

Towards

**A National Physical Activity
for Health Action Plan**

Be Active Australia

A Health Sector Agenda
for Action on Physical
Activity 2004–2008

Draft for Consultation

April 2004



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Developed by the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH)
of the National Public Health Partnership

April 2004

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Summary of the consultation process conducted

Contributors to be listed in the appendix

Foreword

(signed by the Chair of the Australian Health Ministers Conference or NPHP)

Be Active Australians

It is proposed that a high level statement endorsing the need for all Australians to be active for a health benefit be included. This could be signed by all Health Ministers. It could be Australia's equivalent to the US Surgeon General's statement on physical activity and could be used as a stand alone statement. **To be confirmed.** Your comments are sought on this suggestion.

Executive Summary

Once finalised the Action Plan will also be available as a shorter summary version.

Notes about the draft

Please note that the final version of the Plan will be edited and graphically designed. There is no need to comment on typographical errors as these will be corrected.

Key to abbreviations used in relation to Actions in Part 4

Actions marked * are directly from or adapted from *Healthy Weight 2008*.²³

Actions drawn from or consistent with those identified at the National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop, Adelaide 10–11 September 2003 (Adelaide Workshop) are marked **AW** with the relevant page number.³⁹

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Physical Activity – Some Definitions

The National Physical Activity Guidelines for Australians^{24†}

The Guidelines outline the recommendations for the minimum level of physical activity required for good health for adults. They are:

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

Terminology

- **Physical activity** is a broad term used to describe intentional bodily movement involving the large muscle groups. The World Health Organisation states physical activity includes “all movements in everyday life, including work, recreation, exercise and sporting activities”.
- **Exercise** can be used to mean the same as physical activity but it can also mean something that is planned, structured and repetitive. Sometimes exercise is used as a communication message to the public because it is better understood than physical activity eg “*Find thirty, it’s not a big exercise*”.³⁶
- **Sports** are one type of exercise but unlike physical activity it is usually planned, competitive and includes particular rules or guidelines.
- **Fitness** comes with being more active – people usually develop cardiovascular fitness (heart lungs and circulatory systems) as well as muscular strength, stamina, flexibility and body composition (percentage of body fat). It takes a different type of physical activity to improve things like power, speed, reaction time, co-ordination etc and these are not necessary for good health.

Physical activity can include:

- Active recreation – eg bushwalking, skateboarding, surfing etc.
- Sport – eg netball, soccer, volleyball.
- Dance – eg line dancing, ballet, ballroom dancing.
- Exercise – eg strength training, balance exercises, Tai Chi, flexibility activities.
- Active play – eg using playground equipment, skipping.
- Active living – where physical activity is integrated into everyday life eg using the stairs, energetic housework and gardening. Some occupations also involve physical activity.
- Active transport – eg walking to public transport, walking or cycling to locations.

[†] Superscript numerals correspond to the references listed on pages 41–3. The references are not always cited in numerical order, and some are cited on more than one occasion.

Measuring physical activity

A moderate amount of physical activity, as specified in the Guidelines for Australian Adults (as above), is roughly equivalent to physical activity that uses approximately 150 calories (kcal) of energy per day, or 1,000 calories per week. The type of physical activity required to reach this energy expenditure depends on its frequency, intensity (such as light, moderate or vigorous activity), duration and type of activity. For example, walking briskly for 30 minutes is roughly equivalent to stair climbing for 15 minutes or washing windows for 45–60 minutes.

Accumulating 30 minutes of moderate or greater intensity physical activity on most days of the week has been interpreted as 5 sessions per week and/or 150 minutes per week. This is the level referred to as ‘sufficient physical activity’.

Sufficient physical activity – there are two different ways of calculating ‘sufficient’ activity for health:³⁷ Firstly the accumulation of a sufficient **amount** of activity over the week ie 150 minutes and secondly the accumulation of a sufficient **amount** of activity by participation in a sufficient **number of sessions** over a week ie 150 minutes and at least 5 sessions to meet the National Physical Activity Guidelines. The time spent in vigorous activity is weighted by 2.

Insufficient physical activity is the completion of some physical activity but either not enough in total or not regularly enough to obtain a health benefit.

Inactive or sedentary means no leisure-time physical activity or walking during the previous week.

Recently 10,000 steps has been used as a public health message for physical activity. This is based on an average level of incidental physical activity (say 7000 steps) plus an additional 30 minutes moderate exercise (equivalent to about 3000 steps).

Measuring physical activity in younger children is problematic and requires urgent agreement.¹⁹

Part 1 – Introduction

There are many important reasons to encourage and support Australians to be physically active. For individuals, an active life imparts health and well being benefits, as well as an opportunity to mix with other people and take part in community life. For the health sector a physically active community will result in a reduction in illness and health care costs and for health professionals, a reduction in the frustration of treating preventable diseases. Physical activity can build community networks and reduce isolation. The environment will also benefit from more people more active with cleaner air through reduced car emissions. Increased membership of sport and recreation organisations will result in stronger community organisations with consequent community benefits and there is substantial potential for schools to recognise the benefits of physically active students. These benefits are described in Part 2.

Despite Australia's image as a sporting nation we are leading increasingly sedentary lives with only around half of Australians sufficiently active to benefit their health.¹ There is also evidence to suggest that children are participating less in sport and incidental activity and spending a significant proportion of their time in sedentary leisure activities.² Reversing these trends requires a long-term, broad-reaching commitment to address the considerable number of social, environmental, physical and economic factors making it more difficult to be active. Action is required at all levels by a range of individuals and organisations in the health sector as well as sectors such as urban planning, transport, media, tourism, environment, justice, business, education, sport and recreation. Collaborative partnerships, sustained commitment and comprehensive approaches in different settings and with different population groups are essential.

Be Active Australia outlines actions the *health sector* will take to address physical inactivity over the next four years. It reflects increasing health sector recognition of the importance of physical activity in determining health outcomes and represents a clear commitment to address this issue. It is essential to build on the important work done to date, develop additional capacity for physical activity action and continue to find and enact solutions to supporting inactive Australians to become active. The Plan identifies specific health sector actions but also includes areas in which health could potentially support the work of other sectors and develop joint approaches.

The focus of *Be Active Australia* is on national action ie what the health sector can do through local, state and territory and Australian governments and non-government organisations working together. It aims to add value to the work at the jurisdictional levels as well as identifying clear links and opportunities for united approaches with other national strategies including the work on healthy weight, chronic disease prevention, falls prevention, healthy ageing, child health, Indigenous Australians' health, the national health priority areas and many more.³

The Context for Physical Activity

International

In 2003 the World Health Organisation (WHO) released the *Draft Global Strategy on Diet, Physical Activity and Health* clearly identifying physical inactivity and unhealthy diets as key contributors to the growing burden of non-communicable disease throughout the world. The report confirms the importance of individuals engaging in adequate levels of physical activity through the life course and identifies the responsibility of member states to develop and support the implementation of national strategies on both physical activity and nutrition. It states that while further research is needed regarding successful interventions “current knowledge warrants urgent public health action”.⁴

National

Be Active Australia aims to build on work undertaken in the past (outlined in Table 1) as well as current activities at the national level by developing a strategic approach to supporting Australians to be active.

Table 1

Year	Key Milestones
1996	Active Australia launched by Australian Sports Commission
1997	Active Australia – A National Participation Framework released by Australian Sport and Health Ministers ⁵
1998	Developing an Active Australia: a framework for action for physical activity and health – the Australian Government response to Active Australia ⁶
1999	Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) formed and key reports supported over coming years ^{7,8,9}
2001	Active Australia reoriented to focus on participation in structured physical activity
2002	Getting Australia Active released by NPHP ¹⁰
2003	National Strategic Framework for Aboriginal and Torres Strait Islander Health recognizes importance of physical activity ¹¹ NPHP agree to development of National Physical Activity for Health Action Plan Education ¹² and sport and recreation ¹³ sectors commit to importance of a national approach to physical activity <i>Healthy Weight 2008</i> includes key physical activity strategies ²³

State and Territory

Significantly, all states and territories have established or are considering intersectoral structures and the development of associated strategies for the co-ordination and leadership of physical activity approaches (see Appendix 1). This has increased state capacity for significant action over recent years. Both the health sector and other sectors are steadily building their commitment to supporting good practice physical activity programs, policies and capacity building activities. *Be Active Australia* aims to support a more coordinated and collaborative approach across Australia.

