

## Physical Activity

### Policy Position Statement

**Key message:** PHAA will:

1. Advocate for the implementation of Australia's (i) Physical Activity and Sedentary Behaviour Guidelines and (ii) 24-hour movement guidelines for 0- to 17-year-olds.
2. Support principles and tangible actions designed to facilitate population-wide increases in physical activity to improve physiological and psychological health, and social, environmental, and economic outcomes.
3. Advocate for a stand-alone Physical Activity Action Plan that aligns with the National Preventive Health Strategy.

**ASPA Feedback:**

- Increase clarity by re-wording the current first priority to note that the PHAA 'supports' the WHO's GAPP target of a 15% reduction in Physical Inactivity.
- Remove priority No. 2 and list the advantages of physical activity within the benefits section.
- Shift the priorities so that No.3 is listed first to emphasise the importance of the development of a National Physical Activity Action Plan.
- Add an additional key message that there is no single policy solution to address population levels of inactivity and a coordinated approach across the ISPAH eight best investments for physical activity should be adopted.

**Summary:** Regular physical activity reduces the risk of all-cause mortality and is a cost-effective way to prevent and manage a wide range of non-communicable diseases. Benefits are physiological, psychological, social, environmental, and economic. By contrast, sedentary behaviours, such as prolonged sitting, may increase the risk of cardiovascular disease, type 2 diabetes, obesity, and some cancers. Twenty-four hour movement behaviours consider physical activity, sedentary behaviour, and sleep collectively as these behaviours are mutually exclusive and exhaustive components of a 24-hour day and have been shown to be independently associated with physical and psychosocial health. Inter-sectoral action is needed to promote and support physical activity and reduce sedentary behaviour.

**ASPA Feedback**

Consider adding more detail regarding the inter-sectoral collaboration and partnerships needed to facilitate change

**Audience:** Federal, State and Territory Governments, policy makers, and program managers.

**ASPA Feedback**

Local Governments are another key additional audience

**Responsibility:** PHAA's Health Promotion Special Interest Group (SIG).

**Date policy adopted:**

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

- [Australian Department of Health - Physical Activity and Sedentary Behaviour Guidelines for adults, older Australians and pregnancy](#)
- [Australian Department of Health - 24 hour movement guidelines for 0 to 5 year olds and 5 to 17 year olds 2019.](#)
- [Australian Institute of Health and Welfare physical activity](#)
- [Australian Council for Health Physical Activity and Education](#)
- [Active Kids Australia](#)
- [International Society for Physical Activity and Health \(ISPHA\) -Eight Investments That Work For Physical Activity](#)
- [Heart Foundation - Blueprint for An Active Australia](#)
- [Exercise & Sports Science Australia](#)
- [Sedentary Behaviour Research Network](#)
- [PHAA Low Emissions and Active Transport Policy](#)
- [WHO Global Action Plan on Physical Activity 2018-2030](#)
- [WHO Guidelines on Physical Activity and Sedentary behaviour](#)

#### ASPA Feedback

Divide the current list into International and Australian resources including;

International – GoPA Physical Activity Report Cards; Australasian Society for Physical Activity

Australian - Getting Australia Active III A systems approach to physical activity for policy makers;

List additional relevant PHAA policies such as Physical Activity and Mental Health, Prevention and Management of Overweight and Obesity, Planetary Health etc

#### The Public Health Association of Australia notes that:

1. Regular physical activity leads to a decreased risk of all-cause mortality. Benefits from regular, moderate intensity physical activity span psychological, physiological, social, environmental, and economic domains. Evidence<sup>(1-3)</sup> indicates that regular physical activity reduces the risk of:
  - i. mortality and morbidity from coronary heart disease;

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- ii. developing non-insulin dependent diabetes (NIDDM), colon cancer, breast cancer, osteoporosis, and fractures;
  - iii. experiencing stress, anxiety, and feelings of depression and loneliness; and
  - iv. cognitive decline and Alzheimer's disease.
2. Regular physical activity has positive impacts over the course of a lifetime including<sup>(1-3)</sup>:
- i. helping to control weight, blood pressure, and blood lipid profile;
  - ii. promoting psychological well-being, better cognition, social interaction, and social integration;
  - iii. improving muscle and bone strength;
  - iv. improving fitness, coordination, and movement skills in children and youth; and
  - v. enhancing functional capacity and independent living among older adults.
3. Physical inactivity is responsible for between 10 and 20% of the disease burden for related chronic conditions. Physical inactivity contributes to the premature death of 16,178 people each year in Australia<sup>(4)</sup>.

### **ASAP Feedback**

**Consolidate Health benefits and list the additional Social, Economic and Environmental benefits that are referred to in the initial 'Key Messages' section**

4. The Australian Government Department of Health's Physical Activity and Sedentary Behaviour Guidelines for Australian adults (18-64 years), older Australians (65 years and older), and pregnant women provide recommendations on the amount of moderate and vigorous intensity physical activity and strengthening activities required each week to optimise health outcomes across the life-course. These guidelines also provide recommendations on limiting sedentary behaviour. The Australian Government Department of Health's 24-hour Movement Guidelines for Australian children aged 0-5 years and 5-17 years consider physical activity, sedentary behaviour, and sleep in the context of a 24-hour period to optimise health outcomes<sup>(5)</sup>.
5. Specifically, adults aged 18-64 years are advised to (i) accumulate 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity (or an equivalent combination of both moderate and vigorous activities) per week and (ii) engage in strengthening activities at least 2 days each week. They are also encouraged to be active on most, but preferably all, days and it is noted that doing any physical activity is better than doing none<sup>(5)</sup>.

