

**PRE-BUDGET SUBMISSION TO TREASURY
For consideration for the 2016-17 Federal Budget**

Proposal:

**AUSTRALIAN SPORT TO LEAD A CROSS-SECTOR APPROACH TO REDUCING
PHYSICAL INACTIVITY BY 15% OVER 5 YEARS**

Leveraging cross-sector collaboration from Education, Health and Sport



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Confederation of Australian Sport

For over 30 years the Confederation of Australian Sport has been an independent, not-for-profit industry voice committed to promoting the contribution of community sport and representing the interests of those organisations and peak bodies involved in community based Sport and Active Recreation.

Guided by the mantra of ‘sport for all’ CAS plays a key facilitation role and works strategically and collaboratively in the following areas in pursuing its goals and objectives.

- Collaboration: building industry collaboration
- Advocacy: issues analysis and advocacy
- Service: providing industry services

Australian Sport to lead a cross-sector approach to reducing Physical Inactivity by 15% over 5 years

Leveraging cross-sector collaboration from Education, Health and Sport

Executive Summary

Today as foreshadowed in the ABS Australian Health Survey: Physical Activity 2011-12¹² only 19% of children 5-17 years and 43% of adults over 17 years meet the Australian Government's National Physical Activity and Sedentary Behaviour Guidelines (NPASBG)⁵.

This submission will explain how Australian Sport has the ability to lead a cross-sector approach to increase the number of Australians meeting the NPASBG by 15% over 5 years. A major factor in the success of the proposal is the leveraging of cross-sector collaboration by key stakeholders in the Education, Health and Sport sectors.

An increase of 15% in Australians meeting the NPASBG by 2021 will result in over 3.3 million more active participants at a saving to the economy of over \$434 million. It would avoid 3,000 deaths, 10,000 new cases of disease and 38,000 DALYs²

Adding 15% to the \$23 billion per year contribution sport currently makes to the Australian economy will provide an extra \$3.45 billion per year through increased productivity, volunteer workforce participation and taxation revenue¹⁰.

There are natural linkages to existing Australian Government policy, in an overarching sense through the Department of Health, Aged Care and Sport under preventative health but also to the *Play.Sport.Australia* policy and the *Sporting Schools* program. Participating members of the Education sector also see important linkages to the effective delivery of the Australian curriculum and to their ability to 'improve children's personal health and wellbeing through physical activity.'

Sport is uniquely placed to reduce Physical Inactivity

Sport currently provides over 50% of Moderate and Vigorous Physical Activity (MVPA) undertaken in Australia today. MVPA is the level of intensity necessary to achieve improvements in personal physical health and 420 minutes for 5-17 year olds and 150 minutes for the 17+ age group are set as weekly requirements of NPASBG.

With 20,000 community sport clubs and over 50,000 access points nationally Australian sport is uniquely positioned to deliver a significant proportion of the required weekly MVPA.

Delivery of MVPA to targeted demographics

This proposal identifies target demographics and recommends strategies for the delivery of Moderate and Vigorous Physical Activity to these individuals through sport and physical activity providers.

Over 80% of the population meeting the guidelines by 2030

If 15% reduction targets were successfully achieved for 2021, 2025 and again by 2030 then over 80% of the Australian population would be achieving the guidelines by 2030.

Target Groups

The following demographics have been identified as the most specific, reachable and receptive to undertaking MVPA through the community sport system partnering with the education system and allied physical activity deliverers.

- Target Group 1: Children 5-17 years who play sport but do not undertake sufficient MVPA
- Target Group 2: Adults 18 years and older who play sport but do not undertake sufficient MVPA
- Target Group 3: Children non-sport participants who have expressed interest in playing sport
- Target Group 4: Adults non-sport participants who have expressed interest in playing sport

Potential conversion and estimate of success

The following table shows an estimate of successful conversion is proposed for each target group leading to the total of 4.1 million Australians potentially meeting the NPASBG Guidelines within 5 years.

Target Group	No of Individuals (million)	Estimate of successful conversion (%)	Target for Individuals meeting MVPA Guidelines (m)
1. Children 5-17yrs current sport participants	1.68m	60%	1.01m
2. Adults 18yrs+ current sport participants	5.85m	35%	2.05m
3. Children 5-17 – non-sport but interest expressed	1.10m	25%	0.28m
4. Adults 18+ - non-sport but interest expressed	3.80m	20%	0.76m
Total	12.43m	33%	4.10m

Tackling The Problem - A Sport-Education-Health Cross-Sector Approach

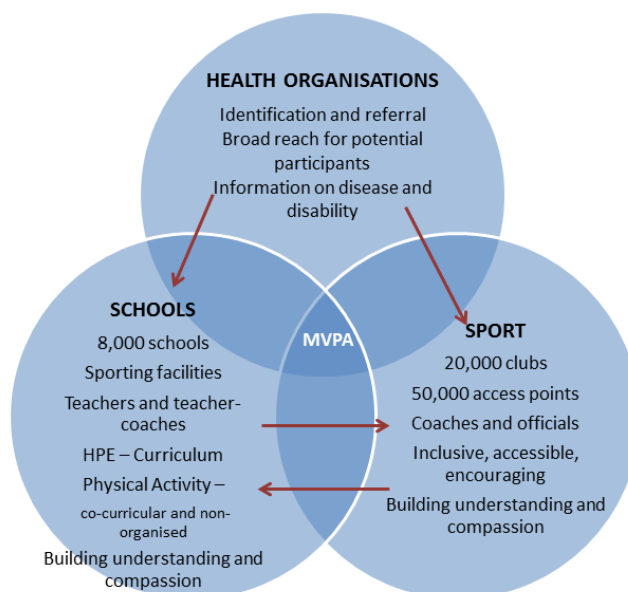
To effectively tackle this challenging task it will require strong and coordinated linkages between the three sectors: Education, Health and Sport. Over the past 18 months CAS has been working with representatives of the three sectors to understand the major objectives and requirements of each, to identify their potentially available resources and assets and to draw linkages between them.

By combining the strengths of the Sport, Education and Health sectors in a collaborative way the task of reaching, engaging and converting 3 million Australians to achieve the Physical Activity Guidelines will be maximised.

Achieving behavioural change and encouraging increased participation is more likely with:

- Multi-directional approach – from education, health and sport sources
- Consistent, targeted messaging – consistent across the 3 sectors
- All communicating parties being committed to the same outcomes

There is a significant confluence of objectives of the Education, Health and Sport sectors with Moderate and Vigorous Physical Activity being the common thread.



Health Organisations - need MVPA - In order to reduce the health burden of physical inactivity and to achieve a healthy active population the Health system needs access to MVPA.

Schools – prepare children for MVPA - By teaching the skills, knowledge and enjoyment of activity that includes MVPA the Education system can prepare children for lifelong personal health and wellbeing.

Sport – possesses the MVPA and delivers it – As an integral part of sport participation through an extensive community network the Sport system develops and delivers MVPA in an inclusive, cost effective and enthusiastic manner.

Ingredients needed for a successful program

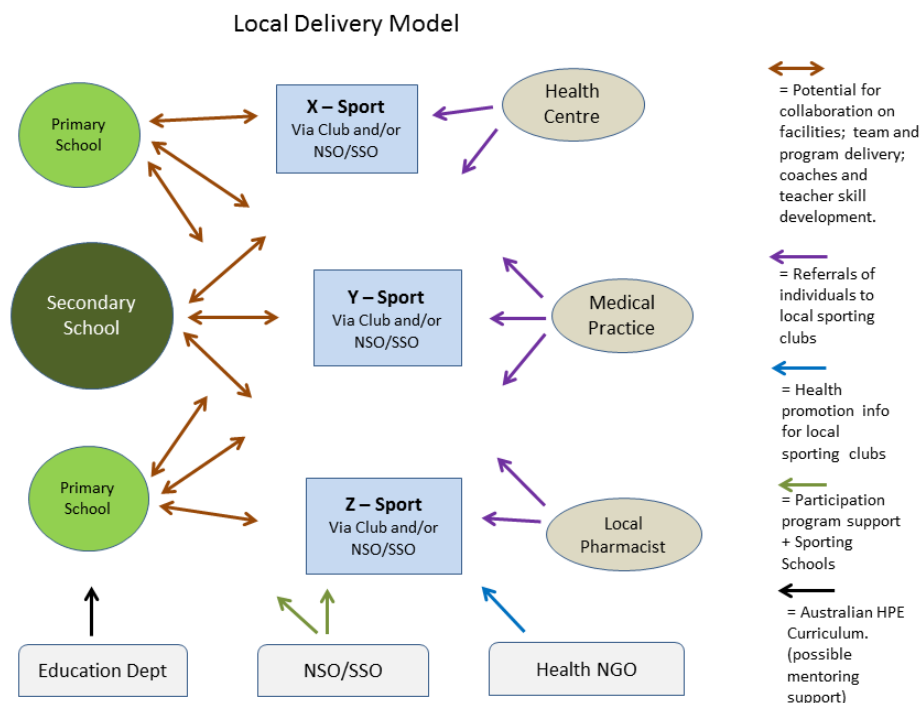
The key ingredients required for the success across the three sectors have been identified to ensure the effective roll-out and maximal impact of the program. These elements are highlighted in section 3 of the submission.

