

be active

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Queensland Public Health Forum

Australian Health Promotion Association (Qld)

Australian Institute of Environmental Health (Qld)

Australian Department of Health & Ageing (Qld)

Australasian Faculty of Public Health Medicine (Qld)

Department of Aboriginal and Torres Strait Islander Policy

Department of Communities

Diabetes Australia (Qld)

Education Queensland

School of Public Health and Tropical Medicine

James Cook University

Local Government Association of Queensland

National Heart Foundation of Australia (Qld)

Public Health Association of Australia (Qld)

Queensland Aboriginal and Islander Health Forum

Queensland Cancer Fund

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Queensland Council of Social Service

Queensland Divisions of General Practice Inc.

Queensland Health



**A framework for health sector action
for physical activity in Queensland**

Queensland Public Health Forum September 2006



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Foreword

By Chair, Queensland Public Health Forum and Chair, Active Living Working Group of the Queensland Public Health Forum.

On behalf of the Queensland Public Health Forum, it is a pleasure to present *Be Active Queensland: A framework for health sector action for physical activity in Queensland 2006–2010*. This framework builds on the recent global groundswell of action in relation to physical activity and improved health outcomes for the population. Physical activity is essential for health, and engaging in regular physical activity, even of moderate intensity, significantly reduces the risk of serious and chronic diseases. The evidence highlights that the decision to participate in physical activity is influenced by a person's knowledge, their socio-economic status, and the physical environment in which they work and live.

As a strategic leadership alliance with a membership of 18 peak organisations, the Queensland Public Health Forum is committed to strategic, cooperative, inter-sectoral action to address the underlying determinants of health and reduce health inequalities in Queensland. Active living for health is a key priority of the Queensland Public Health Forum. The growing evidence on the relationship between physical activity and improved health necessitates the action of the Forum to address this important public health challenge.

To address the causes of physical inactivity, a concerted and sustained effort will be required from all parts of the health sector (and those outside the health sector) to improve the activity levels of the population and to integrate physical activity promotion into everyday life. The health sector has a strong interest in encouraging people to be active, and these interests are shared with other sectors such as local government, urban planners, transport, sport and recreation, communities and education.

Be Active Queensland provides a framework for best buys and further coordinated action by the health sector over the next four years and is intended for a professional audience, including policy makers, government and non-government organisations and industry. The Queensland Public Health Forum is committed to working with partners and the community to meet this public health challenge, with *Be Active Queensland* representing a collaborative approach to guide coordinated active living promotion by the health sector in Queensland.

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Acronyms and Abbreviations

AASC	Active Australia Schools Network	MBS	Medical Benefit Scheme
ABC	Australian Bicycle Council	MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
ABFA	Australian Breast Feeding Association	MCR	Marketing and communications research
ABS	Australian Bureau of Statistics	MET	Metabolic equivalents
AHMAC	Australian Health Ministers' Advisory Council	NATSIHC	National Aboriginal and Torres Strait Islander Health Council
AIHW	Australian Institute of Health and Welfare	NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
AMAQ	Australian Medical Association (Queensland)	NGOs	Non-government organisations
ASC	Australian Sports Commission	NHFA	National Heart Foundation of Australia
BAA	<i>Be Active Australia: A National Framework for Health Sector Action 2005–2010</i>	NHMRC	National Health and Medical Research Council
BAQ	<i>Be Active Queensland</i>	NPHP	National Public Health Partnership
BMI	Body Mass Index	NSW	New South Wales
CHD	Coronary heart disease	OSHC	Outside school hours care
CHIP	National Public Health Action Plan for Children and Young People	OUM	Office of Urban Management
CPAH	Centre for Physical Activity and Health University of Sydney	PA	Physical activity
CPP	Community Partnership Program	PATs	Physical Activity Task Forces
CPTED	Crime prevention through environmental design	QAIHC	Queensland Aboriginal and Islander Health Council
DALYs	Disability adjusted life years	QCPH	Queensland Centre for Public Health
DIR	Department of Industrial Relations	QDGP	Queensland Divisions of General Practice
DMR	Department of Main Roads (Queensland)	QH	Queensland Health
DoHA	Australian Government Department of Health and Ageing	QPHF	Queensland Public Health Forum
DATSIP	Department of Aboriginal and Torres Strait Islander Policy	QPW	Queensland Parks and Wildlife
DHAC	Commonwealth Department of Health & Aged Care	QT	Queensland Transport
DLGPSR	Department of Local Government, Planning, Sport and Recreation	QUT	Queensland University of Technology
DPC	Department of the Premier and Cabinet	SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
DPIF	Department of Primary Industries and Fisheries	SCORS	Standing Committee on Recreation and Sport
DSDI	Department of State Development and Innovation	SEAL	Supportive Environments for Active Living
EIA	Environmental Impact Assessment	SEPA	Supportive Environments for Physical Activity
EQ	Education Queensland	SEQTS	South East Queensland Travel Survey
ERASS	Exercise, Recreation and Sport Survey	SIGNAL	Strategic Inter-Governmental Nutrition Alliance
GPs	General Practitioners	SIGPAH	Strategic Inter-Governmental forum on Physical Activity and Health
GIS	Geographical Information Systems	SIPP	Strategic Injury Prevention Partnership
GU	Griffith University	SNAP	Smoking, Nutrition, Alcohol and Physical Activity Framework for General Practice
HDL	High density lipoproteins	SRQ	Sport and Recreation Queensland
HIA	Health Impact Assessment	TAPHS	Tropical Area Population Health Service
HPQ	Health Promotion Queensland	UQ	University of Queensland
JAG	Joint Advisory Group	WHO	World Health Organisation
LGAQ	Local Government Association of Queensland Inc	WHOOSH	Working Hard on Optimising Staff Health project
LGAs	Local government authorities		



Background and context



The *Be Active Queensland* approach

Be Active Queensland (BAQ) represents a collaborative approach to guide coordinated active living promotion by the health sector in Queensland.

The health sector has a strong interest in encouraging people to be active, given the well established links between physical activity and health. Further, a sedentary lifestyle has been shown to be an independent risk factor for being overweight or obese, independent of physical activity levels (Salmon, Bauman, Crawford et al, 2000). However, these interests are often shared by other sectors such as local government authorities, urban/regional design planners, transport, sport and recreation, communities and education.

Be Active Queensland is built around the active living concept, which is defined as a way of life that integrates physical activity into daily routines (Robert Woods Johnson Foundation, 2005). Physical activity in this context is any bodily movement produced by skeletal muscle that increases energy expenditure (Caspersen et al, 1985) – whether it is to improve health, as a form of transport, or just for fun.

Physical activity is essential for health and general wellbeing. Participation in physical activity constitutes one of the major components of a healthy and active lifestyle. The National Physical Activity Guidelines for Australian Adults (DHAC, 1999) recommend:

- ◆ Think of movement as an opportunity, not an inconvenience.

- Be active every day in as many ways as you can.
- Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days. (NB – This can be achieved by combining a few shorter sessions of activity of 10-15 minutes throughout the day.)
- If you can, also enjoy some regular, vigorous activity for extra health and fitness.

Australia's Physical Activity Recommendations for 5-12 year olds (DoHA, 2004a) recommend:


- Children need at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day.
- Children should not spend more than two hours a day using electronic media for entertainment (e.g. computer games, TV, internet), particularly during daylight hours.

Australia's Physical Activity Recommendations for 12-18 year olds (DoHA, 2004b) recommend:

- If you're between 12 and 18 years old, you need to be doing at least 60 minutes of moderate to vigorous physical activity every day to keep healthy.
- You shouldn't spend more than two hours a day surfing the net, watching TV or playing video games.

National physical activity recommendations for older Australians (65+) are currently under development. Individuals may achieve these recommendations in a variety of ways such as walking or bicycling for transportation; getting out and about in their community; participating in physical activity for leisure; playing in the park; working in the garden; taking the stairs at work; playing sports and using recreation facilities.

Although active living is a personal choice, there is a growing body of evidence that this choice is influenced by a person's knowledge and skills; and aspects of his/her social, cultural, economic and physical environments (Dishman & Sallis, 1994; Trost et al, 2002; National Heart Foundation of Australia, 2004). It is estimated that one-third



(31%) of current physical inactivity levels in North America and developed regions of the Western Pacific could be prevented by environmental interventions (WHO, 2006). These data further substantiate the concept that designing environments that are 'activity-friendly' in the community, workplace, at home, in transport and in leisure time can contribute to better overall health outcomes for individuals and communities.

The breadth of issues, and variability in how individuals interact with their environments, mean that active living interventions should involve multiple strategies across a range of community sectors and settings (Bull, 2003). *Be Active Queensland* highlights the importance of a whole-of-community approach to active living, built on inter-sectoral partnerships.

Who produced *Be Active Queensland*?

Be Active Queensland was developed by the Queensland Public Health Forum's (QPHF) Active Living Working Group (see list of members in Appendix 1). The QPHF is an alliance of 18 government and non-government organisations from health, research, education and local government sectors with a commitment to improving public health outcomes in Queensland (see list of members in Appendix 2).

Consultation was also undertaken with a range of Queensland Government departments and non-government organisations. Appendix 3 lists supportive agencies that responded to the consultation phase for developing this document.

A summary of the evidence

There is now extensive and rigorous evidence demonstrating the significant benefits of physical activity, prevalence rates for sufficient physical activity, the impacts of a sedentary lifestyle, and effective interventions. While this extensive evidence is detailed elsewhere (Bauman et al, 2002; Bull et al, 2004; National Public Health

Partnership, 2005; US Department of Health and Human Services, 1996), this document outlines a summary of the main points from this evidence.

Current prevalence

Adults

The level of physical inactivity of Queensland adults is alarming. Trend data for physical activity prevalence between

Physical inactivity of Queensland adults is still alarming.

1997 to 2004 show that the proportion of Queensland adults who meet the recommended physical activity levels to achieve health benefits¹ has declined significantly – from 49.4% in 1997 to 45.1% in 2001 to 40.2% in 2004 (Bauman and Owen et al, 1999; Queensland Health, 2003; Queensland Health, 2005a). This represents a 9.2% decline in Queensland adults who were sufficiently active over this period (Queensland Health, 2004). However, data from 2006 shows an increase in physical activity levels of adults to 47.5%.

Overall, these data indicate that Queensland still has a low physical activity base, remaining under 50% of the adult population. In addition, the proportion of Queensland adults reporting no leisure time physical activity is very high, with between 16 to 20% of adults reporting they did no activity at all (Queensland Health, 2005a; Queensland Health, 2006). This is despite an acceptable knowledge of most of the physical activity guidelines outlined previously, and a high level of awareness of the health benefits of physical activity (Queensland Health, 2003). Clearly, these levels of physical activity are unacceptable and a whole-of-community approach to active living, built on inter-sectoral partnerships, is needed to reverse the trends.

Children

Currently Queensland does not have good data sources to measure physical activity levels for children. Available data shows that 20 to 25% of Australian children do not participate in sufficient physical activity to gain health benefit²; and

¹ Defined as > 150 minutes and 5 sessions per week

² Defined as at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day

children spend more time in sedentary activities such as watching television, playing computer games and travelling in cars (ABS, 2000). Data collection is underway for physical activity levels of Queensland children in grades 1, 5 and 10 as part of the Healthy Kids Queensland: Physical Activity and Nutrition Survey.

Costs of inactivity

Physical inactivity is second only to tobacco as a risk factor for disease and premature death in Australia (Mathers et al, 1999). A conservative estimate

Physical inactivity contributes to 36 deaths per day or 1.5 deaths per hour.

(based on just a few chronic diseases) suggests that physical inactivity costs about \$400 million per year in direct healthcare costs (Stephenson et al, 2000). This estimate does not include the indirect costs of physical inactivity such as the social, financial and personal costs to the individual, their family, carers (eg. premature mortality), and costs to the community (eg. work days lost for the individual and their carers, disability pensions).

Along with the direct costs to the health system, physical inactivity contributes to around 13,000 deaths per annum; with 6,400 of these deaths due to coronary heart disease, type 2 diabetes and colon cancer, and an additional 2,200 deaths due to other conditions such as stroke (Stephenson et al, 2000). This corresponds to 36 deaths per day or 1.5 deaths per hour (Mathers et al, 1999). It has been suggested that savings of up to \$8 million per year could be achieved in Australia for every 1% increase in the proportion of the population that achieves a sufficient level of physical activity for health (Stephenson et al, 2000).

Benefits of regular physical activity

There is now an extensive and scientifically strong body of evidence demonstrating that physical activity has significant benefits. These include health benefits (both mental and physical) for individuals, as well as for the social and cultural values of our communities as a whole (Armstrong, Bauman & Davies, 2000).

The benefits of regular physical activity accrue across many sectors and fields. The greatest health gains are obtained from moving those who are sedentary or participating in only light physical activity to becoming at least moderately active (Kesaniemi, Danforth, Jensen et al, 2001). A summary of positive health effects are outlined in Figure 1. All these effects are directly related to the incidence and prevalence of Australia's most common chronic health conditions – cardiovascular disease, cancer, poor mental health, diabetes, injury, and arthritis and musculoskeletal conditions.

