

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



Consultation on the global action plan on physical activity

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to respond to this consultation and demonstrate our support for the global action plan on physical activity developed by the World Health Organization (WHO).

About the Australian Chronic Disease Prevention Alliance

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the primary prevention of chronic disease, with an emphasis on changes to the food and physical environments to improve nutrition, increase physical activity and decrease sedentary behaviour, and reduce unhealthy weight at a population level.

The burden of physical inactivity and benefits of physical activity

The draft global action plan highlights the extent of physical inactivity on an international scale. Australia is no exception, despite the common perception that Australia is a sporting nation. Almost half of Australian adults are inactive or insufficiently active for health benefits and 80% of children and young people do not meet the national physical activity recommendations every day.¹

One in two Australians have a chronic disease and almost one quarter have at least two conditions.² However, over one third of chronic disease in Australia could be prevented through addressing modifiable risk factors, including physical inactivity. On its own, physical inactivity contributes to 30% of endocrine diseases (including diabetes), 21% of cardiovascular disease, and 6% of cancers in Australia.³ On the other hand, physical activity has a protective effect against certain cancers⁴ and can prevent unhealthy weight gain and maintain or improve blood pressure, cholesterol and blood sugar levels.⁵

Recent research indicates that the prevalence of physical inactivity has remained high over two decades and health efforts to improve physical activity amongst Australian adults have been ineffective.⁶ Although Australia has national physical activity and sedentary behaviour guidelines,⁷ the absence of a funded national physical activity plan or active transport strategy with measurable targets, actions and responsibilities has hindered progress.

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Under-represented groups and the impact of the environment

In Australia, low physical activity participation rates are associated with lower socioeconomic status, higher body mass, remoteness and Aboriginality.⁸ Inequities in participation arise from a range of factors, including limited access or poor-quality facilities, financial constraints, and lack of social support or social/cultural norms.⁹

Creating active environments is crucial, as evidence suggests that an individual's physical environment can influence their activity levels and improve health. Environments that are 'walkable', characterised by higher residential density, street connectivity, availability of footpaths and perceptions that the environment is safe are associated with decreased obesity and higher levels of physical activity.^{10,11} Similarly, environments designed to facilitate active transport including cycling and public transport, are associated with increased physical activity.¹²

The need for a national physical activity plan

The National Heart Foundation of Australia, an ACDPA member, developed the Blueprint for An Active Australia, which sets out an agenda for various levels of government to increase physical activity participation rates.¹³ Similarly, the Heart Foundation's Canberra Communique identifies nine priority areas to help Australians 'move more and sit less', namely: 1. Active children; 2. Active seniors; 3. Active workplaces; 4. Active transport, walking and cycling; 5. Active cities and neighbourhoods; 6. Active healthcare; 7. Active clubs and sport; 8. Active public education; and 9. Active communities.¹⁴ The Canberra Communique highlights education, programs, policies and environments for each priority area, and notes the importance of a funded national action plan to address the chronic disease epidemic.

Support for the global action plan on physical activity

ACDPA strongly supports the development of the global action plan on physical activity. The global action plan demonstrates leadership and provides an opportunity to generate political interest in physical activity on an international scale. Through its comprehensive assessment of the current situation and identification of priority strategic areas and actions, the plan encourages a range of actors to work together to improve physical activity for greater population well-being. Including indicators, with planned monitoring and reporting, should increase uptake of actions at a national and international level.

The importance of cross-sectoral engagement

Linking the plan with the Sustainable Development Goals, including goal 3.4, demonstrates its potential impact across a number of areas, including sustainable cities and communities, and climate action. The interconnectedness between physical activity and other areas beyond health reinforces that cross-sector engagement is crucial to create safe environments that encourage physical activity.

'Creating active environments' (priority II) and 'creating active systems' (priority IV) both rely on cross-sectoral partnerships, including with the education, transport, urban planning,

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recreation, and sports sectors. ACDPA supports the emphasis on cross-sectoral engagement in the principles and throughout the plan, including specific actions highlighting the need for a multi-sectoral approach.

The creation of safe physical environments that encourage and support people to be more physically active requires policy and planning regulations relating to housing, urban design, development and transport infrastructure. A multi-sectoral approach could channel people towards healthier choices through a built environment that encourages and supports movement. While cross-sectoral engagement is a key enabler, reliance on sectors outside health has often served as a barrier to progress, with little emphasis placed on improving physical activity. As recognised in the plan, physical activity education in sectors beyond health could assist in addressing this. An additional action for the Secretariat could be the provision of case studies demonstrating successful cross-sectoral engagement and how this has been achieved.

