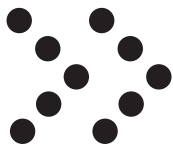


# Section 3

## Review of relevant national strategy-related documents



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## ❖ SECTION 3

### REVIEW OF RELEVANT NATIONAL STRATEGY-RELATED DOCUMENTS

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An assessment of relevant strategy and framework documents was undertaken to inform the development of a National Strategy for Physical Activity in Australia. The task comprised three components:

- a targeted review of the literature on the development of strategies and frameworks;
- a review of recent strategies and frameworks in Australia; and
- a strategic capacity and mapping survey (undertaken under the auspices of the National Obesity Taskforce).

The methods and findings from this review are presented below. Conclusions and overarching directions for the development of a new National Physical Activity Strategy are noted in this section while a suggested framework and agenda for development of a new Strategy are set out in Section 5.

#### 3.1 An Evidence-Informed Approach to Strategy and Framework Development

A review of the literature on the development of strategies/frameworks was undertaken for the National Public Health Partnership (NPHP) to assist considerations of National Child Public Health Strategy (NPHP 2003) and has been used extensively here; where the review has been modified or supplemented, specific references are included. NPHP has also published guidelines on national strategy development that are of direct relevance here (NPHP 1999 rev. pdf 2003). Finally, while the literature on strategy development within public health is limited, the corporate literature can be, and was in this case, used to inform the assessment.

Public Health strategies have, since the mid 1980s, had to take account of an increasingly sophisticated concept of health; in particular, they have had to address the wide-ranging determinants and the increasingly evident pattern of inequities in health status. The trend has been for strategies to:

- become multi-dimensional;
- involve sectors other than health;
- incorporate multiple models;
- include social justice principles and recognise the importance of reducing health disparities;
- recognise the importance of prevention, early intervention and health promotion;
- find ways to integrate and sustain strategies for greater impact and efficiency; and
- attempt to engage the private sector for the public good.

The 'scaffolding' or architecture currently employed for the development of strategies comprise many components and typically may include:

- Principles
- Outcomes
- Objectives
- Roles and responsibility clarification
- Target groups (including special populations)
- Stakeholder participation
- Partners
- Collaboration with other national public health strategies (or other sectors)
- Monitoring and surveillance
- Evaluation
- Strategic Management
- Leadership, Training and Workforce development
- Research and development
- Resource allocation
- Service delivery
- Operational management and coordination

The National Public Health Partnership (NPHP) has published guidelines on national strategy development which arguably represent current best practice. These NPHP guidelines circumscribe a 3-stage development process comprising:

**Stage 1:** Determination of the need for the strategy;

**Stage 2:** Exploring whether desired outcomes can be delivered through an existing strategy(ies) before seeking the establishment of a new one; and

**Stage 3:** Applying a set of principles for national strategy development and review.

For Stages 1 and 2 of the development process, the guidelines pose a series of questions. For Stage 3 a set of fifteen annotated principles for national strategy development and review is put forward as follows:

1. ensure the key stakeholders are involved from the outset;
2. consolidate the expertise base;
3. establish mechanism to develop strategy;
4. articulate outcomes clearly;
5. address underlying causal factors and promotive factors;
6. ensure appropriateness and relevance;
7. build community capacity;
8. build infrastructure and program maintenance capacity;
9. validate proposed strategies and interventions at the local level;
10. consult across strategies and form coalitions;
11. collaborate with non-health agencies and sectors;
12. adopt an evidence-based approach;
13. contribute to the development of consistent national public health information;
14. ensure evaluation is included from the outset; and
15. use available data optimally

Given a decision to develop a strategy (Stage 3), four typical steps in the strategic planning process have also been described (Kaufman 1992) in the corporate literature; these are included here for completeness, for some additional dimensions in strategy development, and because it may be advantageous to use generic rather than health-specific models when working with other sectors. The four typical steps are shown in Box 1.

Box 3.1 Four Steps in the Strategy Planning Process

<p><b>Step 1: Scoping</b></p> <ul style="list-style-type: none"> <li>• Select type of strategic planning:</li> <li>• Staff?</li> <li>• Organisation?</li> <li>• Whole of government?</li> <li>• Plus NGOs?</li> <li>• National? Regional? Hybrid?</li> </ul> <p><b>Step 2: Data Collection</b></p> <ul style="list-style-type: none"> <li>• Clarify values</li> <li>• Identify vision(s)</li> <li>• Identify current missions</li> <li>• Identify needs</li> </ul> <p><b>Step 3: Planning</b></p> <ul style="list-style-type: none"> <li>• Identify match/mismatch</li> <li>• Reconcile differences</li> <li>• Select preferred future</li> <li>• Derive decision rules</li> <li>• Develop strategic action plan</li> </ul> <p><b>Step 4: Implementation</b></p> <ul style="list-style-type: none"> <li>• Design implementation responses</li> <li>• Formative and summative evaluation</li> <li>• Continue/revise</li> </ul>
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(Adapted from Kaufman, R. *Strategic Planning Plus – An Organisational Guide* 1992)

The NPHP Guidelines state that effective collaboration and coordination of national public health strategies is a multidimensional endeavour that entails effort:

- at the national, state and local level;
- good internal coordination and communication between relevant stakeholders to enable better capacity for engagement and coordination with other strategies;
- infrastructure to support coordination within and across strategies;

- information sharing;
- stakeholder engagement;
- leadership across sectors responsible for strategy development, and implementation;
- consistent information sets; and
- departmental organisation.

While Stage 3 of the NPHP guidelines include the principle 'Ensure the key stakeholders are involved from the outset', it is emphasised that additional literature about strategies to improve the health of Indigenous Australians is available from NPHP in the form of guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander people (NPHP 2002). These guidelines are designed to be used to complement the general NPHP guidelines on strategy development and will be of central importance to the National Physical Activity Strategy.

### 3.2 Strategies and Frameworks in Australia

Strategy and Framework documents were deemed relevant for inclusion in this review according to the following criteria:

- specific relevance to physical activity at the national level;
- relevance through diseases, conditions, health or quality of life impacts in common with physical activity (e.g. Diabetes Prevention Program)
- relevance to the key settings where a national physical activity strategy would reasonably be expected to apply (e.g. General Practice);
- relevance to key population groups or special populations where a national physical activity strategy would reasonably be expected to apply (e.g. Aboriginal people); and
- relevance to the broader strategic and political context within which a national physical activity strategy would operate.

From a chronological point of view, the main focus was on documents developed since 1999, although other documents were examined if their strategic relevance was significant. From a geographical point of view, the main focus was on the national level; however, some strategies from the State/Territory level were reviewed. Draft documents were included where they provided a contribution to the assessment that could not otherwise be achieved (for example, the [draft] Active Australia Alliance National Plan 2000–2003).

Key documents were chosen and are shown in Box 1. These documents are presented in a grid, setting out the identity of the strategy, its 'main characteristics at-a-glance' and an effort to draw out some of the potential strategic implications for the future development of a National Physical Activity Strategy (NPAS).

### Box 3.2 Strategy and Policy-related Document selected for Review

- Active Australia national framework (CDH&FS 1998)
- SIGPAH Work Plan (SIGPAH 2002)
- Active Australia Alliance National Plan (draft) 2000–2003 (AAANP 2002)
- PHAA Physical Activity Policy (PHAA 2003)
- National Heart Foundation of Australia: Physical Activity Policy (NHF 2003)
- National Heart Foundation of Australia: Physical Activity and Children – A Statement of Importance and Call to Action (NHF 2001)
- National Heart Foundation of Australia: Position Paper on Promoting physical activity (NHF 2001)
- The National Action Agenda on Obesity developed by the National Obesity Taskforce (CDH&A)
- Preventing Chronic Disease: A Strategic Framework (National Public Health Partnership) (NPHP 2001)
- NSW Chronic Disease Prevention Strategy 2003–2007 (NSWH 2003)
- National Diabetes Strategy 2000–2004 (CDH&AC)
- Child and Youth Health Intergovernmental Partnership (CHIP 2003)
- National Strategy for an Ageing Australia (OoAA 2003)
- Report of the Joint Working Group on Healthy Ageing (NPHP in press)
- National Strategic Framework for Aboriginal and Torres Strait Islander Health (NATSIHC 2003)
- Guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander peoples: Approaches and Recommendations. National Public Health Partnership (NATSIHC 2003)
- Report on National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop, Adelaide September 2003 (AGDoH&A 2003)
- Report Of The Review Of The Role Of Divisions Of General Practice (CoA 2003)
- The Focus on Prevention Initiative (Aust Gov 2003)
- Ministerial Council on Education, Employment, Training and Youth Affairs: Strategy on Physical Activity in the Schooling and Early Childhood Sectors
- Western Australian Task Force on Physical Activity (WATF 2001)
- New South Wales Physical Activity Task Force (now PCAL – Premiers Council for Active Living) (NSWPATF 1998)

