

# Response ID ANON-PR8U-2N84-U

Submitted to **Draft National Preventive Health Strategy**

Submitted on **2021-04-19 08:44:09**

## Introduction

### 1 What is your name?

**Name:**

Professor Jo Salmon

### 2 What is your email address?

**Email:**

admin@aspactivity.org

### 3 What is your organisation?

**Organisation:**

Australasian Society for Physical Activity

## VISION

### 4 Do you agree with the vision of the Strategy? Please explain your selection. (1000 word limit)

Agree

**Vision Text:**

We would like to see inclusion of 'evidence-informed strategies' in the Vision statement, as outlined here: "To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors via evidence-informed strategies and addressing the broader causes of poor health and wellbeing."

Please ensure that the term 'physical activity' (not 'physical movement') is used consistently throughout the document.

## AIMS

### 5 Do you agree with the aims and their associated targets for the Strategy? Please explain your selection. (1000 word limit)

Agree

**Aims Text:**

Strongly support increasing the investment in prevention. Arguably this should be the highest priority aim which underpins the overall vision of the Strategy. We encourage a "Health in all Policies" agenda which acknowledges that population health is often influenced, impacted or managed by sectors other than health.

- 5% of overall health expenditure is a start but given already stretched health services, identifying a novel funding mechanism to support a quarantined prevention fund is preferable (eg, the UK sugar tax). Other avenues of funding could incorporate expansion of the scope of the Medicare Benefits Schedule to fund more preventative health initiatives. EG, expanding access to exercise physiologists for those at risk of chronic disease, not just for rehabilitation; greater 'incentives' for GP's and clinicians to apply prevention practices.

We support the focus on "the best start in life" as this should result in implementation and action to improve the health of Australia's infants, children and young people. Adolescents in particular are often overlooked in preventive health strategies.

However, the majority of information presented in the strategy (particularly on p 8-9, but elsewhere too) relates to the burden of disease in adults and the benefits of adults being more active, for example. Given the preventative approach being taken here, it would be good for greater acknowledgment of the importance of physical activity in children, adolescents and young people for current and future health (including consideration that health and health behaviours track through the life-course).

ASPA is responsible for the Active Healthy Kids Australia initiative. The Report Card for Physical Activity for Children and Young People (2018) shows how poorly Australia is ranked for children's and adolescents' physical activity by the Global Alliance (<https://www.activehealthykids.org/australia/>). This is a major concern and should be reflected in the strategy, including not just overall physical inactivity, but also other markers such as:

- Physical activity participation in schools
- Active transport
- Active play
- Screen time
- Physical and muscular fitness
- Physical literacy (i.e., motivation, confidence and competence to be active)

We support a focus on quality of life and life expectancy. Quality of Life target should additionally focus on priority groups, including disadvantaged and Aboriginal

and Torres Strait Islander communities.

## PRINCIPLES

### 6 Do you agree with the principles? Please explain your selection. (1000 word limit)

Agree

#### Principles Text:

ASPA agrees with the Six principles in the Strategy, in particular a multi-sectoral collaborative approach. However, adequate and substantial ongoing funding will be required to enable a dedicated public health workforce. Burdening the current health workforce employed primarily in treatment and management of disease to also be responsible for prevention has been tested and simply isn't feasible.

We suggest establishing an enabling prevention system, including support for a dedicated prevention fund, strong prevention institutions, workforce capability and support for implementation. This draws from excellent content on pp 31-41.

## ENABLERS

### 7 Do you agree with the enablers? Please explain your selection. (1000 word limit)

Agree

#### Enablers Text:

1. Leadership, governance and funding
2. Prevention in the health system
3. Partnerships and community engagement
4. Information and health literacy
5. Research and evaluation
6. Monitoring and surveillance
7. Preparedness

We consider the focus on a systems approach is a key strength of this draft of the NPHS. It would be useful for this to be referenced to 'conceptual framework'. A useful example is the International Union for Health Promotion and Education (IUHPE). 'Ten System requirements for Health Promotion and the Primary Prevention of Noncommunicable Diseases (NCDs)' (IUHPE, 2018; Shilton & Robertson 2018).