Each of the three sectors have learned, influential networks with individuals and organisations that can promote, advise and advocate the importance and benefits of MVPA.

Implementation - ‘national coordination – local delivery’

The sporting programs and participation initiatives offered through this proposal will be principally delivered by National Sporting Organisations through their established community networks and will ensure that all necessary quality standards are met.

It is envisaged that local schools will become a community hub for physical activity with strong local linkages with community sport clubs and other relevant local organisations. Feeding into the system will be local health service deliverers and health promotion NGOs who would be able to refer patients and clients for physical activity and other benefits such as inclusion.



Consistent messages about the benefits of MVPA will be developed for use across the 3 sectors in the delivery network as shown in the diagram below.

The importance of the Education sector cannot be over-estimated. As Rob Nairn, CEO of the Australian Secondary Principals Association says, “The first exposure of children to physical education and sport is often at school. It must be ensured that this first experience is a positive one, to engage and recruit. If it is a negative experience the child will be turned off and will be reluctant and difficult to re-engage.”

To achieve the desired increase in participation a range of tools and strategies will be developed and implemented. There will be specific strategies for each of the four population Target Groups.

The suite of strategies has not been finalised but will include:

- The development of a local contact and communication database tool
- Maximising local Secondary and/or Primary Schools as a MVPA hub
- Development of a range of sport participation and recruitment strategies
- Incorporating MVPA more specifically and effectively into programs
- Development of key messages for individuals within target groups
- Addressing the affordability of sport participation
- Gaining buy-in from the major beneficiaries of increasing levels of physically active people

CAS believes that the challenge to decrease physical inactivity in Australia by 15% over 5 years is achievable. Over 3 million more Australians will be more active and will be achieving the Government’s NPASBG guidelines. This will elevate compliance by the Australian population with the NPASBG guidelines from 43% to 58% by 2021.

The savings to the Australian economy will be greater than \$3 billion per year.

The proposed cost of this intervention is less than \$350 million per year.

During the process of developing this proposal CAS has received in principle support from over 75 national organisations across the three collaborating sectors. Collaborating organisations are shown in section 6 of the report.

A table highlighting the health promotion programs of national Health NGOs that will specifically benefit from this proposal is shown as Appendix B.

Recommendation

Over the past two years CAS has been engaging with a wide group of national stakeholders across the Education, Health and Sport sectors and there has been very strong support for this concept from over 75 national organisations.

The broad feeling is that if Australia continues down its current path the levels of population obesity will continue to grow and that the requirements of the Health system will become unsustainable. The central issues have existed for decades and the decline in moderate and vigorous physical activity across the community and the school system has been tracked over the past 20 years.

RECOMMENDATION:

That the Australian Government support the Education, Health and Sport cross-sector initiative to decrease Physical Inactivity by 15% over 5 years from 2016-17.

The concept in this submission that is central to its success is the specific, targeted approach to MVPA and the potential collaboration across the 3 sectors to participate and support the other sectors to achieve their primary objectives relating to physical activity and other health promotion or educational goals.

This is not a proposal that the Australian Government should fund alone necessarily but it a proposal that the Australian Government should take strong leadership of and make a commitment to achieve success.

CAS's discussions have extended to senior officials within State and Territory Governments who have expressed interest in the concept. We respectfully suggest that this concept is worthy of consideration by COAG, the Health Ministers Council and the Council of Sport and Recreation Officials (CASRO).

CAS believes that the challenge to decrease physical inactivity in Australia by 15% over 5 years is achievable. Over 3 million more Australians will be sufficiently active to achieve the Government's guidelines. This will elevate compliance with the NPASBG guidelines from 43% to 58% by 2021.

The savings to the Australian economy will be greater than \$3 billion per year.

The proposed cost of this intervention is less than \$350 million per year.

A joint meeting with partner stakeholders from the Education, Health and Sport sectors is an important next step.

Thank you for the opportunity to raise this issue with the Australian Government. I look forward to speaking with you further about the potential of this submission.



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Preamble

The National Partnership Agreement on Preventive Health (NPAPH) was announced by the Council of Australian Government (COAG) on 29 November 2008. As part of the NPAPH phase 2 data collection and evaluation process the Victorian Government was allocated the task of “Assessing the benefits of reducing the prevalence of physical inactivity in Victoria by 15% by 2013”. The methodology was developed by Professor Alan Shiell and Deakin Health Economics and the research was undertaken. For various reasons this report was never released.

In 2014 the Confederation of Australian Sport sought out Professor Shiell and Deakin Health Economics (DHE) and commissioned DHE to undertake the study from a national perspective for a 5 year period using 2013 as the baseline.

The resulting report released in September 2014 is ***“Assessing the benefits of reducing the prevalence of physical inactivity in Australia by 15% by 2018.”***

This submission shows how Australian Sport proposes to lead a cross-sector approach to reduce Physical Inactivity by 15% over 5 years.

Section 1: Introduction

Today as foreshadowed in the ABS Australian Health Survey: Physical Activity 2011-12¹² only 19% of children 5-17 years and 43% of adults over 17 years meet the Australian Government’s National Physical Activity and Sedentary Behaviour Guidelines (NPASBG)⁵.

This means that:

- 3.24 million (81%) of children 5-17 years are not meeting the NPASB guidelines
- 10.32 million (57%) of adults over 17 years are not meeting the NPASB guidelines

The Australian Bureau of Statistics⁴ separately reports that 67% of the Australian population currently participate in sport every year to some extent.

The task then is to elevate physical activity levels of more than 13 million Australians to meet the requirements of the **National Physical Activity and Sedentary Behaviour Guidelines** set as the benchmark by the Australian Government.

This proposal will explain how Australian Sport has the ability to lead a cross-sector approach to increase the number of Australians meeting the Government’s Guidelines for Physical Inactivity and Sedentary Behaviour by 15% over 5 years. A major factor in the success of the proposal is the leveraging of cross-sector collaboration by key stakeholders in the Education, Health and Sport sectors.

An increase of 15% in Australians meeting the NPASBG by 2021 will result in over 3.3 million more active participants at a saving to the economy of over \$434 million. It would avoid 3,000 deaths, 10,000 new cases of disease and 38,000 DALYs²

Adding 15% to the \$23 billion per year contribution sport currently makes to the Australian economy will provide an extra \$3.45 billion per year through increased productivity, volunteer workforce participation and taxation revenue¹⁰.

This proposal is consistent with the objectives outlined in the National Partnership Agreement on Preventative Health and the financial savings coupled with greater productivity, participation and resultant increased taxation revenue far outweigh the costs of implementing this proposal.

There are natural linkages to existing Australian Government policy, in an overarching sense the Department of Health, Aged Care and Sport under preventative health but also to the Play.Sport.Australia policy and the Sporting Schools program.

SPORT IS UNIQUELY PLACED TO REDUCE PHYSICAL INACTIVITY

Sport currently provides over 50% of Moderate and Vigorous Physical Activity (MVPA) undertaken in Australia today.

Moderate and Vigorous Physical Activity (MVPA) is the level of intensity necessary to achieve improvements in personal physical health and 420 minutes for 5-17 year olds and 150 minutes for the 17+ age group are set as weekly requirements of the Physical Activity and Sedentary Behaviour Guidelines.

With 20,000 community sport clubs and over 50,000 access points nationally Australian sport is uniquely positioned to deliver a significant proportion of the required weekly MVPA.

CAS calculates that sport contributes over 50% of total Moderate and Vigorous Physical Activity (MVPA) in Australians who are currently achieving the benchmark. CAS estimates that there are between 1.84 – 2.82 billion hours spent in Moderate and Vigorous Physical Activity (MVPAH) in Australia each year.¹⁰

Delivery of MVPA to targeted demographics

This proposal will identify target demographics and recommend strategies for the delivery of Moderate and Vigorous Physical Activity to these individuals through sport and physical activity providers.

Improvement in achievement of National Physical Inactivity and Sedentary Behaviour Guidelines by 2020

Over the initial 5 years of this program the targeted outcome is:

- A 15% increase in achievement in adults over 17 years
- A 15%-30% increase in achievement in children and young people 5-17 years

Demographic	Achieving Guidelines (2013)	Improvement by 2020 (New achievers)	Achieving Guidelines in 2020	Total Population (at 2013 levels)
Adults (18 years and over)	7.78m (43%)	2.72m (15%)	10.5m (58%)	18.1m
Children (5-17 years)	0.76m (19%)	1.2m (30%)	1.96m (49%)	4.0m
Total	8.56m (39%)	3.92m (17.8%)	10.24m (56.8%)	22.1m

Note: Children 0-4 years are not included in this table

Additional Target: Increase of 30% in children and young people 5-17 years achieving the NPASBG.