Table 3.1

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Developing an Active Australia: a framework for action for physical activity and health</p>	<p>Launched by Federal Health Minister June 1998. First significant health sector framework and rationale for physical activity and Health, covering</p> <ul style="list-style-type: none"> <li>• Aim</li> <li>• Principles</li> <li>• Priority groups</li> <li>• Implementation plan</li> <li>• Evaluation</li> <li>• Intersectoral linkages</li> <li>• Key Strategies</li> <li>• Evidence</li> </ul>	<ul style="list-style-type: none"> <li>• Framework document was the first health sector response to Active Australia.</li> <li>• Key Strategies of framework were reflected in the subsequent SIGPAH work plan (see below)</li> <li>• Rationale for Physical Activity and Health Strategy is very well articulated.</li> <li>• Evidence has been updated subsequently but this remains an important reference document for National Physical Activity Strategy</li> </ul>
<p>SIGPAH Work Plan Developing an Active Australia: A Work Plan for 2000–2003</p>	<p>Developed by SIGPAH to guide national governmental efforts in the promotion of health-promoting physical activity; four themes used to identify the major areas of activity:</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Environments</li> <li>• Infrastructure</li> <li>• Evidence</li> </ul> <p>The 26 initiatives of the Work Plan cross-referenced with Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity. Plan was reviewed and revised in 2001–2.</p>	<p>Informs the drafting of a National Physical Activity Strategy (NPAS). Consider whether any 'unfinished business' from Work Plan 2000–2003 and if so, whether still relevant for NPAS. Issues include:</p> <ul style="list-style-type: none"> <li>• National Guidelines optimally disseminated?</li> <li>• Have needs of special populations (e.g. Indigenous, Disabled) been addressed?</li> <li>• Active Transport Policy?</li> <li>• Supportive Environments/link with local government?</li> <li>• School setting – e.g. PDHPE policy?</li> <li>• Monitoring and Surveillance systems sufficiently established?</li> <li>• Cross referencing with Healthy Weight 2008 needs consideration.</li> </ul>
<p>Active Australia Alliance National Plan (draft) 2000–2003</p>	<p>The Active Australia Alliance was established in 1999 to formalise an intersectoral approach between sport, recreation and health. It brought together the Australian Sports Commission, the then Commonwealth Department of Health and Aged Care, Standing Committee on Recreation and Sport, Sport, Sport, Industry Australia, the Recreation Industry Council of Australia and the National Heart Foundation of Australia. A draft intersectoral National Plan 2000–2003 was developed and was designed to form the basis of a national approach. April 2001, a new sport policy, Backing Australia's sporting ability—a more active Australia, emerged. The plan was never ratified and the Alliance founded.</p>	<p>Alliance provided a mechanism at the national level to ensure a more coordinated approach. It allowed for improved efficiency through shared approaches to implementation and monitoring and a forum for information sharing and consultation in systematic and opportunistic ways. Subsequently, Commonwealth Department of Health commissioned some work on alternative intersectoral models and an internal report was produced. There remains a need for a mechanism or mechanisms for the type of coordination provided by the Active Australia Alliance, but which also engage other sectors which can play an important role for physical activity (for example, Education, Private Sector, Media).</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>PHAA Physical Activity Policy Adopted at the 1998 Annual General Meeting of the Public Health Association of Australia, revised September 2002 and passed at the PHAA Annual General Meeting October 2, 2002.</p>	<p>PHAA Physical Activity Policy:</p> <ul style="list-style-type: none"> <li>• supports/recognises the National Physical Activity Guidelines for Australians</li> <li>• accepts that a combination of strategies is optimal for increasing population levels of physical activity</li> <li>• holds that the greatest benefits can be gained by getting those people who are sedentary to become more active.</li> <li>• resolves to support national strategy(ies) and affirms specific lobbying and advocacy roles of PHAA</li> <li>• resolves to lobby for adequate resourcing (e.g. 1% of the cost of treating diseases associated with inactivity)</li> </ul>	<p>PHAA Physical Activity Policy is an important reference document for National Physical Activity Strategy.</p> <ul style="list-style-type: none"> <li>• PHAA has an important body to consider for inclusion in key strategic committees and reference groups.</li> <li>• PHAA willingness to lobby for investment/adequate resources is noteworthy given the findings of the 2003 strategic mapping and capacity survey; any lobbying efforts undertaken have not apparently achieved high visibility to date.</li> <li>• As distinct from strategic implications for governments (noted above) there may be personal implications or relevant actions for professionals engaged in physical activity policy development and research that are also members of PHAA.</li> </ul>
<p>National Heart Foundation of Australia Physical Activity Policy Position paper prepared by the National Physical Activity Program Committee, National Heart Foundation of Australia, April 2001.</p>	<p>NHFA Physical Activity Policy:</p> <ul style="list-style-type: none"> <li>• supports/recognises the National Physical Activity Guidelines for Australians</li> <li>• states that strategies are required which will increase incidental physical activity, regular brisk walking and other forms of active recreation.</li> <li>• holds that policy and practice related to urban planning, transport and related environmental issues must be addressed.</li> <li>• notes that effective physical activity promotion also has an adjunctive role in weight control and maintenance, although more prolonged activity and dietary change will be needed to achieve sustained weight loss among the overweight and obese.</li> </ul>	<p>NHFA Physical Activity Policy is an important reference document for National Physical Activity Strategy.</p> <p>NHFA is an important body to consider for inclusion in key strategic committees and reference groups</p> <p>NHFA has an important operational as well as strategic role in the promotion of physical activity. Two other key NGOs incorporating physical activity into their policy frameworks (including the context of obesity) include The Cancer Council of Australia and Diabetes Australia</p> <p>These three key NGOs together with the Australian Kidney Foundation and The National Stroke Foundation are working together in the Australian Chronic Disease Prevention Alliance to address primary prevention of chronic disease, with a focus on physical activity and nutrition.</p>
<p>National Heart Foundation of Australia: Physical activity and children – A Statement of Importance and Call to Action from the Heart Foundation</p>	<p>All members of the community can take greater responsibility for increasing levels of physical activity in our children.</p> <p>Lists opportunities and challenges for specific individuals, sectors and groups (Government and non-Government) to take increased responsibility</p> <p>Provides direction to a series of actions that may positively impact upon the physical activity levels of children</p>	<p>NHFA Physical Activity and children Call to Action is an important reference document for National Physical Activity Strategy (other comments on NHFA as above).</p> <p>Call to action elucidates specific actions for:</p> <ul style="list-style-type: none"> <li>• Parents</li> <li>• Schools</li> <li>• Local Governments</li> <li>• Planners</li> <li>• Transport Agencies</li> <li>• Community Sport and Recreation</li> <li>• Health professionals</li> </ul>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
National Heart Foundation of Australia. Promoting physical activity: Ten recommendations from the Heart Foundation.	A position paper for health professionals and organisations planning to develop and promote physical activity. May 2001. Recommends a comprehensive multi-strategy approach to increasing community levels of physical activity; makes 10 specific recommendations.	<p>The NHFA Position Paper is an important reference document for National Physical Activity Strategy (other comments on NHFA as above). Paper makes 10 detailed/annotated recommendations:</p> <ol style="list-style-type: none"> <li><b>1.</b> Provide a supportive physical and social environment through settings where Australians live and work;</li> <li><b>2.</b> Build 'active' public policy;</li> <li><b>3.</b> Provide education and publicity about the benefits of physical activity, and access to information and life skills to enable participation;</li> <li><b>4.</b> Focus on the different levels of behaviour change and tailor programs accordingly;</li> <li><b>5.</b> Provide program options to suit varying social and cultural circumstances and motivations throughout the life cycle;</li> <li><b>6.</b> Provide accurate advice on physical activity to key professionals within government, non-government community and private sectors that influence physical activity participation;</li> <li><b>7.</b> Establish partnerships to pursue a cross-community and intersectoral approaches;</li> <li><b>8.</b> Ensure quality physical education is provided to all children in all schools, and ensure physical activity options are available to children and youth in the broader community;</li> <li><b>9.</b> Advocate for due priority to be given to physical activity; and</li> <li><b>10.</b> Ensure equitable access to physical activity opportunities.</li> </ol> <p>Recommendations provide a useful checklist to apply to NPAS; overall recommendations reflect PHAA policy, including importance of advocacy.</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>The National Action Plan on Obesity developed by the National Obesity Taskforce</p> <p><i>Healthy Weight 2008 – Shaping Australia’s Future (HW2008)</i></p> <p>Australian Health Ministers established the National Obesity Taskforce in November 2002 and requested a final report by 30 November 2003. An Interim Report was provided to Health Ministers in July 2003.</p> <p>(N.B. Analysis provided here is based on draft versions of documentation and proposals that remained subject to final Ministerial approval at the time of writing.)</p>	<p>HW 2008 addresses overweight and obesity. With an initial focus on young people (0–18) and their families, the Taskforce proposed four overarching national strategies and 9 settings-based strategies within a <i>Framework for Action</i>:</p> <p><b>Overarching National Strategies</b></p> <ul style="list-style-type: none"> <li>• Support for Families and Community-wide Education</li> <li>• Whole-of-Community Demonstration Areas</li> <li>• Evidence and Performance Monitoring</li> <li>• Coordination and Capacity Building</li> </ul> <p><b>Settings-based Strategies</b></p> <ul style="list-style-type: none"> <li>• Child Care</li> <li>• Schools – Primary and Secondary</li> <li>• Primary Care Services</li> <li>• Family and Community Care Services</li> <li>• Maternal and Infant Health</li> <li>• Neighbourhoods and Community Organisations</li> <li>• Workplaces</li> <li>• Food Supply</li> <li>• Media and Marketing</li> </ul> <p>Many strategies and outcomes of HW2008 appear to be of direct relevance for a proposed NPAS; some examples include:</p> <ul style="list-style-type: none"> <li>• ‘Neighbourhoods and Community Organisations’ Setting proposals include substantial outcomes in supportive environments and transport policy;</li> <li>• ‘Whole-of-Community Demonstration Areas’ proposals address knowledge generation and application of best practice;</li> <li>• ‘Evidence and Performance Monitoring’ proposals address behavioural and environmental surveillance systems as well as better understanding of determinants;</li> <li>• ‘Schools’ setting proposals address improved school environments and education activities, which promote healthy eating and physical activity; and</li> <li>• ‘Coordination and Capacity Building’ proposal include leadership, professional development and networks.