Figure 1:

The health benefits of physical activity

Physical activity:

- reduces the risk of developing coronary heart disease (CHD), the risk of dying from CHD, and the risk of having a second heart attack in people who have already had one heart attack
- reduces the risk of stroke
- lowers both total blood cholesterol and triglycerides, and increases high density lipoproteins (HDL or the "good" cholesterol)
- lowers the risk of developing high blood pressure and reduces blood pressure in people who already have hypertension
- lowers the risk of developing non-insulin-dependent (type 2) diabetes mellitus
- reduces the risk of developing colon cancer
- helps people develop and maintain healthy body fat levels, bones, muscles and joints
- reduces feelings of depression, stress and anxiety, and promotes psychological wellbeing, and
- helps older adults become stronger and better able to move about without falling or becoming excessively fatigued

The health sector's interest in promoting physical activity is shared by other sectors such as local government authorities, urban/regional design planners, transport, sport and recreation, and education. The inter-sectoral



nature of these benefits (outlined in Figure 2) and their determinants highlight the importance of partnerships in promoting physical activity.

Figure 2:

Other benefits of physical activity

- **Communities** – Healthy communities are created by developing or harnessing community resources that improve health status and quality of life. Such resources include cultural norms that support behaviour and lifestyle choices, education and skill building, recreation and culture.
- **Education** – Greater levels of physical activity in children are associated with better learning outcomes.
- **Transport** – As commuters choose cleaner and ‘greener’ active transport options that involve physical activity, traffic flow improves and there is reduced demand for major road infrastructure.
- **Environment** – As more people choose cleaner and ‘greener’ transport options and outdoor recreation, there is less air and noise pollution from vehicle emissions and greater appreciation of the natural environment.
- **Economic** – Increased economic benefits flow from participation in sport and recreation events and associated tourism.
- **Social capital** – Physical activity contributes to an increased sense of community wellbeing, social connectedness and safety, and a reduction in criminal, anti-social and self-harming behaviours.
- **Personal development** – Developing skills and achieving personal physical activity goals increase feelings of self-efficacy and personal empowerment.

Context for *Be Active Queensland*

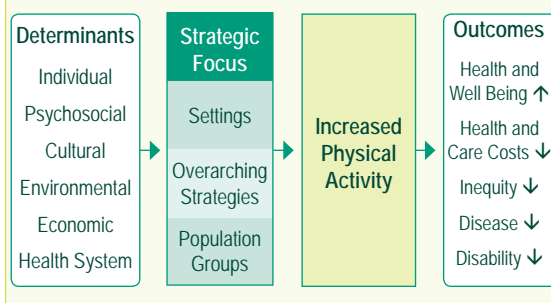
BAQ consolidates the related components of recent national, state and major regional initiatives from a range of sectors.

National context

BAQ aims to build on the substantial professional consultation undertaken during the development of *Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005–2010* (National Public Health Partnership, 2005). The *BAQ* framework for action also includes evidence-based approaches from within physical activity research literature (Bull, 2003) and strategic plans in similar jurisdictions. The strategic focus of this document is illustrated here in Figure 3 (National Public Health Partnership, 2005).

Figure 3:

Overview of determinants and outcomes from increased physical activity



A related national initiative is the Australian Government’s Building a Healthy, Active Australia, which involves funding for physical activity and nutrition programs for school aged children. It is also important to monitor activities related to the National Physical Activity Guidelines for Adults and National Physical Activity Recommendations for Children and Young People and National Physical Activity Recommendations for Older Australians (65+)³, particularly activities aimed at raising community awareness of the guidelines and recommendations.

³ Expected to be released in late 2006



People developing specific active living and physical activity interventions, particularly those working in health services, can refer to relevant national publications and reference materials such as:

- Getting Australia Active II: An update of evidence on physical activity for health (Bull, Baumann et al, 2004)
- Getting Australia Active: Towards better practice for the promotion of physical activity (Bauman et al, 2002)
- Healthy Weight 2008 - Australia's Future - The National Action Agenda for Children and Young People and their Families (National Obesity Taskforce, 2003)
- Physical Activity Recommendations for People with Cardiovascular Disease (National Heart Foundation of Australia, 2005)
- National Clinical Practice Guidelines for the Management of Overweight and Obesity (NHMRC, 2003)
- Lifescripts Program (DoHA, 2005)
- Smoking, Nutrition, Alcohol, Physical Activity (SNAP) Behavioural Risk Factor Framework for General Practice (JAG, 2001)
- National Aboriginal and Torres Strait Islander Health Council (2004). National Framework for Aboriginal and Torres Strait Islander Health 2003–2013: Framework for Action by Governments, NATSIHC, Canberra
- Investigating indicators for measuring the health and social impact of sport and recreation programs in Indigenous communities, Australian Sports Commission and Cooperative Research Centre for Aboriginal and Tropical Health, Darwin (Beneforti and Cunningham, 2002)
- Relevant aspects of the Australian Better Health Initiative following the Council of Australian Government announcements (DoHA, 2006).

Queensland context

The Queensland Public Health Forum's Strategic Statement - Active Living (QPHF, 2004) is a core document underpinning *Be Active Queensland*. BAQ also builds on substantial consultation undertaken while developing the Draft Queensland Physical Activity Strategy 2000–2005 (Sport & Recreation Queensland, 2000). *Be Active Queensland* should be considered as a companion document to *Eat Well Queensland 2002–2012: Smart Eating for a Healthier State* (Queensland Public Health Forum, 2002) because many of the issues, approaches and resources used to promote nutrition are relevant to active living. Organisations and individuals from government and non-government sectors should consider both documents when planning a comprehensive approach to these important lifestyle factors.

Elements of *Be Active Queensland* will be relevant to other initiatives such as the Queensland Strategy for Chronic Disease 2005–2015 (Queensland Health, 2005) and the Cardiac Services Strategy in Coronary Heart Disease, Heart Failure and Rheumatic Heart Disease for Queensland (Queensland Health, 2006). These strategies provide frameworks for addressing the growing burden of chronic disease, and include a range of interventions that will strengthen the health sector's capacity to deliver physical activity services in Queensland.

In May 2006, the Queensland Government held an Obesity Summit which explored innovative ways in which government, business, community organisations, professional organisations, families and individuals can work together to help Queenslanders achieve and maintain a healthy weight. The strong consensus amongst summit delegates was that the most effective strategies for dealing with obesity require action from a number of different interests. These include retailers, public transport, urban planners, advertisers, employers, sporting associations, non-government organisations, the media and educators, in addition to policy makers at all levels of government. No single action will stop the epidemic of obesity. It will take the combined, concerted efforts of all these groups to make a difference.



The Obesity Taskforce was established as an outcome of the Obesity Summit. The Taskforce is led by the Department of Premier and Cabinet to further develop innovations resulting from the summit, including partnerships and resources required to achieve the identified outcomes.

The South East Queensland Regional Plan 2005–2026 (DLGPSR 2005a) is a major regional initiative to guide planning and development in Queensland's south east corner. The plan specifically refers to the need to encourage increased physical activity by providing cycling and pedestrian networks, open space and informal and formal sport and recreation facilities. It identifies the need to ensure that planning and development of urban areas support walking, cycling and public transport in order to achieve desired outcomes such as a reduction in greenhouse gas emissions and transport congestion.

The South East Queensland Infrastructure Plan and Program (DLGPSR 2005b) outlines the Queensland Government's infrastructure priorities to support the South East Queensland Regional Plan. It establishes priorities for regionally significant infrastructure over the next 10 years. Smart Travel Choices for South East Queensland: A Transport Green Paper was also developed in 2006 for consultation on appropriate investment in transport options for South East Queensland, including active transport.





Priority Population Groups

The greatest public health gains will be achieved by getting inactive or insufficiently active people to be more active.

Evidence shows that people with the worst health outcomes (including physical inactivity) are those of lowest socio-economic status (relatively socially or economically deprived) or those with special needs. These include people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, people with a disability or chronic condition, those with low disposable incomes, and those living in isolated locations (Glover, Harris & Tennant, 1999). The Global strategy on diet, physical activity and health (WHO, 2004) states that priority should be given to activities that have a positive impact on the poorest population groups and communities. The barriers to physical activity cited in *Be Active Australia* (National Public Health Partnership, 2005) include religious and cultural sensitivities, language, racial and religious discrimination, cost and a lack of access to suitable providers and services.

A number of specific interventions or issues related to active living for special population groups are included within the action areas of *Be Active Queensland*. If active living interventions are to be effective and equitable, the special needs groups within local communities should be identified and engaged in planning, implementation and evaluation. Community Public Health Planning and Health Impact Assessment frameworks outline these identification and engagement processes.

Aboriginal and Torres Strait Islander Australians

Be Active Australia, therefore *BAQ*, has a particular focus on Aboriginal and Torres Strait Islander peoples as a priority population group for physical activity promotion. This is because they have the worst health status, high levels of disadvantage and a range of barriers to physical activity. A number of programs currently involving Aboriginal and Torres Strait Islander

peoples are directly relevant to physical activity. One example is the Aboriginal and Torres Strait Islander brief intervention pilot project to increase physical activity. Building physical activity into these programs will help maximise the impact of resources in areas such as nutrition, healthy weight, chronic disease prevention and community development.

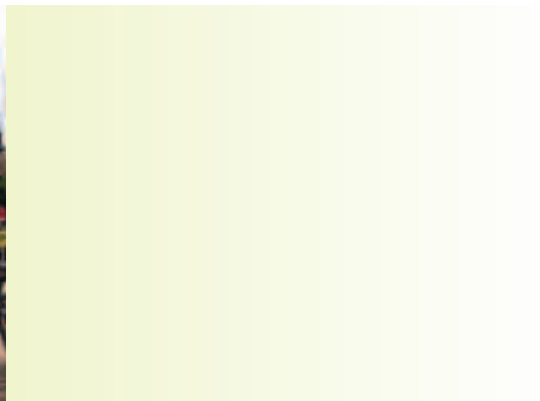
The National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments (NATSIHC, 2003) outlines a number of principles to be applied when working with Aboriginal and Torres Strait Islander people to address health issues. These include the promotion of good health, cultural respect, a holistic approach to health, health sector responsibility for Indigenous health, community control of primary healthcare services, working together, localised decision-making, and building the capacity of health services and communities.

In addition, a booklet developed by the Department of Aboriginal and Torres Strait Islander Policy and Development (1999) provides general principles to guide consultation and negotiation with Aboriginal and Torres Strait Islander peoples. *Be Active Queensland* actions should be assessed against these principles to ensure they continue to meet the needs of Aboriginal and Torres Strait Islander peoples.

There is also a specific requirement for improved data collection tools and methods to facilitate monitoring and evaluation. For example, a recent study concluded that current self report physical activity assessments, the Active Australia Questionnaire and the International Physical Activity Questionnaire-long form, are not valid for assessing physical activity among urban Indigenous Australians (Marshall and Miller, 2004). Factors relating to physical activity participation are also not well understood in Aboriginal and Torres Strait Islander peoples, and should be an area of future research focus.

Be Active Queensland priority action areas

Priority action areas	Keys to be addressed
Develop infrastructure that supports active living initiatives	<ul style="list-style-type: none"> ▪ Communicating the benefits of physical activity ▪ Physical activity workforce capacity ▪ Availability of high quality physical activity evidence ▪ Management of physical activity initiatives in Queensland
Promote a whole-of-community approach to active living	<ul style="list-style-type: none"> ▪ Community capacity for active living ▪ Local community environments ▪ Health services ▪ Schools and outside school hours care services ▪ Workplaces



'Smart Buys' for active living in Queensland

Priority action areas	'Smart buys'
<p>Develop infrastructure that supports active living initiatives</p>	<ul style="list-style-type: none"> ▪ Develop a framework that facilitates the consideration of evidence-based physical activity strategies as part of the statutory and non-statutory planning processes of state and local government. ▪ Support the development and implementation of a targeted, ongoing social marketing campaign to increase awareness and acceptance of the benefits of physical activity and opportunities for participation, utilising consistent messages, branding and imaging wherever possible. ▪ Develop an appropriate process for communicating national physical activity guidelines and recommendations to the community, including specific activities to meet the needs of priority population groups, and to professional groups that promote physical activity. ▪ Encourage community consultation to guide the development, implementation and evaluation of local physical activity programs and services. ▪ Identify and develop an appropriate centrally coordinated means for providing easy access to up-to-date information about physical activity options available in local communities throughout Queensland. ▪ Inform the development of options for a national clearinghouse function to disseminate up-to-date evidence and information about physical activity issues and initiatives. ▪ Use technology (eg. Geographic Information Systems) in physical activity planning and service delivery and monitoring. ▪ Regulate planning schemes and building codes to ensure quality of urban design and end-of-trip facilities. ▪ Re-design existing communities with a focus on walkability, cycleability and active living. ▪ Implement needs-based planning to increase the number, safety and connectivity of walkways and bikeways (in conjunction with local government authorities) to improve the walkability and cycleability of communities. ▪ Provide pedestrian and cycling facilities and walkable and cycle friendly environments around public transport stations, workplaces, retail centres and schools. ▪ Improve access to all government facilities to promote walking, cycling and public transport. ▪ Trial cycle centres in selected local government areas. ▪ Provide incentives for employers to offer better walking and cycling facilities in workplaces. ▪ Review speed limits in select local streets that are used by high volumes of pedestrians and cyclists. ▪ Provide innovative ways to share community resources (eg. schools, open spaces, sporting grounds, swimming pools) to maximise physical activity opportunities. ▪ Implement innovative strategies to support the provision of community facilities (eg. pools, courts, equipment) and programs, particularly for priority population groups. ▪ Use integrated planning for 'mixed use localities' and the availability of facilities (eg. swimming pools) in rural and remote areas. ▪ Maximise the provision, access and aesthetics of open spaces to maximise physical activity opportunities. ▪ Provide leadership and coordination, strong policy support and increased resources to develop policies, programs, environments and infrastructure that support and encourage populations with special needs to be active (eg. people with disabilities).



