

be active

QUEENSLAND

2006-2010



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
- Queensland Centre for Public Health
- 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*

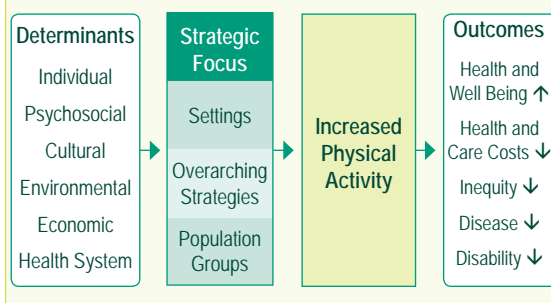
BAQ consolidates the related components of recent national, state and major regional initiatives from a range of sectors.

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.

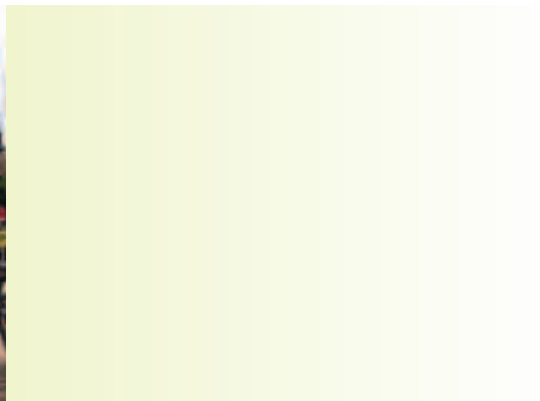
The National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments (NATSIHC, 2003) outlines a number of principles to be applied when working with Aboriginal and Torres Strait Islander people to address health issues. These include the promotion of 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'
Promote a whole-of-community approach to active living	<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 ▪ Lifescrpts 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, ODGP
<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, ODGP
<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
Collaborating with other sectors to routinely collect and share non-health physical activity related data: <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 	DLGPSR, govt & non-govt agencies ASC, DLGPSR QT QT QT QT
Identifying and collecting economic data for the evaluation of physical activity interventions (as recommended by the Australian Chronic Disease Prevention Alliance): <ul style="list-style-type: none"> ▪ TravelSmart 	QT
Seeking opportunities to research and address the links between physical activity and safety: <ul style="list-style-type: none"> ▪ Crime Prevention Through Environmental Design (CPTED) 	Qld Police
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 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