Local

Many individuals and organisations are striving to support people to be physically active and develop health-promoting environments in their region. *Be Active Australia* aims to support this work by placing physical activity firmly on the national agenda and progressing those actions that can best take place at the national level to support local action.

What do we mean by the Health Sector?

Be Active Australia has a major focus on actions the health sector can pursue to encourage and support Australians to be active. The health sector includes those organisations with a role in promotion and protection of good health, prevention, treatment and management of illness and rehabilitation. This includes government, non-government and private sector organisations; hospital and community based services; the full range of multi-disciplinary professionals and their organisations; those dealing with individuals as well as addressing the needs of groups and communities and community groups working with health organisations to address health issues.

Part 2 – Physical Activity: The Evidence

The Health Benefits of Physical Activity

There is now convincing evidence that regular physical activity can improve health and well-being and reduce the risk of premature death, illness and disability. The following benefits of physical activity[‡] include:

- Reducing the population risk of all cause mortality by around 30% for those achieving at least moderate intensity physical activity on most days of the week.
- Prevention of cardiovascular disease.
- Reducing the risk of developing and of dying prematurely from cardiovascular disease (coronary heart disease (CHD) and stroke).
- Diabetes prevention and control.
- Decreasing the risk of premature death from colon cancer.
- Protecting against the risk of developing breast cancer.
- Building and maintaining healthy bones, muscles and joints in children and adults.
- Preventing osteoporosis and reducing the risks and consequences of arthritis.
- Preventing falls.
- Helping people achieve and maintain a healthy body weight.
- Reducing feelings of depression and anxiety and promoting psychological well-being.
- Helping people with chronic, disabling conditions to perform activities of daily living.¹⁴
- Reducing adiposity or body fat in children.¹⁵
- Protection against musculoskeletal injuries in children.¹⁵
- Improving psychological indicators including depression, self esteem, anxiety, stress and self concept in children.¹⁶

Non-health Benefits of Physical Activity

In addition to the many health benefits of an active community there is some evidence for a variety of other benefits accruing to society including:

- Reduced car use through increased walking and cycling has been shown to decrease greenhouse gas emissions and other types of pollution.¹⁷
- Physically fit students perform better academically; higher achievement was associated with higher levels of fitness at each of the three grade levels measured.¹⁸
- Reduction in common workplace reasons for absence.¹⁹
- There are economic benefits (including employment, household spending, organisational income, sponsorship, television rights etc) accruing from participation in sport and physical recreation as well as benefits such as national pride, role modelling and volunteer opportunities.²⁰
- Physical activity can provide opportunities for social interaction that helps to build community networks, reduce isolation and exclusion and build social cohesion.²¹

[‡] These are taken from *Getting Australia Active*¹⁰ and/or *Getting Australia Active 2*³ with additional references stated.

The Costs of Physical Inactivity

There is work in progress updating the costs of physical inactivity and this additional information may be available for the final Plan. Available evidence suggests:

- The direct health care costs due to physical inactivity, based on mid-1990s costings, are around \$400m per year.⁹
- Physical inactivity causes more than 8000 deaths annually including 77,000 premature potential years of life lost.⁹
- The annual total direct cost of heart, stroke and vascular disease was estimated in 1993/94 as \$3,719 million, representing 12% of the total health care costs for all diseases. Inactivity is one of four leading risk factors for cardiovascular disease.²²
- The true costs of obesity have been estimated as \$1.3 billion and rising fast; physical inactivity is a major cause of obesity.²³
- Physical inactivity is responsible for about 6% of the total burden of disease in males and 8% in females and is a major contributor to high blood pressure (5% of burden) and obesity (4% of burden).⁸

How Active Should Australians Be?

Health authorities recommend the following as adequate or sufficient levels of physical activity to achieve health benefits:

- **Adults** – at least 30 minutes of regular, moderate intensity physical activity on most, preferably all, days of the week.²⁴ The 30 minutes of moderate exercise can be accumulated in bouts of 10 to 15 minutes during the day. There appear to be additional cardiovascular health benefits in increasing the duration (length of time being active) and/or the intensity (ie more vigorous) of physical activity.^{3,10}
- **Children and Adolescents** – the Australian Department of Health and Ageing are currently finalizing the Australian physical activity guidelines for children and young people.¹⁵ It is likely the recommendations will state the need for at least 60 minutes of regular, moderate intensity physical activity daily or nearly every day as well as some vigorous weight bearing activity.
- **Older People** – at least 30 minutes of regular moderate intensity physical activity on most days of the week. Strength and balance training are also recommended to reduce the risk of falls and increase functional status for older adults.^{3,10}
- **People who are Overweight or Obese** – There are many health benefits to be obtained from 30 minutes moderate physical activity however weight loss will require lifestyle based increases in physical activity – for more details see the NHMRC Clinical Guidelines.²⁵

Overall health and wellbeing

Being active is only one component of a healthy lifestyle and a healthy diet, positive mental health including good self esteem, resilience to adverse events and positive relations, not smoking, healthy weight, access to health services and many other social factors are very important in achieving good health. Importantly, socio-environmental factors such as adequate income, education, transport and culture have a significant impact on physical activity levels and health.

How Active Are Australians and Why?

Physical activity participation data shows:^{1,26}

- 46.1% of adults achieved sufficient time and frequency of activity (at least 150 minutes of walking, moderate and/or vigorous activity and 5 sessions per week) in 2000. This declined from 50.9% in 1997.^{1,26}
- The average number of times each week people participated in walking, moderate and vigorous leisure time physical activity declined between 1997 and 1999.^{1,26}
- The average amount of time people spent each week in physical activity declined between 1997 and 1999.^{1,26}
- Men, younger and well educated people are all more likely to be active; around 60% of Indigenous Australians reported inadequate levels of physical activity.²⁷
- Walking is the most popular form of physical activity undertaken by men and women.^{1,28}
- 20% of New South Wales students in Grades 8 and 10 engaged in only low levels of physical activity.²⁹
- In the 12 months to April 2003, an estimated 1.6 million (62%) children 5–14 years participated in sport, outside of school hours, which had been organised by a school, club or association.³⁰
- 42% of those who lived within a 10-minute walk from primary school in Western Australia travelled to school by foot.³¹
- 64% of 12 to 16 year olds Western Australian young people will not have engaged in any aerobic activity on 2 to 3 of the past 7 days.¹⁹
- There has been a 9% increase in the number of boys and girls who are overweight and obese and a 3–4% increase in obesity from 1985 to 1995. 20 to 25% of Australian children and adolescents can be classified as significantly overweight.³²

Factors Influencing Physical Activity

- In Western Australia, 54% of adults were aware that 30 minutes of daily physical activity were required for a health benefit;³³ 88% of people believe their health could be improved by being generally more active.²⁶
- The main reasons for not being more active are generally no time, health not good enough and already active enough (though often this was not the case). Enablers were interested friends and family, better and safer environments for walking and organised groups.^{34,35}

Part 3 – Be Active Australia – A Summary

The Vision

All Australians enjoying the (health) benefits of regular physical activity as part of their everyday lives.

Mission

To facilitate, support and encourage lifelong involvement in physical activity by all Australians.

Guiding Principles

Be Active Australia is based on the following principles:

- *Concentrate on solutions not problems* – with a bias for action on health promoting *environments*.
- *Be long-term and sustainable* recognising that behaviour change is complex, difficult and takes time.
- Help those *most in need* and *close the health gap* between different population groups as a result of geography, ethnicity, and socio-economic status.
- Recognise the *social determinants of physical activity* as well as the inter-relationships between physical activity and other health behaviours, psychosocial factors, settings and contexts, life course stages, cultural issues etc.
- Build and use the *evidence base* to inform effective action.
- Ensure a *population focus* that embraces a public health approach and systematic planning of physical activity actions.
- Foster *partnerships* between health sector agencies at all levels of government and between the health and other sectors and the community.
- Focus on *capacity building* – including research, monitoring and evaluation, workforce development, communication.

Overall Goal – What do we want to achieve in the long term?

To increase the proportion of Australian children and young people, adults and older people who meet the relevant National Physical Activity Guidelines.