CAS believes that increasing the achievement of the guidelines by children 5-17 years by 30% is realistic. This would result in 1.2m more children and young people (5-17 years) achieving the guidelines by 2020 representing 49% of the age cohort.

Over 80% of the population meeting the guidelines by 2030

If 15% reduction targets were successfully achieved for 2021, 2026 and again by 2030 then over 80% of the Australian population would be achieving the guidelines by 2030.

Section 2: Identifying individuals most likely to achieve required activity levels

2.1 Analysis of current guidelines compliance and sport participation

By analysing the statistics for current sport participation against those meeting the Physical Activity and Sedentary Behaviour Guidelines it is possible to identify those groups most likely to be elevated into the achievement of the required levels of weekly MVPA.

The following table presents data from the *2011-12 Survey of Participation in Sport and Physical Activity*⁴ (cat. no. 4177.0); *2012 Children's Participation in Cultural and Leisure Time Activities 2003-2012*⁵ (cat no: 4901.0); *ABS Involvement in Organised sport and physical activity 2010*³ (cat no: 6285); and from the Committee of Australian Sport and Recreation Officials *Exercise, Recreation and Sport Survey 2011 ERASS*⁸ data.

Participation in Sport and Physical Activity by population segment

Participation in Sport and Physical Activity 2011-12	Activity	% Population	No. of people	Reference
Australians 15 years and over	Organised sport and physical activity	27%	4.9m	ABS
Australians 15 years and over	Non-organised sport and physical activity	53%	9.5m	ABS ERASS
Australians 15 years and over	Organised and Non-organised sport and physical activity	65% (of 18.1m)	11.7m	ABS⁵
Children and young people 5-17 years	Organised sport – playing	64% (of 4.0m)	2.39m	ABS
Children 5-14 years	Organised sport – playing – inside or outside school	66%	1.86m	ABS
Children and young people 12-17 years	Organised sport – playing – inside or outside school in winter or summer	85%	1.28m	ABS
Australians 5 years and over	Organised and non-organised sport and physical activity	64.1% (of 22.1m)	14.1m	

Summary of Organised and Non-organised Sport participation

- Over 64% of Australians 14.1 million participate in organised or non-organised sport
 - 4.9 million Australians over 15 years play organised sport
 - 6.8 million over 15 years play non-organised sport but not organised sport
 - 2.39 million children and young people 5-17 years play organised sport

Children and Young People 5-17 years

- 64% of 4.0 million play sport = 2.39 million but
- Only 19% are meeting the guidelines = 0.76 million

Therefore **1.63million children** 5-17 years are playing some sport but do not undertake sufficient MVPA to reach the NPASBG requirements.

Assumption: Assuming 100% of the 19% of children achieving the guidelines play some sport then 1.63 million are existing sport participants that are strong candidates for elevating to greater levels of MVPA each week. This group could be effectively targeted by a combination of improved access to physical activity through the Education system and via local community sport.

Adults 18 years and older

- 65% of 18.1 million adults play sport = 11.7 million but
- Only 43% of adults meet the guidelines = 7.8 million

Therefore **3.9 million adults 18 years and older** are playing some sport but do not undertake sufficient MVPA to reach the guideline requirements.

Estimate of Sport Participation: Assuming 75% of the 43% of adults achieving the guidelines play some sport then 5.85 million are existing sport participants that are strong candidates for elevating to greater levels of MVPA each week.

2.2 Target Groups

The following demographics have been identified as the most specific, reachable and receptive to undertaking MVPA through the community sport system partnering with the education system and allied physical activity deliverers.

Target Group 1: Children 5-17 years who play sport but do not undertake sufficient MVPA.

The estimate of Children 5-17 years who currently play organised sport but do not undertake sufficient MVPA to achieve the 420 minutes per week in the guidelines = **1.63 million**

Target Group 2: Adults 18 years and older who play sport but do not undertake sufficient MVPA.

The estimate of Adults 18 years and older who currently play organised or non-organised sport but do not undertake sufficient MVPA to achieve the 150 minutes per week in the guidelines = **5.85 million**

This estimate is based on the assumption that 75% of adults currently achieving the guidelines play organised or non-organised sport.

Target Group 3: Children non-sport participants who have expressed interest in playing sport

The Australian Sports Commission report on *Market Segmentation for Sport Participation: Children 5-13 years old*⁷ advises that over 1.1 million primary school aged children would play sport if key barriers to their participation were satisfactorily addressed.

Currently 1.36 million children play no sport but the estimate for this potential group = **1.1 million**

Target Group 4: Adults non-sport participants who have expressed interest in playing sport

The *Market Segmentation for Sport Participation*⁶ report advises that over 3.8 million adult Australians would play sport if key barriers to their participation were satisfactorily addressed.

Currently 6.3 million adults play no sport but the estimate for this potential group = **3.8 million**

2.3 Potential conversion and estimate of success

Reviewing the four target groups a total of 12.43 million individuals are considered potential conversions to achieving the Guidelines for Physical Activity and Sedentary Behaviour.

An estimate of successful conversion is proposed for each target group leading to the total of 4.1 million individuals potentially meeting the Guidelines for Physical Activity and Sedentary Behaviour.

The following table shows an estimate of successful conversion is proposed for each target group leading to the total of 4.1 million Australians potentially meeting the NPASBG Guidelines within 5 years.

Target Group	No of Individuals (million)	Estimate of successful conversion (%)	Target for Individuals meeting MVPA Guidelines (m)
5. Children 5-17yrs current sport participants	1.68m	60%	1.01m
6. Adults 18yrs+ current sport participants	5.85m	35%	2.05m
7. Children 5-17 – non-sport but interest expressed	1.10m	25%	0.28m
8. Adults 18+ - non-sport but interest expressed	3.80m	20%	0.76m
Total	12.43m	33%	4.10m

Accordingly it is recommended that 4.1 million Australians be set as the conversion target for this initiative.

Section 3: Tackling the Problem - A Cross-Sector Approach

3.1 Combining the Strengths – A Sport-Education-Health Cross-Sector Approach

To effectively tackle this challenging task it will require strong and coordinated linkages between the three sectors: Education, Health and Sport. Over the past 18 months CAS has been working with representatives of the three sectors to understand the major objectives and requirements of each, to identify their potentially available resources and assets and to draw linkages between them.

By combining the strengths of the Sport, Education and Health sectors in a collaborative way the task of reaching, engaging and converting 3 million Australians to achieve the NPASBG guidelines will be maximised.

A major strength of this model is the enhanced ability of each sector to reach and directly communicate with targeted members of the Australian community relevant to them.

Achieving behavioural change and encouraging increased participation is more likely with:

- Multi-directional approach – from education, health and sport sources
- Consistent, targeted messaging – consistent across the 3 sectors
- All communicating parties being committed to the same outcomes

3.1 Confluence of objectives of the Education, Health and Sport sectors

Each of the three sectors has stated objectives that will be enhanced through this proposed collaboration. Arguably by leveraging of the strengths of the 3 sectors will achieve far greater levels of success than the sectors could achieve alone.

Education: “Improving children’s personal health and wellbeing through Physical Activity”.

Health and Physical Education (HPE) is a specific learning area within the Australian Curriculum. All Australian Schools are required to teach Health and Physical Education to their students in years K-12. The provision of co-curricular sport and other opportunities for unstructured physical activity during the school day adds to the school’s ability to contribute to required levels of MVPA.

Senior representatives of Government and non-Government Schools systems from both Primary and Secondary perspectives have identified the potential for “Improving children’s personal health and wellbeing through Physical Activity”.

In early 2015 the 'Improving children's personal health and wellbeing through physical activity' (ICPHWPA) working party was formed to develop a strategy and action plan. All major stakeholder organisations within the Education sector are represented on the working party. The key recommendations are highlighted in section 3.4.2 of this document. On 29 October 2015 ICPHWPA released a communique which commences: *'Through ongoing collaboration we have developed a strategy that identifies the investment required to enable our young people to make better informed and positive choices about their health, wellbeing and physical activity.'*

The full text of the ICPHWPA communique is included as Appendix A.

Health: *Working towards Australians "living longer, healthier and productive lives without avoidable medical intervention."* (paraphrasing Health Minister Sussan Ley – Press Club speech 28 October 2015.)

The health burden of so-called lifestyle diseases contributed to by Physical Inactivity has been calculated at \$60 billion per year.

According to the National Heart Foundation 'Move More Sit Less' communique Physical Inactivity causes 14,000 premature deaths each year, 25% of the cardiovascular burden, significant causes of cancers, type 2 diabetes and mental health problems and costs \$1.5b per year in costs to the health budget.

The Health sector has an urgent need to reduce reliance on the health system. According to Health Minister Sussan Ley's Press Club speech 28 October 2015. "1 in every 4 dollars Governments raised through taxes is now going towards supporting our nation's health spend." Often the human and financial resources of the treatment are "for situations which could have and should have been avoided with better preventative health and early intervention."