</li> </ul>	<p><b>Saliency:</b> obesity (especially childhood obesity) has emerged as the most prominent issue to capture public and thus political interest in physical activity and nutrition; a National Physical Activity Strategy needs to harness this interest and might consider the value of a (reinforcing and opportunistic) strategic focus on young people (0–18) and families as opposed to middle (e.g. 35–55) or later years (e.g. 55+) which are arguably more in line with chronic disease prevention or healthy ageing foci.</p> <p><b>Notwithstanding the potential for synergies, the need for a <i>stand-alone physical activity strategy</i> is emphasised – not least because of the wide range of health outcomes other than healthy weight that are involved.</b></p> <p><b>Timing:</b> A 4-year time frame (i.e. 2004–2008) has been suggested as a first phase of a longer term approach with initial actions commencing in 2004; this would overlap with the period to be addressed by a NPAS.</p> <p><b>Synergy of action:</b> Strategies, outcomes and action examples proposed under HW2008 have direct relevance for NPAS and in some instances may usefully feature in both Strategies with appropriate cross-references.</p> <p><b>Synergy of partners:</b> HW2008 stipulates that actions would need to be implemented by the health sector in collaboration with other sectors of government, the private and non-government sectors. There is clearly a potential synergy between the intersectoral partnerships required for HW2008 and those required for NPAS; good coordination, clear communication and role clarification will be required across NPHP, National Obesity Taskforce, SIGPAH and SIGNAL.</p> <p><b>Future phases and progression:</b> HW2008 recommends the need for action beyond 2008 to address the issues and settings relevant to adults and older Australians; when developed this phase will also have synergies as did Acting on <i>Australia’s Weight</i> with first the SIGPAH Work plan. This phasing and progression needs to be considered in NPAS development process, noting the JoHA action plan priorities (see below)</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Preventing Chronic Disease: A Strategic Framework (NPHP)</p>	<p>Preventing Chronic Disease: A Strategic Framework – 2001</p> <p>A national framework for system-wide strategic action focusing on determinants of poor health, knowledge of risk factors common to a number of diseases, and life-course perspective on predisposing factors.</p> <p>Framework was endorsed by the Australian Health Ministers' Advisory Council on 31 May 2001 as the basis for further national collaborative action.</p>	<p>Informs the drafting of a National Physical Activity Strategy (NPAS).</p> <p>The framework is based on public health principles and practice and strongly recognises the importance of physical activity.</p> <p>A National Physical Activity Strategy needs to cater for integrated approaches to prevention while emphasising the distinct contribution that physical activity can make. The Strategy needs to address how, where, and to whom to communicate more specific recommendations for physical activity that may be differentiated according to the specific condition or disease as distinct from recommendations for general health and wellbeing.</p>
<p>NSW Chronic Disease Prevention Strategy 2003–2007</p>	<p>Example of how the NPHP might be implemented.</p> <p>Defines a cluster of chronic diseases and related risk/protective factors (includes Smoking, Nutrition, Alcohol, Physical Activity, Stress (Mental Health); notably includes Falls-injury among elderly because of physical activity element and emerging evidence of chronic disease overall as a falls risk factor)</p> <p>Sets out priorities for action which include:</p> <ul style="list-style-type: none"> <li>• Conduct and evaluate a state-based pilot of an overarching 'integration' strategy (includes integrated campaign strategy)</li> <li>• Adopt and actively support settings-based integrated approaches (includes SNAP in General Practice and Community Health)</li> <li>• Make chronic disease prevention a key focus of the Health Promotion Demonstration Research Grants Scheme</li> <li>• Explore development of systems to improve monitoring and reporting of investments and service outputs using standardised methodology</li> <li>• Address inequity in the burden of chronic disease</li> </ul>	<p>Could inform the drafting of a National Physical Activity Strategy (NPAS) and State based responses insofar as it may represent one early example of a direction in integrated approaches to chronic disease prevention.</p> <p>Incorporates innovative elements that remain subject to evaluation before recommendation for routine practice.</p> <p>Of particular note is the emphasis on SNAP(s) with the inclusion of mental health and falls-injury prevention, piloting of integrated approaches incorporating mass media and a new collaborative centre for Aboriginal Health Promotion.</p> <p>First phase of implementation in NSW will include a focus on 35 to 55-year-olds.</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
Joint Advisory Group (JAG) on General Practice and Population Health; SNAP Framework	<ul style="list-style-type: none"> <li>The Joint Advisory Group on General Practice and Population Health was formed in 1999 to provide advice on the population health role of general practitioners (GPs). JAG comprises 3 representatives from each of the General Practice Partnership Advisory Council (GPPAC) and the National Public Health Partnership (NPHP), a consumer representative, a representative of the National Aboriginal Community Controlled Health Organisation (NACCHO) and an independent Chair.</li> <li>The Smoking Nutrition Alcohol and Physical activity (SNAP) Framework for General Practice was developed by JAG in conjunction with Chairs of National Population Health Strategies. The SNAP Framework guides integrated approaches to behavioural risk factor modification in general practice, focusing on smoking, nutrition, alcohol and physical activity.</li> </ul>	<p>SIGPAH has arguably provided some of the strongest leadership of the national strategies towards the initial development of SNAP so that physical activity is now relatively well positioned in the integrated framework.</p> <ul style="list-style-type: none"> <li>National Strategy might address how this work can be consolidated for physical activity as the SNAP/Lifestyle Prescription initiatives are rolled out – e.g. as part of the ‘Focus on Prevention’ package announced by Australian Government in 2003–4 Budget.</li> <li>Incorporation in software (e.g. Medical Director) needs to be used as platform to strengthen General Practice interventions.</li> <li>‘Watching Brief’ and coordination mechanisms for SIGPAH/DHAC need to be considered.</li> </ul>
National Diabetes Strategy 2000–2004	<p>The States and Territories and the Commonwealth, together, are responsible for the progress of the National Diabetes Strategy. This collaboration by governments is inclusive of non-government and professional organisations involved in the prevention and management of people at risk of or with diabetes and is critical to achieving the results proposed in this Strategy.</p> <p>The National Diabetes Strategy covers the full range of elements of diabetes prevention and management including:</p> <ul style="list-style-type: none"> <li>research to achieve a cure for type 1, type 2 and gestational diabetes;</li> <li>adoption of a Public Health approach to diabetes through the implementation of primary prevention strategies to reduce the number of people at risk of diabetes;</li> <li>effective case finding of people with diabetes;</li> <li>management of people with diabetes; and</li> <li>prevention and reduction of complications arising from diabetes.</li> </ul> <p>The implementation of the National Diabetes Strategy envisaged ‘forging of links with the work under these strategies rather than duplicating their work with diabetes-specific messages.’</p>	<p>National Diabetes Strategy states that ‘it is essential that links be made with the nutrition strategy, Active Australia and the proposed primary prevention strategy. The messages of these strategies and their appropriate, effective development are a key to the progress of diabetes prevention and delay.’</p> <ul style="list-style-type: none"> <li>Evidence for prevention of type 2 diabetes has strengthened since the publication of the strategy, NHMRC has produced primary prevention guidelines (NHMRC 2001), and the Australian Government has also announced the Diabetes Prevention Program (DPP 2003).</li> <li>There will be a need to ensure cross-referencing of the National Physical Activity Strategy with these initiatives.</li> </ul> <p>SIGPAH may need to consider whether existing mechanisms are sufficient to ensure ongoing coordination with the National Diabetes Strategy.</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Child And Youth Health Intergovernmental Partnership (CHIP)</p> <p>The National Public Health Partnership set up the Child and Youth Health Intergovernmental Partnership (CHIP) group primarily to provide a focus for policy advice and national coordination on public health issues for child and youth health</p>	<p>Key objective for CHIP to mid 2004 is the development of a National Child Public Health Strategy and Action Plan</p> <p>New strategy will support the national agenda and build on related national frameworks.</p> <p>In initial stages, the focus will be on gathering intelligence and establishing an evidence base by means of mapping the child health policy activity across jurisdictions and conducting literature reviews of relevant current key issues.</p> <p>Identified gaps will determine how best to proceed with the consultation process and the subsequent drafting of the Strategy and Action Plan.</p>	<p>The National Child Public Health Strategy will build on any existing state/territory strategies and other NPHP work programs that are relevant to child health, such as physical activity (Strategic Intergovernmental Forum of Physical Activity) and nutrition (Strategic Intergovernmental Nutrition Alliance).</p> <p>Child Public Health Strategy and Action Plan will also have the capacity to complement other relevant agendas such as the proposed development of a National Agenda for Early Childhood by the Commonwealth Taskforce on Child Development, Health and Wellbeing, which was in consultation during 2003.</p> <ul style="list-style-type: none"> <li>• National Strategy for Physical Activity will need to reflect the coordination role of CHIP.</li> <li>• SIGPAH may need to consider whether existing mechanisms are sufficient to ensure ongoing coordination.</li> </ul>
<p>National Strategy for an Ageing Australia</p> <p>Development is through a three phase process:</p> <ol style="list-style-type: none"> <li>(1) drafting and release of six discussion/information papers (available on website)</li> <li>(2) call for public submissions and responses to the discussion papers; and</li> <li>(3) drafting of the final document in light of public responses</li> </ol>	<p>Developed by the Office for an Ageing Australia as a framework to support the Commonwealth Government's strategic response to the ageing of the Australian population.</p> <p>Minister for Ageing released the framework document in February 2002. This document is being used to inform action on ageing by governments, business, community organisations and individuals.</p>	<p>Actions detailed in the National Strategy for an Ageing Australia are broad and intended to set directions for activity rather than describe specific activities that governments, businesses, communities and others could take.</p> <p>National Strategy for an Ageing Australia is an important reference document for National Physical Activity Strategy; the Report of the Joint Working Group on Healthy Ageing (below) goes into more specifics.</p>