Long-Term Objectives

- To increase the number of policies, programs and environments, in health and in other sectors, that support people to be active.
- To increase the awareness and understanding of all Australians of the health and related benefits of participation in physical activity and how to be active as part of daily life.
- To ensure the health sector and its staff are committed to and skilled in supporting people to be active.
- To maximize strategic partnerships, within health and with other sectors and the community, to ensure a coordinated approach to the development, delivery and evaluation of physical activity initiatives.
- To establish high quality, sustained infrastructure (workforce, research, information and monitoring systems etc) that supports good physical activity practice.

Each action area of the Plan identifies specific longer-term outcomes which are consistent with the principles, overall goal and the objectives identified above.

Indicators for 2008

The **overall indicator of success** is an increase in the proportion of Australian children, young people, adults and older people who meet the relevant National Physical Activity Guidelines. This will be the key measurement. However, each action area also includes indicators that describe key achievements expected after four years, the length of this Action Plan. They include process, impact and outcome indicators related to achievements against some or all of the above objectives. A realistic number of indicators has been identified; there are not indicators against all actions.

The Action Areas

Part 4.1 – Strategic Management and Coordination

Progressing *Be Active Australia* requires national leadership, strong policy support, strategic management, resources and strong partnerships within the health sector and with other sectors.

Part 4.2 – Settings and Populations

There is clear evidence that working through a range of settings provides the opportunity to influence policies and programs and reach different population groups. Priority population groups are:

- Inactive Australians.
- Disadvantaged Australians.
- Indigenous Australians.
- Children and Young People.
- Older Australians (over 55 years).
- Vulnerable groups with special needs including people from culturally and linguistically diverse communities, those with disabilities including physical, intellectual and developmental, people with chronic illness including mental illness or other limiting conditions and those who are socially isolated and may find it difficult to participate in community programs.

Part 4.3 – Overarching strategies

Supporting Australians to be active requires good infrastructure in terms of research, evaluation and monitoring functions as well as a strong workforce and consistent community education.

Types of Interventions

Actions in the plan are categorized under three broad types of interventions. They are:

- **Policy interventions:** including public policy and high-level commitments, legislation, finance and taxation options, regulation and guidelines, supportive strategic plans, broad advocacy, resource allocation etc.
- **Program interventions:** including service development and delivery, education, communication and social marketing programs, partnerships to achieve goals, community building activities, engineering and environmental changes etc.
- **Infrastructure development:** including surveillance of determinants of physical activity, information systems, workforce development, research and development capacity, management and leadership infrastructure, resource allocation etc.

Settings and Population infrastructure-related actions including workforce capacity, research, evaluation and monitoring are included in Part 4.3.

Implementation

Be Active Australia sets out a four-year agenda for action, the next steps towards making it easy for Australians to be active. The Plan must be promoted widely and monitoring of implementation will be critical. Following agreement on the Plan, specific priorities for implementation and funding will be determined based on advice provided during consultation.

Special Note: Be Active Australia & Indigenous Australians

The high levels of preventable chronic disease and physical inactivity in Indigenous Australians means it is of the utmost importance to develop policies, programs, health promoting environments and infrastructure to support and encourage Indigenous Australians to be active. This is a priority for *Be Active Australia*. Importantly however, an holistic approach is essential; one that recognises the interaction of nutrition, physical activity and other lifestyle issues, as well as an approach that involves communities, is based on intersectoral partnerships and includes policy and program initiatives.¹¹

Physical activity has been identified as a key issue by:

- The National Strategic Framework for Aboriginal and Torres Strait Islander Health that outlines the importance of partnerships between governments, peak organisations, private sector and community organisations to encourage participation in sport and recreation and to support Active Australia.¹¹ The Framework recognises the potential health gains of improvements in physical activity and nutrition and the importance of support from the primary health care sector.
- The Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), a sub-committee of the Australian Health Ministers' Advisory Council, has supported, and agreed to active participation in, the development of this Plan.³⁸ They also noted the links between physical activity and good nutrition and the need to ensure an integrated approach.
- The NOTF Adelaide workshop participants supported the development and implementation of a National Physical Activity Plan that fully recognises the needs of Aboriginal and Torres Strait Islander communities.³⁹

Ensuring Be Active Australia is culturally appropriate

The National Public Health Partnership, through SIGPAH, is inviting tenders to undertake consultation with Indigenous stakeholders to ensure the final Plan reflects the relevant issues for Indigenous Australians and includes culturally relevant and appropriate national actions which support integrated state and territory and local initiatives. The Plan should be consistent with the NPHP Guidelines on national public health strategies in relation to Aboriginal and Torres Strait Islander Peoples.⁴⁰

*As a result, this draft Plan has been developed without Indigenous Australians' input and there are few specific strategies related to Aboriginal and Torres Strait Islander Peoples. Actions drawn from or consistent with those identified at the National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop, Adelaide 10–11 September 2003 (Adelaide Workshop) are marked **AW** with the relevant page number.*

Given that many of the strategies in the Plan are relevant to all people, it is proposed that there be one plan rather than a separate plan for Indigenous Australians, however this will be considered during the consultation process.

Evidence for Interventions

The Review of Evidence³ indicated that there has been an increase in the number and diversity of programs that address physical inactivity in Aboriginal and Torres Strait Islander communities but there is little evaluation or published evidence. There is a need for long-term sustainable strategies developed by and for urban, rural and remote Indigenous communities with good evaluation and full community participation. Workforce training and support is critical as is a focus on integrating physical activity support into the full continuum of care (through both Indigenous and mainstream services) including prevention, management and rehabilitation. It is important that any models developed be suitable for adaptation for use at local levels.

Part 4 – Be Active Australia Framework

Part 4.1 – Strategic Management & Coordination

Key outcomes sought:

1. A strategic, planned, collaborative integrated approach to promoting physical activity across Australia.
2. Public policy supports all Australians to be physically active.
3. Structures and management ensure leadership and co-ordination for physical activity at national levels, within health and with other sectors.
4. Clear and strong health sector commitment to and leadership for physical activity.
5. Sustainable partnerships, within the health sector and with other sectors, to support a more coordinated and strategic approach to physical activity planning, implementation and evaluation.

Key indicators – 2008

- All current and potential partners are aware of the aims and the scope of initiatives in the Plan and committed to collaborative implementation.
- Examples of input to the development of public policy to support physical activity.
- Effective leadership structures, including an Indigenous Australians leadership structure, to support the implementation of *Be Active Australia*.
- Integrated national, state/territory and local action through the health system.
- Examples of national leadership for physical activity.
- Systematic monitoring of the implementation of the Plan and publication of progress on the SIGPAH website.
- A three year review of the plan has been undertaken and a plan for future action is in progress.

Rationale

The health sector can and does play a major role in encouraging and supporting Australians to be more active but to be effective there must be strategic leadership and commitment at the national level. Furthermore, integration and coordination is a key theme. This involves working with the states and territories and local levels to ensure a consistent approach and clear delineation of responsibilities. There must also be a strongly integrated approach with the many relevant national health strategies that provide opportunities for joint action and leverage on physical activity related actions well as opportunities for funding and resources. Strong collaboration with the work of other sectors is essential given the impact of their policies and practices on physical activity. SIGPAH is well placed to lead this process and ensure implementation of the Plan.

Strategic Links

- All states and territories have established or are considering intersectoral leadership groups and have, or are developing, state strategies.
- SIGPAH commissioned a report on the feasibility of establishing a national intersectoral taskforce.⁴¹ Although generally supported, such a mechanism was not progressed due to the

establishment of the National Obesity Taskforce, but mechanisms to ensure collaborative action are an essential component of this Plan.

- *Be Active Australia* is strongly aligned with *Healthy Weight 2008* Plan; it will be vital that implementation is coordinated. The SIGPAH Co-Chair sits on the National Obesity Taskforce which will facilitate this process.
- Efficient coordination with other key national strategies that recognize the importance of physical activity (eg diabetes, arthritis, older people, children and young people, falls prevention, Indigenous Australians' health etc) is essential but requires structures and resourcing. This includes the NPHP and committees, the National Health Priority Action Council and committees and many others.

Actions

Promotion of Be Active Australia

1. Ensure the widespread dissemination and promotion of the Plan within the health sector and to other interested groups.

Supporting Healthy Public Policy

2. Develop a sustainable mechanism to monitor, inform and influence the development of national policy directions to ensure they promote and support people to be active.