Current levels of obesity and overweight are barriers to many Government and non-government health organisations achieving their specific goals in reducing or eliminating their particular disease, illness or condition. In addition to a desire by Health Organisations to reduce levels of obesity and overweight there are many other supplementary benefits that this cross-sector collaboration can provide.

For example: Alzheimer's Australia recommends 'Be physically active' as Step 2 of the 5-Step Brain Matters program. However, in addition to the Physical Activity requirement Alzheimer's Australia is also seeking to develop 'Dementia Friendly Communities' which the inclusive community sporting structure is well positioned to contribute to meet Brain Matters Step 5 – 'Enjoy social activity'.

Appendix B: Shows National Health Organisations – disease prevention programs with potential to benefit from the 3-sector collaboration and decreased physical inactivity.

Sport: *- Whether it is for the friendships, the fitness, the thrill of the competition or the pure love of the game, sport is important to Australians. And sport is good for Australians. It makes us a healthier nation both physically and mentally.* (Play.Sport.Australia 2015 brochure)

Sport is an integral, inclusive and traditional part of Australian society available across the nation through an extensive, established and scalable network. There are over 20,000 community sports clubs, 50,000 access points supported by some 90 National and 700 State/Territory sporting organisations.

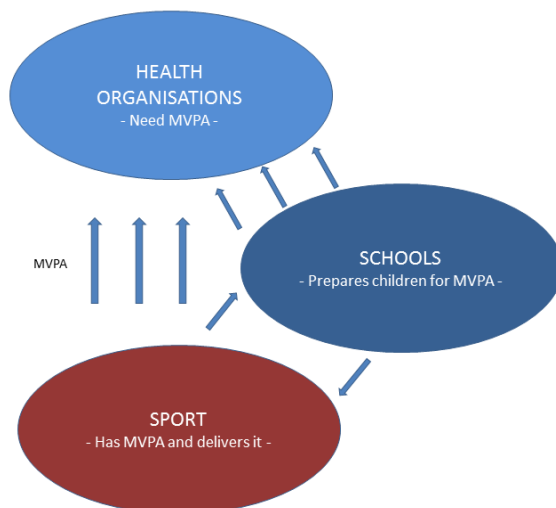
In 2014 93% of National Sporting Organisations confirmed that their existing community sport structure is capable of dealing with increased numbers of participants. Greater participation numbers will permit economies of scale and organisational efficiencies for associations and clubs. Greater availability of local sport will reduce travel time and associated costs for individuals and families.

Because there are over 90 sports available to the community nationally with varying styles, intensities and traditions it caters to suit a broad range of tastes. Sport in Australia provides opportunities in team and individual sports; professional or community sports; single or mixed gender; international or domestic sport; sports that require speed, power, strength, agility or cunning and guile. Some sports require high levels of fitness and intensity while others require flawless technique and concentration to succeed. Some sports come from a traditional or historical perspective while others come from countries much more closely aligned to Australia's geographic location and emerging political and economic links.

Moderate and Vigorous Physical Activity (MVPA) is the common thread.

Each of the three sectors has a particular interest in and requirement for Moderate and Vigorous Physical Activity (MVPA) which is necessary for each sector to meet its stated objectives.

A simplistic MVPA model:



Health Organisations - need MVPA - In order to reduce the health burden of physical inactivity and to achieve a healthy active population the Health system needs access to MVPA.

Schools – prepare children for MVPA - By teaching the skills, knowledge and enjoyment of activity that includes MVPA the Education system can prepare children for lifelong personal health and wellbeing.

Sport – possesses the MVPA and delivers it – As an integral part of sport participation through an extensive community network the Sport system develops and delivers MVPA in an inclusive, cost effective and enthusiastic manner.

Sport Value-Adds

In addition to providing MVPA for the purpose of reducing levels of obesity and overweight sport further value-adds to the Education and Health sectors and to the economy more broadly:

Benefits of Australian Sport		
<ul style="list-style-type: none"> Improves cardio-metabolic health, body composition, musculoskeletal health, and cardiorespiratory fitness Contributes to mental health and wellbeing, inclusion and connectedness - reducing social isolation and depressive illness Increases the use of community facilities and infrastructure Assists in social integration and cohesion - transcending race, religion, class and income Encourages competition and goal setting Provides the inspiration that comes from success in sporting competitions at international and domestic levels 	<ul style="list-style-type: none"> Reduces overweight, obesity and related long-term conditions Improves academic performance of children Provides a positive diversionary activity for at-risk youth Builds self-discipline, relationships and team spirit Opportunity for philanthropy and volunteerism Is broadly available and accessible to all Enshrines the Australian ethos and fabric of society and galvanises the Australian community 	<ul style="list-style-type: none"> Increases muscle strength and coordination – reducing slips and falls Improves the productivity of employees in the workplace University sport participants have higher levels of employability Transcends physical disabilities Builds international understanding and friendships Provides a career and income for more than 300,000 Australians Can be connected to other essential health concepts – such as nutrition and healthy eating
<ul style="list-style-type: none"> sport is fun 		

3.2 A Collaborative Model – What each sector would contribute

Each of the three sectors have learned, influential networks with individuals and organisations that can promote, advise and advocate the importance and benefits of MVPA.

The development of consistent messaging for use by the three sectors, as outlined in Section 4 Implementation, will maximise the impact and effectiveness of the communication.

Schools communicate directly with and through:

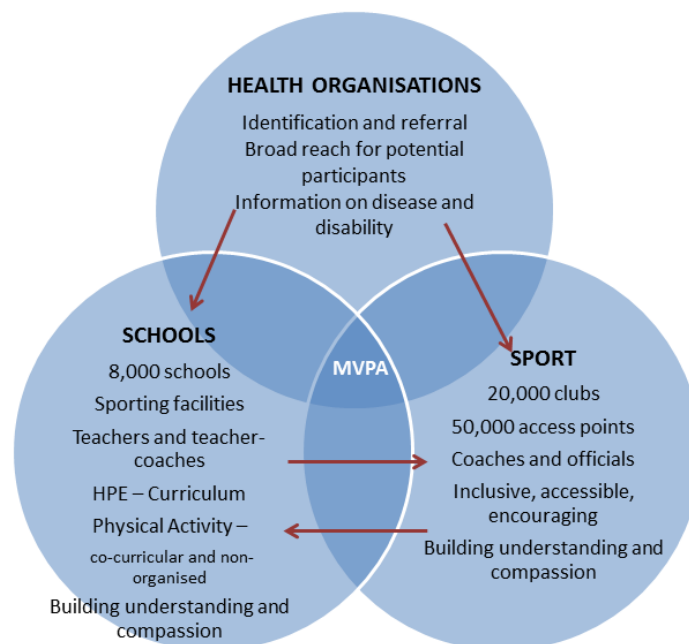
- Children
- Teachers and school management
- Parents

School Principals are the best placed individuals to act as spokesperson and advocate for the messaging. It is important that School Principals are provided with the information and direct support they need so they feel confident and empowered to recommend the benefits of MVPA to their staff, students and the parent body. Support must be provided to ensure schools can effectively communicate with local community organisations and subsequently maximise the benefits to the school from access to its facilities and student body.

Health organisations communicate directly with and through:

- At risk individuals – referrals to patients of GPs or customers of Pharmacists
- General public - awareness via broad health messaging (eg: National Health Foundation – ‘Move More Sit Less’)
- Specific public - messaging via specific health promotion campaigns (eg: Alzheimer’s Australia ‘Brain Matters’)
- Individuals within the existing Sport participation network – adoption of programs of behavioural change (eg: Good Sports Program – Australian Drug Foundation which addresses binge drinking and the creation of Family friendly club environments)

Primary Health Networks (PHN) – The most effective way to utilise the 30+ Primary Health Networks is worthy of investigation. With the PHN strong focus on service delivery they may provide an overarching mechanism for ensuring the consistency and appropriateness of messaging on behalf of the Health sector. This may be an effective way of ensuring all health professionals within their networks are included in the process to complement communication via professional associations (such as the AMA GP Network).



Sporting organisations communicate directly with and through:

- Existing organised Sporting community
- Those participating in non-organised sport
- Individuals attending sporting fixtures and events
- Individuals viewing sporting fixtures and events by broadcast, on-line media and social media
- Individuals who attend Registered Social Clubs and businesses who provide a social outlet

Just as elite sportspeople have the ability to inspire others so do everyday community sports people. Insights from *Retaining the Membership of Women in Sport*⁹ (2014) shows that some of the most powerful motivation for others to join or continue playing community sport is provided by those who are already playing. The strong sense of connectedness achieved by joining an established group to achieve personal health, friendship and/or sporting goals is a major motivator.

3.3 Ingredients needed for a successful program

The three sectors have identified the following ingredients as being highly important for the effective roll-out and maximal impact of the program.

3.3.1 Local Contact and Communication Database Tool

As outlined in section 4 Implementation it is proposed that much of the communication, promotion and referrals between the entities of education, health and sport will occur on the local level. Accordingly it is proposed that a database tool be developed that would be widely available on-line.

