

Physical Activity

Policy Position Statement

Key messages:

Regular physical activity promotes physical, mental, social, and economic wellbeing in people of all ages and abilities, and has proven benefits for societies, environments, and economies.

Many Australian residents are not meeting national and international physical activity guidelines. Doing some physical activity is better than doing none. The associated annual direct population healthcare costs of insufficient physical activity are estimated to be \$522 million.

Progress to increase physical activity levels in Australia has been slow, due, in part, to the lack of a comprehensive national physical activity action plan that covers infrastructure development, education programs, or community engagement initiatives. Increasing physical activity requires a systems-based approach.

Key policy positions:

1. Advocate for national and subnational strategy and action plans on physical activity and sedentary behaviour and maximise policy coherence with relevant priorities across key sectors including transport, urban planning and health to name a few.
2. Support the development and adoption of harmonised national and subnational targets and indicators as part of developing a national monitoring and evaluation framework.
3. Support reviews and updates of national physical activity and sedentary behaviour guidelines every five years for different age groups and specific subpopulations.
4. Promote policy action on physical activity, facilitate the dissemination of knowledge on physical activity and sedentary behaviour to members of the public, and involve the people in policy implementation.

Audience:

Federal, State and Territory Governments, policymakers and media.

Responsibility:

PHAA's Health Promotion Special Interest Group (SIG).

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PHAA affirms the following principles:

1. Regular physical activity leads to a decreased risk of all-cause mortality. Benefits from regular, moderate intensity physical activity span psychological, physiological, social, environmental, and economic domains. Evidence¹⁻³ indicates that regular physical activity reduces the risk of:
 - i. Mortality and morbidity from heart disease and stroke.
 - ii. Developing diabetes, colon cancer, breast cancer, osteoporosis, and fractures.
 - iii. Experiencing stress, anxiety, and feelings of depression and loneliness.
 - iv. Cognitive decline and alzheimer's disease.
2. Regular physical activity has positive impacts over the course of a lifetime including,¹⁻⁴
 - i. Helping to control weight, blood pressure, and blood lipid profile.
 - ii. Promoting psychological well-being, better cognition, social interaction, and social integration.
 - iii. Improving muscle and bone strength.
 - iv. Improving fitness, coordination, and movement skills.
 - v. Enhancing functional capacity and independent living among older adults.
 - vi. Improving sleep quality and overall sleep patterns.
 - vii. Assisting cardiorespiratory health.
3. The Australian Government Department of Health and Aged Care's Physical Activity and Exercise Guidelines for all Australians provide recommendations on the amount of physical activity and strengthening activities required each week to optimise health outcomes across the life-course. These guidelines also provide recommendations on limiting sedentary behaviour.⁵
4. Specifically, adults aged 18-64 years are advised to (i) accumulate 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity (or an equivalent combination of both moderate and vigorous activities) per week and (ii) engage in strengthening activities at least 2 days each week. They are also encouraged to be active on most, but preferably all, days and it is noted that doing any physical activity is better than doing none.^{5,6}
5. The recommendation for children is a minimum of 180 minutes of energetic play daily, which reduces gradually to at least 60 minutes of moderate to vigorous activity as they grow into adolescence. 'In addition to the daily activity recommendations, children should limit sedentary hours and avoid recreational screen-based activities. Sedentary recreational screen time should be no more than 60 minutes per day for children, and while teenagers may spend up to 120 minutes daily, there should be frequent breaks from long periods of physical inactivity.'⁶
6. Sedentary behaviour encompasses a broad range of behaviours characterised by sitting or lying down that require low levels of energy expenditure (≤ 1.5 metabolic equivalents). Sedentary behaviour is associated with specific health indicators, and while linked to physical activity, is considered a separate pattern of behaviour⁷. Recent research has suggested that prolonged sedentary behaviour patterns are associated with increased risks of noncommunicable diseases (NCDs) and all-cause mortality⁸. However, only extreme levels of prolonged sedentary time were found to significantly increase the risk of severe health outcomes, regardless of physical activity patterns. The definition of 'prolonged

sedentary time' appears to differ depending on the health outcomes investigated and further work is required to clarify this for broad application and health recommendations at the population level. However, the Australian guidelines acknowledge the need to reduce and break up prolonged sedentary time.^{6,8,9}

