The policy environment
Lessons from Australian experience

- Policy landscape in Australia
  - a critical perspective
- Factors in:
  - policy development success / implementation failure
- In the presence of implementation failure - the central role of strategic advocacy

The case for change

- Big numbers
  - chronic diseases driving disease burden
  - treatment costs escalating
- Ageing population
  - living longer with more chronic disease
- Key risk factors getting worse
  - overweight/obesity
  - physical activity
- Prevention is under-resourced relative to return on investment
  - we can do much better
- The case for establishing the central role of physical activity in prevention is powerful
Physical activity policy

- "A formal statement that defines physical activity as a priority area, states specific population targets and provides a specific plan or framework for action. It describes the procedures of institutions in the government, non-government and private sector to promote physical activity in the population, and defines the accountabilities of the involved partners."

(Bull, Bellew, Schoppe, Bauman. 2004. JSMS. 7(1):93-104)

Reflects:
- A statement of importance
- An action statement or strategic plan; and
- Accountabilities for implementation

The Australian physical activity policy landscape

- In the last decade there have been numerous “strategic platforms” for PA in Australia at the national level
- Too often promising policy developments have not been supported with adequate infrastructure or comprehensive and sustained implementation
  - Active Australia (late 1990’s)
  - Acting on Australia’s weight (1998)
  - Be Active Australia (a health sector plan) - 2003
- Recent promise
  - Preventative health care agreements between states and the national government (2009)
  - National Preventative Health Taskforce (2009)
  - Stand-alone National Preventative Health Agency (from 2010)
  - Overweight and Obesity, Tobacco and Alcohol priority areas
  - State and Territory Premiers Physical Activity Taskforce (2000+)

In the past and in general, Good at writing documents but less good at supporting them with 'implementation grunt'

Australian Policy documents

Need for more than policy documents!

- 1998 Comprehensive National Policy document on obesity
  Acting on Australia’s Weight.
Need for more than policy documents

1998 Comprehensive National Policy document on obesity
*Acting on Australia’s Weight*

A decade later

Waiting on Australia’s action!

Australia, A critical observation

Good history of solid policy development; but slow uptake of sustained infrastructure support for implementing polices and plans

A policy development success? … an implementation failure!

Success at the state level

Western Australia

**Premiers Physical Activity Taskforce**
**Strategic Pan 2007-2011**

**Vision:**
‘A physically active Western Australia’

**Mission:**
To provide a strategic direction to increase and maintain the proportion of physically active people in Western Australia

<table>
<thead>
<tr>
<th>Overarching strategies</th>
<th>Settings</th>
<th>Sectors</th>
<th>Priority populations</th>
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<td><strong>Policy</strong></td>
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<td><strong>Health</strong></td>
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<td>Promoting active public policy</td>
<td>workplaces</td>
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<td>Promotion</td>
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<td>planning</td>
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<td>• Raising public awareness, developing skills, knowledge and understanding for engagement and behaviour change in physical activity.</td>
<td>• movement environments and opportunities for physical activity across all populations and communities.</td>
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<td>Provision</td>
<td>Promoting partnership within and across sectors.</td>
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<td>• Providing environments and opportunities for physical activity across all populations and communities.</td>
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<td>• people with disabilities</td>
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What causes implementation failure?

or

What does policy success look like?

Criteria for successful national policy

Bellew et al, 2008 identified nine criteria for successful national physical activity policy (HARDWIRED)

1. Highly consultative in development
2. Active multi-strategic, multi-level partnership
3. Resourced adequately
4. Developed in stand-alone and synergistic policy modes
5. Widely communicated
6. Independently evaluated
7. Roles clarified and performance delineated
8. Evidence informed and evidence generating
9. Defined national guidelines for physical activity

Characteristics of successful policy

Sustained infrastructure support and political commitment

- Endorsed and supported at the highest level politically
- Well resourced (increased investment in comprehensive interventions)
- Fiscal mechanisms to ensure adequate and sustained funding for prevention
- Health system reorientation to support prevention and health promotion
- Central agency support, a National Prevention Agency
- Physical activity guidelines (and guides)
- Regular Monitoring:
  - Population physical activity
  - Environment and systems
  - Intervention ‘dose’
- Strengthening physical activity workforce development and training
- Buy-in, reorientation from other systems (education, transport, urban planning environment, sport and recreation)
- Structures and mechanisms for cross-Government ways of working
- Increased / ongoing investment in physical activity research and evaluation of effectiveness


