

PRE-BUDGET SUBMISSION TO TREASURY

For consideration for the 2018-19 Federal Budget

Health, Education and Sport Cross-sector Collaboration on Physical Activity

presenting

Cost effective measures to reduce the health burden of Physical Inactivity



Leveraging cross-sector collaboration from Education, Health and Sport

Proudly supported by:



Canberra, December 2017

Cost effective measures to reduce the health burden of Physical Inactivity.

Leveraging cross-sector collaboration from Education, Health and Sport

INTRODUCTION:

The Health, Education, Sport Physical Activity Collaboration welcomes the opportunity to contribute to the Australian Government's consideration of priorities and measures for inclusion in the 2018-19 Federal Budget.

KEY FACTS

- Less than 20% of children 5-17 years and only 43% of adults lead lives that are sufficiently active to meet the Australian Government's National Physical Activity and Sedentary Behaviour Guidelines (NPASBG).
- Over 65% of Australians over 15 years are obese or overweight
- Over 14,000 deaths per year are attributed to Physical Inactivity
- Over 5 million Australians are living with cardiovascular disease or diabetes
- Physical Inactivity costs the health budget over \$1.5b annually
- 25% of cardiovascular disease can be attributed to Physical Inactivity

This dire situation has long existed and the impacts are getting worse – the time for Action is now!

This proposal is built upon the collaboration of over 80 national organisations from across Health, Education and Sport sectors who have worked together over the past 4 years. The priorities proposed have been analysed and ranked by the participating organisations on the basis of maximising the impact, effectiveness and value for money.

Requested Government Investment:	\$332.2m over 4 years
Cost Savings to Government:	\$1.76b
Return on Investment (ROI):	\$1.43b (5 : 1)

OUTCOMES of this proposal will:

TARGET

- A reduction of 15% of those Australians currently not meeting the Government's Guidelines for Physical Activity and Sedentary Behaviour (3 million Australians)
- Assist Australians to lead healthy, active, more productive lives
- Reduce the incidence of cardiovascular disease, diabetes and some cancers (impacting over 5m Australians) which is largely preventable
- Increase skills, knowledge and resources available to provide an inclusive, caring community environment for those challenged by social isolation and mental illness

COST SAVINGS

- Saving over \$434m per year in costs to the Health system and from increased productivity
- Avoiding 3,000 deaths, 10,000 new cases of disease and 38,000 DALYs per year
- Reducing hospital admissions and maximising years lived in full health
- Maximising the efficiency and effectiveness of the health care spend by Government.

USING A CROSS-SECTOR PREVENTATIVE HEALTH APPROACH

This proposal maximising the extensive networks, knowledge, skills and positioning of committed organisations across the Health, Education and Sport sectors

- Dovetailing with the work and direction provided by *Australia's Health Tracker Report 2016*¹¹.
- A Preventative Health Approach is important and cost effective because by preventing conditions from developing, the government can avoid the costs to the health care budget of managing complex conditions later on.
 - As the Foundation for Alcohol Research and Education (FARE)⁹ states: Prevention is important because of the potentially debilitating impact of a range of short-term and long-term conditions and the costs associated with these.
 - Prevention is cost effective - Return on Investment studies have shown that small investments in prevention are cost-effective and have substantial returns, both in the short and longer terms. There are many examples from previous studies:
 - every \$1 spent on tobacco cessation programs, the average return is \$1.26
 - every \$1 invested in food and nutrition education, there is a \$10 return in reduced healthcare costs, and
 - every \$1 invested in cardiovascular research, has an estimated benefit over \$5.00

More importantly, are the substantial health and social benefits derived from such preventive measures. Happier and healthier communities are key strategic outcomes for the government as part of its responsibility to protect the health and safety of the community. The fact that these communities are generally more productive and reduce the demand on the health care system is an important additional incentive for such action.

WHY SHOULD GOVERNMENT SUPPORT A CROSS-SECTOR APPROACH?

Successful implementation of these proposed measures will assist the Government meet its stated objectives particularly in the area of preventive health which Prime Minister Malcolm Turnbull highlighted in his address to the National Press Club (1 February 2017)

We are putting people first by delivering more personalised and coordinated care with our HealthCare Homes and mental health reforms. And in 2017, a new focus on preventive health will give people the right tools and information to live active and healthy lives.