6. Sedentary behaviour is different to physical inactivity. Physical inactivity is the term used to identify people who do not engage in the recommended amount of regular physical activity. Sedentary behaviour encompasses a broad range of behaviours characterised by sitting or lying down that require low levels of energy expenditure ( $\leq 1.5$  metabolic equivalents). Sedentary behaviour is linked to specific health indicators in adults. Recent research indicates higher amounts of sedentary behaviour increases the risk of all-cause, cardiovascular disease (CVD), and cancer mortality as well as the incidence of CVD, cancer, and type 2 diabetes. To date there is insufficient research to quantify (time-based) sedentary behaviour recommendations<sup>(6, 7)</sup>. However, sedentary behaviour recommendations acknowledge the need to minimise prolonged periods spent sitting<sup>(5)</sup>.

**ASPA Feedback**

**Consolidate reducing the Sedentary behaviour section which appears disproportionately long**

7. More than half of Australian adults (55%), 70% of children aged 2 to 17 years, and only 2% of teenagers meet the Australian guidelines for physical activity<sup>(4)</sup>. Physical inactivity increases with age, is greater in regional versus metropolitan areas, and increases with socioeconomic disadvantage.

**ASPA Feedback**

**Consider including a statement that these rates of physical activity indicate that only half of adults are adequately active, these rates compare poorly with other similar OECD nations and demonstrate why Australia urgently requires a National Physical Activity Action Plan to address the trends**

8. Reducing physical inactivity by 10% each year is estimated to reduce health sector costs by \$96 million and increase leisure-based, home-based, and workforce productivity by \$79 million, \$71 million, and 12 million respectively<sup>(8)</sup>.

**ASPA Feedback**

**Assist clarity by separating inactivity costs and increased leisure-based benefits into separate dot points and add number nine to the inactivity costs.**

9. In 2019, the estimated annual healthcare costs attributable to physical inactivity were estimated to range from \$681.1 to \$850 million<sup>(8)</sup>.
10. In the face of powerful societal pressures to be sedentary, population-wide, coordinated, multi-platform strategies are required to create policies, services, and physical and cultural environments that provide maximum opportunity to be active<sup>(9-11)</sup>. Policy and environmental initiatives include: educational outreach activities, community and street urban design, active transport policies and practice, and community-wide policies and planning<sup>(11)</sup>. All of these initiatives should be supported by an overarching policy such as a national physical activity plan.

ASPA Feedback

Update recommended policy and environmental initiatives with ISPAH eight best investments - as several are not listed here. Referencing the eight best investments in Number 10 would also address Number 11.

11. Schools provide a convenient setting for reaching the vast majority of children aged between 5 and 17 years<sup>(12)</sup>. Well-conceived school-based physical activity interventions, such as high quality physical activity lessons and recess and walk to school initiatives, may be effective in increasing the amount of time students spend being physically active<sup>(13, 14)</sup>. For children and youth, environmental attributes such as neighbourhood walkability, traffic speed/volume, access/proximity to recreation facilities, land-use mix, and residential density are important correlates of physical activity. Accordingly, future strategies should also include community and policy level interventions outside of the school environment<sup>(15-18)</sup>.
12. For adults, interventions in communities, worksites, health care settings, and at home have been successful in increasing physical activity. Physical activity choices need to be convenient, easy, safe, and enjoyable so that they can be incorporated into people's everyday activities<sup>(19-21)</sup>.
13. A number of individual, social, and structural barriers need to be addressed in the design of physical activity interventions for older adults<sup>(22)</sup>. For example, walking for transportation as part of daily life for many older adults can be an option for increasing physical activity. However, specific challenges exist including lack of benches on which to rest, absent or poorly maintained sidewalks, and excessive traffic speed<sup>(22-24)</sup>. A whole-of-system approach incorporating individual, social, and environmental factors is required to meet the needs of older adults<sup>(25)</sup>.

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

14. Development and implementation of a comprehensive and well-resourced national physical activity action plan that aligns with the National Preventive Health Strategy. This plan should promote physical activity with a multi-sector, multi-disciplinary public health response incorporating researchers, research funders, and practitioners in: culture, education, health, leisure, planning, transport, and civil society. This will help to align physical and health objectives with broader social, environmental, and sustainability goals. The plan should include a national system to monitor and evaluate progress towards this goal and ensure that physical activity is a policy priority of the major political parties

ASPA Feedback

Commence section with reference to joining other equivalent OECD countries who have implemented National Physical Activity Plans. Eg Join other equivalent OECD countries who have developed and implemented a .....

Recommended additional reference: *Physical Activity Promotion and the United Nations Sustainable Development Goals: Building Synergies to Maximize Impact*

<https://journals.humankinetics.com/view/journals/jpah/aop/article-10.1123-jpah.2021-0413/article-10.1123-jpah.2021-0413.xml>

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

15. Lobby government for adequate resourcing of a comprehensive national strategy to promote physical activity, and introduce a national physical activity action plan to ensure that physical activity is a policy priority of major political parties.

**ASPA Feedback**

Consider rewording to - Lobby government for a national physical activity plan and funding to deliver the plan as a policy priority of major political parties.

16. Lobby government to ensure groups who are less likely to be physically active (e.g., women, older adults, people from culturally and linguistically diverse backgrounds, and other minority groups) are adequately targeted in programs, policies, and promotional campaigns.

**ASPA Feedback**

Align recommendation to Australian data listed in point 7.

17. Participate in inter-sectoral partnerships to promote active transport, improved urban planning and liveable neighbourhoods, parks and trail design, and increased green space.

**ASPA Feedback**

Align inter-sectoral partnerships list to the ISPAH Eight best investments noted previously

**ADOPTED 1998, REVISED AND RE-ENDORSED IN 2002, 2007, 2010, 2014, 2017, 2021.**

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

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