Governance and Coordination

3. Review its structure, role and membership and the need for additional health sector expertise (eg research, non-government sector, academics) to ensure it has the capacity and expertise to lead implementation of *Be Active Australia*.
4. Determine effective mechanisms to ensure Indigenous Australians' involvement in and commitment to implementation of the Plan.
5. Establish effective mechanisms to ensure sustainable, integrated approaches with other national initiatives with relevance to physical activity.
6. Determine effective structures and partnership arrangements with other sectors to assist with implementation; work towards a National Physical Activity Task Force covering all sectors.
7. Determine effective mechanisms to ensure integrated planning, implementation and evaluation of *Be Active Australia* as well as role clarity between SIGPAH, state and territory physical activity taskforce representatives (or equivalent), key Indigenous organisations and key intersectoral organisations; undertake a process of prioritisation of action using public health tools.
8. Investigate opportunities to engage with the private sector for the promotion of physical activity.³

Leadership

9. Support strategies to build leadership for, and commitment to, physical activity by key decision makers in government, non government and the private sector as well as political leaders and Indigenous organizations and leaders, with a view to increasing their support for physical activity.

Funding

10. Seek opportunities to gain and harness funding for implementation of the Plan including collaboration with other partners.

Monitoring, Evaluation and Reporting

11. Determine timelines for implementation and monitor all indicators outlined in *Be Active Australia* in collaboration with the *Healthy Weight 2008* process; provide regular updates on implementation on the SIGPAH website and to the NPHP, AHMAC and NCATSIH.
12. Commission an external evaluation of the achievements of the Plan and implementation progress after three years and make recommendations for future action; ensure this is culturally appropriate.

Part 4.2 – Settings and Population Groups

4.2.1 Child Care – including long and short day child care, family day care and outside school hours care (OSHC)

Key outcomes sought:

1. Child care sector policies, programs and environments support children to be active.
2. Increased knowledge and skills of children and parents/carers about physical activity.
3. Improved and more coordinated health sector support for the child care sector in relation to physical activity.
4. Sustainable partnerships between health and the child care sector.

Indicators for 2008

- Child care (including OSHC) accreditation requirements include reference to policies, programs and environments which support physical activity.
- Examples of innovative and best practice programs for disadvantaged children in the child care setting.
- Increased examples of national strategic partnerships between the health and child care sectors.

Rationale

The early years (0–8 years) is a key time for “laying the foundations for emotional, social, cognitive and physical well being”⁴² and the importance of physical activity in contributing to the general health and well being of children is clear. Overseas evidence suggests even children under-five appear to be increasingly sedentary^{43,44} reflecting trends in older children and the whole community. This can result in health and weight problems as well as limited access to important developmental opportunities through play.⁴⁵

Around 62% of 0–4 year olds have attendance at child care services⁴⁶ (family day care, long day care etc) so there is an opportunity for the health sector to work in partnership with the child care sector to support young children to be active.

In relation to OSHC programs Norton found that one of the best predictors of fitness and fatness in children is their physical activity pattern in the two hours immediately after the formal school day. Action through this setting also has the advantage of addressing parents’ common concerns about fear of strangers and traffic risks.⁴⁷

Evidence for interventions

The literature review showed few evaluations on physical activity oriented interventions with young children, probably reflecting the focus in the past on school age children and the difficulty in collecting reliable data. The evidence related to school age children is included under Schools.

Strategic Links

- There is a need for integrated planning and implementation of initiatives across government and non-government agencies in relation to initiatives for children.⁴² SIGPAH is committed to seeking opportunities to add value to and work with other organisations and national strategies in the health and child care sectors. The focus on children within *Healthy Weight 2008* offers a clear opportunity for joint initiatives. Integration with nutrition and healthy weight initiatives will be essential.
- The National Child Care Accreditation Council provides high level benchmarks and supports for the child care sector and there are opportunities to support their work.

- Several jurisdictions are developing resources or piloting preschool and out of school hours care programs eg Promoting Health in Early Childhood Environments (Queensland) seeks to build health promotion into accreditation processes and there are a number of projects related to Outside School Hours Care.

Actions

Policy related actions:

1. Seek a joint National Call to Action with relevant Children and Family Services, Sport and Recreation and Health Ministers on the importance of physical activity.*
2. Building on work done in different jurisdictions, develop and support the uptake of 'good practice' standards on physical activity that meet the physical activity guidelines and fit with national child care accreditation and funding guidelines.* **AW p7**
3. Review requirements for the physical environments of child care centres so that they are adequate spaces for children's development.⁴²

Program related actions:

4. Work with the child care sector to determine the needs of the sector, and disadvantaged children and their families in child care, to inform the coordinated development, testing and implementation of innovative and best practice physical activity programs and policies.
5. Finalise, disseminate and promote widely through child care settings, the physical activity guidelines for children and young people and complementary support resources.*
6. Develop and promote good practice guidelines for the promotion of physical activity through child care settings.
7. Map and review physical activity related child care sector interventions being undertaken through the health sector in jurisdictions against the good practice guidelines (above), disseminate and progress collaborative action and sharing of training packages, resources etc.

4.2.2 Schools – including primary and secondary, public, independent and catholic schools

Key outcomes sought:

1. Education policies, programs and environments support children to be active and to participate in planning for physical activity.
2. Increased knowledge and skills of children and parents/carers about physical activity.
3. Improved and more coordinated health sector support for the education sector in relation to physical activity.
4. Sustainable partnerships between health and the education sector.

Key indicators – 2008

- A national collaborative cross agency strategy re education and physical activity.
- Increased examples of innovative and best practice programs for disadvantaged children in the school setting.
- Increased examples of national strategic partnerships between the health and education sectors.

Rationale

International recommendations vary but generally state that children should accumulate at least one hour of moderate activity on most days of the week as well as increasing vigorous physical activity and reducing sedentary time.¹⁵ Children and young people should have access through their home, school and their community to a wide range of physical activity opportunities including play, dance, sport, active travel and the development of fundamental movement skills. There is also an opportunity to encourage and support children to be less sedentary and more active in daily tasks.

Schools play a vital role providing a physical and social environment that supports children, their parents and the whole school community to enjoy an active life. By working collaboratively with the education sector there is an opportunity to reach inactive children (including those who are overweight, adolescent girls, disadvantaged, vulnerable including children with disabilities or cultural barriers to participation and Indigenous Australian children). The health sector can help facilitate effective partnerships with education, sport and recreation, transport and local government.

Evidence for interventions

The most effective interventions identified in the Review of Evidence³ and the US Review of Physical Activity Interventions⁴⁸ were the ones with a “whole school approach” that included:

- Supportive physical environments eg space, more equipment.
- Policy support for physical activity eg supervision, school based physical education.
- Curriculum strategies eg classroom based health education focused on information provision and skills related to decision making as well as programs focused on reducing TV watching and video playing.
- comprehensive school and family programs.
- active transport to and from school.
- Combined in and out of school approaches for children and adolescents based on school-community links.

Strategic Links

- In July 2003 the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) endorsed the need for a national, collaborative, cross-agency strategy on physical activity in the school and early childhood sectors to link with the work of the National Obesity Taskforce. It will be important for the health sector to collaborate with this work where possible.¹²
- The National Physical Activity Guidelines for Children and Young People are being finalized and will provide an important opportunity to work with the education sector.
- Many government and non-government health sector agencies in jurisdictions are working in partnership with the education sector and developing a number of exciting initiatives – this Plan seeks to better co-ordinate this action.
- The importance of action through schools was identified in the National Obesity Taskforce Adelaide Workshop.
- SIGPAH is committed to adding value to and working with other organisations and national strategies in the health and education sectors. The focus on children within *Healthy Weight 2008* offers a clear opportunity for joint initiatives.

Actions*Policy related actions:*

1. Seek a joint national Call to Action by Education, Sport, Recreation, Youth and Health Ministers on the importance of physical activity.*

Program related actions:

2. Map and review physical activity related education sector interventions being undertaken through the health sector in jurisdictions, disseminate and progress collaborative action and sharing of training packages, resources etc.
3. Work with the education sector, and include other relevant sectors appropriately, to develop a national collaborative, cross agency approach to supporting physical activity in the school and early childhood sectors. This should include:
 - the needs of the education sector regarding the promotion of physical activity.
 - the specific needs of disadvantaged, Indigenous Australian and vulnerable children and their families.
 - the coordinated development, testing and implementation of innovative and best practice strategies including:
 - model school physical activity related policies.
 - programs including those specifically for Indigenous Australian students and in particular, the further development and promotion of Indigenous Games resources, structured physical activity and life skill development, programs to reduce excessive sedentary recreation eg television watching and computer games.
 - guidelines for supportive environments for physical activity.
 - innovative curricula and resources.
 - comprehensive school and family programs.
 - active transport and walk to school initiatives.
 - school-community-sport links eg with sport and recreation organisations, Active Australia schools network, local government programs for young people etc.* **AW p7**
4. Finalise, disseminate and promote widely through education settings, the physical activity guidelines for children and young people and complementary support resources.*
5. Develop a model program or guidelines related to methods of encouraging children to actively participate in planning and implementing physical activity initiatives.

