



The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

# Getting Australia Active III

A systems approach to physical activity for policy makers



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# Getting Australia Active III: A systems approach to physical activity for policy makers

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**Disclaimer:** This evidence review is not necessarily a comprehensive review of all literature relating to the topic area. It was current at the time of production (but not necessarily at the time of publication) and is based on sources believed to be reliable.

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# Foreword

The World Health Organization (WHO) advises member states to use the guiding principles in the Global Action Plan on Physical Activity (GAPPA) to inform their selection of policy actions in efforts to reduce rising levels of physical inactivity.

Employing a rights-based approach, countries are urged to ensure resourcing according to the principle of proportional universality, by directing greatest efforts to increasing levels of physical activity in the least active populations.

In combination, the strategic objectives and policy actions outlined and recommended in GAPPA capture the whole-of-systems approach required to create a society that intrinsically values and prioritises policy investments in physical activity as a regular part of everyday life.

Effective national action to reverse current trends and reduce disparities in physical activity requires a whole-of-systems approach – there is no *single* solution. Cross-government and multisectoral partnerships, as well as meaningful community engagement, are needed to achieve a coordinated, whole-of-systems response which can deliver multiple benefits for health, the environment and the economy.

How timely it is then, that *Getting Australia Active III*, a resource designed specifically to help policy makers to adopt or further strengthen a whole-of-systems approach to physical activity in Australia, has now been made available. The release of this new guide is also welcomed because it comes at a time when Australia is in the consultation phase on a new 10-year National Preventive Health Strategy and in the preparatory phase for a National Physical Activity Strategy.

*Getting Australia Active III* will be of interest to policy makers in the health sector certainly; more importantly this guide is designed for *all* policy makers and others who have an important role to play. This includes, but is not limited to the sectors of transport, urban planning, education, tourism and recreation, sports and fitness, local government as well as in grassroots community groups and civil society organisations.

In 2018, all countries agreed it was time for more action and set the global target of a 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030. As a member state of the WHO, Australia committed to addressing physical inactivity in line with the Global Action Plan and is well placed to do so.

There is a strong commitment towards improving health and wellbeing, a robust research community providing the evidence to inform action; and wide networks across and within each state ready to contribute to a whole-of-systems approach to increasing levels of physical activity in Australia. With the publication of *Getting Australia Active III* there is now guidance which can inform and guide Australia to realise the vision, shared with the global community of member states – *more active people for a healthier world*.



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## How to use

This guide, *Getting Australia Active III (GAAIII)*, aims to build greater understanding and capacity among government policy makers to employ a whole-of-systems approach (WSA) to increase physical activity (PA) in Australia. A WSA involving coordinated, multisectoral action is essential to address the numerous interacting influences on PA and is endorsed as a critical approach by the World Health Organization (WHO) in its [Global Action Plan on Physical Activity 2018 – 2030 \(WHO GAPPa\)](#).

This guide provides action-oriented guidance for policy makers to support the implementation of a WSA to PA in Australia. It has been developed by the Australian Systems Approaches to Physical Activity (ASAPa) project. The ASAPa is a national initiative funded by the Australian Government's Medical Research Future Fund to map policies, programs and prevalence metrics at state, territory and federal level; thereafter we hope this work will inform a systems-focused policy framework for PA in Australia. Refer to [Appendix 6](#) for further information about ASAPa and its outputs.

The guide begins by summarising the evidence on the multiple cross-sectoral benefits derived from an active society ([Chapter 1.1](#)) and current rates, trends and social disparities in PA participation ([Chapter 1.2](#)). It follows with a broad overview of WSAs and how they can be applied by policy makers to better understand the range of opportunities and partners that can be engaged to generate the policy impact needed to shift the PA system towards a more positive state ([Chapter 2.1](#)). A conceptual systems map for PA aims to provide a high level framework of key areas that need to be addressed by policy makers for a comprehensive and robust policy approach to PA ([Chapter 2.2](#)).

The guide follows with practical guidance on how to support and use WSAs in practice ([Chapter 2.4](#)) and importantly, how to promote better governance and knowledge mobilisation to strengthen the durability, integration and impact of cross-sectoral action ([Chapter 2.3](#)). It offers specific recommendations for action and investment in each of the domains where policy can intervene to promote more active people, societies and environments ([Part 3](#)), with specific consideration of the additional actions and investments needed to address inequity across these domains ([Chapter 4](#)). It concludes with recommendations on achieving greater coordination and consistency in surveillance of PA behaviours and monitoring of a broader set of indicators to evaluate PA-related progress across different sectors ([Chapter 5](#)).