In June 2017 Minister for Health and Sport Greg Hunt released the framework for a National Sports Plan which will contain as one of four pillars "*Preventive Health through physical activity*".

Harnessing the goodwill generated across national organisations from the Health, Education and Sport sectors would be a major asset for the Australian Government. There is already a solid understanding and appreciation of the major issues and of the perspectives of the kindred organisations that have been involved in discussions over recent years. This goodwill and understanding should be fostered and harnessed to ensure that progress can be made efficiently without the existing momentum being lost.

We believe that this opportunity and goodwill should be maximised by a complementary cross-portfolio approach by Government. Steps should be taken to ensure a collaborative approach

between the Australian Government departments responsible for Health, Education and Sport and similarly a cross-departmental approach at State/Territory Government level should be fostered.

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 Australian Physical Activity 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

If government departments were able to drop the silo approach and provide funding and resources in a collaborative manner the core issues would be addressed much more effectively. We believe it is everyone's responsibility to play their part and it should focus on policy and bipartisanship.

Work is already underway to extend the collaboration across State/Territory jurisdictions and to encourage a joint approach with the COAG Health Council, COAG Education Council and the Committee of Australian Sport and Recreation Officials (CASRO) to maximise the breadth of understanding, buy-in and commitment.

This can be further expanded to include the individual Primary Health Network (PHN) hubs which (from the CEO's we've met with so far) are prepared to look at ways of piloting and implementing joint initiatives to further these common population health goals.

MAXIMISING LOCAL NETWORKS TO DELIVER NATIONAL HEALTH GOALS

The cross-sector collaboration from Health, Education and Sport has analysed the issues addressing individual personal physical and mental health and wellbeing through Physical Activity. In particular the group has assessed the benefits of utilising the community sport system in combination with the school education system and local health services as a major component of the strategy.

Provision of Moderate and Vigorous Physical Activity (MVPA)

The Australian Government's Guidelines for Physical Activity and Sedentary Behaviour require:

- One hour per day (420 mins per week) of MVPA required for Children 5-17yrs to meet the guidelines
- For Adults the MVPA requirement is 150 mins per week over at least 5 sessions

Sport Network

Sport is an integral, inclusive and traditional part of Australian society available across the nation through an extensive, established and scalable network.

- Sport provides around 50% of MVPA undertaken in Australia ⁶
- 14.1m Australians participate in organised and non-organised sport each year (64% of pop'n – ABS,2013)
- Community Sports Clubs (over 20,000 clubs)- from 90 differing sporting options
- Sport and active recreation access points (over 50,000) – clubs, schools, tertiary institutions, private providers

Schools Network

Australia's school system delivers educational, physical development and wellness outcomes to over 3.5 million Australian children every year

- MVPA is delivered through the Australian Health and Physical Education (HPE) Curriculum and through other organised and non-organised opportunities that occur in individual school environments.
- Primary Schools (over 6,500)
- Secondary Schools (over 2,500)
- School Principals (over 8,000)
- Teachers (est. 440,000 FTE teachers) of whom 275,000 are Primary School teachers