Within the designated Local Area Unit (definition yet to be determined) the database would include the contact details of:

- The local secondary and primary schools
- Local sporting clubs or entities
- Fitness clubs or facilities or other local physical activity organisations
- Local health services

Details provided for each sport would include:

- Sport/Community organisation name and location
- Contact person: name, telephone, email, website
- Brief description of involvement offered (eg: For adults/juniors/timing)
- Google map reference

For example: Referral by Local General Practitioner – Armed with the details of local sporting options the GP is able to provide a specific introduction and details to their patient for them to follow. This specific information would be more likely to be valued and followed by the patient than a general recommendation that the patient should consider becoming more physically active.

The local contact database is an integral part of the proposed program and would be made widely available for use by parties across the 3 sectors.

3.3.2 Requirements for the School sector

The importance of the Education sector cannot be over-estimated. As Rob Nairn, CEO of the Australian Secondary Principals Association says, “The first exposure of children to physical education and sport is often at school. It must be ensured that this first experience is a positive one, to engage and recruit. If it is a negative experience the child will be turned off and will be reluctant and difficult to re-engage.”

The ‘Improving Children’s Personal Health and Wellbeing through Physical Activity’ Working Group (ICPHWPA) has been operating since early 2015 and has identified some essential ingredients required for Schools to

maximise their contribution to building children's physical literacy and elevating levels of MVPA via curricular Health and Physical Education and co-curricular physical activity and sport.

It is clear that many schools are hamstrung by a lack of resources including a deficit of available teachers with the necessary health and physical education learning area pedagogy teaching skills, qualifications, competence, confidence and enthusiasm.

Upskilling current teachers on a needs basis with the knowledge, skills and values required to undertake developmentally appropriate Physical Health and Education curriculum and programs and ensuring future teacher qualifications also address such requirements and match identified workplace needs.

It is recommended that additional resources are required for:

1. Research into current HPE staffing shortfalls

- Conduct research into identification of staffing needs across schools and estimation of requirements to fill these gaps.

2. Building the capacity of current and future teaching staff

- Increasing the numbers of Health and Physical Education teachers suitably trained in current pedagogy and accredited teachers available to schools to meet shortfalls. This may require employment of additional teachers and/or retraining or redeployment of existing staff.
- Provision of ongoing professional mentoring to increase skill, competence and confidence levels of teachers of physical activity, particularly recent graduates and retrained/redeployed staff.

3. Engagement of School Principals as Physical Activity Advocates

- Development of an information package and tools to promote the enable the Principal to promote the value of physical activity to school staff, students and the parent body.
- Ensuring consistency of messages and approach with that of Sport and Health sectors

4. Maximising the use of school sporting and other facilities

- Providing advice and assistance to School Principals in building collaboration with external organisations to maximise the use of school facilities for mutual benefit. This measure will increase of availability of facilities, equipment and other resources to community groups.

5. Community development and capacity building

- Providing useful advice and strategies for parents to use to encourage their children to be physically active. Advocacy by the School Principal as key spokesperson as to why the school believes that physical activity is important for children.
- Capacity building of school parents and friends – targeting this group to provide assistance as coaches/managers. Training to be provided by local sport personnel.

BUDGET – Education sector component = \$380M over 5 years

Note: A proposed budget to meet the requirements of the Education sector is included in section 5.

3.3.3 Requirements for the Sport sector

National Sporting Organisations will require additional financial resources to ensure capacity building and quality delivery of their sport to the additional 15% of participants over 5 years.

The alignment of objectives, development of messaging resources and education of sport leaders and spokespeople across the sporting networks will be critical to the success of this program.

The increased participation numbers will primarily enter each sport at community level. To ensure that new participants are welcomed in a well organised and professional manner, additional resources will be required for:

1. Planning and coordination for program implementation

- Planning and coordination for program delivery – sector-wide and within individual sports
- To maximise the effectiveness of national coordination for local delivery.

2. Capacity building and professional development

- Coach education and professional development
- Updating of coaching resources to incorporate MVPA specifically
- Accreditation and development of officials
- Support for Club management and administration including Volunteer support
- Assisting sport to develop program offerings that will be flexible in format and access to maximise convenience for participation by time-poor individuals
- Assistance to Clubs to ensure financial sustainability and quality delivery over the long term
- Incentivising clubs for the delivery of agreed outcomes –against set MVPA delivery and other related criteria
- Tailored inclusion or integration strategies designed for individual communities may have ethnic or special needs groups that would benefit.

3. Building advocacy program

- Build an advocacy program for the sport community to ensure understanding and support of the key program principles. Train-the-trainer approach required to ensure effectiveness through the various levels of each sport
- Ensuring consistency of messages and approach with that of Education and Health sectors
- Build the system to enable effective understanding and delivery of specific health promotion elements (eg: inclusiveness to support Alzheimer’s referrals)
- Assess the linkages between organised and non-organised sport to ensure that non-organised sport promotes the same key messages

4. Assessment of facility and equipment needs

- Assess the requirements for upgraded or new facilities to meet growth in demand
- Provide additional facilities and equipment to meet the needs of sports

5. Affordability of Participation

- Support from Local Government to ensure cost minimisation for facility use by local sporting organisations
- Investigate ways to minimise the cost of participation, particularly for families and low income individuals
- Establish a Social Inclusion Fund that will allow the participation in sport by those socially and economically disadvantaged

BUDGET – Sport sector component = \$1,285M over 5 years includes \$200M Social Inclusion Fund

Note: A proposed budget to meet the requirements of the Sport sector is included in section 5.

3.3.4 Requirements for the Health sector

1. Planning and coordination for program implementation

- Identification of the specific Health promotion messages to be delivered through the system – to ensure that Health messages are included in a meaningful and effective way – so as not to cause confusion or ‘message overload’ for the end-user
- Planning and coordination for consistent and effective program delivery – sector-wide and within individual health organisations
- To maximise the effectiveness of national coordination for local delivery.
- Development of a reporting system for tracking referrals made

2. Building advocacy program

- Build advocacy program for the health sector to ensure understanding and support of the key program principles. Train-the-trainer approach may be required to ensure effectiveness through the various levels of each participating Health organisation.
- Ensuring consistency of messages and approach with that of Sport and Education sectors

BUDGET – Health sector component = \$122M over 5 years

Note: A proposed budget to meet the requirements of the Health sector is included in section 5.

It is also important to note that although allocations are shown against specific sectors the benefits will accrue and access will be available across the 3 sectors.

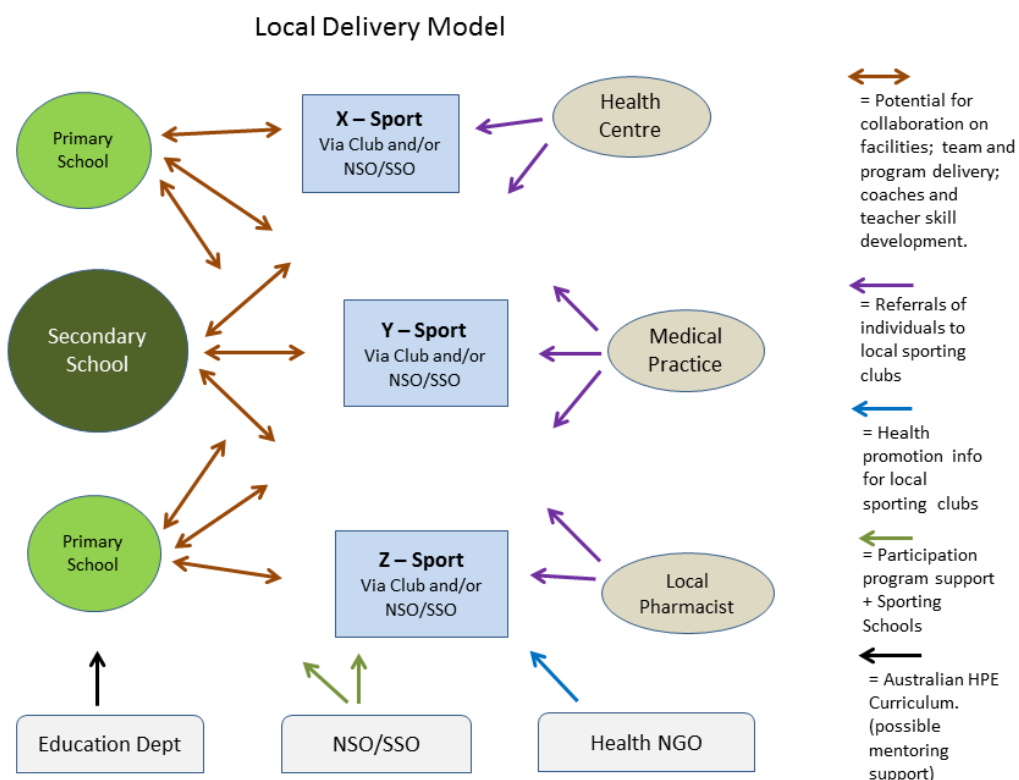
Section 4: Implementation Strategy

4.1 Implementation - “national coordination – local delivery”

The sporting programs and participation initiatives offered through this proposal will be principally delivered by National Sporting Organisations through their established community networks and will ensure that all necessary quality standards are met.