4.2.3 Older People – Multiple Settings

Key outcomes sought:

1. Policies, programs and environments in community and residential settings support inactive older people to be active.
2. Increased knowledge and skills of older people about ways to be physically active.
3. Older people have access to appropriate physical activity advice, information and programs.
4. Sustainable partnerships within the health sector and with other sectors to support a more coordinated approach to encouraging and supporting inactive older people to be active.

Key indicators – 2008

- Specific National Physical Activity Guidelines for older people developed and promoted.
- Aged care accreditation requirements include reference to policies, programs and environments which support physical activity for older people.
- Increased examples of innovative and best practice programs for inactive older people based on guidelines.
- Increased examples of national strategic partnerships focused on older people being active.

Rationale

The ageing of the Australian population as well as increasing rates of obesity and its consequences suggest there will be significant health and economic benefits from inactive older people becoming active. The National Physical Activity Guidelines are met by only 43.6% of people aged 60–75^{1,47} and one million older Australians are obese.⁴⁹ Being active can help older people maintain functional status as well as preventing disease and improving quality of life (see Part 2). It is never too late to start being active and older people are likely to value “the sense of purpose and meaning in life” from being active.¹⁰ There are also benefits for frail and very old people being active.⁵⁰ There is some evidence to suggest that older people should be encouraged to accumulate more than the 30 minutes of moderate activity recommended for adults for metabolic and body composition changes and there is a need for specific physical activity guidelines to be developed for older people. These should include recommendations relating to strength and balance exercises to reduce the risk of falling.

It is not considered necessary to specifically define the age of “older people” as people who are in their fifties may have similar requirements to those in their eighties and the actions below are relevant to people as they age. The focus of actions must be on inactive older people, particularly those who are disadvantaged (with consequent reduced access) or vulnerable in other ways (eg socially isolated, with dementia or with a limiting condition).

Evidence for interventions³

There has been a reasonable level of research related to older people and physical activity and evidence suggests interventions should:

- Include high levels of contact with individuals complemented by multiple reinforcement of the physical activity message eg classes and counselling.
- Include a group component.
- Be tailored to specific needs eg able or frail older people, those with diseases or conditions, people in different locations such as rural communities.

Strategic Links

- The NPHP and the Positive Ageing Taskforce have identified physical activity as a priority health issue for older people⁵¹ and agreed that the National Physical Activity for Health Plan would include older people as a target group. There is a commitment to work together to progress action and SIGPAH will be responsible for actively participating in the process.
- In addition, there are a number of other national initiatives related to older people and the opportunity to work in partnership to develop innovative and best practice programs and initiatives as well as infrastructure (see Part 5.3). This includes those focused on health issues eg mental health, falls prevention, social issues and different settings eg residential care. Local government are also a key sector and partnerships need to be developed.
- There are a variety of established community programs for older people including walking groups, Living Longer, Living Stronger, Tai Chi etc based on best practice principles. *Be Active Australia* seeks to build on and support the expansion of best practice programs in a coordinated way.

Actions

Policy related actions:

1. Building on work done in different jurisdictions, develop and support the uptake of best practice standards for policies, programs and environments on physical activity for older people including those with specific needs.
2. Advocate for the inclusion of best practice standards into aged care accreditation and funding frameworks and building guidelines.

Program related actions:

3. Support the development, dissemination and widespread promotion of Physical Activity Guidelines for Older Australians and associated resources including guidelines for older people with limitations such as mobility problems, arthritis, dementia and visual problems.
4. Introduce best practice standards on the provision of physical activity programs targeting inactive older adults in a range of settings beginning with the health sector eg residential care services, domiciliary care, fitness centres and other community and home settings.
5. Map and review physical activity related interventions for older people being undertaken through the health sector in jurisdictions, disseminate and progress collaborative action and sharing of training packages, resources etc.
6. Work with the aged care sector to determine the needs of the sector, and disadvantaged older people, to inform the coordinated development, testing and implementation of innovative and best practice physical activity programs and policies.
7. Develop effective partnerships at the national level between those working in physical activity and those in the aged care sector to plan, coordinate and implement action.

4.2.4 Workplaces

Key outcomes sought:

1. Workplace policies, programs and environments that support inactive people to be active.
2. Increased knowledge and skills of inactive people about ways to be physically active.
3. Inactive people have access to appropriate physical activity advice, information and programs through the workplace.
4. Sustainable partnerships between the health sector and workplaces to support a more coordinated approach to encouraging and supporting inactive people to be active.

Key indicators – 2008

- Review of policy-related options to encourage workplaces to support physical activity.
- Increased examples of innovative and best practice workplace policies, programs and environments in the health sector.
- Guidelines for physical activity friendly workplaces tested in the health sector.

Rationale

Worksites offer a way to reach large numbers of adults and young people in a single setting including those on low incomes. Improving the health of workers can result in improved productivity and reduced employee-related costs. Worksite interventions generally involve policy and infrastructure change, individual or group programs, health screening, educational strategies and/or behaviour modification programs. There are however considerable challenges in encouraging workplaces to promote health and physical activity as part of their operation and only limited actions are suggested for the coming four years with a focus on health sector workplaces first.

Evidence for interventions

- A comprehensive approach, including changing organisational structure and culture, highlighting physical activity opportunities and providing supportive environments, offers the most promise.³
- Point of decision prompts to use stairs show good evidence and may be appropriate through many workplaces.³
- Very large workplaces in the US have shown increased levels of physical activity and significant savings and benefits from health related programs.⁵²

Strategic Links

- The Transport sector has an interest in active transport initiatives related to workplaces (travel to and from work as well as during work) and there are opportunities to work collaboratively with this sector.
- Many health departments and other worksites have programs including pedometer programs, lunchtime activities, support for community activities eg fun runs, gym memberships etc. The challenge is to learn from, build on and support these programs.

Actions

Policy related actions:

1. Review options to provide incentives (eg financial and non-financial, regulatory, rewards, occupational health) for workplaces to encourage and support physical activity and recommend future actions.

Programs related actions:

2. Encourage employers to develop workplace policies, programs and environments that support active living, and assist workers to be active in their work and home lives. Ensure that health agencies provide the lead.*
3. Commission the development of guidelines and practical suggestions for physical activity friendly workplaces and trial and evaluate in health units.

4.2.5 Health Care Services – public, private and non-government

Key outcomes sought:

1. The health sector, at all levels, has a strong commitment to addressing physical inactivity through all relevant policies, plans, programs and environments.
2. All Australians, but particularly those who are inactive, have access to appropriate physical activity advice, information, referral and/or support programs through the health system.
3. Health care professionals have the knowledge, confidence, skills and resources to routinely promote physical activity with their inactive clients and refer appropriately.
4. Sustainable partnerships, within the health sector and with other sectors, support a more coordinated approach to the development, delivery and evaluation of physical activity initiatives.

Key indicators – 2008

- Increased examples of health organizations clearly committed to addressing physical inactivity.
- Clear guidelines describing the role of all parts of the health sector in promoting physical activity.
- Physical activity information integrated into lifestyle and other relevant programs for Indigenous Australians.
- Health workers have access to training and resources to assist in prescribing physical activity and referring patients.

Note: Actions broadly related to building the capacity of health sector workers are covered under Capacity Building in Part 4.3.3. Workforce actions specifically related to encouraging individuals to be active are addressed here.

Rationale

There are many, many health workers who have regular contact with large numbers of inactive people of all ages including those who are disadvantaged or have special needs. They are based in primary health care services as well as hospitals and specialised services in government, private and non-government organisations. They are well placed to provide support and advice to inactive individuals and communities and also to refer people, especially those who have special needs (eg older people, those with a disability or injury, those who are overweight or have not been active). Although much of this work will take place through the primary health care sector, health workers in hospitals can also play a vital role in providing practical information, advice and referral to consumers at crucial life points such as ante and post-natal times, post cardiac event, a new diagnosis of diabetes etc. Being active can assist people return to their routine or can help them adjust to proposed lifestyle changes.