Each section contains clear implications for policy and an overview of how that area interacts with other parts of the PA system. We urge policy makers to reflect on the recommendations and implications and consider what they mean for their jurisdiction and sector, identify gaps and opportunities for strengthening policy action, and potential partners they can engage with to enhance collaborative action. Policy makers are encouraged to consult the links within each chapter, to gain a more comprehensive understanding of how the recommendations for that chapter fit within the broader context of a multistrategic, multisectoral approach to PA and priority actions that can be pursued in partnership with other sectors.

*GAAIII* updates the evidence published in previous editions of *Getting Australia Active* in 2002 and 2004 and incorporates additional guidance to support policy makers with implementing the actions recommended by WHO GAPPa. It is consistent with and complementary to the National Heart Foundation's *Blueprint for an Active Australia (3rd ed) 2019*. There is considerable evidence now to inform what needs to be done. Adequate investment, leadership and commitment by all sectors and levels of government is now necessary if Australia is to meet the global target it has adopted of achieving a 15% reduction in physical inactivity by 2030.

- **GAAIII is based on a systems approach**
- **It is written mainly for government policy makers in Australian states and territories**
- **It includes latest evidence on 'what works' and recommendations on policy action and investment**

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# Chapter summaries

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## 1. The case for physical activity

### 1.1 Co-benefits of physical activity – health, social, economic, environmental and other societal gains from building a more active nation

The health benefits of physical activity (PA) are substantial and the evidence is particularly robust for the general adult population and for people with pre-existing medical conditions. There are established benefits for PA in relation to prevention of cardiovascular disease (CVD), type 2 diabetes, colon and breast cancer. Newer evidence supports the role of PA in reducing the risk of cancer of the bladder, endometrium, oesophagus, kidney, lung and stomach; dementia; excessive weight gain; gestational diabetes and postpartum depression; and risk of falls in older people.

In addition, there is increasing evidence that PA is associated with improved quality of life and sleep, reduced feelings of anxiety and depression in healthy people and in people with existing clinical syndromes, and improved cognitive function across the life span. Regular PA improves bone health, body composition and weight status in children and adolescents and improves physical function among older people regardless of frailty.

But important co-benefits of PA also accrue to sectors and settings beyond health. This understanding underpins the cross-sectoral systems approach to PA recommended in the WHO *Global Action Plan on Physical Activity 2018–2030* (GAPPA) (see [Appendix 4](#) for an overview of GAPPA).

It is important to identify the cross-sectoral co-benefits explicitly as a core element of the rationale for cross-sectoral strategies and partnerships to promote PA. The co-benefits discussed include:

- **Economic growth:** sustainable infrastructure, productivity, reduced healthcare costs
- **Strengthening communities:** boosting neighbourhood and social capital, social wellbeing
- **Liveability:** planning for more liveable cities and towns
- **Environmental sustainability/climate change mitigation:** reducing carbon emissions, improving air quality
- **Health:** a wide range of physical and mental health benefits for general and special populations
- **Wellbeing:** strategies to increase population wellbeing are increasing across jurisdictions and PA is a major contributor
- **Safety:** injury reduction, infrastructure for active travel.

### 1.2 Are Australians active? Prevalence, trends and correlates of meeting physical activity guidelines

This chapter describes the prevalence of PA among Australians. This involves understanding current PA guidelines and using population data to identify the proportion of people that meet those guidelines. If repeat population surveys are carried out in an identical fashion, then trends in PA can be monitored. Understanding the patterns of PA and sedentary behaviours in the population helps us to design the optimal mix of universal strategies to give more Australians the opportunity to benefit from an active lifestyle. In addition, insights from data can enable targeted initiatives in areas of specific need, based on age, gender, ethnicity, disadvantage or other characteristics.

## 2. Whole-of-systems approaches

### 2.1 Whole-of-systems approaches to physical activity

There is a growing recognition that complex public health problems, such as physical inactivity, are not amenable to simple, single solutions. This has led to increasing interest in whole-of-systems approaches (WSAs), to identify effective mechanisms for tackling these problems.