This process will ensure consistency with the requirements of the Australian Sports Commission and the Australian Government’s current *Play.Sport.Australia* policy.

Consistent messages about the benefits of MVPA will be developed for use across the 3 sectors in the delivery network as shown in the diagram below.



Note:

- Community Sport Clubs may have Adult, Junior, Masters and/or Disability sections.
- Individual communities may have ethnic or special needs groups that would benefit from tailored inclusion or integration strategies.
- Community oriented businesses such as Registered Clubs, APEX, Lions may assist in awareness raising

The MVPA messaging can be built into the existing promotional strategies employed by sporting organisations at national, state, regional and/or local levels.

4.2 Delivery tools and strategies

To achieve the desired increase in participation a range of tools and strategies will be developed and implemented. There will be specific strategies for each of the four population Target Groups.

The suite of strategies has not been finalised and the following section can be used as a guide.

Communication Tool

Using the Local Contact and Communication Database Tool (described in section 3.4.1) to ensure the widest possible awareness of the available opportunities and to maximise the effectiveness of referrals from the local Health agencies, services and health professionals.

Maximising local Secondary School and/or Primary Schools as a MVPA Hub

Through a program of support for Principals of local Secondary and/or Primary Schools the opportunity for the school to become a MVPA hub.

As outlined in section 3.4.2 School Principals would benefit from specific support in assessing the facilities they have available at their school and to establish linkages with local community organisations to maximise the use of the facilities for mutual benefit.

Considerations:

Linkages with surrounding Community Sports Clubs

- Clubs may have Adult, Junior, Masters and/or Disability sections

Linkages to Public Health Networks and local Medical and health providers and services

Linkages to support special needs of the specific local community

- Potential to cater for special needs groups within the community or those from ethnic backgrounds that would benefit from inclusion or integration strategies

There are many examples of particular Schools being utilised in a highly effective manner to maximise access and participation within a local area.

One such case study worthy of review is:

Maribyrnong College River Street, Melbourne Victoria

Principal: Rob Carroll

Development of specifically targeted sport participation strategies

- Shared Recruitment Strategies such as 'Come and Try Days' – a localised promotion designed to provide those new to or unfamiliar with sport in a local area to try out one or a variety of sports and activities.
 - Potentially conducted at a local secondary school – a range of sporting clubs from the local area present an introduction to their sport and to meet representatives to gain an understanding of what is on offer.
 - Encouragement of participants to register in with local sporting organisation as an outcome of attending.
 - Provides the opportunity to promote existing Government or community physical activity related programs such as the ASC *Sporting Schools* program.

Note: The 'Come and Try Day' concept is valid for targeting both children and adults in a local area but the author is unsure whether separated adult / child promotional events would be most effective.

- Increasing Masters Sport participation for adults and older Australians

Implementation of strategies informed by research in the participation habits and desires of Australians 35 years and older.

- Masters Sport – ‘Fall in love with your sport all over again’⁸. Over 65% of the women surveyed in this study said would like to try new sports and play more sport if they were given the opportunity.
 - Adult Women - ‘Mum – it’s *your* turn now – to play *your* sport!’ - Research ⁸ shows that in many families the ‘Mother’ misses out on time for her personal Physical Activity time. Her role is seen as ensuring the husband and the children are active and have their time for sport. Women are often made to feel guilty about their own physical activity needs.
- Other Sport participation strategies to be advised following consultation with key stakeholder groups.

4.3 Incorporating Moderate and Vigorous Physical Activity (MVPA) into programs

A central theme of the overarching campaign will be to educate what MVPA is and the personal health and wellbeing benefits that are achieved from MVPA and participation in community physical activity. Naturally MVPA is not only acquired from sport participation and education of individuals should ensure that they understand the range of structured and unstructured sources and activities from which MVPA can be derived.

National Sporting Organisations will be encouraged to modify their existing coaching and participation programs and resources to ensure that MVPA is specifically focussed upon and that strategies are employed to deliver the optimum amount of MVPA during coaching and training sessions.

Key messages for engagement of individuals within target groups

As part of the cross-sector collaboration and program development process specific messages and delivery channels will be developed.

MVPA is a common thread - throughout the engagement process individuals will be taught:

- What MVPA is
- How they acquire it – organised and non-organised
- How much they need each week
- The personal benefits of MVPA

It is important to note that effectively increasing MVPA for both children and adult sport and physical activity does not necessarily require a major increase in time spent in physical activity. It has more to do with maximising the existing time and opportunities to incorporate MVPA into current structures and programs.

Sporting organisations may be encouraged to estimate and track the amount of MVPA that participants undertake and this potentially becomes a Key Performance Indicator for the sport.

Linkages to other physical activity related organisations:

Through the promotion of MVPA other physical activity related organisations may benefit from increased participation including outdoor active recreation organisations and the fitness industry.

Linkages to Healthy Eating and other issues associated with obesity and overweight:

The education about MVPA could also include references to positive nutrition habits particularly the concepts of Healthy Eating – the ‘healthy food selection’, appropriate portion size and other nutrition principles.

4.4 Addressing affordability of sport

CAS strongly believes that no child should miss out on playing sport because their parents cannot afford to pay the cost of participation.

Costs associated with participation in sport should be reviewed from the perspective of both the provider and the consumer of sport.

CAS is concerned that affordability to play sport is negatively impacting on participation rates, particularly that of children. Many individuals and families struggle to pay for sport participation. Estimates for sport participation for children range from \$1,000-\$5,000 per year taking into account club fees, coaching fees, travel, equipment and competition fees.

The ABS *Information Paper: An Introduction to Socio-Economic Indexes for Areas (SEIFA)* ¹¹ identifies a relationship between the rate of participation in sport and physical recreation and the level of socio-economic disadvantage, with the participation rate increasing with each successive quintile in the index. Of those in the lowest quintile of the index, 63% of people participated in sport or physical recreation activity, while 84% of those in the highest quintile participated.

Steps to reduce the cost of participation for all members of the population need to be investigated and implemented, particularly those from disadvantaged sectors. Measures for consideration may include personal tax deductions, rebates to sporting clubs, subsidies to sporting associations or other equitable measures. A number of Australian States/Territories have trialled voucher or rebate schemes in recent years.

4.5 Gaining buy-in from major beneficiaries

The issue of the physical inactivity and sedentary behaviour of the Australian population is one that impacts almost every sector across the nation.

The 2014 report ‘Assessing the benefits of reducing the prevalence of physical inactivity in Australia by 15% by 2018’² identifies the following groups as major beneficiaries of the success of this proposal.

Beneficiaries of reducing the prevalence of disease risk factors ²

Governments	Businesses	Individuals
<ul style="list-style-type: none"> • Reduced health care costs • Increased taxation due to increased individual incomes • Lower welfare payments (these are not captured in the current model) 	<ul style="list-style-type: none"> • Reduced absenteeism • Reduced recruitment and training costs associated with replacing staff that die or retire prematurely due to poor health 	<ul style="list-style-type: none"> • Increased income • Reduced absenteeism from work, home duties and leisure activities • Improved quality of life from reduced levels of ill health

There is an important opportunity to bring the following groups into a discussion about supporting this overall initiative.

- State and Territory Governments are major beneficiaries of a successful reduction in physical inactivity, in particular through reduced health costs and through increased GST revenue.
- Private Health Insurance Companies will benefit progressively from reduced expenditure on health services provided to their clients due to improved personal health status.

4.6 Strategy Roll-Out and Evaluation

Roll-out Timeframe:

It is proposed that this program would be rolled out over the five financial years from 2016-17 to 2020-21. An interim evaluation report is proposed for Year 3 to inform on progress of achieving the goals of the program and to establish parameters for continuing the program for a further 5 years from 2021-22.

Program Evaluation:

A formal evaluation of the success of the program is an essential element.

Specific parameters of the evaluation are to be determined but the program will be capable of providing robust data against a number of key criteria. Criteria can also be set against existing policy requirements

within the health portfolio in addition to those of the Education sector through the Australian Curriculum and from the Sport sector through Play.Sport.Australia and 'Sporting Schools'.

Measurable outcomes will include:

- Individuals meeting the National Physical Activity and Sedentary Behaviour Guidelines for MVPA hours
- Number of individuals participating in the program – including growth of the community sport network
- Number of MVPA hours delivered
- Number of referrals from Health sector to the sport system – outcomes of these referrals
- Number of Health promotion messages delivered, received and acted upon
- Number of teachers in schools with HPE and physical activity teaching skills
- % of school students receiving HPE as required by the Australian curriculum
- Usage of school facilities/community facilities
- Feedback from parents as to home inactivity levels of their children
- Economic impact of the program
- Preliminary estimates of impact of reducing services of the health system including prescription medication

The Australian Government and State/Territory Governments through their departments of Health, Education and Sport will have specific criteria that they will wish to measure from this process.