Bellew B., et al., 2008 Australia and New Zealand Health Policy. 5:18
Infrastructure supports – a National report card (rating /5)

Doing well
- Physical activity guidelines (and guides) *****
- Health system reorientation to support prevention and health promotion ***
- Central agency support, a National Prevention Agency **
- National physical activity policy (Be Active Australia) ***

Improving
- Fiscal mechanisms to ensure adequate and sustained funding for prevention **?
- Increased investment in comprehensive interventions **
- Wide consultation

Not doing well enough
- Regular monitoring
  - Population physical activity monitoring **
  - Environments and systems
  - Intervention dose
- Buy-in, reorientation from other systems (education, transport, urban planning environment, sport and recreation) *
- Strengthening physical activity workforce development and training *
- Structures and mechanisms for cross-Government ways of working *
- Increased / ongoing investment in physical activity research *
- Evaluation of effectiveness*

When well-developed policies lack implementation rigour there is a central (and ongoing) role for strategic advocacy

“In Australia, as elsewhere pre-requisites for success are political support, long-term investment, and commitment to the program implementation and evaluation…. An urgent priority is media and political advocacy for physical activity focused on these factors” (Bellew et al., 2008)

“Whenever the evidence in favour of an area of endeavour exceeds the commitment to it, advocacy must be a priority” (Shilton 2006, and Shilton 2008)

Lessons from Tobacco Control
- A small group of dedicated, persistent, media-savvy and politically-astute leaders and agitators
- Broad-based, well networked coalitions
- Commitment to a comprehensive package – agreed 10 point plan
- Addressed the issue of individual vs environmental action early, often and well
- Interventions known to be effective were fully implemented
- It takes persistence (decades of effort!)

Milestones in reducing smoking Australia (1980—2007)

Road fatalities in Australia between 1968 - 2008

Five imperatives for Effective physical activity advocacy

A simple advocacy model
Five imperatives for Effective physical activity advocacy

1. **Advocacy Imperative 1**
   - Evidence
   - Present physical activity as relevant to policy in health and across sectors as urgent

2. **Advocacy Imperative 2**
   - Policy relevance
   - Outline an agenda for action on physical activity as a "ten point plan"

3. **Advocacy Imperative 3**
   - Solutions
   - Mobilize advocacy strategies across five domains:
     - Policy advocacy
     - Media advocacy
     - Professional mobilization
     - Community mobilization
     - Advocacy from within organizations

4. **Advocacy Imperative 4**
   - Persuasive Communication
   - Translate evidence through persuasive message framing.
   - Add creative/qualitative elements such as perseverance, passion, creativity, personality and media savvy.

5. **Advocacy Imperative 5**
   - Persuasive Communication
   - Present physical activity as urgent
   - Present physical activity as relevant to policy in health and across sectors as urgent
   - Outline an agenda for action on physical activity as a "ten point plan"
   - Mobilize advocacy strategies across five domains:
     - Policy advocacy
     - Media advocacy
     - Professional mobilization
     - Community mobilization
     - Advocacy from within organizations

**Shilton TR (2008). Physical Activity and Health. 5(6);765-777**

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**Health**
- Chronic disease prevention
  - Cardiovascular disease
  - Diabetes
  - Cancer
- Active ageing
- Falls prevention
- Injury / falls prevention
- Mental health

**Environment**
- Sustainability goals
  - Increased community harmony
  - Economic benefit of reduced health care costs (and demand)
  - Increased fitness for work (and increased productivity)
  - Possible reduction in work-related health costs (reduced injury, absences)
  - Physical activity infrastructure as economic stimulus

**Economy**
- Chronic disease prevention
  - Cardiovascular disease
  - Diabetes
  - Cancer

**Social Policy**
- Increased community harmony
- Economic benefit of reduced health care costs (and demand)
- Increased fitness for work (and increased productivity)
- Possible reduction in work-related health costs (reduced injury, absences)
- Physical activity infrastructure as economic stimulus

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**Five imperatives for Effective physical activity advocacy**

- **Advocacy Imperative 1**
  - Evidence
- **Advocacy Imperative 2**
  - Policy relevance
- **Advocacy Imperative 3**
  - Solutions
- **Advocacy Imperative 4**
  - Advocacy strategies
- **Advocacy Imperative 5**
  - Persuasive Communication

**Shilton TR (2008). Physical Activity and Health. 5(6);765-777**
We need to **Present solutions** and articulate an agenda for action based on the evidence of effectiveness

The *Blueprint for an Active Australia*

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**The Heart Foundation’s Blueprint for an Active Australia**

– A ten point plan for increasing population levels of physical activity in Australia

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**Growing evidence of effectiveness**

1. **A national, integrated and ongoing community mass media strategy.**
   
   Tackle a sedentary culture
   
   Maintain and increase awareness, knowledge and intention.
   