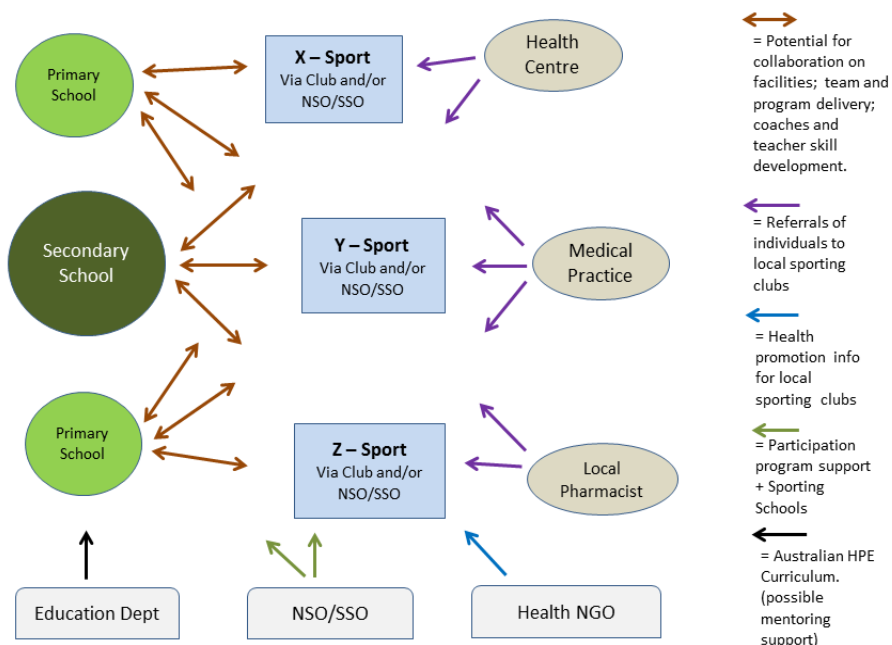
Health Network

Australia's Health system supported by a network of 31 Primary Health Networks (PHN) is ideally placed to support a strategy of local delivery. Australia's healthcare system has access to:

- General Practitioners (over 40,000)
- Allied Health Practitioners (over 50,000)
- Health Promotion Organisations including highly respected organisations dealing with chronic conditions impacted by obesity and overweight and mental illness.
- Associations representing medical and allied health professionals, hospitals and health care providers
- Research institutions, universities and other health collaborations

Local Delivery Model

The following model is recommended as the basis for physical activity delivery at the local level.



We request consideration of the following cost effective priority measures.

COST EFFECTIVE MEASURES TO REDUCE PHYSICAL INACTIVITY:

The cross-sector collaboration highlights the following Cost Effective measures to achieve a 15% reduction in rates of Physical Inactivity.

Measures listed in priority order based on a survey of cross-sector stakeholders in October 2017.

Priority 1: Develop a National Physical Activity Strategy

- As part of the Australian Government's preventative health policy the National Physical Activity Strategy should be developed to provide policy direction with input from all key stakeholder groups.
- Enshrine a commitment to the target to reduce Physical Inactivity by 15% over 5 years
- Budget: \$1.2m over 4 years

Priority 2: Targeted funding for community sport to increase quality and reduce financial barriers to participation

- Through funding and support for community sport clubs to ensure sustainability and enhance quality delivery of physical activity and skill development of volunteer personnel
- Ensuring participation in sporting activity is more affordable for families and building a Social Inclusion fund to support those from low SES communities.
- Budget: \$200m over 4 years

Priority 3: Develop a communication strategy to support advocacy and consistent messaging of the benefits of physical activity

- Development of consistent messages and approach across Education, Sport and Health sectors and across the broader community.
- Using opinion leaders such as School Principals to be advocates for physical activity is a key component.
- Develop a program and resources to assist School Principals in building collaboration with external organisations to maximise the use of school facilities for mutual benefit.
- Budget: \$62.2m over 4 years

Priority 4: Building the capacity of current and future teaching staff

- **Primary Schools – by funding the national roll-out of the 'Physical Education and Physical Literacy' (PEPL) program¹⁵** to assist Teachers to maximise physical activity opportunities in the classroom and linking school and community sport (coordinated by Prof Dick Telford).
- **Secondary Schools – by provision of ongoing professional development and mentoring** to increase skill, competence and confidence levels of teachers of physical activity, particularly recent graduates and retrained/redeployed staff. Increasing the numbers of Health and Physical Education secondary school teachers suitably trained to meet shortfalls.
- Budget: \$74.2m over 4 years

Priority 5: Develop a tool to enhance communication and referrals by medical and allied health professionals and the school system

- Develop a national Online Local Sports and Physical Activity Directory – to assist GPs with local sport referrals for their patients, and for use by allied health professionals, counsellors, school teachers and potentially members of the public.
- Budget: \$400,000 over 4 years

Total Government Investment Requested: \$332.2m over 4 Years

PRIORITY ACTIONS EXPLAINED

Priority 1: Develop a National Physical Activity Strategy

Why is this measure essential?

