

# getting australia active



Towards better practice for the promotion of physical activity

## SUMMARY



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## WHO IS 'GETTING AUSTRALIA ACTIVE' FOR?

*Getting Australia Active* has been designed primarily for health professionals, health promotion and exercise science professionals. However, it should also be of interest to anyone who has an important role in promoting 'active living'. The report encourages critical thinking in developing programs in this area, and the development and use of best-practice approaches to physical activity promotion in Australia.

The full report also contains:

- Appendix 1. Active Australia – a National approach to Sport and Physical Activity
- Appendix 2. Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH)
- Appendix 3. Sample of National, State and Territory-based activities: by jurisdiction and agency
- Appendix 4. Measurement of Physical Activity
- Appendix 5. Useful links, books and resources



## WHAT IS THE ISSUE?

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Physical inactivity is now recognised as a key health issue, and is the second most important risk factor, after tobacco use, that contributes to the burden of disease, morbidity and mortality in Australia. In addition, increasing participation in physical activity has substantial economic and social benefits for the nation.

Although the health benefits of physical activity are well established, nearly one-half of the Australian population does not meet the recommended level of at least 30 minutes of moderate intensity physical activity on most days of the week. Physical inactivity is a serious public health problem that is associated with adverse health outcomes such as cardiovascular disease, diabetes, some cancers, and falls in the elderly. Further, physical inactivity is associated with high direct health costs estimated to be approximately \$400 million each year. In addition to the need for lifestyle modification, it is now well recognised that there is an urgent need for environmental, social and policy changes to increase physical activity in the population.

Experts agree that there is still much advocacy work to be done if physical inactivity is to have a similar profile and emphasis received by other public health issues. It will require a concerted and sustained effort from all parts of society, not just the health sector, to advocate for more funding, implement the best available programs and integrate physical activity promotion into other public health initiatives.

## WHAT IS IN 'GETTING AUSTRALIA ACTIVE'?

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This brochure is a summary of *Getting Australia Active*, which is a comprehensive update on the state-of-the-art of physical activity promotion. It is divided into four parts and aims to:

- provide an update of the evidence for the health benefits and public health importance of physical activity;
- review the settings for effective programs, which might be considered 'best practice' approaches to increasing physical activity in Australia;
- present perspectives on special population groups, including a lifespan approach to promoting physical activity; and
- suggest the next steps in terms of recommendations for research and policy implications.

In addition, a detailed appendix highlights physical activity programs and initiatives in each jurisdiction, including current National initiatives.

The valuable information provided in *Getting Australia Active* will enable physical activity stakeholders to guide better practice, engage potential partners and advance the physical activity agenda.

# ❖ 'GETTING AUSTRALIA ACTIVE': AT-A-GLANCE

## 1. THE IMPORTANCE OF PHYSICAL ACTIVITY IN AUSTRALIA

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### 1.1 Recent evidence for health benefits of physical activity

The health benefits of physical activity are slowly being accepted in terms of their importance for public health and primary prevention. A significant contribution to this growing acceptance was the publication of the 1996 US Surgeon General's (USSG) report on physical activity and health. The best health evidence for physical activity comes from well-designed cohort studies, supported by a few well-designed case-control studies.

In addition to physical activity's contribution to obesity prevention, there is clear evidence that if the population were more active, the accrued health benefits would include: cardiovascular disease prevention, diabetes prevention and control, the primary prevention of some cancers, injury prevention and control, and the promotion of mental health. Further, there is an inverse relationship between physical activity and all-cause mortality that holds for all age groups and for diverse populations in different countries.

### 1.2 The 'burden of disease' and the health costs of physical inactivity in Australia

The first ranked contributor to population ill health is tobacco, then physical inactivity. However, physical inactivity ranks first as the leading contributor to preventable illness and morbidity among women, given their lower tobacco usage rates than men. Physical inactivity contributes to more than an estimated 8,000 deaths per year in Australia, of which, 1,531 would occur in people under the age of 70 years and would represent an estimated 77,000 premature potential years of life lost because of inactivity. The annual, direct healthcare costs attributable to physical inactivity are about \$400m each year, and it is indicated that gross savings of up to \$8m in healthcare costs might be achieved for every one per cent gain in the proportion of the population that is sufficiently active. These data point to an under-recognition of physical activity from the preventive health and health economic perspectives in terms of resources and attention.