GAPPA includes an objective to “*create active systems*”. Effective action requires an integrated, system-wide approach in consultation with policy makers and stakeholders from multiple sectors; mapping the system is a useful starting point. Systems maps can be conceptual or used as a basis for more complex quantitative modelling. The process of collaboration to build a map may help to build consensus on the nature of the problem and to foster engagement with potential policy responses required. The policy insights gained by participating stakeholders may be more important than the map itself.

There is no need to start building a PA system map ‘from scratch’; the map developed for GAPPA, or the map developed for Australia (Chapter 2.2), can be adapted or further developed to suit a given purpose or context. PA may also feature as part of the solution in systems maps for other complex problems such as to improve environmental sustainability, reduce air pollution, or promote mental health and healthy weight.

### 2.2 Developing a whole-of-systems map for physical activity in Australia

Whereas the previous Chapter 2.1 provides a general background on WSAs to PA and how they contribute generally to a more active society, this Chapter 2.2 deals more specifically with the Australian context and with the mapping work undertaken by the Australian Systems Approaches to Physical Activity (ASAPa) project. A first map of high level (national) PA systems, based on collaboration and advice from professionals throughout Australia is provided. The map includes influences on PA, advocacy mechanisms, intervention points for policies and programs, as well as governance and knowledge translation mechanisms which are sometimes overlooked by researchers but are emphasised in this guide as being of central importance to the progression of effective and sustainable policy development and implementation.

### 2.3 Leadership, governance and knowledge mobilisation for whole-of-systems approaches to physical activity

WSAs to enable better PA policy, require certain forms of leadership, governance and knowledge mobilisation. These may be regarded as the ‘three pillars’ of WSAs. Configuring and deploying these functions well is essential to avoid conceptual and operational pitfalls which otherwise lead to flawed and ultimately ineffective policy development. This chapter describes the style of leadership required for WSAs and criteria for good governance. It also expands on the role of knowledge mobilisation, which refers to the processes of generating, sharing and using knowledge to develop and improve policy and practice and produce useful research. In the context of WSAs, knowledge mobilisation helps to: (i) build a learning culture; (ii) increase transparency and sharing; and (iii) stimulate evidence translation for better policy and practice.

### 2.4 Strategic principles and capacity building for whole-of-systems approaches to physical activity

This chapter provides guidance on how to invest in capacity building for a WSA to PA. It sets out: (i) design principles; (ii) essential components of transformative systems change; and (iii) competency domains/learning outcomes for WSAs. Policy for WSA capacity building needs to: (a) clarify which of the four levels of capacity building are to be addressed (individual, community, organisation or system); (b) incorporate the five design principles set out in the chapter; (c) ensure that ‘whole system change’ is adequately addressed in teaching and learning experiences; and (d) refer to the ‘taxonomy of competency domains and learning outcomes for whole systems approaches’.

## 3. Policy domains for action

### 3.1 The education domain and physical activity

This chapter deals with preschool, primary and secondary school; existing evidence for the tertiary phases of education (including vocational and adult education) is limited. Two underpinning concepts are explained:

(i) Physical Literacy and (ii) The Health Promoting School.

Physical literacy is defined as 'lifelong holistic learning acquired and applied in movement and physical activity contexts', to enable appreciation and participation in diverse forms of PA across the life course. The evidence presented in the rest of the chapter is framed using the three main components of the Health Promoting School model:

- The Curriculum (teaching and learning)
- The school organisation (ethos and environment)
- Partnerships and services.

School-based PA interventions can pursue the twin goals of increasing PA and building fundamental movement skills. These interventions are cost effective compared to other options in terms of PA outcomes, but the standard of children being physically active for at least 50% of allocated time in health and physical education needs to be pursued. Building Physical Literacy (including Fundamental Movement Skills) is also a priority in preschool, primary and secondary education.

### 3.2 The transport domain and physical activity

Transport involves any journey from one place to another (including the trip to work) but most trips are made for social reasons, to transport a passenger (e.g. a child) or for shopping. To leverage this domain for PA, the WHO recommends investments designed to achieve macro-level urban design, incorporating:

- Connected street networks (that include footpaths and cycling infrastructure)
- Easy access to a diversity of destinations and access to public transport
- The housing (and therefore population) density required to make mixed use planning and public transport services viable.