'Smart Buys' for Active Living in Queensland

Priority action areas	'Smart buys'
<p>Promote a whole-of-community approach to active living</p>	<ul style="list-style-type: none"> ▪ Advocate for a statewide, whole-of-government and partner strategic framework for physical activity, which includes definitive roles and responsibilities of various key stakeholders. ▪ Develop and fund comprehensive approaches to active school travel, workplace travel, active transport and the use of public transport in the community (eg. TravelSmart). ▪ Provide funding and structures to support the coordination, sustainability and evaluation of affordable community-based programs; and support resources targeting different groups (eg. older people, people with chronic conditions) and differing abilities and interests that are relevant to social and community needs. ▪ Promote a broad range of sport and active recreation programs which build individual physical and leadership skills. ▪ Build workforce capacity, including adequate funding to recruit and train relevant positions (eg. sport and recreation officers, health promotion officers), provide ongoing support and training, and provide access to specialist expertise. ▪ Promote the development of guidelines for mainstream services to ensure they are culturally and physically acceptable. ▪ Explore opportunities to research and address issues relating to safety (real and perceived) and physical activity. ▪ Support the establishment and evaluation of comprehensive, community-wide demonstration programs, and the dissemination and implementation of effective elements throughout the state. ▪ Develop and/or disseminate service provision guidelines to improve access to physical activity programs and services for groups with special needs (eg. people with dementia).





Outcome Area 1: Infrastructure that supports active living initiatives

This section outlines the areas that are required to underpin physical activity promotion across all settings and population groups within the community. The scope for these actions may vary; for example, a campaign to raise awareness of physical activity benefits may run statewide while information about physical activity facilities would be disseminated locally. Due to the multiple influences on physical activity, efforts should be made to increase the capacity of all relevant sectors to promote and increase active living.



Action Area 1.1

Communication and information about physical activity

Objectives

- To increase awareness of the benefits of active living and regular physical activity
- To increase awareness of local opportunities and infrastructure for active living
- To increase awareness of the minimum levels (duration, frequency and intensity) of physical activity required for health benefit
- To improve and coordinate the availability of evidence-based information on how to increase individual physical activity behaviour
- To recognise and address the multiple determinants of physical activity, as well as the inter-relationships between physical activity and other health issues

The general public needs access to physical activity information that is consistent, evidence-based, easily understood and widely available. Clarity and consistency of messages and images between all partners in physical activity are important because this maximises the efficiency and effectiveness of collaborative communication campaigns. Evidence shows that media campaigns which can increase awareness of the importance of physical activity should be supplemented by other community-wide initiatives to bring about significant behaviour change (Bull, 2003).

Key decision-makers should be made aware of physical activity related evidence and information if they are to consider these within policy and program development.

Current action – What is already being done?

Health Sector Strategies	Lead Agencies
<p>Supporting the development and implementation of a targeted social marketing campaign to increase awareness of the benefits of physical activity and opportunities for participation; using consistent messages, branding and imaging wherever possible:</p> <ul style="list-style-type: none"> ▪ Building a Healthy, Active Australia campaign for children ▪ Social marketing campaign on physical activity ▪ Dedicated website on healthy eating and physical activity ▪ Walk of Life for all walks of life campaign 	<p>DoHA, ASC DLGPSR, QH QH NHFA</p>
<p>Reviewing options for high profile public recognition of innovation in promoting active living:</p> <ul style="list-style-type: none"> ▪ Heart Foundation Kellogg Local Government Awards 	<p>NHFA</p>
<p>Developing an appropriate process for communicating national physical activity guidelines and recommendations to the community, including specific activities to meet the needs of priority population groups, and to professional groups that promote physical activity:</p> <ul style="list-style-type: none"> ▪ Household self-help pack ▪ Lifescripts program ▪ Creating a Healthier Queensland ▪ Upskilling workshops ▪ Queensland Health website ▪ Heart Foundation website ▪ AMAQ Kids GP campaign ▪ Promoting physical activity to young mothers 	<p>DLGPSR, QH DoHA, QDGP QH NHFA, QH QH NHFA AMAQ ABFA</p>
<p>Encouraging community consultation to guide the development, implementation and evaluation of local physical activity programs and services:</p> <ul style="list-style-type: none"> ▪ Supportive Environments for Active Living (SEAL) Community Consultation Guide 	<p>QH</p>
<p>Informing the development of options for a national clearinghouse function to disseminate up-to-date evidence and information about physical activity issues and initiatives:</p> <ul style="list-style-type: none"> ▪ AusPANet 	<p>NHFA, Uni of Sydney (CPAH), QPHF</p>
<p>Disseminating evidence for the effectiveness of physical activity as a strategy to address relevant issues in health and non-health sectors (such as falls prevention, healthy weight, chronic disease, transport congestion and socialisation):</p> <ul style="list-style-type: none"> ▪ Queensland Strategy for Chronic Disease 2005–2015 ▪ National Falls Prevention for Older People Plan: 2004 onwards ▪ Eat well, be active – healthy kids for life ▪ Active Living Strategic Statement 	<p>QH NPHP, QH QH QPHF</p>
<p>Trialling innovative interventions to provide physical activity advice to individuals using new and emerging technologies (such as internet and automated telephone systems):</p> <ul style="list-style-type: none"> ▪ VIP Diabetes project ▪ Physical activity promotion by electronic media (PhD) 	<p>QUT UQ</p>
<p>Identifying and developing an appropriate means for providing easy access to up-to-date information about physical activity options available in local communities:</p> <ul style="list-style-type: none"> ▪ Local Area Physical Activity Directories ▪ Walking and cycling maps/directories 	<p>various LGAs or PATs</p>
<p>Raising community awareness of local physical activity destinations, active transport facilities and public transport services:</p> <ul style="list-style-type: none"> ▪ Walking and cycling maps/directories ▪ 10,000 Steps 	<p>various LGAs or PATs QH with partners</p>





Other Sectors' Strategies	Lead Agencies
Identifying and developing an appropriate means for providing easy access to up-to-date information about physical activity options available in local communities: <ul style="list-style-type: none"> ▪ Local Area Physical Activity Directories 	various LGAs
Reviewing options for high profile public recognition of innovation in promoting active living: <ul style="list-style-type: none"> ▪ Business Partnership Awards – physical activity 	DPC
Raising community awareness of local physical activity destinations, active transport facilities, and public transport services: <ul style="list-style-type: none"> ▪ Walking and cycling maps/directories ▪ 10,000 Steps ▪ Active & healthy parks ▪ Translink 	QT & various LGAs various LGAs or PATs various LGAs QT

Potential action – What more is required?

- Ensure the widespread dissemination and promotion of Be Active Queensland within the health sector and to other interested groups.
- Support the development and implementation of a targeted social marketing campaign to increase awareness of the benefits of physical activity and opportunities for participation; using consistent information, branding and imaging wherever possible.
- Identify and develop an appropriate, centrally coordinated means for providing easy access to up-to-date information about physical activity options available in local communities throughout Queensland.
- Identify key messages, branding and imaging to be used for promoting physical activity in Queensland.
- Develop options to increase the positive profile and importance of physical activity in media, advertising and promotions.
- Review options for high profile public recognition of innovation in promoting active living.
- Disseminate evidence for the effectiveness of physical activity as a strategy to address relevant issues in health and non-health sectors (such as falls prevention, healthy weight, chronic disease, transport congestion and socialisation).
- Disseminate evidence from physical activity research and interventions so that it is readily available to people developing relevant policy and actions across all sectors.
- Develop strategies to raise awareness among key decision-makers (across government and non-government agencies, local government and the community) of the social, health and economic imperatives for physical activity promotion.
- Advocate for the development of National Physical Activity Recommendations for infants and children 0-5 years old.
- Support the development of a physical activity accreditation framework for childcare centres through collaboration with the National Childcare Accreditation Council.
- Inform carer organisations and carers about the benefits and importance of regular physical activity for older adults, children and adults with disabilities; and how to provide or access appropriate programs and facilities.



Strategic forums and documents

- Emerging national physical activity communication initiatives
- Building a Healthy Active Australia initiatives that promote healthy eating and active lifestyles in children
- *Be Active Australia: A Framework for health sector action for physical activity 2005–2010* (NPHP, 2005)
- Eat Well Australia (NPHP, 2001)
- Healthy Weight 2008 – Australia’s future: The National action agenda for children and young people and their families (DoHA, 2004)
- Preventing Chronic Disease: A strategic framework (NPHP, 2001)
- National Falls Prevention for Older People Plan: 2004 onwards (NPHP, 2001)
- National Environmental Health Strategy (enHealth Council, 2000)
- Queensland Strategy for Chronic Disease 2005–2015
- Community engagement and community public health planning tools and initiatives
- Queensland Obesity Taskforce
- QPHF Active Living Working Group
- Developing a National Public Health Action Plan for Children (DoHA, 2004)
- National Public Health Action Plan for an Ageing Australia (DoHA, 2004)
- National Framework for Aboriginal and Torres Strait Islander Health (NATSIHC, 2003)
- Working together for a healthy, active Australia (DoHA, 2006)



Action Area 1.2 Physical activity workforce capacity

Objectives

- To drive increases in the size of the physical activity workforce within the health sector in Queensland
- To enhance the capacity for the health sector workforce to effectively promote physical activity

The changing nature of physical activity promotion has entailed a shift in focus from the individual to a more socio-ecological approach. The broad range of issues that influence physical activity and the complexity of relationships mean that it is an increasingly sophisticated process to plan, implement and evaluate physical activity promotion initiatives.

People from a number of fields, and with a wide variety of skills and qualifications, work in various roles within physical activity. Identifying the current workforce profile and defining key roles and the competencies required to fulfil these roles, will allow future workforce development initiatives to be more effectively targeted.

Current action – What is already being done?

Health Sector Strategies	Lead Agencies
<p>Developing and disseminating good practice guidelines to assist health professionals to assess, inform and refer patients to community-based physical activity support services:</p> <ul style="list-style-type: none"> ▪ Lifescripts 	DoHA, QDGP
<p>Developing strategies to educate health professionals about the role of physical activity in preventing and managing chronic conditions, and the appropriate referral of clients:</p> <ul style="list-style-type: none"> ▪ Physical Activity Recommendations for People with Cardiovascular Disease ▪ Lifescripts 	NHFA DoHA, QDGP
<p>Exploring options for providing ongoing support, networking, information sharing and continuing professional development for the health sector physical activity workforce:</p> <ul style="list-style-type: none"> ▪ Various local Physical Activity Taskforces/Forums ▪ Healthy Regions Strategic Project 	various agencies QH
<p>Exploring options for developing professional development and training programs to meet current and predicted physical activity workforce needs:</p> <ul style="list-style-type: none"> ▪ Development of short courses 	QCPH, universities
<p>Increasing accessibility of the workforce to provide appropriate advice and opportunities to the community:</p> <ul style="list-style-type: none"> ▪ Medicare rebate for exercise physiologists ▪ Healthy Weight Coordinators and Physical Activity Coordinators ▪ Just Walk It Coordinator network ▪ 10,000 Steps 	DoHA QH NHFA, DLGPSR various LGAs or PATs
<p>Increasing the number of physical activity related positions (specialists and generalists) in the health sector</p>	QH, QAIHC
<p>Increasing the number of Aboriginal and Torres Strait Islander health professionals in specialist positions in physical activity, and contributing to strategies that address issues relating to Aboriginal and Torres Strait Islander health worker positions (across government and non-government agencies)</p>	QAIHC, QPHF, QH
<p>Exploring options for developing a suite of training programs and initiatives to meet current and predicted needs, and ensuring relevance for, and delivery to, Aboriginal and Torres Strait Islander health workers and people working with Aboriginal and Torres Strait Islander communities and other special needs groups</p>	QH, QAIHC

Potential action – What more is required?

- Review the current health sector physical activity workforce with respect to numbers, geographic location, roles, organisation and qualifications.
- Develop a health sector physical activity workforce plan (based on evidence from the workforce review) to meet target physical activity service levels for Queensland.
- Work with education and training providers to develop and deliver physical activity promotion courses for the health workforce.
- Work with the tertiary sector to include a population based physical activity focus in relevant degrees eg. urban planning.