The Evaluation system will be flexible enough to include these criteria.

Section 5: Budget

BUDGET – CROSS-SECTOR 5-YEARS 2016-17 to 2020-21 - In addition to existing funding.

Strategy	Program Elements	Funding Year 1 2016-17	Year 2 2017-18	Year 3 2018-19	Year 4 2019-20	Year 5 2020-21	Total Cost \$ M
Overarching							
1. Project Coordination	Project coordination <ul style="list-style-type: none"> Facilitating cross-sector consistency 	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1.25M
2. Local Communication and Database tool	Development of the database tool and deployment	\$250,000	Updating – monitoring \$100,000	Updating – monitoring \$100,000	Updating – monitoring \$100,000	Updating – monitoring \$100,000	\$0.65M
3. Program Evaluation	Project evaluation – individual sectors plus collective			Interim progress \$250,000		Final Report \$1m	\$1.25M
Sport sector (as outlined in report section 3.4.3)							
4. Planning and coordination	Planning and coordination for program delivery – sector-wide and within individual sports	\$250,000	Monitoring and update \$100,000	Monitoring and update \$100,000	Monitoring and update \$100,000	Monitoring and update \$100,000	\$0.65M
5. Capacity building and professional development	System development and resources as outlined in 3.4.3 <ul style="list-style-type: none"> Support for community club structures via NSOs 	Establishment \$80m	Ongoing support \$80m	Ongoing support \$90m	Ongoing support \$100m	Ongoing support \$110m	\$460M
6. Building advocacy program	Establishment and support for sport advocacy program <ul style="list-style-type: none"> Ensuring consistency of cross-sector messages and approach 	Establishment \$50m	Ongoing support \$50m	Ongoing support \$50m	Ongoing support \$50m	Ongoing support \$50m	\$250M
7. Assessment of facility and equipment needs	Assess the requirements for upgraded or new facilities to meet growth in demand	Assessment and commencement \$25m	\$50m to supplement existing Facility budgets	\$50m to supplement existing Facility budgets	\$50m to supplement existing Facility budgets	\$50m to supplement existing Facility budgets	\$225M

8. Affordability of Participation	<ul style="list-style-type: none"> Investigate ways to minimise the cost of participation, for clubs families and low income Establish a Social Inclusion Fund 	Assessment and establishment \$50m	Ongoing contribution \$60m	Ongoing contribution \$70m	Ongoing contribution \$80m	Ongoing contribution \$90m	\$350M
Education sector (as outlined in report section 3.4.2)							
9. Research	Conduct research into HPE staffing gaps - Identification of staffing needs	\$200,000					\$0.2M
10. Building the capacity of current and future teaching staff	Recruitment of HPE teachers <ul style="list-style-type: none"> Newly recruited HPE teachers 	To be informed by above staffing research	Initial tranche 500 teachers @ \$80,000= \$40m	Second tranche 500 teachers @ \$80,000 = \$40m	Third tranche 500 staff @ \$82,000=\$41m	Fourth tranche 500 teachers @ \$84,000 = \$42m	\$163M
	Re-deployment of existing teachers <ul style="list-style-type: none"> Cost of re-training teachers 	To be informed by above staffing research	Estimate 2,000 teachers @ \$20,000= \$40m	2,000 teachers @ \$20,000 = \$40m	2,000 teachers @ \$22,000 = \$44m	2,000 teachers @ \$22,000 = \$44m	\$168M
	Professional development of existing teachers <ul style="list-style-type: none"> Course development, resource development Course roll-out 	Program & resource dev cost \$500,000 Cost of program roll-out \$350,000	Cost of program roll-out Year 2 \$350,000 Aim- 2500 schools each year to reach 10,000	Monitoring, evaluation/ modifications and retraining of presenters \$400,000	Cost of program roll-out Year 4. Support and training presenters \$350,000	Cost of program roll-out Year 5. Support and training presenters. \$350,000	\$2.3M
	Mentoring of HPE staff - <ul style="list-style-type: none"> Identify and enlist Mentors Required for re-trained staff and recent HPE graduates 	Program & resource dev cost \$500,000 Cost of program roll-out \$350,000	Implementation budget to be determined Est \$10m per year	Implementation budget to be determined Est \$10m	Implementation budget to be determined Est \$10m	Implementation budget to be determined Est \$10m	\$40.85M
	Recruitment of Sport/Physical Activity Coaches for Co-curricular Sport/ Physical Activity <ul style="list-style-type: none"> Newly recruited coaches 	Needs yet to be determined					
11. Engagement of School Principals as Physical Activity Advocates	Development of information package and tools to promote the value of Physical Activity to school staff members (teachers) and the parents of the school's students	Program & resource dev cost? \$500,000 Cost of program roll-out \$350,000	Cost of program roll-out Year 2 \$350,000 2500 schools each year to reach 10,000	Monitoring, evaluation/ modifications and retraining of presenters \$400,000	Cost of program roll-out Year 4. Support and training presenters \$350,000	Cost of program roll-out Year 5. Support and training presenters. \$350,000	\$2.3M

12. Maximising the use of School Sporting and other facilities	Assessment of the broader use of school facilities by local community groups, particularly sport <ul style="list-style-type: none"> Program development and risk assessment and roll-out 	Course & resource development \$500,000	Program Year 2 Training and supporting presenters \$500,000	Monitoring, evaluation and retraining of presenters \$350,000	Support and training presenters. \$200,000	Support and training presenters. \$200,000	\$1.75M
13. Community Development and Capacity Building	Education and engagement of Parents - to get children active <ul style="list-style-type: none"> Recommend on strategies that parents could use Capacity building of school parents and friends - targeting parents as potential coaches 	Course & resource development. Included in 12. above Course & Training manuals \$300,000	Cost of program roll-out Year 2 \$200,000	Evaluation/Modifications. Retraining. \$200,000	Cost of program roll-out Year 4 \$200,000	Cost of program roll-out Year 5 \$200,000	\$1.1M
Health sector (as outlined in report section 3.4.4)							
14. Planning and coordination	Identification of Health promotion issues, organisations and messages to be delivered through the system <ul style="list-style-type: none"> Reporting system for tracking referrals made 	Program scoping & resource dev cost \$500,000 Cost of program roll-out \$350,000	Cost of program roll-out Year 2 \$350,000	Monitoring, evaluation/modifications and retraining of presenters \$400,000	Cost of program roll-out Year 4. Support and training presenters \$350,000	Cost of program roll-out Year 5. Support and training presenters. \$350,000	\$2.3M
15. Building advocacy program	Build advocacy program for the health sector to ensure understanding and support of the key program principles.	Program & resource development \$1m	Program Year 2 \$1m	Monitoring, evaluation \$1m	Program Year 4 \$1m	Program Year 5 incl Program evaluation \$1m	\$5.0M
16. Program promotion and advertising	Multi-media promotion of the overall preventative health program – using cross-sector advertising and promotion	\$20m	\$22m	\$24m	\$24m	\$25m	\$115M
TOTAL		\$231.15M	\$355.20M	\$377.45M	\$403.7M	\$425M	\$1,792.5M

Note: Although allocations are shown against specific sectors the benefits and access will be available across the 3 sectors.

Section 6: Collaborating Organisations

The following organisations have expressed support for the overarching principles contained in this proposal and will participate in discussions about their organisation's further involvement in the subsequent planning and implementation phase.

(tbc) indicates an understanding and agreement in principle with a further commitment possible once more concrete details are provided and assessed.

Time constraints have prevented broader consultation at this stage.

Sport	Health	Education
<ul style="list-style-type: none"> • National Sporting Organisations (50) • Australian Olympic Committee (AOC) • Confederation of Australian Sport (CAS) • Australian Sporting Goods Association (ASGA) • Sport Australia Hall of Fame (SAHOF) • Council of Australian Sport and Recreation Officials (CASRO) – tbc • Fitness Australia (tbc) • ClubsNSW (tbc) 	<ul style="list-style-type: none"> • National Heart Foundation • Australian Medical Association (AMA) • Active Healthy Kids Australia (AHKA) • Australian Drug Foundation • Australian Cancer Council (tbc) • Diabetes Australia • National Stroke Foundation • Alzheimer's Australia • Arthritis Australia • Mental Health Council of Australia • Private Healthcare Australia (tbc) 	<ul style="list-style-type: none"> • Australian Primary Principals Association (APPA) • Australian Secondary Principals Association (ASPA) • Association of Heads of Independent Schools Australia (AHISA) • Catholic Secondary Principals Association • Australian Council of Health, Physical Education and Recreation (ACHPER) • School Sport Australia • Australian University Sport • National Parents and Citizens Groups (tbc) <ul style="list-style-type: none"> - Australian Council of State School Organisations - Australian Parents Council
<p>Relevant organisations not yet engaged:</p> <ul style="list-style-type: none"> • Australian Sports Commission • Australian Paralympic Committee 	<p>Relevant organisations not yet engaged:</p> <ul style="list-style-type: none"> • Pharmacy Guild of Australia • Kidney Health Australia • National Asthma Council Australia • Australian Physiotherapy Association • Exercise and Sports Science Australia • State and Territory Departments of Health 	<p>Relevant organisations not yet engaged:</p> <ul style="list-style-type: none"> • State/Territory Departments of Education