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Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Report of the Joint Working Group on Healthy Ageing (JoHA)</p> <p>Plan for action under the National Public Health Partnership (NPHP) developed in collaboration with the Positive Ageing Task Force (PATF, formerly HATF) and other stakeholders to progress the key result area of the Strategy on Healthy Ageing specifically concerned with 'Health and Wellbeing'</p> <p>For endorsement by Health and Community Service Ministers March 2004</p>	<p>Action plan has a focus on health gain in the prevention of chronic diseases and the continuing benefit of interventions late in life.</p> <p>Older Australians defined as aged 65 years and over. Priority areas:</p> <ul style="list-style-type: none"> <li>• nutrition (and oral health);</li> <li>• physical activity (and overweight and obesity);</li> <li>• mental health (and social isolation);</li> <li>• medication management; and</li> <li>• information analysis and marketing.</li> </ul> <p>Highlights value of links between Positive Ageing Task Force and relevant advisory bodies of the NPHP (e.g. SIGPAH).</p> <p>The Action Plan has specific and detailed recommendations of direct relevance to the National Strategy for Physical Activity – designated Actions 1.1 – 1.5 in the report as at January 2004 (see adjacent column – strategic implications are self evident given the strength and specificity of the statements)</p>	<p><b>Action 1.1</b></p> <p>Include older people (with specific reference to the needs of Aboriginal and Torres Strait Islander people, isolated groups, those with a disability, culturally and linguistically diverse groups, and people with dementia) as a target group in the national strategy being developed to improve physical activity. The strategy should include:</p> <ul style="list-style-type: none"> <li>(a) promotion of strategies to encourage older people to be active for good health, to prevent falls and to reduce isolation; and</li> <li>(b) use of older people as role models.</li> </ul> <p><b>Action 1.2</b></p> <p>Encourage and support maintenance and development of local physical environments, physical activity programs and support systems to help people of all age groups (including older people and people with special needs) to be physically active. These should:</p> <ul style="list-style-type: none"> <li>(a) include collaboration between AHMAC and CSMAC jurisdictions and local councils to develop appropriate infrastructure and programs;</li> <li>(b) build on established programs such as Rockhampton's '10,000 steps a day', Council of the Ageing's 'Living Longer Living Stronger', Heart Foundation's 'Just Walk It' and 'Heart Moves', National Walk to Work Day, Masters Games, Active Australia campaign, and ACT Sport and Recreation/MICA's CALM project.</li> </ul> <p><b>Action 1.3</b></p> <p>Support information analysis and dissemination to underpin effective approaches to the promotion of physical activity for older people.</p> <p><b>Action 1.4</b></p> <p>Advocate for the physical activity needs of older people, for example, through inclusion of relevant topics in local and national conferences and events such as seniors and community festivals.</p> <p><b>Action 1.5</b></p> <ul style="list-style-type: none"> <li>• Support continued implementation of the SNAP (Smoking, Nutrition, Alcohol and Physical activity) Framework for General Practice, through relevant primary health care initiatives, such as the Active Script Program.</li> <li>• There is synergy with Falls Prevention action stipulated by the Strategic Injury Prevention Partnership (SIPP). (NPHP 2001)</li> </ul>

*continued*

Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>National Strategic Framework for Aboriginal and Torres Strait Islander Health</p> <p>Prepared by the National Aboriginal and Torres Strait Islander Health Council for the Australian Health Ministers' Conference. July 2003</p>	<p>Goal is 'To ensure that Aboriginal and Torres Strait Islander people enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice'.</p> <p>Aims: To achieve this goal specific aims relating to life expectancy, morbidity, mortality and the prevalence and impact of particular health conditions need to be achieved. The aims listed relate to already agreed national performance indicators (NPI –indicated by number in brackets and specified at Appendix Five of the Context document) and provide the basis for measuring the impact of this National Strategic Framework on some significant indicators of health outcomes.</p> <p>Relevant aims include:</p> <ol style="list-style-type: none"> <li>1. Increase life expectancy to a level comparable with non-Indigenous Australians. (NPI #5)</li> <li>2. Decrease mortality rates in the first year of life and decrease infant morbidity by: Reducing relative deprivation; and Improving well-being and quality of life. (NPI #6–10, 26, 28, 32,48)</li> <li>3. Decrease all-causes mortality rates across all ages. (NPI #50–56)</li> <li>4. Strengthen the service infrastructure essential to improving access by Aboriginal and Torres Strait Islander peoples to health services (NPI #15–24) and responding to Chronic disease, particularly cardiovascular disease, renal disease, diseases of the endocrine system (such as diabetes), respiratory disease and cancers; (NPI #41, 43, 44, 54, 55, 56) and Child and maternal health and male health. (NPI #5–10, 25–32, 47–49)</li> </ol>	<p>Specific components include:</p> <p>To address the pre-determinants of chronic disease in adult populations, this National Strategic Framework will focus in particular on:</p> <p>Nutrition and Physical Activity; the impact of poor nutrition and low physical activity on chronic disease is well documented and the potential health gains of improvements in these areas are significant.</p> <p><b>Physical activity</b></p> <ul style="list-style-type: none"> <li>• Form partnerships between State and Territory governments, ATSIC, local Councils, private sponsors and sports and recreation organisations to: encourage the involvement of Aboriginal and Torres Strait Islander peoples in sports and recreational activities.</li> <li>• Support the Active Australia strategy (DHAC 1998).</li> </ul> <p><b>Effective comprehensive primary health care</b> (including population health services and programs). Provide for comprehensive primary health care systems that include at least the following elements:</p> <ul style="list-style-type: none"> <li>• illness prevention services (including population health programs such as immunisation, antenatal care, screening programs and environmental health programs);</li> <li>• specific programs for health gain (for example antenatal care, nutrition, physical activity, social and emotional well-being, oral health and substance misuse).</li> </ul> <p>National Physical Activity Strategy needs to consider how reflect these components and the related performance indicators.</p>