Appropriate and informed referrals to both community-based and commercial services such as health and fitness assessment services, walking groups, gyms, sport clubs, fitness services, help lines etc and to health workers with specialised skills such as physiotherapists and sports scientists are a pragmatic solution to assist inactive people to become more active. Recognition of financial and other social impediments to using such services is also critical.

Due to the limitations on what can be done, given the pressures (eg time, money, expectations) on many health workers, there need to be practical, clearly defined and realistic steps for practitioners to take. Primary health care practitioners also play an important role in building partnerships for action with other settings eg schools and community. This is dealt with under the relevant settings.

Evidence for interventions

Although there are many studies in this area, particularly in relation to general practice, the Review of Evidence³ found few interventions have been tested within the time and resource constraints of routine practice and interventions mostly resulted in short-term changes in physical activity. Nonetheless there is evidence to suggest:

- GP-based interventions are effective, at least in the short term, particularly when the primary focus is physical activity.
- Priority should be given to undertaking brief physical activity interventions to advise patients with health risk factors and other conditions (eg hypertension, elevated blood pressure/cholesterol, overweight or obesity, glucose intolerance, or symptoms of anxiety or depression), as well as those who have had key health events (eg cardiac event, diabetes diagnosis) about the health benefits of increased physical activity.
- Primary care practitioners working in partnership can assist people achieve more sustained increases in physical activity participation.
- The onset of Type 2 diabetes can be prevented or delayed with improvements in lifestyle following intensive advice and support, though the tested interventions are costly and time intensive.³
- There is potential to achieve behaviour change using two or more forms of mediated interventions eg print materials plus phone or internet advice but more information is needed before moving to these less personal forms of counselling.

Strategic Links

There is considerable work in this area and the challenge is to build good partnerships to support the expansion of effort and to minimize duplication.

- The SNAP (Smoking, Nutrition, Alcohol and Physical Activity) Framework for General Practice⁵³ outlines strategies to address risk factors including physical inactivity and it is important that all work is consistent with this framework. The SIGPAH Co-chair sits on the SNAP Implementation Committee.
- The 2003–04 *Focus on Prevention Package*⁵⁴ federal budget initiative is aimed at helping to raise awareness of the role of health professionals in prevention, and build a national approach to lifestyle prescriptions. Work is progressing in this area and integration with this work is vital.
- Also included in the Package is a proposal to develop a *priority setting mechanism for prevention* to assess the relative efficiency of a range of alternative disease prevention interventions to better inform decision making.
- A number of states (NSW, VIC, WA) have general practice based initiatives which include physical activity oriented components; these could be expanded across jurisdictions.
- The Royal Australian College of General Practitioners (RACGP) have developed a *Practice Guide to SNAP* outlining the organisational strategies and appropriate clinical interventions that may be used within general practices to support patients in risk factor change.
- Queensland Health have commenced work on defining the role of all health services in relation to physical activity; this may prove useful for other jurisdictions.
- The *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander Peoples*⁵⁵ includes a significant section on the importance of and strategies for supporting Aboriginal people to be active. The Adelaide Workshop also recognized the importance of supporting health workers to support healthy weight. **AW p7**

Actions*Policy related actions:*

1. Promote the (proposed) Statement on the Importance of Physical Activity (see Introductory notes) throughout the health sector and urge all health organisations to commit to promoting physical activity.
2. Building on the work of Queensland Health, define and disseminate appropriate roles for health care services, including Indigenous health services, in promoting and supporting physical activity.*

Program related actions

3. Support the coordinated development and expansion of physical activity related lifestyle script initiatives especially for high need groups* and customise scripts to meet and respect cultural differences **AW p7**. Explore options to expand the scripts program beyond general practice to other health professionals including Aboriginal Health Workers.
4. Ensure Indigenous specific programs (eg diabetes, healthy weight) and mainstream programs include accurate information on physical activity. **AW p7**
5. Support the development and dissemination of specific physical activity programs (training, resources etc) to support health workers to assess, inform and refer patients at key life stages and events eg post cardiac event, during pregnancy, for new parents etc.
6. Support the development and dissemination of common and culturally appropriate tools to encourage and support health workers to effectively refer clients to community-based physical activity support services.*
7. Trial an Australian version of the diabetes prevention programs based on the successful intensive lifestyle advice programs.
8. Trial innovative interventions to provide physical activity advice to individuals using new and emerging technologies to support physical activity eg internet, automated phone systems.

4.2.6 Neighbourhoods And Community Organisations – including local government, transport, sport and recreation

Key outcomes sought:

1. Policies, programs and physical and social environments relevant to local communities support people to be active and to participate in planning for physical activity.
2. All Australians, but particularly those who are inactive, have access to appropriate physical activity options through community organisations.
3. Increased and more coordinated health sector support for other relevant sectors in relation to physical activity.
4. Sustainable partnerships with other sectors support a more coordinated approach to the development, delivery and evaluation of physical activity initiatives.

Key indicators – 2008

- Identifiable strategies to manage legal liability impediments.
- Increased, nationally coordinated actions to strategically promote active transport underpinned by sustainable partnerships.
- Improved quality and availability of community based physical activity related services and programs for inactive, disadvantaged people particularly Indigenous communities.

Rationale

Ideally the neighbourhoods in which people live, work, study and play should be supportive environments for people to be physically active. This should include:

- Environments that encourage physical activity eg urban design, cycle paths, bike facilities, walking paths, playgrounds, parks and other open spaces amongst others.
- Active transport and commuting opportunities eg walking and cycling, linked public transport.
- Accessible, safe, affordable and diverse sport and recreation opportunities, services and programs eg fitness and community centres, playgroups, group programs especially for those who are inactive.³
- Organisational policies that encourage and support people to be physically active within their neighbourhoods eg clubs that include walking opportunities.
- Coordinated cross sectoral approaches to support all of the above.

It is clear that it is not easy to change individual behaviour without also developing environments that make it easy to be active. The health sector can assist by working in partnership with other lead sectors including local government, urban planning, sport, recreation and fitness and transport to achieve common outcomes. The needs of rural and remote communities need special consideration. There is also considerable concern that legal liability issues have reduced opportunities to be active. This includes such things as limiting public events where people can be active, discouraging signage suggesting people use stairs, impeding active transport initiatives etc.

The challenge is to provide national leadership and support for physical activity promoting policy and practice as well as encouraging local creativity and flexibility. The creation of supportive local environments underpins all parts of this Plan and will impact on the whole population.

Evidence for interventions

This is a very new area that is only now being studied extensively but the evidence will continue to grow. The Review of Evidence³ found:

- That many objective and perceived environmental attributes are related to physical activity including transport-related walking and cycle trips. Factors include access to and proximity of facilities and open space, aesthetics, safety, footpaths, traffic urban design and more.
- In terms of transport there is some evidence that interventions targeting increases in active transport modes can be successful but it is necessary to address policy, environmental and social supports.
- Evidence regarding the impact of infrastructure (eg sign posting, recreation services, exercise equipment etc) on physical activity levels is mixed however there is potential to impact on the daily actions of large numbers of people.
- There is good evidence on the health benefits of active commuting.³
- The “creation of or enhanced access to places for physical activity combined with information outreach activities” will support people to become active.³

Strategic Links

- The Sport and Recreation Ministers Council agreed to work closely with the National Obesity Taskforce to develop a nationally coordinated, collaborative approach to help increase levels of physical activity.¹³
- There are tools and programs to assist local government plan supportive environments eg NHF’s Supportive Environments for Physical Activity (SEPA), Supportive Environments for Active Living (SEAL) or the WA Government’s Liveable Neighbourhood Guidelines for Developers. Strategically and systematically encouraging uptake of these guidelines is important.
- There is considerable action to support active transport initiatives designed to encourage people to regularly walk or cycle or catch public transport to destinations.
- The Adelaide Workshop identified the principle “Recreation, fitness, sports, active living, parks arts/culture all contribute to social and emotional well being, enhanced quality of life, fine motor skill development, health and weight control” and identified the need for the provision of accessible and acceptable services for Indigenous Australians, both urban and rural and also the need for trained and supported community workers in sport, recreation and fitness.

Suggested actions are designed to complement this work.

