community levels of physical activity, a combination of strategies is optimal for increasing population levels of physical activity¹².
2. For adults, interventions in communities, worksites, health care settings, and at home have been successful in increasing physical activity^{1, 13, 14}. It is important to make physical activity choices convenient, easier, safer and more enjoyable so that they can be incorporated into people's everyday activities.
3. Most physical activity interventions for older adults occur in health care settings and have resulted in relatively short-term increases in physical activity. A number of individual, social and structural barriers need to be addressed in the design of physical activity interventions for older adults¹⁵.
4. For children, schools provide an important and convenient setting for reaching the vast majority of Australian children aged 6-17 years. Well conceived school-based physical activity interventions can be effective in substantially increasing the amount of time students spend being physically active.¹⁶
5. While individual-focussed health promotion programs can lead to short-term behaviour change, sustainable, population level changes frequently require multiple interventions at individual, environmental and policy levels^{17, 18, 19}. The greatest benefits can be gained by getting those people who are sedentary to become more active. Guidelines such as Healthy by Design may be useful for guiding environmental level interventions.³⁵
6. In the face of powerful societal pressures to be inactive, population-wide strategies are required to create the policies, services, and physical²⁰ and cultural environments that provide maximum opportunity to be active^{3,4}.
7. Physical activity promotion is a cost-effective method of preventing a wide range of non-communicable diseases, but Government expenditure on physical activity promotion represents a very small proportion of the costs of treating these diseases.⁶

*'sufficient' was defined as the accumulation of at least 150 minutes of physical activity (where vigorous-intensity activity is weighted by a factor of 2) in at least 5 sessions over the past week.

8. Due to multiple health and related benefits, there is considerable potential for inter-sectoral action to promote physical activity. For example, “Active transport” (walking, cycling, and/or using public transport instead of car travel) provides multiple benefits by providing physical activity and reducing the adverse health effects of motor vehicle transport,²¹ reducing environmental pollution and reducing fuel and vehicle costs.

The Public Health Association of Australia resolves to:

1. Support existing national strategies for physical activity promotion, including Taking Preventative Action - the Government's response to the report of the National Preventative Health Taskforce,³⁶ the Healthy Active Australia strategy (funded through the National Partnership Agreement on Preventive Health), the National Chronic Disease Strategy,³⁷ the Healthy Weight 2008 strategy,³⁸ and the Independent Sport Panel Report (Crawford Report).³⁹ PHAA gives recognition to previous national strategies of importance, which have included the Active Australia Alliance, the Strategic Inter-Government forum on Physical Activity and Health (SIGPAH), and Acting on Australia's Weight.
2. Acknowledge the importance of emerging evidence and the broader international physical activity policy landscape. The World Health Organization Global Recommendations on Physical Activity and Health detail evidence-based recommendations for children and young people (age 5-17 years), adults (aged 18-64 years), and older adults (aged 65 years and over).⁴⁰ The Toronto Charter for Physical Activity: A Global Call for Action⁴¹ provides a framework for action and partnerships across multiple sectors and with communities to build healthier, active, environmentally sustainable communities.
3. Advocate for the establishment of appropriate systems to monitor and evaluate progress. Documented associations on a population level between physical activity initiatives and health indicators have the potential to provide evidence of the effectiveness of a comprehensive physical activity strategy that includes environmental and policy interventions.
4. Participate in advocacy and planning groups to identify and work with agencies that control policies and environments that can be altered to increase physical activity.
5. Participate in inter-sectoral partnerships to promote active transportation, support development of a national walking strategy, lobby for implementation of Australia's national cycling strategy, and support school-based initiatives such as “walking school buses” and “safe routes to school”.
6. Lobby to ensure that groups who are less likely to be physically active, such as women, older adults, people from culturally and linguistically diverse backgrounds, and low education levels are adequately considered and catered for in programs, policies, and promotional campaigns.
7. In view of the fact that implementing environmental and policy interventions requires political change, PHAA will lobby for public and political support for physical activity friendly interventions.
8. Lobby for adequate resourcing (eg 1% of the cost of treating diseases associated with inactivity) of a comprehensive national strategy to promote physical activity.

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