- Develop strategies to educate health professionals about the role of physical activity in preventing and managing chronic conditions, and the appropriate referral of clients.
- Support the development of continuing professional development modules and clinical audit packages to improve knowledge of physical activity amongst health professionals.
- Develop a means for disseminating and accessing information about physical activity education and training opportunities.
- Develop and maintain resources that inform the health sector physical activity workforce of common and emergent risks associated with physical activity promotion, and assist to manage these risks (eg. professional indemnity, public liability, risk management).
- Strengthen the capacity of relevant Queensland Health staff to input into the planning processes of state and local governments to enhance urban environments that support physical activity.

Strategic forums and documents

- Queensland Health Physical Activity Service Delivery Model
- Professional associations, universities and vocational education and training providers
- Aboriginal and Torres Strait Islander Strategic Framework for Health 2003–2013



Action Area 1.3

Availability of high quality physical activity evidence

Objectives

- To improve the quality and quantity of research about physical activity, especially research that focuses on Queensland and Queenslanders
- To build on the evidence base, and disseminate available evidence, to inform effective actions
- To ensure evidence is used to inform a population focus that embraces a public health approach and systematic planning of physical activity actions

There is ample published evidence linking physical activity with health and wellbeing. However, reviews of research literature frequently cite the need for more high quality evidence for the effectiveness of physical activity promotion initiatives. Identified needs are: improvements in research design and measures of physical activity; the collection of baseline data for specific population sub-groups; and the development and support of research capacity.



Current action – What is already being done?

Health Sector Strategies	Lead Agencies
<p>Supporting research and demonstration projects that aim to identify and address the determinants of physical activity among priority populations in different settings and communities:</p> <ul style="list-style-type: none"> ▪ Caboolture Mums and Little Ones ▪ The Growing Years Project ▪ Working with key stakeholders to develop and implement a comprehensive, regular and coordinated physical activity monitoring and surveillance system at national, state and regional levels ▪ Utilising existing jurisdictional and national surveys to obtain Queensland data on participation in physical activity and community attitudes in order to inform policy and program development and evaluation ▪ Healthy Kids Queensland: Physical Activity and Nutrition Queensland ▪ Providing assistance (expertise, human resource and financial) to help the health workforce effectively research and evaluate physical activity programs, including process and outcome measures 	<p>QH</p> <p>UQ with funding from QH</p> <p>GU with funding from QH</p> <p>QH, NHFA, DoHA</p> <p>QH, ASC, DLGPSR, various users</p> <p>UQ with funding from QH</p> <p>QH, NHFA, Universities</p>
<p>Implementing and evaluating cross-sectoral approaches to physical activity promotion at state, regional and local levels:</p> <ul style="list-style-type: none"> ▪ 10,000 Steps ▪ Just Walk It 	<p>various LGAs or PATs</p> <p>NHFA, DLGPSR</p>
<p>Developing and/or supporting partnerships that encourage collaborative physical activity research relevant to the health sector and other sectors:</p> <ul style="list-style-type: none"> ▪ Projects funded by Health Promotion Queensland (HPQ) 	<p>QH</p>
<p>Seeking opportunities to research and address the links between physical activity and safety:</p> <ul style="list-style-type: none"> ▪ Safe Communities ▪ Projects funded by Health Promotion Queensland (HPQ) ▪ Identifying and supporting physical activity research and innovative initiatives through partnerships with academics, including the translation of research into policy and practice 	<p>Old Govt agencies, NGOs & private sector</p> <p>QH</p> <p>Old Govt agencies, NGOs & private sector</p>



Other Sectors' Strategies	Lead Agencies
<p>Collaborating with other sectors to routinely collect and share non-health physical activity related data:</p> <ul style="list-style-type: none"> Exercise, Recreation and Sport Survey (ERASS) (including over-sampling in Queensland) South-East Queensland Travel Survey (SEQTS) Bicycle Usage Survey (2004) Market & Communications Research (MCR) Wave Surveys Australian Bicycle Council (ABC) Cycling Data and Indicator Guidelines 	<p>DLGPSR, govt & non-govt agencies ASC, DLGPSR</p> <p>QT</p> <p>QT</p> <p>QT</p> <p>QT</p>
<p>Identifying and collecting economic data for the evaluation of physical activity interventions (as recommended by the Australian Chronic Disease Prevention Alliance):</p> <ul style="list-style-type: none"> TravelSmart 	<p>QT</p>
<p>Seeking opportunities to research and address the links between physical activity and safety:</p> <ul style="list-style-type: none"> Crime Prevention Through Environmental Design (CPTED) 	<p>Qld Police</p>
<p>Implementing and evaluating cross-sectoral approaches to physical activity promotion at state, regional and local levels:</p> <ul style="list-style-type: none"> 10,000 Steps 	<p>various LGAs or PATs</p>

Potential actions – What more is required?

- Scope and develop specifications for a comprehensive and standardised set of high quality physical activity indicators (including key behaviours, environments and social factors) that are culturally sensitive and can be used for monitoring at national, state, regional, local levels and across settings.
- Develop reliable and valid tools for monitoring the physical activity levels of children, young people and older people; and for measuring physical activity associated with occupations, active transport and household chores. Review their applicability for different cultural groups.
- Establish mechanisms to coordinate consistency in physical activity data sets and to promote data set sharing across organisations.
- Establish mechanisms for sharing information about physical activity research between organisations (including screening tools, data variables, demographic groupings etc).
- Review Queensland legislation, regulations and policy that influence physical activity (including identifying supportive policies and gaps, necessary amendments and opportunities for potential partnerships across sectors to improve active living).
- Identify and collect economic data for the evaluation of physical activity interventions (as recommended by the Australian Chronic Disease Prevention Alliance).
- Include physical activity data collection within travel surveys to measure transport-related physical activity.



- Develop performance indicators for how people use their environments (built and natural) for physical activity.
- Fund demonstration projects using Health Impact Assessments frameworks to see how environments (built and natural) influence physical activity.

Strategic forums and documents

- Healthy Kids Queensland: Physical Activity and Nutrition Queensland
- Queensland Omnibus surveys and other population health survey tools
- National Active Australia surveys



Action Area 1.4 Management of physical activity initiatives in Queensland

Strategic management and coordination are particularly important with respect to active living. Recommended approaches to physical activity promotion involve multiple strategies across various settings and population groups. The inter-sectoral nature of these approaches requires partnerships to be developed to manage and guide joint action. Part of this is monitoring and influencing the development and implementation of legislation, policies and programs that may impact active living.

Objectives

- To foster strategic partnerships in physical activity to engender greater coordination of activities
- To foster capacity building in both the health and other sectors, public, private and non-government organisations, families and the community
- To concentrate on the solutions and strengths, not just the problems



Current action – What is already being done?

Health Sector Strategies	Lead Agencies
Developing <i>Be Active Queensland</i> and the associated implementation plan for the Queensland Public Health Forum	QPHF
Advocating for the implementation of Healthy Weight 2008 - Australia's Future: the National Action Agenda for Children and Young People and their Families: <ul style="list-style-type: none"> Healthy Weight Action Plan 	NHFA
Building leadership and commitment for physical activity among key decision-makers in government, private sector organisations and Aboriginal and Torres Strait Islander organisations and leaders	govt & non-govt agencies
Implementing and evaluating Eat well, be active – healthy kids for life	QH
Facilitating the consideration of social, economic and environmental determinants in developing physical activity promotion policies and initiatives	govt & non-govt agencies
A wide range of community capacity building projects	QH
Supportive Environments for Active Living project	QH
Building and strengthening inter-sectoral relationships with local government and stakeholders to plan, implement and evaluate comprehensive strategies to progress community-level physical activity	govt & non-govt agencies
Physical Activity Service Delivery Model	QH
Funding and evaluating the demonstration sites for joint action relating to Eat well, be active – healthy kids for life (Logan-Beaudesert, Townsville, Badu Island)	HPQ via QH

Other Sectors' Strategies	Lead Agencies
Developing an updated comprehensive strategy for pedestrians: <ul style="list-style-type: none"> Action Plan for Pedestrians 2007-2009 	State Pedestrian Committee (govt & NGOs)
Developing an updated comprehensive strategy for cyclists: <ul style="list-style-type: none"> Action Plan for Cyclists 2007-2009 	State Cycle Committee (govt & NGOs)
Developing partnerships with other sectors and private industry (mining, employment, sport and recreation) to support physical activity programs and initiatives and create broad-based support for physical activity: <ul style="list-style-type: none"> Community Partnership Program 	DPC
Addressing obesity and the long-term institutional arrangements for promoting healthy and active lifestyles in Queensland: <ul style="list-style-type: none"> Queensland Obesity Taskforce and related working groups 	DPC





Focus sites for joint action relating to Eat well, be active – healthy kids for life (Logan-Beaudesert, Townsville, Badu Island)	govt & non-govt sectors
Providing workplace, school and community-wide support to increase the use of healthy and environmentally-friendly transport such as walking, cycling and public transport: <ul style="list-style-type: none"> ▪ TravelSmart 	QT
Implementing and evaluating cross-sectoral approaches to physical activity promotion at state, regional and local levels: <ul style="list-style-type: none"> ▪ 10,000 Steps 	various LGAs or PATs

Potential strategies – What more is required?

- Identify a body to oversee and be accountable for implementing *Be Active Queensland*.
- Undertake a process to prioritise *Be Active Queensland* actions, using public health tools.
- Establish mechanisms to clarify roles and coordinate planning, implementation and evaluation of *Be Active Queensland* and other health-related initiatives of relevance to physical activity, among relevant national and state/territory government agencies, private sector organisations, Aboriginal and Torres Strait Islander organisations and other significant inter-sectoral partners.
- Seek high level endorsement of a Queensland whole-of-government statement on the importance of physical activity and a commitment to action to address the needs of priority population groups.
- Advocate for the development, endorsement, implementation and evaluation of a comprehensive, inter-sectoral, statewide strategy for physical activity in Queensland to facilitate strategic coordination and investment.
- Commission an external and culturally appropriate evaluation of the achievements of *Be Active Queensland* in 2008 and 2010.
- Advocate for a statewide whole-of-government strategic framework to physical activity with definitive roles and responsibilities of various key stakeholders.
- Support the establishment of physical activity plans within local government authorities (to complement sport and recreation plans).

Strategic forums and documents

- Healthy Weight 2008 - Australia's Future: the National Action Agenda for Children and Young People and their Families
- Queensland Government Chief Executive Officers sub-committee on Healthy Weight in Children and Young People
- Queensland Transport - Shaping Up: A guide to the better practice and integration of transport, land use and urban design techniques
- Health impact assessment and community public health planning initiatives and tools
- Local area physical activity taskforces such as those established in Central Queensland
- Local government physical activity plans
- Active Living by Design: A seminar on Physical Activity, Transportation, Land Use and Health 2006



Outcome Area 2: A whole-of-community approach to active living

Communities are complex systems; and traditionally some sectors, agencies or organisations have approached the establishment of services and initiatives using a 'silo' style. A whole-of-community approach encourages integrated actions that address a broad range of socio-ecological determinants of physical activity.



Action Area 2.1 Community capacity for active living

Communities require resources such as skills, knowledge and networks to drive and sustain active living at local levels. General community development principles apply. They can be focussed on key active living issues at local levels through community public health planning and health impact assessment tools.

Objectives

- To improve access to resources for communities to drive and sustain active living at the local level
- To promote physical activity opportunities for those most in need and to close the health gap between different population groups as a result of geography, ethnicity, and socio-economic status

Current action – What is already being done?

