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OFFICE OF THE PRO VICE-CHANCELLOR (COMMUNITY, PARTNERSHIPS AND REGIONAL DEVELOPMENT)



12 February 2015

The Secretary
Joint Select Committee of Preventative Health Care
Legislative Council
Parliament House
HOBART TAS 7000

Dear Madame Secretary

RE: Submission for the Tasmanian Joint Parliamentary Committee on Preventative Health Care.

Based on the experienced gained through the development, implementation and management of the highly successful award winning preventative health care initiative Active Tasmania, please find following comment on the relevant terms of reference (2 and 6) for your discussion. The comments below provide a perspective that particularly focuses on the importance of health-promoting programs in preventative health with an emphasis on physical activity.

Context:

This collection of research is intended to provide the Joint Parliamentary Committee with a 'snapshot' of the available evidence in regards to the priority that should be placed on working in health-promoting ways.

For over 60 years, research has proven that the health benefits that can be derived from a physically active lifestyle are extensive¹. In fact, it is now widely accepted that physical inactivity is a significant predictor of numerous chronic diseases such as obesity, chronic heart disease, type 2 diabetes and some cancers^{1, 2}.

World Health Organisation (WHO) recognise "physical inactivity as one of the leading global risk factors for morbidity and premature morbidity" WHO also suggests that approximately 3.2 million deaths each year can be attributable to insufficient physical activity³.

Increasing levels of physical activity in individuals and the community as a whole has the potential to improve the health and wellbeing of our city, state, nation and even the world.

Evidence has shown that increasing physical activity is one simple, preventative strategy that can decrease the likelihood of obesity and other chronic conditions. It also contributes to improvements in overall health and well-being and the building of social capital.

Physical activity is seen to have wide ranging health outcomes across the lifespan: "physical activity promotes healthy growth and development in children and young people, helps to prevent unhealthy mid-life weight gain, and is important for healthy ageing, improving and maintaining quality of life and independence in older adults⁴."

The well respected medical Journal The Lancet, recently suggested in the article *Rethinking Our Approach to Physical Activity* that "It is a mistake to view physical activity only in terms of its disease specific associations. The benefits of physical activity are far-reaching and extend beyond health alone. Being physically active is a major contributor to one's overall physical and mental wellbeing⁵"

It is also interesting to note that nutritional, psychosocial, therapeutic or educational interventions are all said to be less effective lifestyle interventions than simple physical activity participation⁶.

Research suggests there is no quick fix or single approach to improving community and individual health and wellbeing. Rather it recommends that a long term commitment is required from across the sector with multiple initiatives and interventions taking place at all levels.

It is commonly reported that one of the most successful investments in increasing physical activity levels are population based, community-wide, multi-sectoral, multi-disciplinary programs involving numerous settings and sectors and that mobilise and integrate community engagement and resources³.

Supportive environments (trails, footpaths, signage, parks, sports fields, beach access), mass media campaigns (advertising and educational programs promoting the importance of physical activity to the public) and community programs and interventions (supporting community members to try different physical activities by breaking down barriers that exist which hinder their participation) are said to be essential elements to enable effective community wide increases in physical activity⁷.

Social norms also have a role to play in increasing community physical activity levels. In 2010 the International Journal of Behavioural Nutrition and Physical Activity published an article entitled *Is Healthy Behaviour Contagious* this study confirmed that "the importance of social norms for physical activity...intervention strategies aimed at promoting physical activity... could incorporate strategies aimed at modifying social norms relating to these behaviours⁸". As such it can be suggested that if being physically active is 'normal' behaviour in one's community, participation levels will in-turn increase.

In an Australian context, the burden of chronic disease will increase significantly over the next decade with major impacts on families, communities, the health care system and the economy⁹.

According to the Australian Bureau of Statistics' 2011-2012 Australian Health Survey, 63% of the adult Australian population are overweight or obese¹⁰.

Locally, Tasmanians suffer higher levels of chronic conditions than populations in other states and territories and hence the impact of physical inactivity on this state may be greater than in other states of Australia¹¹.

The Tasmanian Population Health Survey of 2009 suggested that "almost 1 in 3 Tasmanians do not undertake sufficient physical activity to maintain good health and over half of all Tasmanians reported being overweight or obese.¹¹"

The National Physical Activity Guidelines for Australians outline the minimum levels of physical activity required to gain a health benefit.