### 1.3 Recent physical activity participation data for Australian adults

There is an urgent need for standardised approaches to measuring and monitoring physical activity participation at the state/territory and national level in Australia. Some states have already conducted physical activity surveys, including New South Wales, South Australia and Western Australia. At the national level, representative population samples of Australian adults were surveyed during 1997-2000. Specific sub-groups that are more likely to be inactive include women, older adults, people at some social disadvantage, and those from a non-English-speaking background. Trend analyses showed that there were increases in awareness of the Active Australia message, and in understanding some aspects of the moderate physical activity message; however, the rates of participation appeared to fall between 1997 and 1999, and between 1999 and 2000. Further monitoring is needed to confirm these trends but it is likely that substantial efforts will be required to reverse them.

### 1.4 Towards best practice: evidence and policy implications

Definitions of 'best practice' are necessary for policy makers and practitioners to have a good understanding of the types of programs and strategies that may result in increases in physical activity participation in Australia. 'Best practice' essentially implies 'better practice', so that there is an improvement in current practices. Best practice is defined in terms of a scientific evidence base, and also the potential for programs to help achieve the goals of Active Australia partners and others interested in promoting activity. The evidence for the health benefits of activity, and trends suggesting no increases (and possibly declines) in physical activity in recent years, provides a strong case for increased attention and resources being devoted to this area. The publication of the *National Physical Activity Guidelines* is a major policy development in physical activity, and efforts to raise awareness of these guidelines should precede efforts at developing interventions.

#### National Physical Activity Guidelines for Australians

- Think of movement as an opportunity, not an inconvenience
- Be active every day in as many ways as you can
- Put together at least 30 minutes of moderate intensity physical activity on most, if not all days of the week
- If you can, also enjoy some regular vigorous exercise for extra health and fitness

Source: Department of Health and Aged Care 1999

## 2. INTERVENTIONS TO INCREASE PARTICIPATION IN PHYSICAL ACTIVITY IN SPECIFIC SETTINGS

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### 2.1 Linking research, practice and policy in the promotion of physical activity

There is growing recognition that while interventions in some settings may prove independently effective in raising community levels of physical activity, a combination of strategies is optimal to increase physical activity at the population level. Priority should be given to strategies that: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and re-orient health services. As physical activity is a whole-of-community concern, partnerships need to be developed to increase community physical activity levels.

### 2.2 Promoting physical activity through general practice

General practice is an important setting for promoting physical activity given the great population-wide access to people of all ages. A number of barriers have been identified to physical activity promotion in general practice, which include: lack of time, training and expertise, financial disincentives and limited resources, and poor perception of the effectiveness of interventions.

The evidence base for physical activity promotion in general practice is increasing, and suggests that short-term increases in physical activity are possible after brief, structured advice in this setting. Strategies for engaging GPs in physical activity promotion activities include: forming partnerships with local Divisions of General Practice, obtaining continuing education and clinical audit points for GPs participating in education activities, wide promotion and contacting GPs directly.

### 2.3 Schools as settings for intervention

Schools are important settings for physical activity programs - they reach the whole population group of young people aged 5–17 years. The school setting offers a unique opportunity for physical activity, physical fitness development, and skill development in a structured, safe, supervised and regulated environment. Many of the evaluated interventions in schools have shown short-term outcomes and the sustainability of these interventions is a challenge to school systems and policy makers. Recommendations for interventions for children include: incorporating fundamental movement skills, facilitating lower use of cars for transport to and from school, enhancing the school environment (eg play equipment), informing parents about reducing sedentary activities, and working with other relevant agencies.

