Public Health Association
AUSTRALIA

Public Health Association of Australia:
Policy-at-a-glance – Physical Activity Policy

Key message: PHAA will:

1. Advocate for the implementation of Australia's Physical Activity and Sedentary Behaviour Guidelines.
2. Support principles and tangible actions designed to enhance population-wide increases in physical activity to improve physiological and psychological health, social, environmental and economic outcomes.

Summary: Regular physical activity reduces the risk of all-cause mortality and is a cost-effective way to prevent and manage a wide range of non-communicable diseases. Benefits are physiological, social, environmental and economic. Sedentary behaviours, including prolonged sitting, may increase the risk of cardiovascular disease, diabetes, obesity and some cancers. Intersectoral action is needed to promote physical activity and reduce sedentary behaviour.

Audience: Federal, 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 Statement

PHAA recognises that several organisations and charters now exist specifically around physical activity policy. Members and the public are encouraged to look to the following supporting documents for more information:

- PHAA Low Emissions and Active Transport Policy
- Australian Department of Health - Physical Activity and Sedentary Behaviour Guidelines 2014
- Global Advocacy for Physical Activity
- Toronto Charter for Physical Activity
- Exercise and Sport Australia
- Sedentary Behaviour Research Network

The Public Health Association of Australia notes that:

1. Regular physical activity leads to a decreased risk for all –cause mortality. Benefits from regular, moderate intensity physical activity include psychological, physiological, social, environmental and economic. Evidence shows that regular physical activity reduces the risk of: mortality and morbidity from coronary heart disease; developing non-insulin dependent diabetes (NIDDM), colon and breast cancer, osteoporosis and fractures; stress, anxiety and feelings of depression and loneliness.

2. Physical activity also has positive impacts over the course of a lifetime including: helping to control weight, blood pressure and blood lipid profile; promoting psychological well-being, better cognition, social interaction and social integration; improving muscle and bone strength; improving fitness, coordination and movement skills in children and youth; enhancing functional capacity and independent living among older adults.[1-3]

3. The Australian Government Department of Health's Physical Activity and Sedentary Behaviour Guidelines for Australia for children (0-5 and 5-12 years), youth (13-17 years), adults (18-64 years), and older Australians (65 years and older)[4] recommend the amount of moderate and vigorous intensity physical activity and strengthening activities required each week to optimise health outcomes across the life-course.

4. Sedentary behaviour is different to physical inactivity. Physical inactivity is the term used to identify people that do not get the recommended amount of regular physical activity. Sedentary behaviour encompasses a broad range of behaviours characterized by sitting or lying down that require low levels of energy expenditure (≤ 1.5 metabolic equivalents).[5, 6]

5. Sedentary behaviour recommendations acknowledge the need to break up and minimise prolonged periods spent sitting as often as possible. Australians are encouraged to 'move more and sit less' with adults 18-64 years advised to: 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, and include at least 2 days of strengthening activities each week. Be active on most, preferably all, days, noting that doing any physical activity is better than doing none.[1]

6. The latest available data shows that in 2011-2012, only 43% of Australian adults were 'sufficiently active' and the proportion who are insufficiently active remained constant between 1989 and 2012.[7] Physical inactivity increases with age, is greater in regional versus metropolitan areas, and increases with socioeconomic disadvantage.[7]

7. Physical inactivity is a major cause of disease burden in Australia contributing 5% in 2011.[5] Physical inactivity contributes to the premature death of 16,178 people each year in Australia.[8]

8. Internationally, in 2013 the direct health-care costs, productivity losses and disability-adjusted life-years (DALY's) attributed to physical inactivity were conservatively estimated to cost health care systems internationally (INT$) 53.8 billion.[9] Reducing physical inactivity by 10 percent 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.

9. In the face of powerful societal pressures to be physically inactive, population-wide, coordinated, multiplatform strategies are required to create the policies, services, physical and cultural environments that provide maximum opportunity to be active.[10-14] Policy and environmental initiatives include: educational outreach activities, community and street urban design, active transport policies and practice and community wide policies and planning, supported by an overarching policy such as a national physical activity plan.[12]

10. For children aged between 5 and 18 years, schools provide an important and convenient setting for reaching the vast majority of Australian. Well-conceived school-based physical activity interventions can be effective in substantially increasing the amount of time students spend being physically active.[15, 16] For children and youth, environmental attributes such as walkability, traffic speed/volume, access/proximity to recreation facilities, land-use mix, and residential density are important correlates for physical activity.[17, 18]

11. For adults interventions in communities, worksites, health care settings, and at home have been successful in increasing physical activity.[11, 19] Physical activity choices need to be convenient, easier, safer and more enjoyable so that they can be incorporated into people's everyday activities.

12. A number of individual, social and structural barriers need to be addressed in the design of physical activity interventions for older adults.[20, 21] For example, walking for transportation as part of daily life for many older adults can be another option for increasing physical activity however, specific challenges exist including: lack of benches; absent or poorly maintained sidewalks; and excessive traffic speed.[19, 21, 22]

The Public Health Association of Australia believes that the following steps should be undertaken:

13. Development and implementation of a comprehensive and well-resourced national strategy to promote physical activity with a multisector, multidisciplinary public health response incorporating researchers, research funds 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 sustainable goals'.[23] The strategy should include a national system to monitor and evaluate progress towards this goal and ensure that physical activity is a policy priority of the major political parties.[18]

The Public Health Association of Australia resolves to undertake the following actions:

14. Advocate and lobby government for adequate resourcing of a comprehensive national strategy to promote physical activity, such as a national physical activity action plan, to ensure that physical activity is a policy priority of major political parties.

15. Lobby 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.

16. 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, REVISED AND RE-ENDORSED IN 2002, 2007, 2010, 2014, 2017.

First adopted at the 1998 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.

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