References

1. Ananthapavan J, Magnus A, Moodie M, (2014) *The health and economic value of prevention: Assessing the benefits of reducing the prevalence of physical inactivity in Australia*. Prepared for the Confederation of Australian Sport by Deakin Health Economics. Melbourne, September 2014.
2. Australian Bureau of Statistics (2010). *Involvement in organised sport and physical activity 2010*, Cat. No. 6285.0 April 2010, Canberra, Australian Bureau of Statistics.
3. Australian Bureau of Statistics (2012). *Participation in Sport and Physical Recreation, Australia, 2011-12*, Cat. No. 4177.0. Canberra, Australian Bureau of Statistics.
4. Australian Bureau of Statistics (2012) - *Children's Participation in Sport and Leisure Time Activities, 2003 – 2012*. Cat no: 4901.0.55.001
5. Australian Government Department of Health (2014). *Australian Physical Activity and Sedentary Behaviour Guidelines*, Canberra www.health.gov.au/internet/main/publishing.nsf/Content/pasb
6. Australian Sports Commission (2013) – *Market Segmentation for Sport Participation*; ASC Research - Canberra
7. Australian Sports Commission (2013) *Market Segmentation for Sport Participation: Children 5-13 years old*; ASC Research - Canberra
8. Committee of Australian Sport and Recreation Officials (2012) *Exercise, Recreation and Sport Survey 2011 ERASS* (CASRO, Canberra, 2012)
9. Confederation of Australian Sport (2013). *Retaining the Membership of Women in Sport*, Canberra, 2013.
10. Confederation of Australian Sport (2014). *Maximising the Potential of Australian Sport*, Canberra, 2014.
11. Australian Bureau of Statistics (2008c) *Information Paper: An Introduction to Socio-Economic Indexes for Areas (SEIFA)*, 2006 (cat. no. 2039.0).
12. Australian Bureau of Statistics (2013). *National Health Survey 2011-12*, Cat. No. 4364.0. Canberra, Australian Bureau of Statistics.

Appendices

Appendix A: Communique from the Education Sector working group

Communique: *Improving Children's Personal Health and Wellbeing - 29 October 2015*

Through ongoing collaboration we have developed a strategy that identifies the investment required to enable our young people to make better informed and positive choices about their health, wellbeing and physical activity.

The collective focus and response of government, business, community groups and organisations is required to work with families and schools to address the growing trend of less active young people.

Positive action from health, community services, education, media and sporting organisations can lead the way to improving our young people's health.

While funding to support initiatives and culture change is required, not all change is funding related. We need a mind shift of thinking to identify other ways to build capacity of our community to engage young people in being active and healthy.

All primary teachers must graduate with the skills, competence and confidence to teach the Health/PE curriculum if we want our students to be better informed, healthy, active citizens. Ongoing provision of professional mentoring is required for existing teachers. Secondary schools have a central role in ensuring student engagement and participation in physical activity continues and it is important to have HPE specialists teaching all HPE classes.

Collaboration with government, community and other organisations regarding the development and use of facilities and resources for physical activities is essential. These collaborations must be enhanced, strengthened and/or developed.

Parenting information and programs that assist parents and provide them with the knowledge of the benefits of physical activity should be developed.

This is a call for all to respond now and join the coalition of Improving Children's Personal Health and Wellbeing Strategy to boost the physical activity and wellbeing of young Australians.

Australian Primary Principals Association (APPA)
Australian Secondary Principals Association (ASPA)
Association of Heads of Independent Schools Australia (AHISA)
Australian Council for Health, Physical Education and Recreation (ACHPER)
School Sport Australia (SSA)
Active Healthy Kids Australia (AHKA)
Tennis Australia (representing National Sporting Organisations)
Confederation of Australian Sport (CAS)

APPENDIX B: Australian Health Organisations – Potential to benefit from the 3-sector collaboration and decreased physical inactivity

Organisation	Name of Health Program	Key Themes	Desired Outcomes
Active Healthy Kids Australia	Report Card on Physical Activity for Children and Young People	<ul style="list-style-type: none"> • Research and awareness of: <ul style="list-style-type: none"> ○ Required quality and quantity of Physical activity for children ○ Criteria for assessing successful delivery of physical activity in the school system ○ Providing a physical environment and facilities to encourage sport and active play 	<ul style="list-style-type: none"> • Higher levels of curricular and co-curricular physical activity in schools • Higher levels of sport participation in schools • Greater access to qualified HPE teachers in schools • Greater encouragement of active play in schools • Reduction in sedentary behaviour of children at school • Greater access to facilities and equipment to support and encourage organised and non-organised activity
Alzheimer's Australia	Brain Matters	<ul style="list-style-type: none"> • Physical activity • Social Inclusion • Awareness and understanding 	<ul style="list-style-type: none"> • Reduced number of those impacted by dementia • Delaying the on-set of dementia • Creating 'Dementia Friendly Communities'
Arthritis Australia	Vision – to improve the quality of life and relieve pain	<ul style="list-style-type: none"> • Awareness and understanding of available treatment • Physical activity – flexibility, muscle strengthening, low weight bearing • Prevention of Sports Injuries 	<ul style="list-style-type: none"> • Reduction and prevention of sports injuries, particularly sports joint injury • Establishment of accredited provider network for quality delivery of appropriate exercise for arthritis sufferers. • Delaying the onset of arthritis • Minimising the pain and degree of incapacitation caused by arthritis • Awareness of the risk factors and early detection
Australian Drug Foundation	Good Sports	<ul style="list-style-type: none"> • Reduction in binge drinking in sport • Creating family friendly club environments 	<ul style="list-style-type: none"> • Behavioural change achieved at Community sporting clubs <ul style="list-style-type: none"> ○ Reduced binge drinking ○ Family friendly environment at Good Sports Clubs
Australian Medical Association	Referrals from GPs and Medical Professionals	<ul style="list-style-type: none"> • Physical activity • Social engagement 	<ul style="list-style-type: none"> • Obtaining the range of general and specific health and personal wellbeing benefits. • Creating awareness and delaying/preventing the onset of potential medical conditions • Building relationships and trust between Doctor and patient

Cancer Council Australia	Preventing Cancer – Nutrition and Physical Activity	<ul style="list-style-type: none"> • Physical activity • Awareness of body weight, nutrition and Alcohol • Reducing the risk of cancer 	<ul style="list-style-type: none"> • Reduction in cancers associated with physical inactivity – colon cancer, post-menopausal breast cancer • Awareness of risk factors and required behavioural change • Awareness of early detection
Diabetes Australia	Preventing Diabetes	<ul style="list-style-type: none"> • Preventing type 2 diabetes • Physical activity • Awareness and understanding 	<ul style="list-style-type: none"> • Reduced number of people developing type 2 diabetes • Awareness of risk factors and required behavioural change • Managing the risks of complications
Kidney Health Australia	Preventing Kidney Disease	<ul style="list-style-type: none"> • Preventing kidney disease • Detecting kidney disease • Awareness and support 	<ul style="list-style-type: none"> • Reduced number of people developing kidney disease • Awareness of the risk factors and required behavioural change • Managing the risks of complications
National Heart Foundation	Move More Sit Less - Active Living - Know the signs	<ul style="list-style-type: none"> • Promoting active living • Awareness of the signs of heart attack 	<ul style="list-style-type: none"> • A more active population – fewer sedentary behaviours in the workplace and at home. • Awareness of early detection for at risk individuals
National Stroke Foundation	Know Your Numbers	<ul style="list-style-type: none"> • Awareness and early detection 	<ul style="list-style-type: none"> • Increase awareness and use of opportunistic screening available at pharmacy and community settings • Increase of early detection for at risk individuals
Mental Health Council of Australia – representing various Mental Health NGOs	Preventing mental illness, minimising impacts of mental illness and creating community understanding	<ul style="list-style-type: none"> • Awareness and understanding • Social inclusion • Physical activity for physical and emotional wellbeing 	<ul style="list-style-type: none"> • Reduced number of people developing mental illness • Delaying the onset of some mental illnesses • Providing access to supportive and protective environments • Building community awareness and understanding
Pharmacy Guild of Australia	Referrals from Pharmacists	<ul style="list-style-type: none"> • Physical activity • Social engagement 	<ul style="list-style-type: none"> • Obtaining the range of general and specific health and personal wellbeing benefits. • Creating awareness and delaying/preventing the onset of potential medical conditions • Building relationships and trust between Pharmacist and customer
Private Healthcare Australia	Australian Health Funds	<ul style="list-style-type: none"> • Physical activity • Social engagement 	<ul style="list-style-type: none"> • Improving the overall health of Australians • Minimising reliance on the health system for treatment • Reducing costs to member organisations