   Providing an umbrella for a comprehensive strategy (Strategies 2-10)
   
   Provide a ‘brand’ and community rallying point
2. A built environment that supports active living.
   - Regulate to build in:
     - Walking and cycling as transport and to access daily needs
     - provision of parkland, public open space and sport and recreation facilities
   - Consider physical activity impacts of planning and transport policy decisions

3. Encourage, support and facilitate walking, cycling and public transport.
   Reorient policy priority to walking, cycling and public transport across portfolios
   - For transport
   - For recreation
   - In urban planning
   - For community safety
   - For sustainability
   - For community cohesion

4. A physical activity workforce training strategy
   A range of training and capacity building strategies are required:
   - Undergraduate training across disciplines
   - Up-skilling the existing workforce
   - ongoing support for national conferences
   - ongoing support for national networks
   - support for physical-activity related professional associations across sectors

5. Financial incentives (tax and price) for individuals, families and business to make active choices cheaper and easier.
   - Financial subsidy to ensure walking, cycling and public transport are cheaper choices than driving and parking
   - Taxation relief and financial subsidies for physical activity participation
     - increase scope for tax deductibility of sporting club fees, sports equipment, bicycles and public transport
     - Subsidised user fees in lower SES areas
   - Insurance incentives for the physically active
     - Health insurance rebates, reduced life insurance premiums
   - Financial measures to ensure physical activity access for the poorest sectors the Australian community
   - Evaluate these interventions with economic modeling to assess cost effectiveness in increasing population physical activity and reducing disease burden from inactivity.
6. Health-care funding systems that support physical activity prescription and education
   - Support the provision of physical activity advice, prescription and referral in general practice
   - Strengthen systems-based approaches such as financial incentives, electronic registers, simplified claims processes/item numbers.
   - Expand successful programs (Lifescripts)
   - Support training for primary care professionals
   - Support linkages between doctors and other professional physical activity providers

7. Programs and opportunities to increase physical activity among Aboriginal and Torres Strait Islander people.

8. A life-stage approach to physical activity programming including children, families, adults and older adults.

   Compulsory physical education
   - With high standards in curriculum and teacher training

   Support parents
   - Parent awareness and programs
   - Sitting less (less small screen activity)
   - Participation in sport and recreation
   - Access for mothers and families

   Focus on baby boomers and seniors
   - because this is where the burden of chronic disease will grow exponentially

9. Programs in key settings where people live, work and are educated.

   Program participation opportunities in:
   - Local governments
   - Schools
   - workplaces
10. **Leadership, coordination and infrastructure to support implementation of the Blueprint for an Active Australia.**

- Provide infrastructure support to implement the following nine actions:
  - Establish a Prime Ministers Advisory Council on Physical Activity to oversee the development of an implementation strategy for the *Blueprint for an Active Australia*.
  - Identify fiscal measures to ensure dedicated financial resources to fund ongoing implementation.
  - Fund and support regular population monitoring of physical activity; and
  - Prioritise funding for physical activity research and program evaluation.

**Conclusions**

Policy and plans alone are not enough...
These must be supported by sustained infrastructure commitments:

- Endorsed and supported at the highest level
- Well resourced (increased investment in comprehensive interventions)
- Fiscal mechanisms to ensure adequate and sustained funding
- Health system reorientation
- National Leadership (Prevention Agency)
- Guidelines (and guides)
- Regular Monitoring (PA, env’t & int. dose):
- Strengthened workforce development
- Buy-in, reorientation from other systems
- Mechanisms for cross-government / community ways of working
- Increased investment in research, and evaluation of effectiveness


**Conclusions**

When well-developed policies lack implementation rigour there is a central (and ongoing) role for strategic advocacy.

"The solution to many of today’s medical problems will not be found in the research laboratories of our hospitals but in our Parliaments. For the prospective patient, the answer may not be cure by incision at the operating table, but prevention by decision at the Cabinet table."

Rt. Hon. Sir George Young MP, 1979

**Tomorrow:**

An implementation success story

Western Australia
Thank you