Specific points on the global action plan

One hundred million goal (point 46)

ACDPA is supportive of the goal for “one hundred million people more active by 2030,” and suggests adjusting this for greater specificity. For example, the goal could be clarified in relation to the number of people meeting physical activity recommendations or the number who are sufficiently active for health benefits.

Inclusion of air quality (point 53)

ACDPA supports the inclusion of air quality as an indicator of success, reflecting the interconnectedness between physical activity, the environment and health improvements. Reducing air pollution levels can reduce the burden of chronic disease, and lower levels of air pollution correspond with better cardiovascular and respiratory health of the population.

Physical education in schools (point 53)

ACDPA supports the recognition of physical education in schools in the plan and notes that benefits extend beyond cognitive and academic benefits, to physical literacy, skill development, game skills and social skills, and a positive contribution to mental health. We support the inclusion of an additional indicator of success regarding physical education in schools under Objective 1: “X % of schools with quality and mandatory physical education.”

Sustained evidence-based education campaigns (point 54)

Sustained education and awareness campaigns have the potential to influence behaviour change. Mass media is effective in increasing awareness and setting a community agenda around physical activity.¹⁵ We would support the inclusion of ‘evidence-based’ in this point, to reflect campaigns that are grounded in evidence and based on sound theory and research. Such campaigns have the potential to inform, remind, motivate and support health-related changes, when adequately funded for sustained messaging and impact.

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Enhanced safety (points 91-92)

ACDPA recognises that separated walkways and cycleways are required to enhance safe options for pedestrians and cyclists. In particular, to promote safe active travel opportunities for school children and other students, we strongly encourage the specific inclusion of safe walking and cycling routes to schools and other education facilities.

Investment in physical activity (proposed action 4.4)

ACDPA supports the focus on strengthening financing mechanisms in proposed action 4.4. Investment is essential to increase physical activity, and funded national action plans are required for change. Dedicated funding can be generated through a range of fiscal measures, including changes to the taxation of unhealthy products, such as sugar-sweetened beverages or alcoholic beverages.

Conclusion

ACDPA supports and commends WHO's leadership in developing the global action plan for physical activity to provide an impetus for change by raising the international profile of physical activity. The plan has the potential to renew political interest and support multi-sectoral partnerships to create active environments, systems, societies and lives.

¹ Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

² Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

³ AIHW 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. Cat. no. BOD 4. Canberra: AIHW.

⁴ WCRF 2007. Second Expert Report: Food, Nutrition, Physical activity and the Prevention of Cancer: a Global Perspective; Continuous Update Project 2007-present.

⁵ Department of Health <http://www.health.gov.au/internet/main/publishing.nsf/Content/phy-activity> Accessed July 2017.

⁶ Chau, J., Chey, T., et al., Trends in prevalence of leisure time physical activity and inactivity: results from Australian National Health Surveys 1989 to 2011. Aust N Z J Public Health. 2017.

⁷ Australian Government Department of Health. Australia's Physical Activity and Sedentary Behaviour Guidelines. <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines>. Accessed Sept 2017.

⁸ National Heart Foundation 2014. Blueprint for an active Australia. 2nd edn. Melbourne: National Heart Foundation of Australia, 2014.

⁹ National Heart Foundation 2014. Blueprint for an active Australia.

¹⁰ Gebel, K., et al., *Creating healthy environments: a review of links between the physical environment, physical activity and obesity*. Sydney: NSW Health Department and NSW Centre for Overweight and Obesity; 2005.

¹¹ AIHW 2011. AIHW 2011. Health and the environment: a compilation of evidence. Cat. no. PHE 136. Canberra: AIHW.

¹² Schoeppe, S., et al., Tackling obesity by creating healthy residential environments. Copenhagen: WHO Regional Office for Europe; 2007. http://www.euro.who.int/_data/assets/pdf_file/0012/98697/E90593.pdf

¹³ National Heart Foundation 2014. Blueprint for an active Australia. 2nd edn. Melbourne: National Heart Foundation of Australia, 2014.

¹⁴ National Heart Foundation 2015. Canberra Communique. https://www.heartfoundation.org.au/images/uploads/publications/COR-210.v2_Canberra_communique-5_web.pdf. Accessed September 2017.

¹⁵ National Heart Foundation 2014. Blueprint for an active Australia.