Health Sector Strategies	Lead Agencies
<p>Supporting the establishment and evaluation of comprehensive, community-wide physical activity demonstration programs which employ multiple evidence-based strategies in a range of settings:</p> <ul style="list-style-type: none"> 10,000 Steps Just Walk It 	<p>various LGAs or PATs NHFA, DLGPSR, QH</p>
<p>Working with other sectors to facilitate access by the non-health workforce and community members to health-related training that supports their role in physical activity:</p> <ul style="list-style-type: none"> Just Walk It Supportive Environments for Active Living (SEAL) Workforce Development Strategy 	<p>NHFA, DLGPSR QH</p>
<p>Building collaborative partnerships with organisations from relevant sectors to develop initiatives that support inactive people to be active</p>	<p>QH, NHFA</p>
<p>Identifying opportunities to support physical activity through healthy public policy that considers supportive codes and standards, legislation and legal liability, financial incentives and disincentives, and health impact assessment tools</p>	<p>QH, NHFA</p>
<p>Implementing physical activity initiatives with an emphasis on building social capital, positive community relationships and cohesion, and reducing social isolation:</p> <ul style="list-style-type: none"> Steady Steps Just Walk It 	<p>FQ, QH, DLGPSR NHFA, DLGPSR</p>
<p>Encouraging community consultation to guide the development, implementation and evaluation of community-based physical activity programs and services:</p> <ul style="list-style-type: none"> SEAL Community Consultation Guide 	<p>QH</p>

Other Sectors' Strategies	Lead Agencies
<p>Supporting the establishment and evaluation of comprehensive, community-wide physical activity demonstration programs which employ multiple evidence-based strategies in a range of settings:</p> <ul style="list-style-type: none"> Get Active Queensland Schools Program Active after schools program Eat well, be active – healthy kids for life The Queensland Government first action plan 2005–2008 	<p>DLGPSR ASC QH, Human Services</p>
<p>Identifying opportunities to support physical activity through healthy public policy that considers supportive codes and standards, legislation and legal liability, financial incentives and disincentives, and health impact assessment tools</p>	<p>govt & NGOs</p>
<p>Publicly recognising the contribution of volunteers and paid employees and highlighting innovation and good practice in physical activity promotion:</p> <ul style="list-style-type: none"> Thanks Coach, Thanks Ref 	<p>DLGPSR</p>
<p>Sponsoring cycle events (Bike Week, Cycle Queensland, Wilson HTM Brisbane to Gold Coast Challenge)</p>	<p>QT</p>
<p>Cycle safety education, particularly child education (Bike Ed program)</p>	<p>QT</p>
<p>Distributing cycle encouragement information (www.transport.qld.gov.au/cycling)</p>	<p>QT</p>



Other Sectors' Strategies	Lead Agencies
Offering funding for projects such as participation programs, sports equipment, travel to sporting competitions, bicycle paths and large scale capital works for sport and active recreation facilities: <ul style="list-style-type: none"> ▪ State Development Program ▪ Major Facilities Program ▪ Minor Facilities Program ▪ Indigenous Community Development Program ▪ The Club Development Program ▪ Rural Living Infrastructure Program ▪ Regional Centres Program 	DLGPSR
Continuing to explore options to utilise existing funding programs to develop industry and community capacity to support participation opportunities	DLGPSR
Providing workshops to identify new opportunities for volunteers, club officials and coaches to learn about programs and governance initiatives that are flexible and relevant to adapt to the changing sport and active recreation environment: <ul style="list-style-type: none"> ▪ Building Active Communities Workshops and Locker Room Forums 	DLGPSR
Promoting safe and exciting participation in outdoor recreation via recreation centres offering a range of programs and activities (including ropes courses, bouldering, fishing, swimming, surfing, squash, basketball and tennis): <ul style="list-style-type: none"> ▪ Active Recreation Centres 	DLGPSR
Providing a community partnerships funding program to enhance physical activity and healthy eating initiatives in local communities: <ul style="list-style-type: none"> ▪ Community Partnerships Program 	DLGPSR, EQ, QH, QT, DATSIP & other govt & NGOs

Potential actions – What more is required?

- Provide coordinated and sustainable funding and structures to support the provision and evaluation of affordable community-based physical activity programs targeting different population sub-groups (older people, young women, diabetics) and differing abilities and interests, that are relevant to social and community needs (dance, traditional games, camps, walking).
- Develop and disseminate good practice guidelines and complementary resources to improve the development of, and access to, physical activity programs and services for population groups with special needs.
- Develop cultural awareness and sensitivity guidelines for mainstream physical activity services.
- Develop and implement a framework for Health Impact Assessment for local government authorities, planners and developers.
- Use GIS-type technology in physical activity planning and service delivery and monitoring.
- Explore options to use equity impact assessment tools in physical activity policy, planning and program development.

Strategic forums and documents

- 10,000 Steps Program - www.10000steps.org.au
- Just Walk It Program - National Heart Foundation of Australia
- Get Active Queensland Schools Program – Department of Local Government, Planning, Sport and Recreation





Action Area 2.2

Local community environments

Relationships have been observed between physical activity levels and the characteristics of our communities, such as proximity of facilities, street design, density of housing, availability of public transport and active transport facilities, and feelings of safety (Centre for Disease Control 2004, National Heart Foundation of Australia 2004, King et al 2000). Evidence indicates that a combination of urban design, land use patterns and transportation systems that promote walking and bicycling will help create active, healthier and more liveable communities (Handy et al 2002). The World Health Organisation has also identified increasing urbanisation and various aspects of city planning as important physical activity issues (WHO Global Strategy 2004).

In Queensland, the *Integrated Planning Act 1997* seeks to promote ecological sustainability through coordinating and integrating planning at the local, regional and state levels, and managing the development process and the effects of development. Queensland Transport has developed a number of plans and guidelines to assist with developing environments that promote physical activity. These seek to influence the preparation and review of planning schemes in order to facilitate communities that support public transport use, cycling and walking, and are less reliant on private motor vehicles.

The Local Government Finance Standard 1994 has been amended, stipulating that a local government corporate plan must include information about public health management as part of its assessment of local and regional issues. Promoting physical activity through physical activity programs and infrastructure is one way in which local government can address public health, in conjunction with land transport, socialisation and crime reduction issues.

Objectives

- To improve local development mechanisms to consider design for active living that reflects community needs for physical activity
- To explore the principles of a strategy for Queensland to establish a close and consistent link between land use and transportation plans, active living and priorities across government and industry sectors



Current action – What is already being done?

Health Sector Strategies	Lead Agencies
Advocating for the establishment of a framework that facilitates the consideration of physical activity strategies as part of the statutory and non-statutory planning processes of state and local government	QH, NHFA
Developing a Health Impact Assessment framework	QH
Healthy Regions Strategic Project	QH
Reviewing Local Government Planning Schemes	QH
Healthy by Design: A Planner's Guide to Environments for Active Living	NHFA
Supporting the adoption of planning guidelines by state and local governments that support physical activity	QH
Advocating for the provision of physical environments and the removal of barriers to providing environments which support communities to be active	QH, NHFA

Other Sectors' Strategies	Lead Agencies
<p>Developing a framework that facilitates the consideration of evidence-based physical activity strategies as part of the statutory and non-statutory planning processes of state and local government:</p> <ul style="list-style-type: none"> ▪ Local Government Finance Standard ▪ Social Planning Guidelines for Queensland Local Government ▪ A Guideline for Integrating Community Wellbeing into Planning Schemes 	<p>DLGPSR & other govt agencies, LGAs</p> <p>DLGPSR</p> <p>LGAQ</p> <p>LGAQ</p>
<p>Collaborating with other sectors to support a coordinated, sustainable approach to promoting and supporting active transport initiatives:</p> <ul style="list-style-type: none"> ▪ Smart Travel Choices for South East Queensland ▪ TravelSmart ▪ Translink 	<p>QT</p> <p>QT</p> <p>QT</p>
Advocating for the provision of physical environments and the removal of barriers to providing environments which support communities to be active	govt & NGOs
Cycle Notes for developing safer cycle facilities at the local government level	QT
Regional Cycle Network Plan for South East Queensland – a framework to guide the provision of a coordinated and well connected network of cycling infrastructure in South East Queensland	QT
Draft report on a study of the effects of environmental factors on non-motorised trips in South East Queensland	QT
Exploring the use of technology (eg. GIS) in physical activity planning and service delivery and monitoring	govt & NGOs
Needs-based planning to increase the number, safety and connectivity of walkways and bikeways (in conjunction with local government authorities) to improve the walkability and cycleability of communities	DLGPSR & other govt agencies, LGAs
Providing pedestrian and cycling facilities and walkable and cycle-friendly environments around public transport stations, workplaces, retail centres and schools	DLGPSR & other govt and NGOs
Improving access to all government facilities by walking, cycling and public transport	govt agencies, LGAs
<p>Advocating and making recommendations for development codes that encourage more appropriate accommodation of walking and bicycling options:</p> <ul style="list-style-type: none"> ▪ Trialling cycle centres in selected local government areas 	QT, LGAs




Maximising the provision, access and aesthetics of open spaces to foster physical activity opportunities	LGAs, QPW
Considering international, Australian and local approaches and developments regarding road policies, standards, parking requirements and fees to improve connectivity, safety, street design and incentives for using public transport and active	govt & NGOs
Considering options for feasible changes in policy and legislation for design of healthier communities: <ul style="list-style-type: none"> Review of the <i>Integrated Planning Act 1997</i> 	DLGPSR
Building a better understanding of good practice in the development of policy and guidelines within building codes, planning guidance and approval processes (to encourage compact community design and a tighter mix of activities which make it possible to work, play, shop and go to school within walking and cycling distance of people's homes)	govt & NGOs
Exploring mechanisms to improve funding for pedestrian and cycling-oriented capital improvements and public transit orientated areas (eg. transit oriented destinations)	OUM

Potential action – What more is required?

- Regulate planning schemes and building codes to ensure quality of urban design and end-of-trip facilities.
- Re-design existing communities with a focus on walkability, cycleability and active living.
- Provide incentives for employers to provide better walking and cycling facilities in workplaces.
- Review speed limits in select local streets which are used by high volumes of pedestrians and cyclists.
- Explore innovative ways to share community resources (eg. schools, open spaces, sporting grounds and swimming pools) to maximise physical activity opportunities.
- Use innovative strategies to support the provision of community facilities (pools, courts and equipment) and programs, particularly for priority population groups.
- Implement integrated planning for 'mixed use localities' and the availability of facilities (eg. swimming pools) in rural and remote areas.
- Provide leadership and coordination, strong policy support and increased resources to develop policies, programs, environments and infrastructure that support and encourage populations with special needs to be active (eg. people with disabilities).
- Develop the roles of all tiers of government in the built environment approval processes, local codes and other policies that are consistent with land use and transportation plans and that promote active living.
- Seek joint calls to action by key government representatives and non-government organisations (from local government, sport and recreation, transport, planning, environment and health) to encourage the shaping of environments that support active living.
- Seek to establish a framework that facilitates the consideration of physical activity strategies as part of the statutory and non-statutory planning processes of state and local government.
- Monitor the implementation of planning schemes to ensure that planning for the physical environment incorporates ecological sustainability and supportive environments for physical activity.
- Encourage planning authorities to incorporate Supportive Environments for Active Living Guidelines into state and local planning activities.



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- Inform reviews and amendment of the *Building Codes Act* to ensure that existing and new buildings/ facilities are accessible to all and conducive to active living.
 - Assist local governments to use available resources to shape urban design that supports active living.
 - Collaborate with other sectors to support a coordinated, sustainable approach to promoting and supporting active transport initiatives.
 - Identify aspects of local environments that require development or renewal in order to enhance participation in physical activity and promote personal safety and security (eg. walking and cycling paths, maintenance of open spaces, lighting, reception counters at wheelchair height etc).
 - Conduct workshops to identify and address local barriers and enablers for active living (eg. urban design, land use patterns, transportation systems and the importance of neighbourhoods).
 - Advocate for physical activity recognition as a state interest under the *Integrated Planning Act 1997*.
 - Identify the role/influence that other sectors have for physical activity under the *Integrated Planning Act 1997*. Identify gaps and develop strategies and roles of departments to ensure physical activity is incorporated into planning processes.
 - Ensure that QH staff are equipped to promote, support and monitor land use planning, including dissemination of relevant information and comment to key stakeholders.
 - As part of land use planning principles, state government facilities (eg. QH, EQ and SRQ) should ensure they are accessible through efficient public transport services and connected to active transport modes such as walkways and cycle paths.
 - Ensure that building codes include end-of-trip facilities and are pedestrian friendly so active transport is a priority.
 - Use signage (point of decision and to local destinations - including distances).

Strategic forums and documents

- *Integrated Planning Act 1997*
- Local Government Finance Standards 1994
- Community public health planning, health impact assessment techniques and other equity assessment tools
- Queensland Transport Action Plan for Pedestrians 2006-2009
- Queensland Transport's Queensland Cycle Strategy 2007-2009
- South East Queensland Regional Plan
- Local government planning schemes
- Queensland Transport Integrated Planning Act Guideline 2 - Planning Schemes and Cycling
- QTIPS No. 2 – Queensland Transport's cycling interests in planning schemes
- Queensland Transport Integrated Regional Transport Plans
- Queensland's State Cycle Committee and State Pedestrian Committee (and their associated plans and resources)
- Local government physical activity plans and active transport initiatives
- Department of Main Roads' Bicycle Policy (DMR provides on-road bike lanes subject to funding and appropriate risk assessment)





- Department of State Development: best planning practices for integrated employment areas
- Department of Housing: state planning policy
- Department of Main Roads' bike policy
- Queensland Police Service's CPTED (crime prevention through environmental design)
- Safe communities initiatives
- LGA planning policies and processes
- Queensland Transport integrated transport plans, passenger transport strategy and action plan for pedestrians
- Tourism initiatives
- Developers' master plans
- Council of Mayors' strategic actions (especially transport)
- TravelSmart initiative encouraging environmentally friendly travel choices (Queensland Transport)
- Healthy by Design: A Planner's Guide to Environments for Active Living (NHFA 2004)
- Queensland Health's Supportive Environments for Active Living



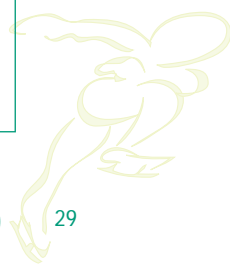
Action Area 2.3

Health services

Several factors restrict the ability of health services to engage with physical activity promotion initiatives. These include limited funding for primary prevention and lack of incentives embedded within funding systems; and a lack of workforce capacity to plan, implement and evaluate local physical activity programs. However, the imperative is growing for health services to promote physical activity as a means for preventing and managing chronic illnesses.

Objectives

- To promote the importance of physical activity throughout the health sector and urge all health organisations to commit to, and adequately fund, the promotion of physical activity
- To implement strategies that ease restrictions on the ability of health services to engage with physical activity promotion initiatives



Current action – What is already being done?