For adolescents, recommendations for interventions include a focus on the physical activity levels of female adolescents, collaboration with adolescents about physical activity type and sports uniform preferences, and encouraging skill development. Out-of-school programs including the family and community settings in which children and young people live, are also important.

## 2.4 Promoting physical activity in worksites

Worksites are seen as potentially important settings for programs aimed at physical activity because there is the opportunity to reach a "captive" group of adults. Organisations have been interested in worksite programs as they see the potential to reduce health care costs, absenteeism, accidents and injuries. The current status of physical activity initiatives, and health promotion initiatives generally, in the workplace in Australia is ad hoc, and there is limited research evidence to support such initiatives. However, recent initiatives including combined behavioural and environmental strategies in the worksite setting appear to show more promise. Future programs may use technologies such as intranet communication to deliver health messages. In addition, the worksite can be used as a setting for environmental interventions, such as 'walk to work' events, and encouraging stair use at worksites.

## 2.5 Media and community-wide interventions to promote physical activity

Mass-media campaigns have the potential to increase community awareness about physical activity. However, mass-media physical activity promotion campaigns alone are unlikely to impact significantly on individual's behaviour, and need to be combined with community-based programs providing opportunities to participate. Several campaigns, conducted by the Heart Foundation in 1990–91, and by Active Australia in 1998–99 have shown promising effects on community understanding. The agenda-setting role of media seems to be complementary to other efforts promoting physical activity. New media, such as the Internet and email, remain to be tested in promoting activity.





## 2.6 Environmental, policy and intersectoral approaches to physical activity

The environment in which people work and live can permit or deter people from being physically active. Environments where people can be active include: the home, streets, ovals/parks, shops, stairways, worksites, schools, sports facilities, trails, parks/forests and water. It is essential to work beyond the health sector to change these environments to enhance opportunities for accumulating more activity as part of everyday lifestyle. Environmental and policy change is a new and emerging influence on population levels of physical activity. In particular, interventions through the transport sector ('active commuting') may represent important ways to increase incidental physical activity. Policy approaches are needed to shape and advocate for a decision-making agenda that is more oriented towards physical activity.

## 2.7 Transport and physical activity

An important setting for promoting incidental physical activity and helping people to accumulate moderate-intensity physical activity is through active use of transport. The rationale for efforts in this area relates to the greater use of private vehicles and fewer trips by walking or cycling, to get from one place to another. In addition to the personal health benefits of active commuting, there is improved air quality through reduced car emissions, and improved use of public transportation. The major challenges are to develop ways of working with the transport sector, urban planning and roads and traffic agencies, and to promote active commuting or the better use of walking and cycling as transport. Substantial work is required in the development of indicators, and in the trialling of innovative interventions to confirm that this setting has the potential to contribute to population levels of physical activity, as is thought to be the case.

## 3. PROMOTING PHYSICAL ACTIVITY WITH DEFINED POPULATION GROUPS

### 3.1 Introduction to special population groups

Taking a 'populations' approach to the promotion of physical activity can be beneficial in terms of understanding which groups may be targeted for health promotion action. Population studies have repeatedly shown that women, people from non-English speaking backgrounds, the socio-economically disadvantaged and Aboriginal and Torres Strait Islanders are the least likely to be active. However, the data for most special population groups in regards to physical activity participation is limited. This points to the need for physical activity to be taken more seriously in health surveys in disadvantaged populations, as this information base is a necessary antecedent to appropriate interventions and program development.

### 3.2 Children and adolescents

Declines in incidental and transport-related activity in recent years are major contributors to the increasing prevalence of overweight and obesity among Australia's children and adolescents. This is a major concern as prevention of some chronic illnesses of adulthood may have their genesis in early childhood. Further, physical activity is also linked with psychological health in children. One of the most useful things we can do for children may be to ensure that they have the skills to participate in sports and other activities in an enjoyable and rewarding way, which supports the development of self-esteem. Potentially effective physical activity promotion strategies among children and adolescents include: encouraging limiting of sedentary recreation, advocating for curriculum that includes fundamental movement skills, placing less emphasis on competition in sport and recreation, improving pedestrian safety and public transport, and improving school-community links for physical activities.