*continued*

Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander peoples. Report for NPHP 2002.</p>	<p>Report of project designed to enhance the development, implementation and evaluation of national public health strategies, with the intent of improving their effectiveness for Aboriginal and Torres Strait Islander populations</p> <p>Makes recommendations/provides guidelines on the development, implementation, and evaluation of national public health strategies in relation to Aboriginal and Torres Strait Islander health</p>	<p>An important reference document for National Physical Activity Strategy development. Guidelines were conceived as an adjunct to guidelines for improving the development and coordination of national public health strategies.</p> <p>Detailed recommendations are set out under 8 headings:</p> <ul style="list-style-type: none"> <li>• Specification of target users</li> <li>• Background</li> <li>• Representation</li> <li>• Consultation</li> <li>• Issue identification</li> <li>• Structure of strategy</li> <li>• Implementation</li> <li>• Evaluation</li> </ul> <p>NPAS actions to address the needs of Aboriginal and Torres Strait Islander peoples might arguably be conceived as a separate strategy, such as MATSINSAP (NPHP 2001) and might seek compliance with the recommendations and approaches set out in this report.</p>

*continued*

Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Report of The Review of The Role of Divisions of General Practice June 2003</p> <p>Report, which makes some 36 recommendations is subject to consideration and a response from the Australian Government is expected in the near future.</p>	<p>Report found that the Divisions network is making an important contribution to improving both the coordination of the delivery of health services to the community and the health outcomes of the communities that they serve;</p> <p>It suggested need to implement changes to ensure all Divisions:</p> <ul style="list-style-type: none"> <li>• address broader primary health care issues</li> <li>• maintain focus on supporting general practitioners and their practices, and</li> <li>• become more accountable to the community for their performance.</li> </ul> <p>It recommends that the scope of consultations on Primary Health Care Research, Evaluation and Development (PHC RED) research priorities be expanded to ensure the meaningful involvement of both the Divisions network and Indigenous health representatives in time for its use in determining PHC RED research priorities for the next National Health and Medical Research Council (NHMRC) research grants funding round.</p>	<p>Recommendation for stronger community orientation, a strong multi-disciplinary approach, collaboration within the primary health care sector and with other sectors, and an appropriate balance between health promotion, disease prevention, and treatment issues.</p> <p>Proposal for national performance system based on national key performance indicators for all organisations in the Divisions network.</p> <p>Recommends that all Divisions be required to undertake activities in relation to their core roles, focusing in particular on:</p> <ul style="list-style-type: none"> <li>• population health including the reduction of health inequalities</li> <li>• accreditation of general practices</li> <li>• education</li> <li>• research, evaluation and development</li> <li>• workforce support, and</li> <li>• information management and information technology. Specific national key performance indicators should monitor these activities</li> </ul> <p>Subject to formal response from the Australian Government, this Reports appears likely to strengthen the imprimatur for the functions served by Divisions of General Practice to place more emphasis on population health and prevention, and to open up greater opportunities for promotion of physical activity (see also 'SNAP', and 'Focus on Prevention' initiatives)</p> <p>The General Practice Setting is likely to be of increasing importance for the NPAS. SIGPAH may wish to consider its mechanisms for maintaining 'watching brief' and linking with the mainstream agenda for Divisions through ADGP and relevant sections of DHAC.</p>

*continued*

Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Focus on Prevention Initiative Australian Government: Focus on Prevention (budget announcement 13 May 2003</p>	<p>'An Active Healthy Australia':</p> <ul style="list-style-type: none"> <li>• Emphasis on prevention, starting with funding of \$4.3 million over three years to enhance the health promotion role of primary care professionals.</li> <li>• Explicit about 'lifestyle prescriptions' by GPs to encourage lifestyles that optimise health and wellbeing, such as not smoking, drinking in moderation, eating well, and being sufficiently active.</li> </ul> <p>'Primary Care Providers Working Together':</p> <ul style="list-style-type: none"> <li>• \$16.4 million over four years to set up a system to help primary care providers work together to improve clinical outcomes, reduce lifestyle risk factors, and help GPs to maintain good health for those with chronic conditions. Expects partnership with other health care providers.</li> <li>• Will include funding of a small number of pioneer general practices and Divisions of General Practice to develop evidence-based approaches to improve prevention activities and patient outcomes within a community setting.</li> </ul>	<p>Focus on Prevention is supportive of the SNAP initiative in particular and of Physical Activity promotion in the Primary Health Care/Community Setting in general – see comments above on the Joint Advisory Group (JAG) on General Practice and Population Health: SNAP Framework.</p> <ul style="list-style-type: none"> <li>• SIGPAH might consider how to maintain a watching brief on the implementation sites, ensuring linkages with existing initiatives such as 'Active Script'.</li> <li>• National Physical Activity Strategy will need to acknowledge this initiative with respect to action in the Primary Health Care Setting.</li> </ul>
<p>Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) comprises State, Territory and Commonwealth Ministers with responsibility for Education, Employment, Training and Youth Affairs.</p> <p>The Council met in Perth July 2003 and unanimously agreed to develop a national, collaborative, cross agency strategy on physical activity in the Schooling and Early Childhood sectors (MCEETYA 2003).</p> <p>This will involve collaboration with the National Obesity Task Force.</p>	<p>Strategy on Physical Activity in the Schooling and Early Childhood Sectors</p> <p>Ministers noted community concern about the increasing rates of physical inactivity among children and young people in Australia and associated learning and health issues and endorsed the need for a national, collaborative, cross-agency strategy on physical activity in the schooling and early childhood sectors to link with the work of the National Obesity Taskforce being undertaken under the auspices of the Australian Health Ministers' Council.</p>	<p>The MCEETYA initiative is of central relevance for a National Physical Activity Strategy.</p> <ul style="list-style-type: none"> <li>• MCEETYA's Targeted Initiatives of National Significance (TINS) taskforce was been given the responsibility of collaborating in the development of a strategic, nationally coordinated approach to resolving this important national issue. TINS has been asked to provide a preliminary progress report to AESOC at its November 2003 meeting.</li> <li>• Notwithstanding the agreement at Ministerial Council level, the States and Territories have pivotal roles in Curriculum Development and teacher support functions.</li> <li>• National Strategy will need to acknowledge this initiative with respect to children and young people and with respect to the school setting.</li> </ul>

continued

Table 3.1 (cont.)