Health Sector Strategies	Lead Agencies
Building on current initiatives, supporting the coordinated development and expansion of the physical activity related lifestyle prescription initiatives within General Practice (especially for high need groups) and customising prescription to meet and respect physical and cultural differences: <ul style="list-style-type: none"> ▪ Lifescripts 	DoHA, QDGP
Supporting further development of effective and sustainable physical activity interventions in General Practice	DoHA, QDGP
Exploring options and alternative models to expand the prescription of physical activity to other health professionals including Aboriginal and Torres Strait Islander health workers	QH, QAIHC
Aboriginal and Torres Strait Islander physical activity brief intervention initiative	QH
Advocating for the inclusion of best practice standards into aged care accreditation, and funding frameworks and the writing of guidelines	Govt & non-Govt agencies
Establishing funding mechanisms to improve access to appropriate exercise prescription by people with special health needs: <ul style="list-style-type: none"> ▪ Medical Benefits Scheme exercise physiologist rebate scheme 	DoHA
Promoting the uptake of the Physical Activity Service Delivery Model	QH
Funding programs that promote strength, stability and falls prevention across in-home, residential aged care, and acute care settings: <ul style="list-style-type: none"> ▪ Steady Steps ▪ Stay on Your Feet ▪ HeartMoves 	Fitness Qld QH NHFA
Developing practical strategies to assist community controlled health services and mainstream health services to encourage Aboriginal and Torres Strait Islanders to be active	QH, QAIHC
Providing programs that promote healthy eating, physical activity and healthy weight: <ul style="list-style-type: none"> ▪ Lighten Up to a Healthier Lifestyle ▪ Living Strong 	QH QH
Supporting the development and dissemination of good practice guidelines to support health workers to appropriately assess, inform and refer patients to community-based physical activity support services: <ul style="list-style-type: none"> ▪ Physical activity recommendation for people with cardiovascular disease ▪ Disseminating the national physical activity guidelines 	NHFA QH
Trialling innovative interventions to provide physical activity advice using new and emerging technologies such as internet and automated telephone systems: <ul style="list-style-type: none"> ▪ VIP Diabetes 	QUT

Potential actions – What more is required?

- Promote the adoption and/or funding of physical activity promotion strategies and programs amongst QPHF members and other health services.
- Develop and disseminate models for physical activity service delivery within health services across the care continuum.
- Explore options to remove or reduce funding and financial barriers to health services and providers supporting physical activity.





- Trial and then implement a collaborative version of the Diabetes Prevention Program based on the successful intensive lifestyle advice programs identified in the literature.
- Trial the implementation of a healthy hospital model.
- Include accurate information about physical activity in lifestyle interventions (ie. prevention of diabetes, maintenance of healthy weight).
- Advocate for the inclusion of physical activity standards in aged care accreditation, funding frameworks and guidelines.
- Encourage community-based programs that are based on theory for health behaviour change and are able to be individually-adapted.
- Further develop and disseminate appropriate roles and indicators for health services in the promotion and support of physical activity.
- Provide health service managers with evidence-based physical activity service models and cost effectiveness data.
- Improve maternal physical activity in the time before, during and after pregnancy.
- Increase the number of Aboriginal and Torres Strait Islander health professionals working in specialist physical activity roles (across government and non-government agencies).
- Develop practical strategies for community controlled health services and mainstream health services to encourage Aboriginal and Torres Strait Islanders to be active.
- Provide education and tools that assist primary health care providers to include the physical activity component of health assessments for Aboriginal and Torres Strait Islander people aged 15 to 54 years.

Strategic forums and documents

- The SNAP Behavioural Risk Factor Framework (Joint Advisory Group on General Practice and Population Health 2003)
- Queensland Health Physical Activity Service Delivery Model
- Promotion, Prevention and Early Intervention: Improving the Mental Health and Well-being of Queenslanders (Mental Health Unit, Queensland Health)
- The Department of Health and Ageing's General Practice lifestyle prescriptions initiative
- National Chronic Disease Strategy and National Service Improvement Frameworks
- Medicare Enhanced Primary Care initiatives
- National Strategic Framework for Aboriginal and Torres Strait Islander Health (SCATSIH)
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan in relation to workforce development activities
- Healthy Weight 2008 – Australia's future: The national action agenda for children and young people and their families
- Living Strong (Queensland Health)
- Lighten Up to a Healthier Lifestyle (Queensland Health)
- Eat Well Australia
- Indigenous Community Development Program (Department of Local Government, Planning, Sport and Recreation)
- Building a Healthy Active Australia initiatives that promote health eating and active lifestyles in children



- *Be Active Australia: A framework for health sector action for physical activity 2005-2010* (NPHP, 2005)
- *Preventing Chronic Disease: A strategic framework* (NPHP, 2001)
- *National Falls Prevention for Older People Plan: 2004 onwards* (NPHP, 2001)
- *National Environmental Health Strategy* (enHealth Council, 2001)
- *Queensland Strategy for Chronic Disease 2005-2015* (Queensland Health 2005)
- *Community engagement and community public health planning tools and initiatives*
- *Queensland Obesity Taskforce*
- *QPHF Active Living Working Group*
- *Developing a National Public Health Action Plan for Children* (DoHA, 2004)
- *National Public Health Action Plan for an Ageing Australia* (DoHA, 2004)
- *National Framework for Aboriginal and Torres Strait Islander Health* (NATSIHC, 2003)
- *Working Together for a Healthy, Active Australia* (DoHA, 2006)



Action Area 2.4

Schools and outside school hours care services

Schools and outside school hours care (OSHC) services potentially offer young people the chance to participate in physical activity that is supervised and non-threatening; and that contributes to learning objectives and more broadly, to health. Schools and OSHC are also community centrepieces with respect to transport and socialisation for students and their families. Therefore, schools should not be viewed in isolation, but addressed within the broader community and familial context.

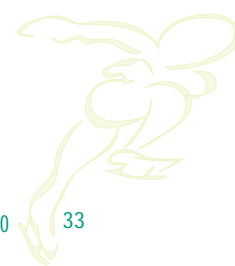
Objectives

- Advocate for the provision of physical environments and the removal of barriers to providing environments which support children to be active
- To involve schools and outside school hours care (OSHC) effectively in the promotion and implementation of physical activity opportunities

Current action – What is already being done?

Health Sector Strategies	Lead Agencies
<p>Providing appropriate resources to assist OSHC to offer opportunities for children to eat healthily and be more physically active:</p> <ul style="list-style-type: none"> Physical Activity and Nutrition in Outside School Hours (PANOSH) Eat Smart, Play Smart 	<p>QH NHFA</p>
<p>Working with the education sector and other appropriate sectors to develop a state collaborative, cross-agency approach to support physical activity in the school and early childhood sectors:</p> <ul style="list-style-type: none"> based on, and supportive of, the needs of the education sector regarding the promotion of physical activity takes account of the specific needs of the disadvantaged, Aboriginal and Torres Strait Islander people, and special needs children and their families includes the coordinated development, testing and implementation of innovative and best practice strategies 	<p>QH</p>
Queensland Health and Education Queensland Joint Work Plan	EQ, QH
Eat well, be active – healthy kids for life The Queensland Government first action plan 2005–2008	QH
Queensland Obesity Taskforce	DPC
Disseminating and promoting the National Physical Activity Guidelines for Children and Young People and complementary support resources to education and OSHC services	QH

Other Sectors' Strategies	Lead Agencies
Active After School Communities Program	ASC
Sport and Recreation Queensland resources for schools and childcare – implementation strategy and professional development support	DLGPSR
TravelSmart Schools programs	QT
Active School Travel Programs	QT, LGAs
Walking/cycling, school buses	QT, LGAs
Children and Young People Strategy	DLGPSR
Get Active Queensland Accreditation Program	DLGPSR
Active Recreation Centres	EQ



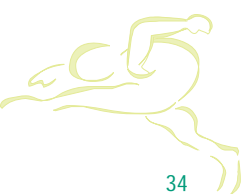


Potential actions – What more is required?

- Seek a joint call to action from relevant Queensland Government Ministers (including Education, Sport and Recreation, Communities and Health) regarding the importance of schools and OSHC services in promoting active living.
- Identify and evaluate active living interventions for children and young people undertaken through the health sector in Queensland, and share the information with other jurisdictions.
- Contribute to the development of model active living policies and programs for schools and OSHC services.
- Identify factors of school and childcare environments (physical, organisational, social) that influence physical activity participation and safety; and produce guidelines for developing supportive environments.
- Promote guidelines for the safe conduct of active living programs and activities in school and childcare environments to assist teachers and external activity providers.
- Identify and review physical activity related interventions undertaken through the health sector; and disseminate information and resources (training packages, resources, policy guidelines).
- Establish partnerships with key childcare service organisations to develop and promote physical activity programs and policies that are consistent with accreditation and funding requirements.
- Advocate for the implementation of Healthy Weight 2008 - Australia's Future: the National Action Agenda for Children and Young People and their Families.
- Develop children-oriented active transport initiatives.
- Support local Healthy Active Australia outside school hours care initiatives.
- Develop specific school-based physical activity programs for Aboriginal and Torres Strait Islander peoples, including the further development and promotion of Indigenous games resources, use of role models (elite athletes, disabled people and 'local heroes') and appropriate curriculum guidelines and resources.

Strategic links forums and documents

- Healthy Weight 2008 - Australia's Future: the National Action Agenda for Children and Young People and their Families
- Healthy Active Australia – Department of Health and Ageing and Australian Sports Commission
- National Physical Activity Recommendations for Children and Young People
- Healthy Weight component of the joint work plan between Education Queensland and Queensland Health
- Physical Activity and Nutrition in Outside School Hours (PANOSH) resources for 0-4 year olds





Action Area 2.5 Workplaces

Effective physical activity promotion in the workplace offers potential benefits for employers and employees. These include increased health and wellbeing and reduced absenteeism. Active transport initiatives that substitute all, or part, of the journey to and from work have health and environmental benefits as well as the ability to help relieve traffic congestion. There is a need for additional high quality studies in the workplace area.

Objectives	<ul style="list-style-type: none"> ▪ To encourage government and non-government agencies to provide leadership in developing and evaluating workplace policies, programs and infrastructure that support physical activity and assist workers to be active in their work, travel and home lives ▪ To inform employees of the workplace benefits of promoting physical activity
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Current action – What is already being done?

Health Sector Strategies	Lead Agencies
Working Hard on Optimising Staff Health (WHOOSH) Project - QE11 Hospital Area Health Service & Redcliffe/Caboolture Area Health Service	QH
Desktop Physical Activity Exercises (TAPHS)	QH
LIFE Committee: Healthier workplaces (Prince Charles Hospital)	QH
Physical Activity Special Interest Group (Royal Brisbane & Women's Hospital)	QH
Our Public Service – Our Heart: Making a difference through lifestyle change	NHFA
Workplace Walking Groups <ul style="list-style-type: none"> ▪ Just Walk It ▪ throughout area health services 	NHFA, DLGPSR QH
Promoting 10,000 Steps Workplace Challenge Program	QH



Other Sectors' Strategies	Lead Agencies
Encouraging workplaces to develop and/or promote active transport options and initiatives for employees:	QT, BCC
<ul style="list-style-type: none"> ▪ TravelSmart Workplaces 	QT
<ul style="list-style-type: none"> ▪ TravelSmart household level individualised educational program (including awareness, motivational interviewing, skills in trip planning and incentives) 	QT
Draft Cycle Notes to encourage workplace end-of-trip facility availability (Cycle Note C3: Bicycle parking facilities and Cycle Note C4: End-of-trip facilities for cyclists)	QT
Reviewing local planning schemes to encourage provision of bicycle end-of-trip facilities at workplaces	govt & non-govt agencies
Workplace challenges (eg. 10,000 Steps)	govt & non-govt agencies
Workplace group programs and corporate membership arrangements with service providers	govt & non-govt agencies
DLGPSR Healthy Lifestyle Program	DLGPSR
Healthy Public Sector Workforce Plan - Queensland Obesity Taskforce	DIR
Business partnerships award to encourage healthy lifestyle programs in the private sector	DPC
The Quality Public Service Workplaces Framework:	DIR
<ul style="list-style-type: none"> ▪ targets improvements in organisational health and reductions in the incidence and cost of work-related stress, harassment, grievances and avoidable absence ▪ develops initiatives to include physical activity promotion as part of the public service 	

Potential strategies – What more is required?

- Provide leadership in developing and evaluating workplace policies, programs and infrastructure that support physical activity and assist workers to be active in their work, travel and home lives.
- Encourage the inclusion of regular moderate-intensity physical activity in workplace health and safety policies, and encourage employers to provide physical activity opportunities for staff.
- Include active transport initiatives integrating physical activity into other workplace health promotion programs, and encourage other employers to support physical activity in their workplace.
- Promote the uptake of point-of-decision materials that encourage choice of active options such as stair use and walking.
- Commission the development of guidelines and evidence-based strategies for creating physical activity friendly workplaces; and evaluate their application in health units.
- Review options to provide incentives (financial and non-financial, regulatory, rewards, occupational health and safety) and reduce barriers (public liability) for workplaces to encourage and support physical activity; and recommend future actions.
- Promote the provision of end-of-trip facilities (change rooms, showers, bicycle racks etc) in workplaces, with information about suitable facility designs and size to meet employee needs.
- Encourage green transport plans for workplaces.