Actions

Policy related actions:

1. Seek a joint Call to Action by Local Government, Planning and Health Ministers, the Australian Local Government Association and the Planning Institute of Australia to encourage people to be active.*
2. Seek a joint Call to Action by Sport and Recreation and Health Ministers to encourage people to be active.*
3. Review options and opportunities to support physical activity through healthy public policy (eg changes legal liability, supportive codes and standards, legislation, financial (dis)incentives, health impact assessment tools etc).⁵⁰ Ensure particular consideration of the needs of Aboriginal and Torres Strait Islander communities.* **AW p10**

4. Work with state/territory and local governments to seek commitment to ensure good practice community planning guidelines support physical activity and are routinely required for community and neighbourhood plans (eg integrated planning for 'mixed-use localities', availability of swimming pools in rural areas).*
5. In collaboration with other sectors develop a nationally coordinated, sustainable approach to promoting and supporting active transport and commuting.

Program related actions:

6. Seek commitment from relevant agencies to a national approach to coordinate the provision of programs and services that improve the capacity of Aboriginal and Torres Strait Islander communities to participate in an active living lifestyle. This should include providing all Indigenous communities with adequate funding to recruit and train a sport and recreation officer and the development and maintenance of infrastructure required to support participation in physical activity. **AW p10**
7. Work with the local government sector to determine the needs of the sector, and disadvantaged people to inform the coordinated development, testing and implementation of innovative and best practice physical activity programs and policies.
8. Develop and promote tools, resources and training packages for local government and community organizations on 'good practice' options to overcoming community barriers to physical activity and to creating supportive environments.*
9. In partnership with the sport and recreation industry develop strategies to ensure and promote the comprehensive availability and quality of community based physical activity related services and programs (eg fitness centres, walking groups, strength and balance programs etc) especially for disadvantaged populations.

Part 4.3 – Overarching Strategies

4.3.1 Community Education

Key outcomes sought:

1. All Australians, but particularly those who are inactive, have sufficient knowledge, skills and understanding of the importance of, and ways to be, active.
2. A committed, sustained and coordinated health sector approach to community education about physical activity.

Key indicators – 2008

- A long term plan for a strategic, coordinated approach to community wide education for physical activity.
- Priority population groups (inactive, disadvantaged, Indigenous Australians, children, older people, vulnerable groups) have improved knowledge of physical activity guidelines.
- Increased range of culturally appropriate resources available for inactive and disadvantaged Australians.

Rationale

The general public need access to consistent physical activity information that is evidence based, easily understood, reviewed regularly and widely available. Increasing individuals' knowledge does not necessarily lead to behaviour change but is an important component of broader community-wide interventions and can contribute to significant improvements in levels of physical activity.⁵⁶

Community education needs to focus on the whole community as well as the needs of specific target groups and different communities. In particular, there is a need to focus on those who are inactive or have particular health related needs and ensure strategies include reference to different population groups (including older people and Indigenous Australians), a variety of low cost physical activity options and the value of short bouts of exercise. Community education should make use of a range of media and support services eg web sites, public relations, specific marketing initiatives, education etc. The work in this area complements and supplements that of all settings and population groups.

Evidence for interventions

The Review of Evidence³ confirmed the effectiveness of increasing the awareness of large populations through 'mediated approaches' but changing behaviour is more complex. Evidence suggests:

- Media strategies need to be part of a coordinated whole of community approach eg community events, screening, policy changes etc.
- Tailored print materials, telephone and the internet can be effective though use of more than one method increases effectiveness. "In situations where the delivery of effective advice, motivational prompts and practical guidance to large numbers of people at low cost is crucial, mediated interventions are potentially the "way of the future".³
- Community wide campaigns and mass media campaigns are recommended by the US Guide to Preventive Services.³

Strategic Links

- The National Obesity Taskforce has included Support for Families and Community wide education as a key action area. This includes a focus on physical activity along with nutrition and healthy weight and ensuring coordinated action will be essential.
- A number of states and territories have developed their own media strategies (eg *Find 30 It's not a big exercise* in WA; *be active Find 30* in SA and previously the Active Australia campaign *Exercise: Take it regularly, not seriously*). Coordinating approaches to achieve efficiencies, while recognising jurisdiction preferences, is important.

Actions*Policy related actions*

1. Develop and commence implementation of a comprehensive national five year marketing plan for physical activity including a common identity and image for all physical activity community education initiatives building on current initiatives around Australia.*

Infrastructure related actions

2. Seek opportunities to further develop and disseminate (using various media) the National Physical Activity Guidelines and/or appropriate complementary resources including:
 - for specific population groups (inactive people, disadvantaged, children (in progress), older people, multicultural).
 - in relation to specific needs (eg for those who are overweight, disabled, mobility problems).
 - in relation to specific issues (eg diabetes, prevention of falls, cancer etc).
3. Determine and develop an acceptable effective form of communicating the National Physical Activity Guidelines for Indigenous Australians. **AW p7**
4. Review options for high profile public recognition of innovation in promoting active living across the full range of settings eg awards programs.

4.3.2 Whole of Community Demonstration Areas

Key outcomes sought:

1. Improved good practice interventions to support inactive people to be active through innovative action involving all sectors, organisations, population groups and methodologies in a community location.
2. Coordinated health sector approach to testing community interventions.

Key indicators – 2008

- Demonstration areas in all jurisdictions including two Indigenous communities.
- Mechanisms to co-ordinate the approach to demonstration areas and dissemination mechanisms established.

Rationale

An integrated multi-strategy approach to healthy lifestyles in general and physical activity in particular offers promise in achieving good outcomes. This involves significant community involvement to support the community to be more active through the implementation of good practice strategies involving different sectors and supportive policies, programs for individuals and groups, supportive environments for physical activity and infrastructure in terms of information, workforce etc. If done well and in a sustainable way this has great potential for Indigenous Australians as well as disadvantaged communities.

Evidence for interventions

Although there is still relatively little research on sustained physical activity related interventions evidence suggests that they should be done in partnership with communities and in multiple settings.⁵⁷ Community wide campaigns such as suggested here are recommended by the US Guide to Preventive Services.⁴⁸

Strategic Links

- Australian Health Ministers have supported the recommendation of the National Obesity Taskforce to establish whole of community demonstration areas in all states and territories and including at least two Indigenous communities. Evaluation is a crucial component to build the evidence about what works well and why. This section seeks to ensure the demonstrations have a strong physical activity component.
- Victoria, South Australia, Queensland (Rockhampton) have or are establishing demonstration areas which will make useful case studies.
- A variety of resources and initiatives can be implemented in demonstration areas eg Supportive Environments for Active Living through the National Heart Foundation.

Actions

Program related actions:

1. Support the establishment and evaluation of demonstration areas in each State and Territory (including at least two Indigenous communities) which comprises comprehensive, community-wide interventions, including a strong focus on multiple evidence-based physical activity related strategies. Ensure high quality physical activity input in all phases of the demonstration programs.*
2. Ensure the results of the community wide demonstration projects are widely and effectively disseminated and inform policy and interventions, both within health and other sectors.*

4.3.3 Capacity Building

Key outcomes sought:

1. Strengthened capacity of health workers to promote and support Australians to be active.
2. Improved knowledge, confidence, skills and resources in health care professionals to routinely promote physical activity with their clients and the community and refer appropriately.
3. Sustainable partnerships within the health sector and with other sectors to support a more coordinated approach to workforce development.

Key indicators – 2008

- A health sector workforce plan for physical activity.
- Core physical activity components included in training programs.
- Increased sustainable partnerships with other sectors to collaboratively support workforce development.
- Newsletter providing up to date information on physical activity.

Rationale

There is potentially a large workforce in the health sector, as well as in other sectors and the community, who can help support and encourage inactive Australians to be active. This potential however is limited by a lack of understanding of the issue, its importance and the evidence base for action, hence the capacity does not match the size of the problem. The workforce needs to be defined but includes all those who are in a position to assist or support individuals and groups to be active. The health sector must ensure its workforce is sufficient in size, ability and location to support more people to be active but it also has a role to play in building the capacity of workers in other sectors (eg the fitness industry, community workers, sport and recreation officers, teachers, child care workers etc) and the community (eg volunteers, walking group leaders, carers) to provide effective advice, programs and support for physical activity.

Implementation of the actions in *Be Active Australia* will require the workforce to have good training, regular access to the latest evidence about good practice, management support, good networks and partnerships, role clarity and sufficient resources to achieve the desired outcomes.