Strategy or Framework Document	Main Characteristics at-a-glance	Strategic Implications for National Physical Activity Strategy
<p>Western Australian Premiers Physical Activity Task Force Established June 2001. Chair: Director General of Premier and Cabinet</p>	<p>Long-term commitment (10 years) Comprehensive strategic direction report – ‘Getting Western Australians More Active’ a one-year implementation plan 2002–2003 to be followed by a 4-year implementation plan. Aim – 5% increase in physical activity over the next 10 years. Membership from Department of Planning and Infrastructure, Sport and Recreation, Health and Education, WA Local Government Association, Healthway and university academics. Dedicated Website</p>	<p>Good example of whole-of-government/intersectoral/ comprehensive approach. Specific initiatives include: ‘Find thirty. It’s not a big exercise’ campaign started in 2002, continued in 2003 with a focus on showing how easy it is to incorporate into a person’s lifestyle. Physical Activity Awareness Day City to Surf Find thirty 4km Walk, Walk There Today to Find thirty – all cross-branding collaborations with more planned. <i>Research:</i> Physical Activity Levels of Western Australian Adults 2002 (Children and adolescent Physical activity and Nutrition Survey underway, results in May 2004.</p>
<p>NSW Premiers Physical Activity Task Force (PATF) established 1996. Seventeen Ministerial appointments – government, research and non-government sectors. Independent Chair. Simply Active Everyday: A plan to promote physical activity in NSW 1998–2002. An evaluation of the PATF 1996–2002 Statewide plan with four strategic themes: program development and implementation, education and information, policy and guideline development, monitoring and evaluation. Three focus areas: people; organisations; environments. 64 objectives were developed in 1998, and throughout the plan 54 of these were successfully completed. Strategic Plan linked to key settings and lead agencies.</p>	<p>In renewal process – new name – Premiers Council for Active Living (PCAL) – secretariat to be based at Premiers (originally Health). New Independent Chair. Research and Evaluation function through linkage with the Centre for Physical Activity and Health (CPAH) Similar initiatives in other parts of Australia include: <i>Victoria:</i> Lead Agency Committee (LAC established 1999 to deliver a whole of government approach. LAC chaired by the General Manager Community Sport and Recreation of the Department of Tourism, Sport and Commonwealth Games <i>Queensland:</i> Physical Activity Taskforce (PAT). Chair: Executive Director of Sport and Recreation Queensland. Membership: Queensland Health, Education Queensland, Queensland Transport, Local Government Association of Queensland, Heart Foundation, Sport and Recreation Industry Representative, The University of Queensland and Queensland University of Technology. ‘Draft’ strategy developed but has not been ratified.</p>	<p>As in WA – a good example of whole-of-government/intersectoral/ comprehensive approach and one which has been sustained into a second phase of operation. Over seven years sustained activity with successful transition to new chair. Both WA and NSW initiatives provide useful examples. <i>Tasmania:</i> Premier’s Physical Activity Council established in June 2001 The PAC community based, flexible and semi-autonomous body. Government is represented through the Dept of Premier and Cabinet, Dept of Education and Department of Health and Human Services. The secretariat is supplied by the Office for Sport and Recreation. Vision: ‘All Tasmanians participating in physical activity as a regular part of their lifestyle’. five goals and associated strategies to promote physical activity in Tasmania <i>South Australia:</i> Ministerial Physical Activity Forum (MPAF) – Established May 2003, Chaired by Minister of Recreation and Sport and Comprising Ministers from Transport, Health, Education, Planning and Local Government, SA Tourism Commission and officials from their respective Departments. Physical Activity Council (PAC) – Independent Chair, is intended to implement the South Australian Physical Activity Strategy. The PAC is developing a Strategy, due for presentation to MPAF early November 2003, then to community consultation.</p>
<p>• SIGPAH may need to consider whether mechanisms to systematise information sharing across all sectors of these Task Forces might be valuable component of a NPAS.</p>		<p>• SIGPAH may need to consider whether mechanisms to systematise information sharing across all sectors of these Task Forces might be valuable component of a NPAS.</p>

continued

### 3.3 Mapping of Strategic Capacity

A national survey was undertaken in August 2003 to provide a mapping of current capacity to address overweight and obesity in Australia, particularly with regard to the framework strategies of a National Action Plan proposed by the National Obesity Taskforce. The survey examined the capacity of the health sector; while this included investment by the health sector in non-government organisations, the results include neither the independent capacity of the NGO sector nor the capacity and opportunities inherent in partnerships with industry.

#### Methods

The survey entailed self-completion of a computer-based questionnaire (more than 70 items) which incorporated 'drop-down menus' for a range of response options for various levels of coverage of selected strategies – ranging from nil through partial to complete coverage. Responses to questions were aggregated to show mapping results with a single value (a percentage of full coverage) against each of the main strategy areas of the National Action Agenda proposed by the National Obesity Taskforce.

#### Results

Results for each strategic area are presented as a bar chart showing the percentage score, as well as the lowest and highest value of State or Territory participating in the survey for that given item. As part of the survey protocol it was agreed that only aggregated data would be reported nationally and that each State and Territory would receive an individual report on those specific data, together with comparisons with the average scores for Australia as a whole. Responses to questions were aggregated to show mapping results with a single value (a percentage of full coverage) against each of the 21 main strategy areas of the national action plan proposed by the National Obesity Taskforce. Figure 3.1 highlights the characteristics of Figures 3.2–3.5.

Overall the survey results suggested that there exists currently only a very limited strategic readiness to take on the difficult challenge of halting and reversing an epidemic of overweight and obesity among Australians.

More specifically, the survey data suggested that:

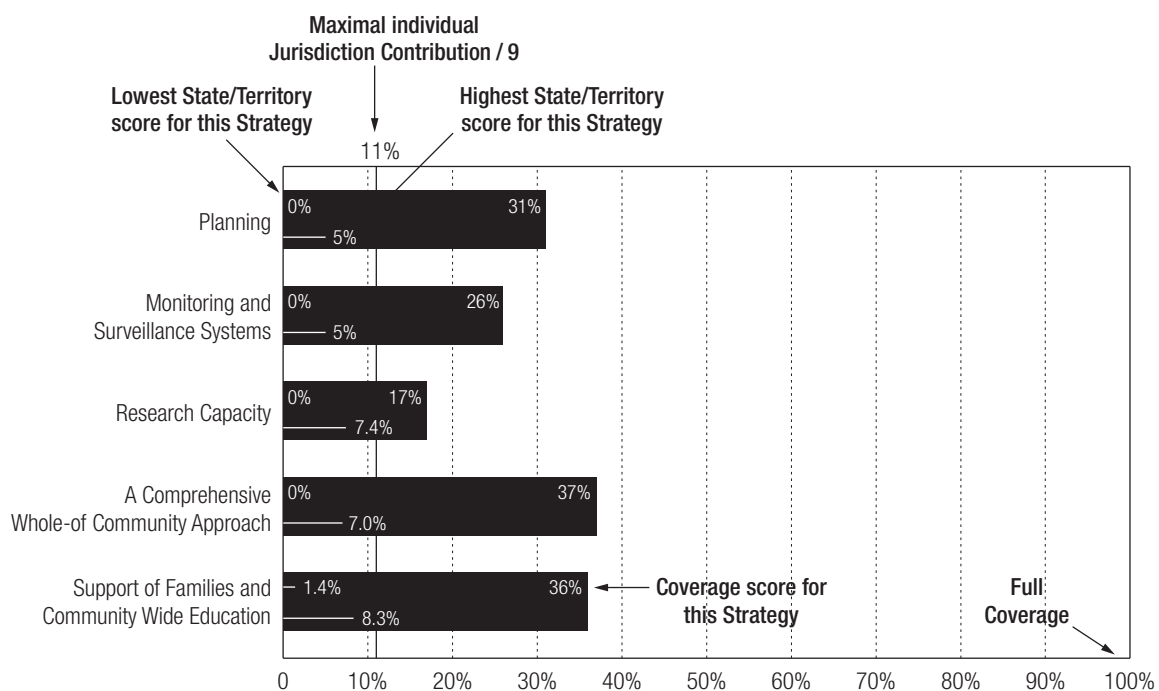
- In Australia there is currently a very limited capacity to address overweight and obesity, with respect to the strategic areas set out for the proposed National Action Agenda;
- the average score for coverage across all 21 strategy areas reported was a very low (28%) and the highest score for any strategy area was only 45%;
- for two-thirds of the strategies the coverage score was less than 33%; and total current investment across Australia in programs and salaries devoted to Nutrition, Physical Activity and Obesity amounts to an estimated per capita investment of \$0.91.

Implications arising from the survey data were suggested in the report and included the following observations:

1. the current low capacity and strategic coverage mean that a new National Plan can add significant value to efforts designed to stop, and then reverse, the epidemic of obesity;
2. the survey process included a compilation of existing (discrete) initiatives suitable for wider/national dissemination; this compilation provides a potentially useful resource for future planning and provide starting points for a discussion as to whether individual jurisdictions or combinations thereof are in positions to provide leadership or to contribute to partnerships for given strategic areas of the national agenda for action; and
3. if the current per capita investment is not increased significantly, then it would not be realistic to expect there to be a significant development in strategic capacity or an impact on the problem within a 4-year timeframe.
4. Given the need to improve the evidentiary base for interventions it is noteworthy that current research capacity was assessed to be only 7.4%.
5. Coverage for Planning, Monitoring and surveillance Systems, Comprehensive Whole-of-Community Approach, Support for Families and Community Wide Education ranged from 26% to 37%

6. Coverage for Primary and Secondary Schools, Childcare/Out-of-school hours/Play groups/Daycare, Standards and Legislation, Leadership and Workforce Development, Staffing and Networking Systems ranged from 24% to 45%
7. At 45%, coverage for Primary and Secondary Schools is the highest score reported (equal with Food Outlets). While the key message from a score of 45% is 'less than half the desirable strategic coverage', it also signals a comparative strength on which preliminary initiatives might reasonably seek to build, in terms of a national agenda for action.
8. Coverage for Neighbourhoods (Transport, Safety, Built Environment), Antenatal/Postnatal Care, General Practitioners, and other Health Care Professionals ranged from 14.6% to 31%.
9. Given the strategic importance which international experts attribute to environmental and transport-related interventions the very low coverage for Neighbourhoods (Transport 14.6%, Safety 15%, Built Environment 20%) is noteworthy.
10. While a score of 31% for General Practice (and 26% for other health professionals) highlights the need for more work it also suggests another comparative strength on which preliminary initiatives might reasonably seek to build, in terms of a national agenda for action.
11. Coverage for Marketing, Media, Food supply, Food outlets and Workplaces ranged from 6% to 45%
12. Given the strategic importance, which international experts attribute to restrictions on screen-based entertainment; the very low coverage of Media (6%) is noteworthy.
13. While scores of 45% for Food Outlets and 36% for Food Supply underline the need for more work, they also suggest comparative strengths on which preliminary initiatives might reasonably seek to build, in terms of a national agenda for action

Figure 3.1 Annotated graph – showing the key features of Figures 3.2–3.5.