### 3.3 Young adults

Young adulthood is a time when participation in physical activity declines, potentially setting up lifelong patterns of sedentariness. A large decline in physical activity occurs at the same time as many young people change their living arrangements. Frequently identified barriers to participation in activity include time constraints and the presence of young children. There is little evidence on which to base interventions for increasing physical activity among young adults. Existing studies have been conducted with tertiary students but it has not been established that interventions during this life stage will have any long-term impact once these young adults move into the next stage of their lives. Further research is required with population samples of young adults, who are in the transition stage between the end of formal education and the establishment of careers and families.



### 3.4 Older people

Given the increasing numbers of older adults in the populations of developed countries, and the likely high consumption of the health budget by older people, approaches to prevention are desirable in this age group. The evidence suggests that physical activity can play a role in maintaining functional status as well as in preventing disease among older adults. Even the frail or very old can benefit from physical activity and improve their quality of life. One of the most important public health benefits of maintaining physical activity into older age is the prevention of injurious falls. Effective interventions for older adults include components of muscle strength and flexibility training, as well as moderate intensity activity. The promotion of exercise in this age group has been demonstrated to be a potentially cost-effective public health measure and is likely to become one of the most important public health priorities in the twenty-first century.

### 3.5 People with special needs

Some people with chronic illnesses or with disabilities may benefit from physical activity but may find it difficult to access relevant and appropriate programs. Physical activity plays a role in the prevention and management of many chronic illnesses, including cardiovascular disease, diabetes, lung disease, obesity, osteoporosis and some forms of arthritis. In considering the promotion of physical activity for people with disabilities it is important to recognise the great diversity of health problems

faced by this population group, and health promotion professionals must take all reasonable steps to ensure that services and facilities take account of the needs of people with disabilities. People from a non-English-speaking cultural background and Indigenous Australians appear to be among the least active groups in the community. Specific community-developed approaches may be required to engage these population groups in the design and delivery of culturally appropriate and relevant physical activity programs. There is little scientific evidence of effective interventions for the promotion of physical activity among populations with special needs, and further research and evaluation is required to better define best practice programs.

### 3.6 Social disadvantage and inactivity

Australian population surveys and studies in other countries have shown consistently that people who are socially and, or, economically disadvantaged are less likely to engage in specific physical activities and are generally more likely to be sedentary in their leisure time. The need to identify and understand socio-economic differences among different population groups is an important dimension of developing strategies to address physical inactivity in Australia.

## 4. NEXT STEPS: RECOMMENDATIONS FOR RESEARCH AND IMPLICATIONS FOR POLICY

### 4.1 Recommendations for research

There are several questions and issues remaining for further research and clarification in regards to physical activity. These include further understanding of both the physical and mental benefits of activity, improving the measurement of physical activity, understanding why people are active and inactive, understanding and influencing the societal barriers to physical activity, and developing a better evidence base around the evaluation of interventions to promote physical activity.





## 4.2 Implications for policy and action

Physical activity remains relatively under-resourced compared to other risk factors and health concerns. One of the key strategies for the future will involve a more organised approach to physical activity advocacy by non-government organisations to position physical inactivity more favourably on the agendas of health and other agencies. The greatest gains in physical activity are likely if an integrated and organised approach to interventions across Australia is developed and further supported. To achieve this, coordinated administrative structures are required, including an integrated strategic planning process.

Through Active Australia, other state-based coalitions, or national partnerships such as the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH), comprehensive initiatives are possible.

### The Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH)

The Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH) reports to the National Public Health Partnership, and works to facilitate national coordination for government action and strategic direction in physical activity promotion. It consists of members from all states' and territories' health departments as well as representatives from the Australian Institute of Health and Welfare and the Australian Sports Commission.

For further information about the SIGPAH workplan, or the name of your local contact, visit: [www.nphp.gov.au/sigpah](http://www.nphp.gov.au/sigpah)