Other investments in this domain include building and connecting active travel networks; school-based active travel interventions; social and individualised marketing programs and workplace-based travel programs. The policy co-benefits for active transport and PA are increasingly important; the implications of travel behaviour change for climate change mitigation and adaptation have already been identified and will only increase in importance. Interventions to promote active transport need to be implemented in conjunction with interventions that address the built form and land use.

### 3.3 The built environment domain and physical activity

The built environment includes workplaces, schools, home, shops, and the space between these places. Urban design, land use and infrastructure include these settings, as well as public open space and green areas. In addition to the advice in [Chapter 3.2](#) (the Transport Domain), there are clear design principles for planning integrated regional and local land use and transport environments to encourage a mode shift away from private car use and towards walking, cycling and use of public transport. These land use and mobility considerations need to be addressed together.

The Community Sport Infrastructure Resource Library provides a guide to assist in the planning, design and construction of innovative, sustainable and fit for purpose community sporting infrastructure. [A web portal](#) is available with resources to assist with best practice. The Heart Foundation's web-based toolkit provides design specifications, case studies and resources that support efforts to promote PA through the domain of the built environment; available at [Healthy Active by Design](#).

### 3.4 The primary and secondary healthcare domain and physical activity

Primary and secondary healthcare providers can contribute towards a more physically active society by integrating PA counselling as part of routine care and treatment, complemented with referral and supporting links with community-based programs and services. Brief intervention, through providing PA counselling and referral as part of routine primary healthcare services, is identified by WHO as a 'best buy' for non-communicable disease prevention and a cost-effective strategy for promoting PA. There is a spectrum of approaches that may be used, ranging from very brief interventions to intensive counselling and support from an exercise specialist. PA counselling and advice in healthcare settings currently shows limited implementation in Australia.

Policy makers have a key role to play in providing leadership and financial support for programs that can help elevate the importance of PA in routine practice, upskill the healthcare workforce, and build organisational capacity for delivering PA interventions. An integrated approach is required, to develop a sustainable model for PA promotion in healthcare settings; the development process needs to involve all relevant organisations (government, non-government, primary health networks and professional associations).

### 3.5 The communication domain and physical activity

Mass media campaigns are designed to be organised, purposive interventions using mass media communications to increase community awareness about certain health-related issues. Their role is to increase whole community understanding, shape the agenda for change and to signpost a range of potential change options or information-seeking steps that could lead to health enhancing behaviours.

What we term 'mass media-based social marketing campaigns' (MM-SMC) means mass media combined with the right policy actions, programs/services/products and supportive environments. There is compelling evidence that MM-SMC represent the best practice which WHO encourages member states to aspire to when designating mass media campaigns as a 'best buy' for the prevention and control of non-communicable diseases. The FLOWPROOF best practice protocol for implementing mass media-based social marketing campaigns is outlined in [Section 3.5.4](#); for low resource contexts the PRAGMMATIC (Practical Guidance on Mass Media Techniques In Countries) protocol is explained in [Section 3.5.5](#).

Given the recency of social media approaches to health behaviour change, there is currently no evidence that social media alone can change behaviour. However, these methods are inexpensive, can be tailored to different audience segments, and are recommended as complements to, not substitutes for, traditional mass media.

### 3.6 The community domain and physical activity

Community-wide strategies to promote PA in populations recognise that barriers and enabling factors for PA operate at multiple levels, including at intrapersonal, interpersonal, organisational, environmental and policy levels. This perspective provides the foundation for community-wide programs to promote PA, using a mix of coordinated strategies to address the multi-level determinants of activity. Actions can come from any one or more of the seven other domains for policy action identified in this guide. For example, these actions might include mass media campaigns, community participation or educational events, settings-based action in healthcare, schools, workplaces, as well as advocacy and environmental changes.

The chapter highlights the Active Living by Design Community Action Model which incorporates integrated and multilevel, cross-sectoral strategies, with an intentional focus on health equity. Community-level interventions can respond to local community opportunity, capacity and nuance. They may also be able to mobilise local partnerships and resources, for example, faith-based, farm-based, or culturally, geographically or climatically tailored to local need and across local communities. They can also be supported by alignment with strategies and use of resources that have been developed to promote PA at the state or national level.