Each bar shows the level of coverage nationally against a maximum of 100% (mean average of all jurisdictional scores). Within each bar high and low percentage score is shown – this corresponds to the maximum and minimum contribution of any individual jurisdiction to the national score. For example, it is instructive to be able to note that in the case of 'Research Capacity', the national score is a low 17%, but further, 7.4% of that score is contributed by one jurisdiction (against the maximal contribution of 11%).

Figure 3.2 Strategic coverage for Planning, Monitoring and Surveillance Systems, Research Capacity, Comprehensive Whole-of-Community Approach, Support for Families and Community Wide Education.

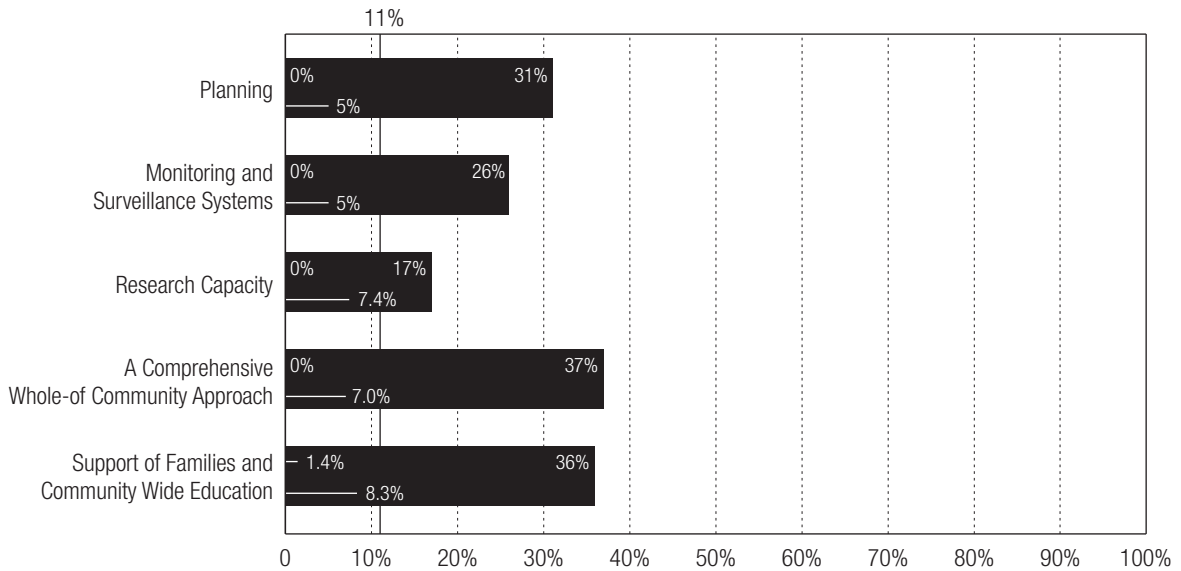


Figure 3.3 Strategic coverage for Primary and Secondary Schools, Child care/Out-of-school -hours/Play groups/Daycare, Standards and Legislation, Leadership and Workforce Development, Staffing and Networking Systems.

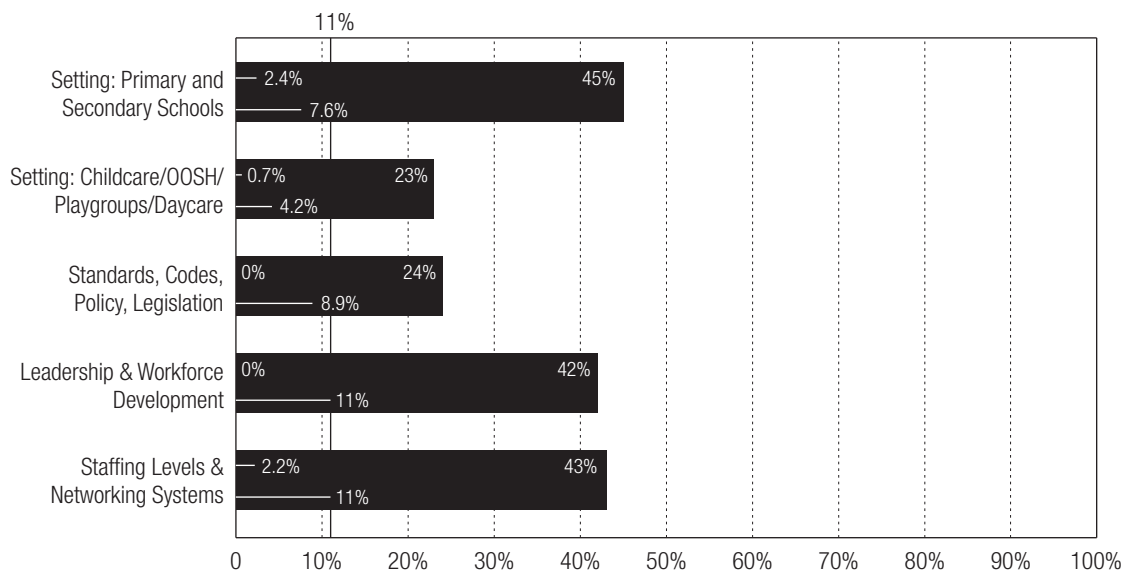


Figure 3.4 Strategic coverage for Neighbourhoods (Transport, Safety, Built Environment), Antenatal/Postnatal Care, General Practitioners, and other Health Care Professionals