Evidence for interventions

In order to inform the development of *Healthy Weight 2008* a national survey was undertaken of current capacity in the health sector. This included investment in non-government organizations but the results primarily reflect government based capacity. The findings suggest that “Overall ... there exists only a very limited strategic readiness to take on the difficult challenge of halting and reversing an epidemic of overweight and obesity among Australians.”³

Strategic Links

- Workforce capacity was a critical issue at the Adelaide Workshop. Key principles were:
 - Increase the availability of appropriate accredited on site/local training and professional development.
 - Increase participation of Aboriginal and Torres Strait Islander health professionals in accredited training and professional development.
 - Ensure alignment with the objectives in the A&TSI Health Workforce national Strategic Framework (May 2002).

The Report includes nine recommended actions included below. Although the recommendations are specific to physical activity, opportunities to have integrated nutrition, physical activity and healthy weight approaches are recommended.

- Most jurisdictions have conducted a Physical Activity Specialist Training Course and there are a number of other staff training programs and workshops; there has been some training for general practitioners.
- A National Physical Activity conference was held in Perth in 2003.
- Some states have funding for specialist physical activity coordinators.
- Organisations in other sectors (eg the Fitness Accreditation Council) have developed programs to support their workforce. There are excellent opportunities for partnerships to progress actions in this area.

Actions

Infrastructure related actions:

1. Undertake a review of the physical activity related workforce in the health sector (numbers, role, organisations, qualifications, training needs) and develop a workforce plan including key competencies. **AW p6**
2. Incorporate physical activity as a core component of relevant health related training programs including Aboriginal and Torres Strait Islander Health Worker training. **AW p6**
3. Develop a nationally accredited professional development program on physical activity and make widely available to those whose work can impact on physical activity; ensure relevance and delivery to those working with Indigenous Australians, both in health and in other roles. Develop, disseminate and maintain a catalogue of relevant training opportunities. **AW p6**
4. Increase the number of A&TSI health professionals in specialist positions in physical activity and contribute to strategies designed to address issues related to Aboriginal and Torres Strait Islander health worker positions (across government and non-government agencies). **AW p6**
5. Work in partnership with other sectors to ensure the non-health workforce (teachers, fitness leaders, community development workers) and interested community members can access appropriate training to support their role in physical activity. This includes training relevant to different population groups (eg older people, disabled, culturally and linguistically diverse communities), different settings (schools, aged care).
6. Support a physical activity clearinghouse function to disseminate up to date information on a range of physical activity related issues and initiatives to support health workers and those in other sectors. In particular, establish a national organization for A&TSI professionals to provide ongoing support, networking, information sharing and professional development including training and education. **AW p6**
7. Develop a national electronic newsletter to provide updated information to the health and related sectors workforce on the latest information in physical activity, innovation and good practice initiatives throughout Australia.*
8. Develop best practice guides for community workers to assist in implementation of good practice for individuals and communities including a focus on low income and inactive people.

4.3.4 Evidence, Research, Monitoring and Evaluation

Key outcomes sought:

1. Comprehensive, regular and consistent information about physical activity levels, knowledge, attitudes, intentions and behaviours across all age groups as well as social and physical environments to inform physical activity related policy, programs and environments.
2. High level understanding by the health sector and other sectors, of the determinants and consequences of physical (in)activity and the effectiveness of potential interventions.
3. Health sector workers have reliable, relevant and timely information to influence decision making.
4. Sustainable partnerships within the health sector and with other sectors to support a more coordinated and strategic approach to research, evaluation and monitoring.

Key indicators – 2008

- An agreed physical activity monitoring strategy for all Australians including key indicators.
- Reliable baseline data on the proportion of children and young people and older people meeting the relevant National Physical Activity Guidelines.
- Increased sustainable partnerships with other sectors to collaboratively undertake research and monitor information.

Rationale

The availability of regular, reliable, relevant data about a variety of factors related to physical activity including levels of physical activity, knowledge and attitudes, health impact etc is necessary to inform practice and enhance accountability. Ongoing commitment to and resources for research, evaluation and dissemination are also important in informing directions. Like nutrition, policy development, program planning, evaluation and reporting are hampered by inadequate and inconsistent data collections systems.⁵⁸ Australia needs a strategic approach to this issue to ensure the health system, alone and in partnership with other sectors, builds the physical activity evidence base. Measurement of the impact of the Plan relies on performance monitoring. Significant funding will be required for implementation.

Australia has a reliable and valid tool for measuring leisure time physical activity for adults 18–75 years (the Active Australia survey) and there is baseline and trend data for all states. There is however a significant lack of data on children and older people. While some data from other sectors is available there is not an integrated approach to monitoring things such as active transport, occupational physical activity etc.

Evidence for interventions

The Review of Evidence³ undertaken indicates that international and national plans will typically include strategies related to monitoring and surveillance, evaluation, research and development. The Review also confirmed:

- Physical activity intervention research is characterised by small sample sizes, including self report measures only, no long term follow up, not having physical activity as the main focus and being unpublished. It rarely includes high need groups and it is under-resourced in relation to the size of the problem.
- Research needs included:
 - The needs and issues of at-risk populations including Indigenous Australians and low socio-economic groups and inclusion of these groups in all physical activity related monitoring and evaluation systems.

- Developing the evidence base on the relationship between physical activity and mental health.
- Development of reliable measures of occupational, incidental and transport related physical activity.
- A culturally appropriate tool to monitor physical activity levels in remote Indigenous communities.
- The relationships between social and environmental factors and physical activity.
- There is a need for research related to older (including very old and frail) people including the benefits of different types of physical activity eg gardening; the acceptability, adherence and maintenance of participation among older people; the efficacy of home and community based strength training on a range of health outcomes.

Strategic Links

- Measurement and information was a major component of the recommendations from the Adelaide Workshop. Principles included the need to empower the community, to build the capacity of the community to conduct and utilise research for themselves and to use culturally appropriate models. Recommended actions included the importance of supporting local data collection as well as research, evaluation, surveillance and information management strategies which are outlined below.

Actions

Infrastructure related actions:

1. Develop a longer term plan for the development and implementation of a comprehensive, regular, coordinated national, state and regional physical activity monitoring and surveillance system and support practical implementation with a view to increasing collaboration across Australia and standardizing data collection. Consider issues related to local data collection as outlined in the Adelaide Workshop recommendations.* **AW p9**
2. Scope and develop specifications for a comprehensive, standard set of validated indicators (core indicators and additional periodic indicators) including key behaviours, environments and social factors related to physical activity which are culturally appropriate and can be used at national, state and regional local levels and across settings. Incorporate measures into existing data collection systems where appropriate in consultation with key stakeholders.* **AW p9**
3. Develop a reliable and valid tool for measuring the national prevalence of physical activity by children, young people and older people (potentially including strength and balance) and review applicability for different cultural groups.
4. Seek agreement with other sectors for the routine collection and use of non-health physical activity related data eg active transport, environmental data.
5. Conduct strategic and policy research to inform decision-making, and fast track the sharing and application of new research evidence Australia-wide.*
6. Establish mechanisms to assist (expertise, human resource and financial) health workers to effectively research physical activity programs including process and outcome measures; give special consideration to the needs of those involved in research related to Indigenous Australians.* **AW p9**
7. Support and/or develop partnerships to encourage research relevant to the health sector and to other sectors and promote more investment in high quality, collaborative physical activity research.

8. Support the development of well designed and evaluated studies related to all settings and population groups included in *Be Active Australia* as well as the work on community education and community demonstration projects.*
9. Data on physical activity at work and in getting to and from work to be added to the Active Australia Survey.
10. The National Public Health Information Working Group and the Strategic Inter-Governmental forum on Physical Activity and Health to work with the Australian Bureau of Statistics to adopt the Active Australia Survey (core of eight questions) as part of the National Health Survey.

Acronyms and Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ASC	Australian Sports Commission
ATSIC	Aboriginal and Torres Strait Islander Commission
DOHA	Commonwealth Department of Health and Ageing
GPs	General Practitioners
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
NACCHO	National Aboriginal Community Controlled Health Organisation
NHF	National Heart Foundation of Australia
NHPA	National Health Priority Area
NOTF	National Obesity Task Force
NPHP	National Public Health Partnership
PA	Physical activity
SCORS	Standing Committee on Recreation and Sport
SIGPAH	Strategic Inter-Governmental forum on Physical Activity and Health
SIPP	Strategic Injury Prevention Partnership

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