- Encourage end-of-trip facilities for active transport and recreation via building codes.
- Encourage active transport modes in the workplace via car lease policies and car use policies in the workplace.
- Commission the development of guidelines and practical suggestions for physical activity friendly workplaces; and trial and evaluate them in health units.

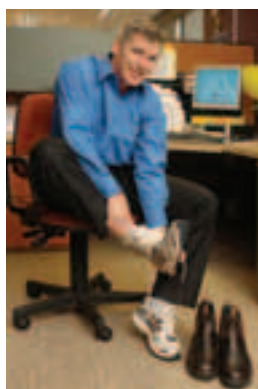
Strategic forums and documents

- The national TravelSmart initiative (Managed in Queensland by QT, it encourages the use of environmentally-friendly transport such as public transport, cycling, walking and car pooling. Demonstration projects are currently active.)
- Brisbane City Council's cleaner and greener active transport initiatives
- 10,000 Steps workplace challenge

Other comments

Implementation of *Be Active Queensland*

This document outlines a comprehensive approach to increasing active living. To ensure that Be Active Queensland is effectively and efficiently implemented, a two-year implementation plan will be developed that outlines the responsibilities and accountabilities of QPHF members. This planning process will involve close consultation and collaboration between QPHF members and key inter-sectoral partners. Other agencies are encouraged to develop implementation plans to help guide their work in this important area.





References

- Armstrong T, Bauman A, Davies J (2000). *Physical activity patterns of Australian adults*. AIHW Catalogue CVD10. Canberra. Australian Institute of Health and Welfare.
- Australian Bureau of Statistics (2000). *Children's Participation in Culture and Leisure Activities*. Canberra. Australian Government Publishing Service.
- Bauman A, Bellew B, Vita P, Brown W, Owen N (2002). *Getting Australia Active: towards better practice for the promotion of physical activity*. National Public Health Partnership. Melbourne.
- Bauman A & Owen N (1999). *Physical activity of adult Australians: epidemiological evidence and potential strategies for health gain*. *Journal of Science, Medicine and Sport*, 2(1), 30-41.
- Beneforti, M and Cunningham, J (2002). *Investigating indicators for measuring the health and social impact of sport and recreation programs in Indigenous communities*. Australian Sports Commission and Cooperative Research Centre for Aboriginal and Tropical Health. Darwin.
- Caspersen, C J, Powell, K E and Christenson, G M (1985). *Physical activity, exercise and physical fitness*. *Public Health Reports* 100, 125-131. (As referenced by Pate et al).
- Bull F C (2003). *Review of Best Practice and Recommendations for Interventions for Physical Activity. A report for the Premier's Physical Activity Taskforce on behalf of the Evaluation and Monitoring Working Group*. Western Australia Government. Perth. Western Australia
- Bull F C, Baumann A E et al (2004). *Getting Australia Active II: An update of evidence on physical activity for health*. National Public Health Partnership. Melbourne.
- Department of Aboriginal and Torres Strait Islander Policy and Development (1999). *Protocols for consultation and negotiation with Aboriginal people*. Queensland Government. Brisbane.
- Department of Health and Ageing (2004). *Healthy weight 2008 – Australia's future: the national action agenda for children and young people and their families*. [cited Accessed April 8 2003]; Available from: www.nphp.gov.au
- Department of Health and Ageing (2006). *Working together for a healthy, active Australia*. Canberra.
- Department of Health and Aged Care (1999) (reprinted 2005). *National Physical Activity Guidelines for Adults*. Commonwealth of Australia. Canberra.
- Department of Health and Ageing (2004a). *Australia's Physical Activity Recommendations for 5-12 year olds*. Commonwealth of Australia. Canberra.
- Department of Health and Ageing. (2004b). *Australia's Physical Activity Recommendations for 12-18 year olds*. Commonwealth of Australia. Canberra.
- Department of Health and Ageing (2005). *Lifescrpts Program*.
- DLGSPR (2005a). *South East Queensland Regional Plan 2005–2026*. Department of Local Government, Planning, Sport and Recreation. Brisbane.
- DLGSPR (2005b). *South East Queensland Infrastructure Plan and Program*. Department of Local Government, Planning, Sport and Recreation. Brisbane.
- Dishman R K and Sallis J F (1994). *Determinants and interventions for physical activity and exercise*. In Bouchard C, Shepherd R J and Stephens T (Eds) *Physical activity, fitness and health: International Proceedings and Consensus Statement*. Human Kinetics. Champaign. Illinois.
- enHealth Council (2000). *The National Environmental Health Strategy Implementation Plan*. Canberra. Department of Health and Aged Care.

References (cont)

- Glover J, Harris K, Tennant S (1999). *A social health atlas of Australia*, Volume 1. Australia; 2nd edition, PHIDU.
- JAG (2001). *Smoking, Nutrition, Alcohol, Physical Activity (SNAP) Behavioural Risk Factor Framework for General Practice*. Joint Advisory Group on General Practice and Population Health. Canberra.
- Kesaniemi Y A, Danforth E, Jensen M D, Kopelman P G, Lefebvre P and Reeder B A (2001). *Consensus Statement: Dose-response issues concerning physical activity and health: An evidence-based symposium*. *Medicine and Science in Sports and Exercise*, 33, S351-S358.
- Mathers C, Vos T, Stevenson C (1999). *Burden of disease and injury in Australia*. AIHW Catalogue PHE 17. Canberra.
- Marshall A and Miller R (2004). *Measuring Physical Activity in Urban Indigenous Australians: Final Report*. Accessed 27 July 2005 from www.health.gov.au
- Mathers C, Vos T, Stevenson C (2004). *The Burden of Disease and Injury in Australia*. Canberra. AIHW.
- National Aboriginal and Torres Strait Islander Health Survey (2004). Canberra. AIHW, 1999.
- National Heart Foundation of Australia (2004). *Healthy by Design: A Planner's Guide to Environments for Active Living*. National Heart Foundation of Australia (Victorian Division). Melbourne.
- National Heart Foundation of Australia (2005). *Physical Activity Recommendations for People with Cardiovascular Disease*. National Heart Foundation of Australia. Melbourne.
- National Public Health Partnership (2005). *Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005-2010*. NPHP. Melbourne.
- National Public Health Partnership (2001). *Eat well Australia*. Melbourne (Vic). NPHP.
- National Public Health Partnership (2001). *Preventing Chronic Disease: A Strategic Framework Background Paper*. Melbourne. National Public Health Partnership.
- National Public Health Partnership (2001). *National Injury Prevention Plan: Priorities for 2001–2003 Implementation Plan*. Canberra. National Public Health Partnership.
- National Obesity Taskforce (2003). *Healthy Weight 2008 - Australia's Future - The National Action Agenda for Children and Young People and their Families*. Accessed 27 July 2005 from <http://www.healthyactive.gov.au/publications.htm>
- NATSIHC (2003). *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments*. NATSIHC. Canberra.
- NHMRC (2003). *National Clinical Practice Guidelines for the Management of Overweight and Obesity*. National Health and Medical Research Council. Canberra.
- NHMRC (2003). *Young People and their Families, National Clinical Practice Guidelines for the Management of Overweight and Obesity*. NHMRC. Canberra.
- Pate R R, Pratt M, Blair S N, Haskell W L, Macera C A, Bouchard C, et al (1995). *Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine*. *Journal of the American Medical Association*. 273, 402–407.
- Queensland Government (2005). *Eat well, be active – healthy kids for life*. Queensland Government. Brisbane.
- Queensland Health (2006). *Omnibus General Population Survey*. Unpublished results. Queensland Health. Brisbane.





References (cont)

- Queensland Health and Australian Institute of Health and Welfare (2003). *Physical activity patterns of Queensland adults*. Queensland Health. Brisbane.
- Queensland Health (2001). *Social Determinants of Health – the Role of Public Health Services*. Queensland Health. Brisbane.
- Queensland Health (2003). *Physical activity patterns of Queensland adults 1997 to 2001*. Queensland Health. Brisbane.
- Queensland Health (2004). *Health Determinants Queensland 2004*. Queensland Health. Brisbane.
- Queensland Health (2005a). *Physical activity patterns of Queensland adults*. Unpublished report. Queensland Health. Brisbane.
- Queensland Health (2005b). *The Queensland Implementation Initiative for the Prevention and Management of Chronic Disease 2005–2015*. Queensland Health. Brisbane.
- Queensland Health (2006). *Cardiac Services Strategy 2005–2015: Coronary Heart Disease, Heart Failure and Rheumatic Heart Disease for Queensland*.
- Queensland Public Health Forum (2002). *Eat Well Queensland 2002–2012: Smart Eating for a Healthier State*. Queensland Public Health Forum Brisbane.
- Queensland Public Health Forum (2004). *Strategic Statement - Active Living*. www.health.qld.gov.au/qphf. Accessed 28 July 2005.
- Robert Woods Johnson Foundation (2005). *Active Living by Design*. www.activelivingbydesign.org. Accessed 20 July 2005.
- Salmon J, Bauman A, Crawford D, Timperio A and Owen N (2000). *The association between television viewing and overweight among Australian adults participating in varying levels of leisure-time physical activity*. International Journal of Obesity Related to Metabolic Disorders, 24(5), 600-606.
- Sport and Recreation Queensland. *Queensland Physical Activity Strategy 2001–2006*. (Draft Report November 2000)
- Stephenson J, Bauman A, Armstrong T, Smith B, Bellew B (2000). *The Costs of Illness Attributable to Physical Inactivity in Australia: A preliminary study*. Ausinfo. Canberra.
- Trost S, Owen N, Bauman A, Sallis J and Brown W (2002). *Correlates of adults' participation in physical activity: review and update*. Medicine and Science in Sports and Exercise, 34(12), 1996-2001.
- U.S. Department of Health and Human Services (1996). *Physical Activity and Health: A Report of the Surgeon General*. Atlanta. GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- World Health Organization (2004). *Global Strategy on Diet, Physical Activity and Health*. WHO Technical Report Series 916. WHO. Geneva.
- World Health Organization (2006). *Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease*. Prüss-Üstün A, Corvalán C.



Appendices

Appendix 1: QPHF Active Living Working Group representatives

Rachelle Foreman	National Heart Foundation of Australia – Queensland Division (Chair, November 2003 to January 2006)
Bryce Hines	Local Government Association of Queensland Inc
Bruce Morton	Australian Institute of Environmental Health (Chair, January to August 2006)
Damian O’Sullivan	Queensland Health
Michael Tilse	Queensland Health
Martin Webb	Queensland Public Health Forum
Rick Williams	Department of Communities

Appendix 2: Queensland Public Health Forum member organisations

Australasian Faculty of Public Health Medicine – Queensland Branch
Australian Health Promotion Association – Queensland Branch
Australian Institute of Environmental Health – Queensland Branch
Australian Department of Health and Ageing – Queensland Branch
Department of Aboriginal and Torres Strait Islander Policy
Department of Communities
Diabetes Australia – Queensland Branch
Education Queensland
James Cook University
Local Government Association of Queensland Inc
National Heart Foundation of Australia – Queensland Division
Public Health Association of Australia Inc – Queensland Branch
Queensland Aboriginal and Islander Health Council
Queensland Cancer Fund
Queensland Centre for Public Health
Queensland Council of Social Service Inc
Queensland Divisions of General Practice Association Inc
Queensland Health

Appendix 3: Agencies that responded to the consultation of *Be Active Queensland*

Australian Health Promotion Association – Queensland Branch
Australian Institute of Environmental Health – Queensland Branch
Department of Aboriginal and Torres Strait Islander Policy
Department of Communities
Department of Local Government, Planning, Sport and Recreation
Department of Transport
Local Government Association of Queensland Inc
National Heart Foundation of Australia – Queensland Division
Queensland Divisions of General Practice Association Inc
Queensland Health
Queensland Public Health Forum

Appendix 4: Current action at a glance

The following summary includes some of the existing strategies and programs and other useful resources mentioned in the Framework or likely to be utilised as part of the Framework's implementation. Please note that while many programs are government funded, some are funded, led or implemented by agencies outside government.