In broad terms, the Australian Government recommends that being physically active every day is important for the healthy growth and development of 0-5 year olds and this should include up to 3 hours of physical activity for those that are aged between 1 and 5 years old. For 5-12 year olds, a combination of moderate and vigorous activities for at least 60 minutes a day is recommended. 12-18 year olds should do at least 60 minutes of moderate to vigorous physical activity every day, and Australian adults should do at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week¹².

Physical inactivity is a risk factor for six of the eight National Health Priority Areas, which include type 2 diabetes, coronary heart disease, stroke, colorectal cancer, osteoarthritis, and osteoporosis. Physical inactivity contributes to over 16 000 deaths per year in Australia, equating to 43 deaths per day or 1.8 deaths per hour¹³.

The extent of problems associated with being inactive is concerning. As suggested above, not only does it have an impact on the health and wellbeing of an individual, but physical inactivity has a substantial negative impact on the economy.

Medibank Private estimated in 2008 that the impact of physical inactivity on the Australian economy in terms of direct healthcare costs, reduced productivity and increased mortality, equates to \$13.8 billion each year¹³.

However Vic Health in 2009 reported that physical inactivity contributes to 6.6% of the overall health burden in Australia, in terms of the number of years lost due to ill-health, disability or early death. Physical inactivity is estimated to cost the health sector \$672 million each year with a further \$1,135 million lost in production and leisure⁹.

Based on this analysis carried out by Vic Health in 2011, Tasmania's Department of Health and Human Services has estimated, if community-wide physical activity campaigns can reduce the number of people who are inactive by 4% the potential annual savings for the Tasmanian Government include, but are not limited to; \$2.9 million in healthcare and \$4.9 million in lost production and leisure^{9,14}.

Most recently in 2012 the value of sport and physical recreation (SPR) to Tasmania was said to bring a 400 per cent return on the dollars invested. Its value conservatively estimated to be \$5.6 billion, delivers over \$4 value for every \$1 invested¹⁵.

The principal finding of this research was "that although the current levels of investment in SPR yield a strong return, a more economically efficient outcome can be achieved by increasing the regular rate of participation. For example, a 10 per cent increase in SPR participation would generate an additional \$905.3 million in annual benefits¹⁵"

In America it has been suggested that for every \$1 invested into evidence-based prevention programs (e.g. targeting smoking, physical activity, nutrition), an estimated \$5.60 in savings is delivered back into the community within five years¹⁶.

The rationale for community-wide physical activity interventions is clear. To encourage and support people to increase their physical activity levels will improve individual health and wellbeing, and inturn, the overall prosperity of the community in which they live.

Structural and economic reforms that may be required to promote and facilitate the intergeneration of a preventative approach to health and well-being, including the consideration of funding models.

As is outlined above, a preventative approach to health and wellbeing makes sense on both a social and economic level.

As members of the Joint Parliamentary Committee will be aware, major reform is vital if we are to prevent the crumbling of the state's economic future under the weight of future health budgets.

Prevention is better than a cure, but it is a much slower process, requiring a long term commitment from both the individual and the community.

When it comes to the golden word of 'sustainability' it is believed that the sustainable participation in healthy lifestyle choices and in turn, the sustainable self-management of health, is the key to reducing the ongoing burden on the state's health budget. It is believed that for preventative health care to be effective in our communities there will always be some reliability on the public purse.

As a state, it is believed we need to ensure a priority is placed on supporting and financing services that prevent the onset of chronic disease in our communities. The major recommendation of this submission, is for the Tasmanian State Government to work in partnership with providers, via a contribution of recurrent funding for effective preventative health care initiatives.

Well managed services and programs can be the ultimate hospital avoidance measure that we are all looking for, and it is commonly accepted a much cheaper and more efficient option. However it is believed that with the current systems there are numerous challenges for service providers which inhibit their ability to effectively deliver their programs for the long term.

Challenges include but are not limited to;

- Government and other funding body resources are wasted paying wages of personnel to continue to seek funding and write grant applications.
- Short term projects have the risk of duplicating previous projects and they also risk the loss of the engagement of community if projects keep changing based around funding cycles.
- In terms of preventative health and in particular physical activity, there are limited options for seeking government funding and often a complicated process which again takes valuable time and resources away from servicing the community.

The review above discusses the importance of social norms. If we were born in Norway for example, we would all ride a bike to school or work because that is the 'normal' thing to do. The challenge for Tasmania is to ensure choosing a healthy lifestyle is just the 'normal' thing to do.