### 3.7 The workplace domain and physical activity

For the PA-promoting potential of the workplace domain, success is contingent on the availability of effective and sustainable interventions and programs that can be scaled to achieve population reach; a considerable challenge given the significant proportion of workplaces that are small (44% of all Australian workplaces in 2017–18) and

which experience greater difficulties implementing workplace programs. Nonetheless, the workplace is an important domain because it provides access to much of the adult population: more than 12.2 million Australians in the 15–64-year-old age group were estimated to be employed at the beginning of 2019.

WHO recommends multi-component workplace PA programs as does the US Community Preventive Services Task Force. Leadership and workplace culture that is supportive of health (including PA) also feature prominently in recommendations of major international and national health agencies.

There is some promising evidence for programs incorporating newer approaches such as telephone coaching of high-risk individuals together with the use of financial incentives; more research is required in these new areas. Telephone-based lifestyle coaching services (such as Get Healthy at Work) and clinical chronic disease support services are the fastest growing components of workplace programs in Australia and New Zealand; the challenge to overcome is in ensuring these are taken to scale.

There is also opportunity for intersection between the workplace domain, active transport and the planning domain to promote healthy PA behaviours such as active transport, incidental movement and sitting less.

### 3.8 The sport and recreation domain and physical activity

Traditionally, sport has had more of a focus on competition and elite performance than on health enhancement through PA. This has begun to change as increasing evidence highlights the potential contribution of sport towards health enhancing PA, and population trends indicate a shift towards less competitive, less structured, shorter formats involving social participation.

There is an urgent need to develop standardised and sustained surveillance of sport, PA and sedentary behaviour in all Australian states and territories and at the national level. Sports systems, policies and programs need to promote a 'sport for all' model – physical literacy and participation across the life course. Five strategic principles are suggested: (i) Human movement life course continuum; (ii) Intersectoral approach; (iii) Life course approach; (iv) Whole-of-society benefit; and (v) Whole-of-system approach. Ten priority policy options are recommended for Australian governments.

## 4. Addressing inequity to increase participation among socially disadvantaged groups

People who are affected by circumstances that place them at greater disadvantage in terms of access and ability to participate in PA, including poverty, gender, disability, rural background and Aboriginal or Torres Strait Islander, cultural, ethnic or linguistic background (or the intersection of these factors), have been reported to have disproportionately higher levels of physical inactivity in Australia.

The largest health gains are derived from inactive individuals becoming more active. Addressing efforts to encourage and support even small increases in activity in inactive individuals (which disproportionately include socially disadvantaged groups) could therefore benefit population health and consequently lead to broader community and economic gains. Part of this involves allocating resources according to need to differentially improve inequalities in PA, so that those experiencing greater social disadvantage can increase their activity levels to a greater extent than those who are more advantaged and already active. Policy actions should:

- Address equity over the life course, recognising the cumulative effect of past experiences, attitudes and social, cultural and economic factors on PA throughout life, as well as the needs of groups across different stages of their life
- Aim to reduce inequity and increase population level PA as complementary goals, using a combination of upstream (environmental) and downstream (awareness raising and education) approaches
- Incorporate principles of co-design with communities as a foundation for strategy development
- Specify clear and measurable PA-related targets for subgroups and be supported by monitoring systems that can evaluate progress.

## 5. Physical activity surveillance

This chapter is linked to [Chapter 1.2](#) on the prevalence of PA among Australians, with common themes of measurement and monitoring. However, comprehensive surveillance requires assessment of the broader PA system, not just estimates of PA behaviours. This chapter presents the concept of a PASS, a comprehensive PA surveillance system (PASS) which is a multilevel integrated set of indicators and measurements that assesses individuals, organisations, settings and sectors, and their relationships in the PA system over time. A PASS is a modular structure, with components added as necessary for a particular setting, jurisdiction or purpose. Planning and designing a PASS should be part of developing any national or regional PA strategy, but elements of the PASS will also be relevant to strategies where PA is an embedded component of other prevention-related activities.

Routine survey indicators that need to form the long-term components of PA surveillance are at the core of PASS. A PASS may then also collect routine organisation-level and policy implementation indicators. More acute or short-term implementation measures may be added as needed to reflect immediate indicators of implementation of a particular component of the overall PA strategy.

This chapter recommends key design principles for the development of a PASS: generalisability, simplicity, data quality, comprehensiveness, between-jurisdictional comparability, continuity and sustainability, adaptability and affordability. It also suggests examples about the types of measures that could be embedded in a PASS. Expert decisions need to be made about the measures used; once those decisions have been made, there needs to be long-term commitment to those measures.