Name of program, resource or term	Brief description/status	Lead agencies
Active-Ate	This program was developed in North Queensland by Queensland Health. It is for teachers, students and the broader school community to use to promote physical activity and healthy eating. Resources include curriculum notes and practical activities. See: www.health.qld.gov.au/activeate	EQ
Active choices	This is an online checklist for parents to select suitable sport and recreation clubs and groups for their children. See: www.srq.qld.gov.au/community_programs/choosing_suitable_clubs.cfm	DLGPSR
Active Australia Schools Network	AASN provides support to member schools across Australia that share an interest in sport and physical activity and value the contribution to the overall health and wellbeing of young people and communities. See: www.ausport.gov.au/schools/index.asp	Australian Sports Commission
Active Recreation Centres	The 12 centres across Queensland promote safe and exciting participation in outdoor recreation, with programs and activities such as ropes courses, bouldering, fishing, swimming, surfing, squash, basketball and tennis. These experiences aim to instil in participants, particularly children and young people, a lifelong appreciation of the benefits of participating in physical activity. The centres support the development and piloting of the Active-Ate school-based healthy eating and physical activity initiative.	DLGPSR
Building Active Communities Workshops	These workshops provide information and training for coaches, administrators and volunteers to help build active communities. See: www.sportrec.qld.gov.au	DLGPSR
Children and Young People Strategy	Resources and programs have been provided for parents, early childhood professionals and teachers. Since October 2003, more than 75,000 resources and 30,000 information kits have been sent to parents, schools/teachers and early childhood professionals across the state. In addition, over 500 people have participated in the early childhood workshops series and over 600 teachers have taken part in professional development activities associated with utilising school-based resources.	DLGPSR
Creating a Healthier Queensland	This one-day training workshop aims to help health professionals provide consistent messages based on physical activity and nutrition guidelines, and assist consumers with issues related to healthy weight. See: www.health.qld.gov.au/HealthyLiving/CHQ.PDF	QH
Daily Physical Activity – A Guide for Schools	A 'how to' manual and workshop for primary and secondary teachers focus on getting school children active and instilling positive attitudes towards an active lifestyle.	DLGPSR



Eat well, be active – healthy kids for life	The Queensland Government's first action plan 2005–2008. The across-agency action plan includes approximately 100 initiatives to promote healthy weight of children and young people, which are being implemented through a coordinated multi-strategy approach. Agencies are Queensland Health, the Department of Communities, Education Queensland, Sport and Recreation Queensland, Queensland Transport and the Department of Aboriginal and Torres Strait Islander Policy.	QH
Fair Go Program (Get Active Queensland)	This program and associated resources promote fair play in sport. See: www.sportrec.qld.gov.au	DLGPSR
Get Active Queensland Accreditation Program	This program provides teachers, teacher aids, school sport volunteers and tertiary and senior school students throughout Queensland with free training that can lead to coaching, officiating, inclusive sport and physical activity, sports trainer and sports first aid accreditation. The program (formerly the Teacher-Coach Accreditation Program) has attracted more than 5,100 participants since it started in 2002 and is a key component of the Queensland Government's commitment to getting more Queenslanders involved in sport and active recreation.	DLGPSR
Living Strong	Living Strong is a culturally appropriate community-based weight management and healthy lifestyle program for Aboriginal and Torres Strait Islander adults.	QH
Health Impact Assessment	HIA is an internationally recognised approach, not a program. It is a combination of procedures, methods and tools used to judge the potential effects of a policy, program or project on the health of a population, and the distribution of those effects within the population. Internationally, HIA methodologies are being fine tuned to assist planners, developers and commercial enterprises etc to appraise how their activities may support or be detrimental to health in some way. HIA can be used to: <ul style="list-style-type: none"> ▪ prevent negative, unintended, unhealthy consequences of development ▪ enhance spaces, facilities or programs to promote health ▪ link with environmental impact statements or triple bottom line objectives. The emphasis is still on making future predictions rather than retrospective analysis. HIA and EIA (Environmental Impact Assessment) are often a complementary linked process. HIA identifies the prospective health impact of a proposed policy or program or project; while EIA identifies a range of potential impacts of a proposed project (only), such as the development of a new landfill site or the impact of extending an existing freeway near a residential area.	QH
Just Walk It	Just Walk It is Australia's largest group walking program with nearly 5,000 participants across Queensland. It is a free program that aims to help people become more physically active by walking regularly and as part of a group.	NHFA, with funding from DLGPSR
Kids Playground website	This website contains a range of activities and resources to encourage children to get active and stay active. See: www.sportrec.qld.gov.au/kids/	DLGPSR

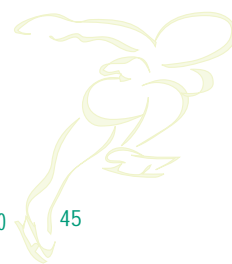


Lighten Up to a Healthier Lifestyle	This is a group-based healthy lifestyle program for adults that supports behaviour change. Contact your local Community Health Centre to find out if the program is available in your local area.	QH
Locker Room series	Forums are held for providers of sport and recreation activities to learn, at a 'grassroots' level, from high profile coaches, officials and industry professionals. See: www.sportrec.qld.gov.au	DLGPSR
Move Baby Move	This resource for parents and carers includes advice about the best types of physical activities for babies as they develop. See: www.sportrec.qld.gov.au	DLGPSR
Obesity Taskforce Initiatives	Community Partnerships Program <ul style="list-style-type: none"> The community partnerships initiative supports innovative and sustainable projects aimed at increasing participation in physical activity and improving eating patterns. 	DLGPSR
	Supportive Environments for Physical Activity <ul style="list-style-type: none"> The project will support other Queensland Government initiatives that aim to get Queenslanders more active as it will aim to ensure that the policy and legislation that influences the urban environment in Queensland encourages an environment that will make it easier for Queenslanders to incorporate physical activity in their every day lives. The project will bring together Queensland Government agencies that influence the built environment so that policies and actions are considered by all stakeholders and work is done on a collaborative basis. 	DLGPSR
	Healthy Public Sector Workforce plan <ul style="list-style-type: none"> This initiative is designed to improve the health of the public sector through developing mechanisms to encourage and provide support to agencies to enhance and/or introduce healthy lifestyle programs. 	DIR
Outdoor Recreation Centres	Sport and Recreation Queensland operates 12 Outdoor Recreation Centres across Queensland that provide opportunities for Queenslanders to participate in sport and active recreation; and experience a broad range of aquatic, adventure and sporting based activities such as swimming, canoeing, kayaking, abseiling and other team sports.	DLGPSR
Physical Activity and Nutrition out of School Hours program (PANOSH)	PANOSH resources and training packages assist Outside School Hours Care services to provide healthy food choices, and to keep children active during afternoon and vacation care.	QH
Sport and Recreation Queensland Funding Programs	In 2004-05, 99% of financial assistance provided through Sport and Recreation Queensland programs (approximately \$86.5 million) will go to fund opportunities for children and young people to participate in, and experience, sport and recreation.	DLGPSR





10,000 Steps	This innovative community-based, multi-strategy program focuses on physical activity, and involves working with the local community. The 10,000 Steps program was a two-year research project funded by Queensland Health through Health Promotion Queensland in Rockhampton in 2001. See: www.10000steps.cqu.edu.au/index.php	QH
TravelSmart TravelSmart Schools	TravelSmart encourages individuals and organisations to increase the use of environmentally friendly transport such as walking, cycling and public transport. It raises awareness through campaigns, improves access to information and promotes alternatives to car use. This program provides a package of environmentally friendly travel options to support schools that encourage students to walk, cycle and use public transport, and promote car pooling among staff/parents.	QT
'Walkability'	The term means the degree to which the environment enhances and supports walking. See: www.walkinginfo.org/cps/checklist.htm	N/A
Healthy Lifestyle Program	The program aims to promote healthy, active individuals by providing a safe, healthy environment and appropriate programs that enhance employee wellbeing. Initiatives are determined through a holistic view of wellness, and include flu vaccinations, quit smoking programs and information presentations. An eCalendar outlines all events for the calendar year.	DLGPSR
Working Together for Healthy Schools	This is a position statement/practice framework that provides clear direction about how Queensland Health will work with schools to maximise health and contribute to achieving learning outcomes. It also clarifies what the government and non-government education systems can expect from Queensland Health (how it will work with school communities).	QH





Appendix 5: Commonly used terms and definitions

“In a nutshell, physical activity is something you do. Physical fitness is something you acquire – a characteristic or an attribute one can achieve by being physically active. And exercise is structured and tends to have fitness as its goal.”

Michael Pratt, MD, MPH

1993 CDC Division of Nutrition and Physical Activity References 77,78

Active transport

This term relates to physical activity undertaken as a means of transport. It includes travel by foot, bicycle and other non-motorised vehicles. Use of public transport is also included in the definition because it often involves walking or cycling to and from pick-up and drop-off points. Active transport does not include walking, cycling or other physical activity that is undertaken for recreation.

Travel Access Plans

Travel Access Plans or workplace travel plans are used to describe green transport plans. They provide a framework for initiatives that a workplace can take to encourage active/sustainable transport. A plan can address issues such as staff car parking constraints, lack of awareness about relevant public transport services, staff concerns about bicycle facilities, and opportunities for active transport that can provide health benefits to staff.

Exercise

Exercise is physical activity that is planned or structured. It involves repetitive bodily movement performed in order to improve or maintain one or more of the components of physical fitness – cardiorespiratory fitness, muscular strength, muscular endurance, flexibility and body composition. Sometimes the word ‘exercise’ is used to communicate with the public because this is a better understood term than ‘physical activity’. For example “Find thirty: It’s not a big exercise”.

Fitness

Fitness comes with being more active; and through it people usually develop cardiorespiratory fitness (heart, lungs and circulatory systems) as well as muscular strength, stamina, flexibility and body composition (a reduction in the percentage of body fat). Fitness is determined by a combination of regular activity and genetically inherited ability. It takes a different type of physical activity to improve things like power, speed, reaction time and coordination, but these are not necessary for good health.

Household physical activity

Physical activities in the household include sweeping floors, scrubbing, washing windows and raking the lawn.

Inactivity

This term describes not engaging in any regular pattern of physical activity beyond daily functioning.





Kilocalorie

The amount of heat required to raise the temperature of 1 kg of water 1°C. Kilocalorie is the ordinary calorie discussed in food or exercise energy-expenditure tables and food labels. *Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005–2010*

Leisure time physical activity

This relates to physical activity performed during exercise, recreation or any additional time other than that associated with one's regular job duties, occupation or transportation.

MET - Definition

The standard metabolic equivalent, or MET, level. This unit is used to estimate the amount of oxygen used by the body during physical activity.

1 MET = the energy (oxygen) used by the body as you sit quietly, perhaps while talking on the phone or reading a book.

The harder your body works during the activity, the higher the MET.

Any activity that burns 3 to 6 METs is considered moderate-intensity physical activity.

Any activity that burns > 6 METs is considered vigorous-intensity physical activity.

Moderate-intensity physical activity

Moderate-intensity physical activity generally requires sustained rhythmic movements. The individual should feel some exertion but should be able to carry on a conversation comfortably during the activity. It refers to a level of effort equivalent to:

- a 'perceived exertion' of 11 to 14 on the Borg scale
- 3 to 6 metabolic equivalents (METs)
- any activity that burns 3.5 to 7 calories per minute (kcal/min) or
- the effort a healthy individual might expend walking briskly, mowing the lawn, dancing, swimming or cycling on level terrain.

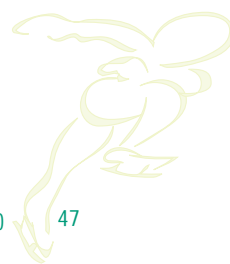
Occupational or workplace physical activity

This is regular activity that is part of one's job. It includes activities such as hauling, lifting, pushing, carpentry, shovelling and packing boxes.

Physical activity

Physical activity is any bodily movement produced by skeletal muscles that results in an expenditure of energy. The World Health Organisation states that physical activity includes "all movements in everyday life, including work, recreation, exercise and sporting activities". It can include:

- active recreation (eg. bush walking, skateboarding and surfing)
- sport (eg. netball, soccer and volleyball)
- dance (eg. line dancing, ballet and ballroom dancing)
- exercise (eg. strength training, balance exercises, Tai Chi and flexibility activities)
- active play, using playground equipment and skipping
- active living, where physical activity is integrated into everyday life (eg. using the stairs, energetic housework and gardening) and in some occupations that involve physical activity
- active transport (eg. walking to public transport, walking or cycling to locations).





Regular physical activity

This term is used to describe a pattern of regular physical activity performed:

- most days of the week (preferably daily)
- five or more days of the week if moderate-intensity activities are chosen, or
- three or more days of the week if vigorous-intensity activities are chosen.

Sedentary

In scientific literature, sedentary is often defined in terms of little or no leisure time physical activity. A sedentary lifestyle is a lifestyle characterised by little or no physical activity.

Sports

Sports are one type of exercise; however unlike physical activity, sports are usually planned, competitive and include rules or guidelines.

Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005–2010

'Sufficient' activity

There are two ways to calculate 'sufficient' activity for health (based on the Australian Guidelines). These are:

- 'sufficient time' - at least 150 minutes per week of moderate-intensity physical activity
- 'sufficient time and sessions' - at least 150 minutes of moderate-intensity physical activity accrued over at least five sessions per week.

For population-monitoring purposes, sufficient time (down to 10 minutes) and number of sessions can be beneficial as well, provided they add up to the required total over the week.

Vigorous-intensity physical activity

Vigorous-intensity physical activity is intense enough to represent a substantial challenge to an individual, and results in a significant increase in heart and breathing rate. It generally requires sustained, rhythmic movements and refers to a level of effort equivalent to:

- a 'perceived exertion' of 15 or greater on the Borg scale
- greater than 6 metabolic equivalents (METs)
- any activity that burns more than 7 kcal/min, or
- the effort a healthy individual might expend while doing activities such as jogging, mowing the lawn with a non-motorised push mower, chopping wood, participating in high impact aerobic dancing, swimming continuous laps, or cycling uphill.

Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005–2010