Any other matter incidental thereto

The following provides a summary of the Active Tasmania and Active Launceston projects to provide an example to the Joint Parliamentary Committee of what can be achieved through the development of partnerships and collaborations in Tasmanian communities. It is vital that recurrent state government baseline funding is provided to these types of projects to ensure their ongoing sustainability because without it, we face the demise of successful program, the loss of a huge knowledge base and the deterioration of the health of our communities.

ACTIVE TASMANIA:

As the sole university in the state, the University of Tasmania has a responsibility to actively contribute to the economic, cultural and social environment in Tasmania.

Through the Active Tasmania health-promotion initiative, the University seeks to partner with others to improve the health and wellbeing of communities through a capacity building process. Based on the success of the original project, Active Launceston (2008), and utilising the resources and knowledge base of the University, Active Tasmania provides consultancies, resources, and event and project management for organisations and communities. Active Tasmania currently includes; cross-sectional community-wide programs, workplace health and wellbeing initiatives, healthy lifestyle promotions, undergraduate units and post-graduate research.

Active Tasmania provides a number of community engagement, leadership, research and teaching outcomes for the University and the communities in which it serves. Active Tasmania enjoys support from across the faculties and regional jurisdictions of the University with staff and students from a variety of disciplines providing specialised input.

The current Active Tasmania commitments include:

- City of Launceston and University of Tasmania Active Launceston
- University of Tasmania HealthyU (staff health and wellbeing)
- University of Tasmania CXA003 Foundations of Active Living
- Tasmanian Health Organisation North THO-N Staff Health and Wellbeing
- Hawthorn Football Club Game Day Healthy Living Zones

ACTIVE LAUNCESTON:

Active Launceston is a community driven partnership with the vision of improving the health and wellbeing of the Launceston community through physical activity.

Active Launceston's mission is to mobilise the community to increase their participation in physical activity by; filling gaps in provision, creating pathways, reducing barriers and targeting those with the highest need.

In 2008, UTAS and Launceston City Council formed a partnership to develop Active Launceston. The partnership is one founded on an understanding of mutual benefit, with a variety of funding organisations benefitting by its standing as a community-focussed health-promoting initiative.

Active Launceston has become a multi award winning community driven partnership that has developed a strong community profile, an excellent reputation, and a highly-recognisable brand and community identity. The partnerships events, programs, website, organisational structure, partnerships and levels of community engagement have gained accolades at a state, national and international level.

Managed by UTAS, Active Launceston has become a foundational project for the university in achieving authentic, integrated and effective community outreach. Importantly, Active Launceston has enabled the development of a strong connection to the community in a non-political (non-governmental) environment.

Active Launceston presents opportunities for leadership, research, evaluation, teaching, promotion and marketing; with a new focus on sharing the knowledge gained with other communities. It enjoys support across the faculties of UTAS with students and staff from a variety of disciplines providing specialised input.

The partnership was initiated as an 18 month pilot in June 2008. Due to its success Active Launceston was awarded ongoing funding for a period of three years and has now secured further funding for the subsequent three years from 2013 – 2015. Although it is important to note that at the time of writing this document, to enable Active Launceston to operate at current capacity, further funding will still need to be obtained.

The Ottawa Charter defines health promotion as supporting and enabling individuals to have control over and improve their health and wellbeing¹⁷. There is a rapidly growing body of evidence that suggests working in health promoting ways can improve health outcomes for populations¹⁸.

Tasmania has a particularly poor health record with a major burden to the health system caused by preventable disease. Physical inactivity is major risk factors for chronic disease. Active Launceston seeks to reduce the burden of chronic disease by providing free physical activity programs and events for the community. The Active Launceston partnership also seeks to endorse, support and guide new and existing physical activity providers to enhance their service and their connection with the community. By facilitating engagement of all members of the community in physical activity, Active Launceston seeks to encourage behaviour change through providing access to programs, resources and networks to ensure these healthy lifestyle behaviour changes are sustainable and thus reducing the burden of chronic disease on both an individual and community level.

Active Launceston is scoped around the identified lack of coordination in the community for physical activities. It is evident that there are many other services for health and wellbeing i.e. Eat Well Tas, Quit Tasmania and Heart Foundation; however there has not previously been an organised authority to promote the benefits of physical activity locally or more importantly deliver a selection of inclusive physical activity opportunities to the Launceston community. Rather than duplicating or reinventing the wheel, Active Launceston initiatives are designed to add value to existing successful local programs, fill any identified gaps in provision and develop capacity within the community to ensure sustainable participation in physical activity.