7. Physical inactivity, defined as not meeting physical activity guidelines, is prominent in Australia. It is a major risk factor for NCDs in the Australian population where about half of the people have at least one chronic health condition.¹⁰
8. The World Health Organization (WHO) set a global target in 2018 to reduce the global prevalence of physical inactivity in adults and adolescents by 15% by 2030. In the WHO's first *global status report on physical activity* (GSRPA) published in 2022, prevalence of physical inactivity was 89% in 11–17-year-old age bracket, 31% in >18-year-old, and 45% in >70-year-old among Australians. Females had a minimum 4 basis point higher prevalence rate in each age bracket than males.¹¹
9. Latest data indicates many Australian children do not meet physical activity guidelines: 39% of 2-5-year-olds, 74% of 5-12-year-olds and 89% of 13-14-year-olds. For young people aged 15-17 years, 73% are estimated to be insufficiently physically active; for adults aged 18-65 years approximately 35% do not meet recommended guidelines, and for those aged over 65 up to 50% are insufficiently physically active.¹²
10. Risk factors for physical inactivity include ageing, living in a regional area, socioeconomic disadvantage and being from a culturally and linguistically diverse background (CALD). Risks are generally more common among women.^{12,13} Evidence shows that the COVID-19 pandemic negatively impacted sedentary time increasing by three hours, two hours and one hour per day in children, adults, and older adults respectively.^{14,15}
11. In 2019, the estimated annual healthcare costs attributable to physical inactivity were estimated to range from \$681 to \$850 million.¹⁶ GSRPA estimated the cumulative direct healthcare costs attributable to NCDs and mental health associated with physical inactivity from 2020-2030 to be over \$6 billion.¹¹
12. There is an established inverse relationship between level of physical activity and the total healthcare costs in a population.¹⁷ Reducing physical inactivity by 10% each year is estimated to reduce health sector costs by \$96 million and increase leisure-based, home-based, and workforce productivity by \$79 million, \$71 million, and 12 million respectively.¹⁶ Such cost savings are relevant for the short-term, but more importantly is the future medical costs associated with additional life-years gained as a result of a more physically active population.¹⁷
13. In the face of societal pressures to be sedentary, population-wide, coordinated, multi-platform strategies are required to create policies, services, and physical and cultural environments that provide maximum opportunity to be active.¹⁸ Policy reforms, environmental initiatives and educational activities include: educational outreach, community and street urban design, active transport policies and practice, and community-wide policies and planning.¹⁸ All of these initiatives should be supported by an overarching policy such as a national physical activity plan, and evaluated to determine effectiveness.
14. For children, schools and child care centres provide a convenient setting for reaching the vast majority of children aged up to 17 years.¹⁹ Well-conceived school-based physical activity interventions, such as high quality physical activity education, active classroom lessons, providing ample opportunities for activity during recess and active travel to school initiatives, may be effective in increasing the amount of time students spend being physically active.^{20,21} For children and youth, environmental attributes

such as neighbourhood walkability, traffic speed/volume, access/proximity to recreation facilities, land-use mix, and residential density are important correlates of physical activity. Accordingly, future strategies should also include community and policy level interventions outside of the school environment.²²⁻²³

15. For adults, interventions in communities, worksites, health care settings, and at home have been successful in increasing physical activity. Physical activity choices need to be convenient, easy, safe, and enjoyable so that they can be incorporated into people's everyday activities.²⁴⁻²⁵
16. In CALD populations, community consultations (or co-design) to develop interventions, the use of bilingual workers and cultural adaptations to suit the CALD population of interest have been successful at increasing physical activity.^{26,27} Promoting ongoing behavioural interventions leads to long-term adoption of physical activities in adults.³
17. Culturally appropriate interventions are critical for Aboriginal and Torres Strait Islander people for whom physical inactivity is the fourth (6%) leading modifiable risk factor that contributes to the loss of healthy life.²⁸
18. LGBTQI+ youth and adults disproportionately experience barriers to participating in physical activity which reduces the opportunity for social connection, increases risk of NCD and limits access to strategies that improve mental health and wellbeing. This community requires additional consideration to protect their health as they're already experiencing undue discrimination and abuse.²⁹
19. A number of individual, social, and structural barriers need to be addressed in the design of physical activity interventions for older adults.³⁰ For example, walking or cycling for transportation as part of daily life for many older adults can be an option for increasing physical activity. However, specific challenges exist including lack of benches on which to rest, absent or poorly maintained sidewalks, and excessive traffic speed.³⁰⁻³² A whole-of-system approach incorporating individual, social, and environmental factors is required to meet the needs of older adults.³³
20. Investing in policies to promote walking, cycling, sport, active recreation and play can contribute directly to achieving many of the 2030 Sustainable Development Goals (SDGs). Policy actions on physical activity have multiplicative health, social and economic benefits, and will directly contribute to achieving [SDG3 \(good health and well-being\)](#), and indirectly to other Goals, such as [SDG11 \(sustainable cities and communities\)](#).

PHAA seeks the following actions:

21. Development and implementation of a comprehensive and well-resourced national and subnational physical activity strategy and action plan that aligns with the National Preventive Health Strategy.
22. This strategy and action plan should promote physical activity with a multi-sector, multi-disciplinary public health response incorporating researchers, research funders, and practitioners in: culture, education, health, leisure, planning, transport, and civil society. This will help to align physical and health objectives with broader social, environmental, and sustainability goals.
23. The strategy and action plan should include a national system to monitor and evaluate progress towards this goal and ensure that physical activity is a policy priority of all major political parties, that is consistent across jurisdictions.

24. The promotion of national strategies and policies that enable inclusion and diversity in sporting and physical activity practices is vital. Interventions should be scaled up to address racism in sport and physical activity.
25. Organisations and industry associations should be challenged and supported to provide opportunities for workplace physical activity programmes and initiatives to their employees and members respectively.

PHAA resolves to:

26. Collaborate with leading organisations to lobby government for adequate resourcing of a comprehensive national strategy to promote physical activity and introduce a national physical activity action plan to ensure that physical activity is a policy priority of major political parties.
27. Support the development and implementation of national and subnational monitoring and evaluation frameworks on physical activity and the dissemination of progress reports towards achieving the targets set for reducing physical inactivity by 2025 and 2030, including progress on reducing inequalities.
28. Advocate for increased investment in physical activity, based on the strength of the evidence for the health benefits, the substantial co-benefits, and the likely return on investment.
29. Lobby government to ensure groups who are less likely to be physically active (e.g., women, older adults, people from culturally and linguistically diverse backgrounds, and other minority groups) are adequately targeted in programs, policies, and promotional campaigns.
30. Participate in inter-sectoral partnerships to promote active transport, improved urban planning and liveable neighbourhoods, parks and trail design, and increased green space.

(Adopted 1998 and revised in 2002, 2007, 2010, 2014, 2017, 2021 and 2024)

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