Enabler 2 'Prevention in the health system' should be broadened to encapsulate other systems. Although this is mentioned in the policy achievements in Point 1, it would be stronger if population health is the responsibility of the whole system ("Health in all policies").

There is a risk that prevention is seen as the responsibility of only the primary health care sector and a diminished role of the public health and health promotion workforce. There is a need to better integrate the public health and health promotion workforce with the health care system, but there is also a need to better invest in a public health system and support of multi-sectoral, collaborative systems to embed health across the whole of government.

### 8 Do you agree with the policy achievements for the enablers? (1000 word limit)

Agree

#### Enablers - Policy Achievements Text:

1. Leadership, governance and funding
2. Prevention in the health system
3. Partnerships and community engagement
4. Information and health literacy
5. Research and evaluation
6. Monitoring and surveillance
7. Preparedness

#### Prevention in the health system

See previous comments regarding a conceptual framework for the system requirements for implementation success (IUHPE 2018; Shilton and Robertson 2018). See previous point about responsibility of all sectors. Agree that health should lead though.

With Policy Achievements in Point 2, more clarity is needed about the Public Health workforce. Who is this workforce and where will they be situated and how will this be resourced in the future?

"Although embedding prevention in the health system requires a shift in capacity and capability, through leadership, for all health workers" This should not be re-purposing of the current health workforce but a specifically funded and trained workforce.

"All Australians should have access to high quality, evidence-based information about how to manage their health and wellbeing through appropriate preventive action across each stage of their life." It is important to note here that health literacy starts from a young age. For children, physical literacy should be taught in schools (eg, Transform-Us!, iPLAY, KIDDO programs), adolescents (e.g., Physical Activity 4 Everyone, Resistance Training for Teens) and parents supported through parent education initiatives from infancy (eg, INFANT program).

Policy achievement: "A national health literacy strategy is developed and implemented, and guides health service improvements"

Cross-sectoral approaches are critical here, not just health service improvements. There is no mention of Education system engagement, Transport, Planning,

Sport or other sectors?

Sport Australia can play a strong and positive role in the promotion of physical activity (in addition to sport), however, in the last 2 years, Sport Australia has dismantled and defunded their innovative Physical Literacy program and Sporting Schools Plus program. The former aimed to promote lifelong improvements in Physical Literacy and the latter aimed to promote children's physical activity and Physical Literacy in the education and sport systems. This work should be reinstated.

ASPA recommends the NPHS incorporates a broader definition of health literacy to include physical literacy and lifelong learning through health, education, transport, planning and sport and recreation systems.

Research and evaluation

"A systematic approach to the prioritisation of preventive health research is established."

ASPA recommends a greater funding stream for preventative health research through the MRFF/NHMRC. Funding for scale-up and implementation of evidence-based programs that demonstrate partnerships between research, practice and policy is critical and should be given high priority.

"National guidelines are developed to ensure high-quality evaluation is a key part of preventive health policy and program development and implementation." This should read "National guidelines are developed and their implementation funded to ensure...." Our experience in national guideline development is that guidelines are often developed but there is no funding allocated to support dissemination or implementation.

"The development, testing and evaluation of preventive health interventions in Australia are enhanced" should be expanded to include an evaluation of scaled up preventative health interventions.

Monitoring and surveillance

"A preventive health governance mechanism supports the monitoring and surveillance of this Strategy." As above this should include a clear funding commitment.

Physical activity monitoring has been historically poor in Australia without any government commitment to an ongoing regular surveillance system using high quality objective measures. An on-going commitment to a funded regular monitoring system is critical for informing how we are meeting targets and where to invest funding in population strategies.

Preparedness

"Public health workforce is 'future proofed' through the enhancement of availability, distribution and the capacity and skills of the workforce." More clarity about the public health workforce is needed – which professionals does this include, what are their qualifications etc.? Public Health and Preventive Health are used interchangeably. It is pertinent to use the terminology 'Preventive Health and Health Promotion' more often in the NPHS. This applies to Health Promotion systems and the Health promotion workforce also.

Immediate priorities: (p. 42)

'2. We suggest "Increased investment in prevention and health promotion".