Initiatives are designed to overcome barriers community members have to participation in physical activity and these particularly include, a lack of opportunities, low self-esteem, high costs associated with participation, social disconnection and/or a lack of knowledge of the opportunities available in our community.

Active Launceston is located in the Northern Integrated Care Service (NICS) and has an 'Information Hub' on the ground level. This provides the partnership with strong promotional and awareness opportunities, but most importantly, allows Active Launceston to work closely with health professionals to provide integrated health-care for community members and patients accessing the centre.

In line with current health statistics, research and community consultation, Active Launceston targets groups within our community who are identified as having the highest need. Active Launceston currently focuses their programs towards:

- Older people
- Disengaged young people
- Children
- Under 5's
- Sedentary adults
- Adults suffering from a chronic condition
- Those recovering for illness/injury
- Those from a non-English speaking background /migrants and refugees
- Adults and children with a disability
- Those from a lower socio-economic background

Active Launceston has a diverse range of individual and community benefits and outcomes. These benefits include but are not limited to;

- Improving individual and community health and wellbeing through increasing the number of physical activities available along with endorsing, promoting and supporting new and existing providers
- 2. Encouraging sustainable participation through creating support networks and resources
- 3. Increasing the knowledge of the benefits, and importance of physical activity, through community advocacy
- 4. Developing and utilising an innovative evidence based, preventative health care model
- 5. Reducing inequity in our community through focusing programs towards those in our community who are the most vulnerable, with the highest level of need, and who may not have otherwise participate
- 6. Empowering people and communities through providing employment, training and leadership opportunities
- 7. Decreasing social and geographical barriers through encouraging inclusive participation
- 8. Providing opportunities for evaluation and research into preventive health care
- 9. Providing a strong return on investment through seeking to securing health for the long term by keeping people out of hospitals thus reducing the burden on the health budget and the individual cost of living
- 10. Contributing to the vision and goals of Tasmania's Plan for Physical Activity 2011-2021 as well as many other Federal, State and Local Government, NGO and University plans and policies in the areas of preventive health care, employment, cost of living and access to services, children and youth, sustainability, community engagement, and social inclusion
- 11. Providing a framework that can be adapted to meet the needs of other communities

As a publically funded initiative, evaluation of Active Launceston has been a priority. Evaluation findings have provided valuable insights into the benefits of the program to participants, stakeholders, UTAS students and the broader community. Mixed method evaluations have assessed the outcomes of Active Launceston between 2008 and 2012. Including; cross-sectional time-series telephone surveys, online surveys, focus groups, stakeholder interviews and student testimonials. This evaluation is supported by the analysis of participation statistics, management processes and

demographic information. The evaluation design was utilised due to the variety of individual and community benefits that were seen to be derived from the initiative. Associated research projects will aim to further validate the outcomes of Active Launceston.

The 2012 Evaluation is summarised in a document entitled *Active Launceston Evaluation Summary* 2012

Evidence from the 2012 evaluation demonstrates Active Launceston is a highly successful partnership achieving a high level of community participation and engagement across all ages and abilities. The award winning partnership has become an economic multiplier, contributing to the prosperity of the greater Launceston community. There is ample qualitative evidence that participation in Active Launceston programs can impact profoundly on people's lives, improving both physical and mental health and increasing social engagement. Active Launceston is a socially inclusive partnership which has contributed to the development of social capital in the Launceston community¹⁹.

Further statistical analysis of the data gathered during the 2012 evaluation demonstrated that, community members reporting that they had participated in physical activity during the last twelve months increased by 22.7 percentage points (54.4% in 2008 versus 77.1% in 2012, p<0.0001). In addition, the proportion reporting that they undertook moderate intensity activity in the previous fortnight increased by 17.1 percentage points (56.1% in 2008 versus 73.2% in 2012, p<0.0001) and those reporting participation in vigorous activity increased by 18.1 percentage points (19.2% in 2008 versus 37.3% in 2012, p<0.0001) 20 .

I look forward to discussing this submission with members of the committee should the opportunity become available.

Yours Sincerely,

Lucy Byrne

Senior Project Manager (Regional Development)

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