29 July 2011

Dear Ms Goyder

WA PRIMARY HEALTH CARE STRATEGY – consultation document

I am writing on behalf of the Physical Activity Taskforce (Taskforce) and provide comment on the above consultation paper to assist in the development of the final primary health care strategy for Western Australia (WA).

Background

The Taskforce was established in 2001 and coordinates a cross government approach for the development and implementation of a whole of community physical activity strategy for WA.

Bringing together the expertise of a number of state government departments, local government entities, leading academics and community representatives, the Taskforce mission is to provide strategic direction to increase and improve opportunities for physical activity in WA through increased policy coordination and collaboration.

The current Taskforce Strategic Plan outlines the social, economic, environmental and health benefits of improving the physical activity levels of WA’s citizens as a whole by supporting, providing and promoting physical activity through a multi sectoral approach including:

1. Influencing public policy that impacts physical activity;
2. Raising public awareness, developing skills, knowledge and understanding for engagement in physical activity;
3. Providing environments and opportunities for physical activity across all populations and communities; and
4. Promoting a collaborative approach through partnership working.

The importance of physical activity in improving overall health and wellbeing and preventing chronic disease should not be underestimated when considering primary health care in WA. Building physical activity into health care management should be seen as a holistic approach and this should be reflected in the final primary health care strategy for the State.
Key Issues

The World Health Organisation\(^1\) identified physical inactivity as the fourth leading risk factor for global mortality (6% of deaths globally). In its 2010 report on global recommendations for physical activity for health, it urges Member States to implement national guidelines on physical activity and encourages them to develop and put into practice policies and interventions on physical activity for health.

Accumulating evidence\(^2\) suggests that regular physical activity is effective in preventing and managing depression as well as other chronic diseases including cardiovascular disease and diabetes. However, a significant majority of Australians are not active enough for good health.

In WA, over 40% of adults in 2006 were not active enough for good health. The preliminary findings from the 2009 WA Adult Physical Activity Survey\(^3\) indicate concerning results:

- 9% decline in people walking for recreation since 1999
- 10% decline in people walking for transport since 2006
- only half of physically-active adults walked more than 10 minutes for recreation
- one in five walked more than 10 minutes for transport in the previous week.

There is also a particular concern with levels of overweight and obesity. Since 1999, the number of Western Australians above a healthy weight has increased by 11%.

Findings from the 2008 CAPANS\(^4\) which gathers information on physical activity participation, dietary intake and body measurements also raise concerns. The first CAPANS was conducted in 2003. In 2008, Edith Cowan University was contracted to track trends and identify emerging issues.

These trends identified that less than half of the school students interviewed reported undertaking the recommended minimum 60 minutes of physical activity daily for good health. Participation was lowest amongst secondary school girls with only 10% meeting the national guideline. Key findings from the 2008 survey include:

- The percentage of participants meeting the daily physical activity guidelines (60 minutes of moderate to vigorous physical activity per day) are:
  - 41% primary boys and 27% primary girls
  - 38% secondary boys and 10% secondary girls.
- Almost all respondents reported participating in sport/exercise/dance, active play and school sport or PE over the 7 days prior to survey.
- The numbers of students reporting at least one session of active transport (i.e. walking or cycling) in the seven days prior to the survey included:
  - 46.5% of primary school boys and 43.1% of primary school girls
  - 50.9% of secondary schoolboys and 43.2% of secondary school girls.

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Being active is good for our health. The 1996 US Surgeon General’s report on Physical Activity and Health\(^5\) concluded then that people of all ages can benefit and improve the quality of their lives and enhance their physical and mental health through a life-long practice of moderate intensity physical activity.

Physical activity is not just about ‘health’ nor is it just about ‘sport and recreation’. It has a triple bottom line impact, with overall benefits for the community. Prioritising physical activity has multiple benefits for government – reduced crime and vandalism costs, increased community connections, safer places, local business, employment, cohesion and wellbeing.

Specifically, the health benefits of taking part in physical activity are:

- Improves quality of life
- Reduces the risk of chronic diseases
- Manages weight
- Improves sleep
- Develops motors skills
- Improves concentration and enhances memory learning
- Assist in the management of anxiety and depression.

It also has real benefits for our communities and for us as individuals. Active communities are more connected, participate more in community activities, are more productive, and reduce the environmental impacts of car dependence. Active living also reduces the risk of diseases as previously stated as well as breast cancer and falls. The direct costs attributable to physical inactivity which contributes to these conditions is estimated to be $13.8 billion nationally per year\(^6\).

It is important to note that the Taskforce, through its members and stakeholders, addresses the broad spectrum of physical activity, encompassing incidental physical activity, active transport, recreation and structured sport.

According to research\(^7\) on the relationship between organised recreational activity and mental health, a key area identified for reform in primary health care, concluded that participation in organised sport and recreation can be a preventative and curative strategy to combating mental illness and in promoting positive mental health.

The research report goes on to recommend that Government sectors work together to support a diverse range of organised recreational activities in the community, that these programs be socially and culturally appropriate, and take into account mediating factors that increase adherence to physical activity programs.