"4. Embedding prevention in primary health care and aligning with the Primary Health Care 10 Year Plan" This needs to be much broader than Primary Health Care, the medical system is already swamped! ASPA recommends building a sustainable public health workforce which engages with many sectors (eg, urban planning, food systems, the education sector etc) which will have far greater impact than just working through the primary health care settings.

"6. National health literacy strategy." A more sophisticated approach than just providing 'information' is needed here with a focus on skill building across the lifespan starting from a young age (for example physical literacy).

## FOCUS AREAS

### 9 Do you agree with the seven focus areas? Please explain your selection. (1000 word limit)

Agree

#### Focus Areas Text:

Decreasing sedentary behaviour seems to be an important focus area that has been omitted. We recommend focus area 3. Increasing Physical Activity be expanded to incorporate sedentary behaviour so the focus area title would be, "Increasing physical activity and decreasing sedentary behaviour". This reflects the national guidelines in Australia and internationally (e.g. 2020 WHO physical activity and sedentary behaviour guidelines' and the policy achievement targets outlined on page 53.

### 10 Do you agree with the targets for the focus areas? (1000 word limit)

Strongly Agree

#### Focus Areas - Targets Text:

Focus Area 3. Increasing Physical Activity

A single target under the physical activity focus area (compared with 8 under nutrition) is inappropriate and does not reflect the necessary life-course approach to addressing physical inactivity and decreasing sedentary behaviour in Australia, reflective of the Australian physical activity and sedentary behaviour guidelines. While we support the target of decreasing physical inactivity by 15% by 2030, we would also like to see additional targets included in the Strategy, consistent with the way the WHO Global Action Plan on Physical Activity 2018-2030 (which the Australian Government endorsed at the World Health Assembly in 2019), has approached their targets, and consistent with other global and national physical activity consensus documents e.g. ISPAH 8 Investments (2020), and Heart Foundation BFAA (2019). These targets should reflect different domains for action as below:

- A 15% reduction in sedentary behaviour. EG, reduce the prevalence of sedentary behaviour in adults and sedentary behaviour and screen time in children and adolescents
- Supportive environments for physical activity policy targets

- Physical activity participation in schools (eg, the Education state target (Vic Govt) By 2025, 20 per cent more students will be doing physical activity for an hour a day, five times a week.
- Increase in active transport
- Increase in active play
- Increase in physical and muscular fitness
- Increase in physical literacy for children and adolescents
- Increase in organised sport

National funding for routine and regular surveillance of physical activity and fitness (e.g., aerobic and muscular) of all Australians, including consensus on measurement methods among states and their government departments.

1) There is no national physical activity plan or strategy. It is important to see commitment made as a specific Physical Activity Policy or Action Plan to support and complement the NPH Strategy, just as there is a commitment to a food and nutrition, tobacco and alcohol policies. Without one physical activity will be the exception. The interface between the NPA Strategy and these specific area Action Plans needs to be consistently addressed.

2) Study conducted by Koorts et al (2019) shows that sport participation alone is not sufficient for addressing inactivity levels. Sport participation may be associated with activity later in life, but this potentially limited impact on activity levels is important to note.

REF: Koorts H, Timperio A, Arundell L, Parker K, Abbott G, Salmon J. (2019). Is sport enough? Contribution of sport to overall moderate-to vigorous-intensity physical activity among adolescents. *Journal of Science and Medicine in Sport*. 22(10): 1119-1124.

The overweight and obesity targets included in the nutrition focus area targets are also relevant to the physical activity focus area and should be repeated there. We should not perpetuate a myth that Obesity is related to nutrition alone.

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
- Reduce overweight and obesity in children aged 5-17 years by 5% by 2030

Links between physical activity and mental health and screen-time and mental health should also be noted.

## 11 Do you agree with the policy achievements for the focus areas? (1000 word limit)

Agree

### Focus Areas - Policy Achievements Text:

#### Focus Area 3. Increasing Physical Activity

- The policy actions in the increasing physical activity focus area centre almost exclusively on active recreation/structured activity (e.g. sports).
- There needs to be specific attention to walking and cycling infrastructure and a built environment that is supportive of walking, cycling and everyday movement as well as recreation.
- Discretionary activity would be difficult to measure, but an emphasis on active play (particularly in children) would be useful. This could link into a parent-based policy achievement which is also currently lacking.
- The strategy must include a policy action to have a national physical activity plan to align Australia with almost all other developed nations and guide this focus area, and link strongly with the NPH Strategy.