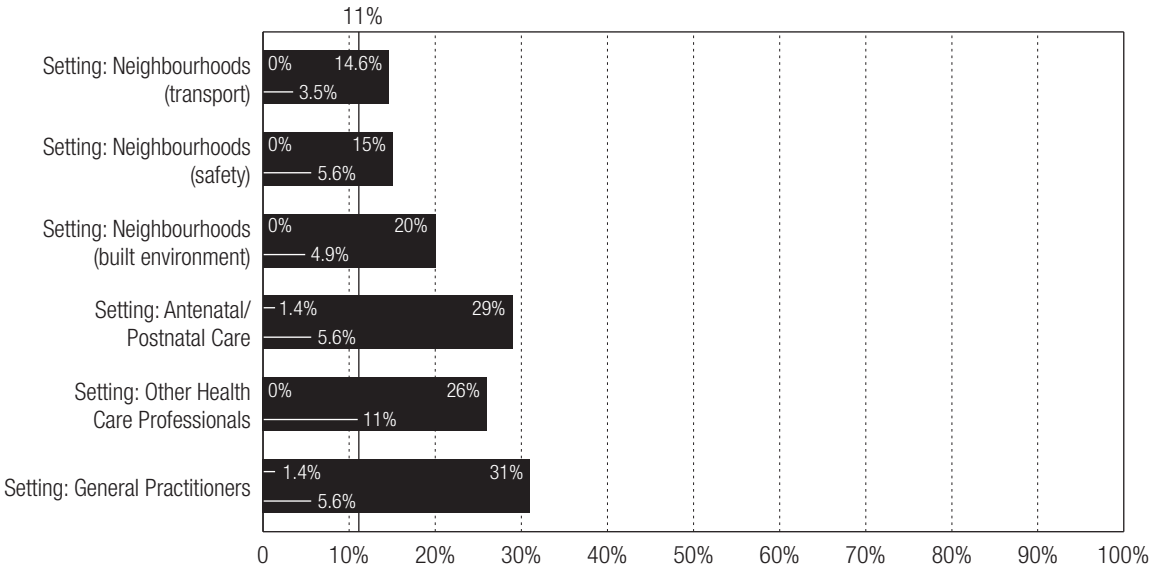
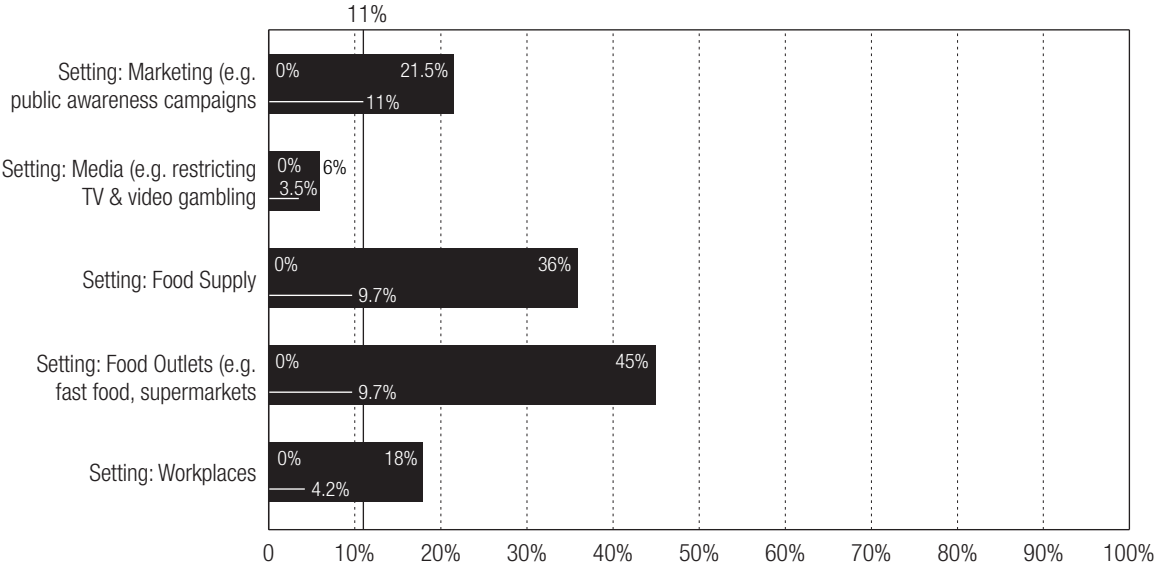


Figure 3.5 Strategic coverage for Marketing, Media, Food supply, Food outlets and Workplaces.



## Conclusions

This review has identified the 'scaffolding' or architecture that may be employed for the development of the National Strategy as well as a wide range of strategic documents or frameworks, which are deemed to have strategic implications. This allows for the recommendation of a framework for the National Physical Activity Strategy in Section 5.

There has been a trend since mid 1980s for public health strategies, in response to our more sophisticated understanding of health and its complexity of determinants, to:

- become multi-dimensional;
- involve sectors other than health;
- incorporate multiple models;
- include social justice principles/recognise the importance of reducing health disparities;
- recognise the importance of prevention, early intervention and health promotion;
- find ways to integrate and sustain strategies for greater impact and efficiency; and
- attempt to engage the private sector for the public good

It is recommended that a future National Physical Activity Strategy should adhere to these trends if it is to deal with the complexity inherent in the challenge of promoting increased participation in health enhancing physical activity in the Australian population.

The National Public Health Partnership has set out guidelines for National Strategy Development; it is strongly recommended that these guidelines be applied systematically to the development of the National Physical Activity Strategy. On the basis of this review it is concluded:

- Firstly, that the need for a National Physical Activity Strategy is demonstrated (Stage 1 NPHP);
- Secondly, the case is made that the delivery of the desired outcomes requires the establishment

of a distinct physical activity strategy rather than working through other existing strategies or initiatives (Stage 2 NPHP), and given the contribution of physical activity to a wide range of priority health outcomes, that the need for coordination with other relevant strategies in health and other sectors is articulated as an explicit component of the strategy;

- Thirdly that the fifteen principles for national strategy development (Stage 3 NPHP) are fully applied in the case of this National Physical Activity Strategy.

A strategic capacity and mapping survey (undertaken under the auspices of the National Obesity Taskforce) has shown the low levels of current capacity and strategic coverage in Australia. On a positive note, this means that a new National Physical Activity Strategy can add significant value. It is recommended that the ongoing mapping and tracking of capacity, strategic coverage and investment be undertaken for the National Physical Activity Strategy in a manner similar to that reported for the National Obesity Taskforce and perhaps in collaboration with that Taskforce as it advises on and monitors the implementation of 'Healthy Weight 2008' (HW2008).

The following specific documents, issues or recommendations have been identified and should be given careful consideration in the development of a National Physical Activity Strategy (NPAS) and subject to further consideration in the consultation phase of strategy development:

1. Draw on the available literature and best practice guidelines on public health strategy development. For Australia the NPHP Guidelines for National Strategy Development are recommended;
2. Articulate efficient coordination with other key strategies as an explicit component of the National Physical Activity Strategy; there is considerable scope for synergy with other strategies and frameworks within the health sector. To maximise this potential requires emphasis on an efficient coordination of the

process – this function needs a corresponding structure and adequate resourcing to be effective;

3. Implement and maintain ongoing mapping and tracking of: capacity (such as surveillance systems, research infrastructure, service infrastructure, workforce development); comprehensiveness of strategic coverage (such as a range of educational, regulatory, environmental and communication strategies across key settings and life stages); and resource allocation (such as investment per capita) as a routine part of National Physical Activity Policy development. In Australia, it is possible that this work could be undertaken by SIGPAH and NPHP in collaboration with the National Obesity Taskforce;
4. Establish Intersectoral Coordination at National Levels – overall the intersectoral nature of physical activity interventions should be considered with a view to achieving strong coordination at National level and preferably with whole of government endorsement at the highest level.
5. Implement systems and processes to enable rapid sharing of knowledge between intersectoral coalitions and groups within and between nations. In Australia, several State-based Intersectoral Task Force exist; they comprise different membership and function in different ways; clearly, there is a need for mechanisms to integrate both state and federal action as well as sharing of information;
6. Obesity Policy – Healthy Weight 2008: strategies, outcomes and action examples proposed under HW2008 have direct relevance for NPAS and in some instances may usefully feature in both Strategies with appropriate cross-references; for implementation/action plan/ priorities/phasing SIGPAH needs to consider the value of a (reinforcing and opportunistic) strategic focus on young people (0–18) and families as opposed to middle (e.g. 35–55) or later years (e.g. 55+) which are arguably more in line with chronic disease prevention or healthy ageing foci. Notwithstanding the potential for synergies, *the need for a stand-alone National Physical Activity Strategy is strongly emphasised* – not least because of the wide range of health outcomes other than healthy weight that are involved.
7. Healthy Ageing: The Joint Working Group on Healthy Ageing has stated an expectation that older persons will be included as a priority population within the National Physical Activity Action Plan when developed; this would be consistent with Australia’s National Strategy for an Ageing Australia. Strategies designed to create environments supportive of physical activity will also benefit older people and may particularly be useful with respect to opportunities for walking safely. There is also potential synergy with Injurious Falls Prevention policy such as the initiatives stipulated by Australia’s Strategic Injury Prevention Partnership.
8. Primary Health Care: The opportunity to reinforce and coordinate with the agenda around primary health care and general practice and selected behavioral risk factors should be carefully considered. In Australia the NPHP Strategic Framework for Chronic Disease Prevention and the ‘SNAP’ initiatives are pertinent to Physical Activity policy;
9. Diabetes Strategy/Diabetes Prevention Program: cross-referencing of the National Physical Activity Strategy with these initiatives is advised. SIGPAH may need to consider whether existing mechanisms are sufficient to ensure ongoing coordination;
10. Child and Youth Health: physical activity policy should include strong coordination of initiatives in child and youth health given the increasing focus on the early years of life and the typical abundance of policies in this area. In Australia the advent of the Child And Youth Health Intergovernmental Partnership (CHIP) may facilitate this. Existing mechanisms should be

reviewed in order to assess if they are sufficient to ensure ongoing coordination and to take advantage of CHIP.

11. Aboriginal and Torres Strait Islander peoples: The National Physical Activity Strategy needs to address the needs of Aboriginal and Torres Strait Islander peoples – this might arguably be conceived as a separate strategy (such as NATSINSAP ) and might seek compliance with the NPHP Guidelines, the National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003) and the Adelaide Report (2003); and
12. Acknowledge the needs of people with disabilities and of CALD populations in the strategy.



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