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Key Areas for Consideration

On behalf of the Taskforce, I have reviewed the **WA Primary Health Care Strategy** and provide a number of key strategies for consideration by the Working Group in the finalisation of the plan that address the focus areas outlined in the consultation document.

- **Role of Primary Health Care** – Most primary health care in Australia is provided in the general practice setting by GPs, practice nurses and allied health professionals. According to the Centre for Primary Health Care in NSW\(^8\), the potential role of general practice includes the identification and provision of brief interventions to prevent chronic disease and also the referral to other services and programs including physical activity. It goes on to say that a major role of primary health care organisations is to coordinate and broker a network of referral services to support behaviour change including the support of practices to monitor and improve their performances in providing preventative care. It is important to note that “increasing the focus on prevention” is identified as a key priority area in the National Primary Health Care Strategy. It recognises that the primary health care setting is a key environment for delivering primary and secondary prevention measures. This level of recognition is not evident in the WA Primary Health Care Strategy. The Taskforce recommend that the final Strategy considers the role of primary health care in encouraging and promoting physical activity to support healthy and active lifestyles as part of a broader preventative health focus.

- **Physical Activity Care Pathway** – In the UK, the National Health Service developed a physical activity care pathway\(^9\) *Let's Get Moving*. This commissioning guidance sets out an evidence-based behaviour charter model encouraging local commissioning of physical activity interventions in primary care. It has been designed to provide a systematic approach to identifying and supporting people who are not meeting the recommended guidelines for physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease. The Taskforce encourages the Working Group to consider a similar care pathway and guide for WA.

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\(^8\) Centre for Primary Health Care and Equity, UNSW, *The role of primary health care in preventing chronic disease*, 2009


• **Professional Development** – Key to the successful implementation of strategies to improve the physical and mental health of Western Australian’s is a skilled workforce and to provide education and training to those working in related fields to promote the benefits of active living. A broader understanding of the key benefits of physical activity encompassing health as well as the social, economic, environment and sustainability outcomes will ensure the best utilisation of resources to achieve a range of outcomes for the individual and wider community. The Strategy should reflect this and the co-education of primary health care professionals with other sectors such as transport and sport and recreation to enable a greater understanding of the issues and opportunities at the local level.

• **Prevention and Intervention** – Physical activity is a key component of wellbeing and participation, in either incidental or formal activity, will generally impact positively on those taking part. The State Plan should clearly outline the key initiatives it intends to support that increase levels of physical activity and improve health and wellbeing. Those living in regional and rural WA should also be afforded the same opportunities to access services and programs as those living in metropolitan areas.

The Taskforce and partner agencies coordinate and support a number of programs and initiatives relevant to improving the physical and mental health of Western Australian’s that should be promoted. These initiatives include:

- ActiveSmart – an initiative using localised information and consultation to promote healthy active lifestyles in the home and to increase physical activity.
- Healthy Active Workplaces – support to implement best practice health and wellbeing programs in the workplace.
- WA Healthy Schools Program – promote and facilitate the implementation of best practice healthy eating and physical activity initiatives in schools.
- Active After-School Communities Programs – program to increase participation of primary school aged children in the after school setting and provides also a pathway to community participation.
- TravelSmart – informing active travel choices to benefit the environment and health, offering a suite of travel behaviour change programs.
- Walk WA – encourages people to be more active through walking for transport, health, recreation and the environment.
- Walk Over October – increasing physical activity by promoting walking for transport and recreation.
- Cycle Instead Program – increasing physical activity by promoting cycling for transport and recreation.

*(The Taskforce Secretariat can provide contact details and further information about the initiatives outlined above).*
Key Recommendations

I have provided a number of recommendations below in relation to the key reform areas and associated initiatives described in the consultation paper. These recommendations aim to strengthen the actions already outlined and provide opportunities to promote cooperation and partnerships between relevant agencies, services and programs. The key recommendations are:

1. The importance of physical activity in improving health and preventing chronic disease is acknowledged and articulated in the final Strategy.

2. The Strategy reflects further the key considerations and findings outlined in this submission, in particular the role of primary health care in promoting and increasing physical activity levels.

3. The WA Primary Care Strategy Working Group considers the role of the Physical Activity Taskforce in assisting with the integration of a preventative health focus in the development and implementation of this Strategy.

Conclusion

Physical activity is proven to be an effective, low-cost and safe way to manage health and wellbeing. The benefits to engaging in physical activity are wide-ranging encompassing social, environmental and economic outcomes as well as for both physical and mental health.

This submission sets out a number of recommendations and key areas for consideration by the WA Primary Care Strategy Working Group. It outlines a number of specific initiatives run by the Taskforce’s partner agencies that aim to improve the health and wellbeing of the State’s population and have the potential to interface with the primary health care sector.

I thank you for the opportunity to provide comment on the finalisation of the State Primary Health Care Strategy and trust you will take these views into consideration. If further clarification is required on the matters raised, please contact me on 9492 9632 or e-mail jo.delprete@dsr.wa.gov.au

The Taskforce welcomes the opportunity to work collaboratively with the Network on the implementation of key aspects of the Strategy and in particular following-up some of the key recommendations outlined in this submission.

Yours sincerely

Jo Del Prete
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