

ASPA Physical Activity in Healthcare Special Interest Group (SIG)

Terms of Reference – 25 August 2023

1. Aim

Physical activity promotion by health professionals is a key strategy to increase population physical activity levels. This strategy has been outlined in the World Health Organisation's (WHO) 'Global Action Plan on Physical Activity' (GAPPA), the International Society for Physical Activity and Health's 'Eight investments that work for physical activity', and the Heart Foundation's 'Blueprint for an active Australia'.

WHO GAPPA action items outline the need to strengthen pre and post-service training of health professionals to increase their knowledge and skills for an active society (action 1.4); and to implement and strengthen patient assessment and counselling on increasing physical activity and reducing sedentary behaviour (action 3.2). These action items are part of a multi-faceted approach to reach a 15% reduction in global prevalence of physical inactivity in adults and adolescents by 2030. In Australia these action items are an urgent priority, with only 16% of Australian health professionals able to describe the physical activity guidelines accurately¹, potentially limiting their ability to take advantage of physical activity promotion opportunities.

Our intention is that the **ASPA Physical Activity in Healthcare SIG** will provide a mechanism for a broad range of **clinicians** (e.g. doctors, nurses, allied health professionals), **professionals working in a clinical environment** who have the potential to promote physical activity, **clinical researchers** and **policy makers** from the Asia-Pacific region to share expertise, experiences and initiatives to address GAPPA action items (1.4 and 3.2). **The primary aim of the SIG is to increase physical activity promotion in healthcare within the Asia-Pacific region.**

2. Objectives

- Networking – to provide a mechanism for networking opportunities to discuss, disseminate evidence, and promote networking on physical activity promotion within healthcare
- Mentoring – to establish a network of mentors that have the capability to assist with improved clinical and research capabilities for physical activity promotion
- Capacity building and Support – provide opportunities for learning for health professionals and to offer professional support to all SIG members through relevant conferences, seminars, and workshops

- Collaboration – to foster interdisciplinary collaborations, both for clinical and research purposes
- Advocacy – when provided with opportunity to do so, to advocate for physical activity promotion by health professionals e.g. to policymakers or educators.

3. Communication

Communication with SIG members will occur using the below methods:

- Regular dissemination of information and updates via emails, ASPA e-newsletters and social media
- 2-3 webinars and/or workshops per year
- A dedicated webpage for members only on the ASPA website providing links to resources, research, events
- An annual gathering of SIG members at the annual ASPA conference (this may be through a dedicated conference session and/or social gathering e.g. networking event)

4. Planning and Reporting

Within the first 3 months of inauguration, the SIG Leadership Team will prepare a 12-month plan that details the intended actions, timeline, budget, and outcomes of the SIG. After this initial 12 months, a 3-year plan will be prepared and circulated to all SIG members for feedback, and will then be submitted to the APSA Executive Committee for ratification.

Four weeks prior to the ASPA Annual Meeting, the SIG Leadership Team will prepare and submit an annual report to the APSA Executive Committee that includes SIG achievements, progress, and requested support in relation to the 3-year plan. The annual report that coincides with the end of a 3-year period will include a review of the 3-year plan.

5. Membership

The SIG Leadership Team will comprise of two Co-Chairs, Clinical Officers, Academic Officers, and Student Officers, **and one Officer from the Asia region**, all of whom are ASPA members. The SIG Co-Chairs for the first three years will be confirmed by the ASPA SIG Committee; SIG Officers will be determined by the SIG Co-Chairs as the need arises. Incoming SIG Co-Chairs will be eligible only with previous experience as a SIG Officer. Outgoing SIG (Co-)Chairs may be given the option of remaining involved in the SIG as a SIG Fellow. A minimum of 10 SIG members is expected.

6. Roles and Responsibilities

Co-Chairs will:

- chair SIG meetings based on time allotted;

- develop and distribute a collective agenda;
- review and approve draft minutes before distribution;
- provide leadership to the team by creating an environment for open, honest, innovative and collaborative discussion;
- convey SIG Working Group outcomes to the ASPA Executive Committee.

Officers will:

- participate in ~4-6 meetings over the next year;
- participate fully in discussions;
- think creatively and be inspired to contribute new ideas;
- take on tasks as decided by the group based on their expertise and time;
- Primary tasks include:
 - actively recruiting new ASPA members;
 - organizing the annual meeting and social events at the associated conference (TBD);
 - organizing and implementing a minimum of one webinar each year;
 - applying for SIG funding;
 - administering SIG awards (if applicable);
 - managing social media;
 - preparing regular newsletters for SIG members.

Meetings:

- ~4-6 meetings (based on stage of development of the work);
- in person or by teleconference;
- one Officer will take notes and provide minutes.

References

1. Freene N, Cools S, Hills D, Bissett B, Pumpa K and Cooper G. A wake-up call for physical activity promotion in Australia: results from a survey of Australian nursing and allied health professionals. *Aust Health Rev* 2019; 43(2):165-170. doi: 10.1071/AH16240.