“Behavioural and social marketing approaches are used to modify the travel behaviours of Australians to be more active”

As shown by recent examples, the infrastructure needs to be there to support this (i.e. separated bike lanes, safe walking infrastructure, connected bike and walking routes (ie. going to destinations where needed!), protected intersections, crossings etc). The evidence clearly shows that if people don't feel safe, then they will not choose active transport options.

“Increased physical activity and reduced sedentary behaviour is promoted and facilitated in Australian workplaces”

Agree, but same for schools, kindergartens and child care settings as well.

“Pre-school, primary and secondary schools are supported to ensure that children and students are physically active”

Agree, but how? This is very broad. What we want to avoid is this falling onto PE (as an example) – activity opportunities needed throughout the day. We recommend whole-of-school approaches to physical activity. See for example, the Victoria government's Joint Ministerial Statement on Physical Activity for Children and Young People between the Ministers for Education, Community Sport and Health sets out how schools, in partnership with families and the community, can set our children on a physical activity path for life, including through the Active Schools Framework.

(<https://www.education.vic.gov.au/about/programs/Pages/activeschools.aspx>)

Support for schools through links with school districts and local government is an important strategy for implementation.

Note – this is the only child-specific policy action.

Recommend expanding this to also include child-care settings (to use proper terminology childcare and preschool could be encapsulated in) – “are physically active across the day in both indoor and outdoor environments through structured and free play opportunities”

- An additional point: Early Childhood Education and Care (ECEC) settings, primary and secondary schools are supported to ensure that children and students receive formal instruction on physical literacy including fundamental movement skills
- Perhaps also: ECEC staff and school teachers receive training to enable them to facilitate physical activity and physical literacy for the children in their care
- Commitment to regular national data collection for surveillance of physical activity levels for children and adults is needed

Mass media campaigns that link to actionable behaviour change are used to create healthier social norms and influence physical activity behaviour

These campaigns should be underpinned by social marketing principles that include supportive programs and environments, and integrated with the other policy

achievements.

Health care professionals are trained and supported

- In addition to “health care professionals” the strategy also needs to incorporate the physical activity preventive health and health promotion workforce (eg. PE teachers, Recreation officers, active transport workers, exercise physiologists, physiotherapists, occupational therapists, health promotion officers, etc.)

“Communities are encouraged and supported to deliver locally designed programs that support physical activity, which are inclusive and promote social connection through physical activity.”

Investment should focus on implementing and scaling up evidence-based or evidence-informed programs. Taking a systems and implementation science approach, ideally these programs would be implemented through key stakeholders in the physical activity system. These should be adapted in accordance with local needs.

#### REFERENCES:

Koorts et al. Mechanisms of scaling up: combining a realist perspective and systems analysis to understand successfully scaled interventions. *International Journal of Behavioral Nutrition and Physical Activity* (2021) 18:42 <https://doi.org/10.1186/s12966-021-01103-0>

Koorts et al. Implementation and scale up of population physical activity interventions for clinical and community settings: the PRACTIS guide. *International Journal of Behavioral Nutrition and Physical Activity* (2018) 15:51 <https://doi.org/10.1186/s12966-018-0678-0>

## CONTINUING STRONG FOUNDATIONS

### 12 Do you agree with this section of the Strategy? Please explain your selection. (1000 word limit)

Strongly Agree

**Continuing Strong Foundations Text:**

## FEEDBACK

### 13 Please provide any additional comments you have on the draft Strategy. (No word limit)

**Comments Text:**

The strategy is a good step forward in moving the prevention agenda along at the national level. It is great to see funding targets as part of the strategy as well as whole of life and a systems focus. ASPA looks forward to having input to the “Blueprint for Action” and welcome the implementation of the strategy, with adequate funding allocation to ensure it meets its aims and vision.