As part of the Australian Government's preventative health policy the National Physical Activity Strategy should be developed to provide policy direction with input from all key stakeholder groups.

At this point in time there is no clear policy direction or coordinating body to address the broader issue of Physical Activity. A National Physical Activity Strategy is urgently needed to ensure a coordinated approach to the issue and to avoid duplication of resources and fragmentation of effort.

Currently the following exists or is under development by the Australian Government or its agencies:

- National Strategic Framework for Chronic Conditions
- National Strategy for Diabetes
- National Sport Plan (under development by the Australian Sports Commission)
- National Mental Health and Suicide Prevention Plan

In addition there have been calls by leading health promotion organisations for the development of a National Strategy for Heart and Stroke and separately a policy on Active Travel is being developed.

Elements of each of the above strategic documents relate to and cross over with the health burden of Physical Inactivity which costs the national Health Budget over \$1.5b each year.

Unlike 35 other nations, Australia does not have a National Physical Activity Plan. Such a plan would focus attention, help us reclaim our status as an active nation and reap the health benefits that come from regular physical activity.

It is essential that the leadership groups or peak bodies for each element of the plan are involved in the process to ensure understanding and buy-in.

Committing to a Target: Enshrine a commitment to reducing Physical Inactivity by 15% over 5 years

The study *Assessing the benefits of reducing the prevalence of physical inactivity in Australia by 15%*.² conducted by Deakin Health Economics for CAS emanating from COAG in 2009 and ultimately released in 2014, shows that an economic benefit of \$434m per year will be achieved if current Physical Inactivity compliance with the National Physical Activity Guidelines was improved by 15% from 43% compliance to 58%. This would see 3.3 million more Australians achieving the guidelines, preventing 3,000 deaths and avoiding 10,000 new cases of disease and 38,000 DALYs each year.

The *Australian Health Tracker 2016 Report*¹¹ uses as its objective the current World Health Organisation target (WHA 66.10) which indicates that "IOC Member Nations have agreed on a voluntary global NCD target for a reduction of 10% in physical inactivity by 2025."

We suggest that the WHO target is based upon the broad diversity and extremes of national capacity across the globe. We believe that Australia however – being a well-resourced nation with excellent health, education and sport systems with established support and delivery networks that a 15% reduction target is achievable and more appropriate.

Principal users of this measure

There are many sectors and individual organisations – government and non-government whether operating at national, state or local levels that would greatly benefit from the existence of a National Physical Activity Strategy.

Clearly those organisations operating across our collaborating sectors of Health, Education and Sport would benefit but so too would a myriad of other groups involved with families and social services, community planning, transport and infrastructure, to name a few areas.

To ensure there is clarity of policy, focus and purpose for each of the interested groups to follow the development of the National Physical Activity Strategy is essential. In addition to policy direction it will guide the allocation of resources to research, programs and interventions and highlight priorities to avoid duplication of effort and to save money.

Key stakeholders of a National Physical Activity Strategy are at a state of readiness to contribute to this strategy which would be developed over Years 1&2 and then monitored, updated and implemented in Years 3&4.

Budget: \$1.2m over 4 years

Priority 2: Targeted funding for community sport to increase quality and reduce financial barriers to participation

Why is this measure essential?

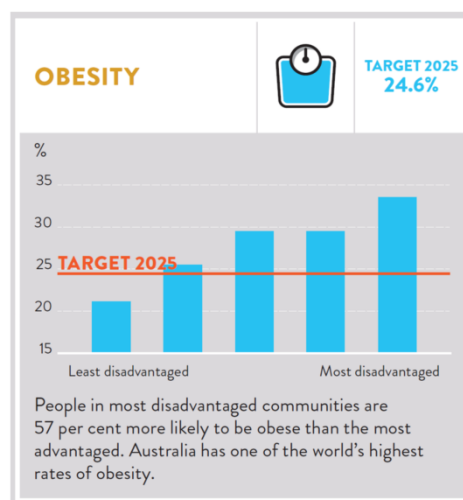
Participation in physical activity and sport is being adversely affected by a range of factors including high costs and challenges of access and equity. The Australian Sports Commission's *AusPlay 2016*⁵ survey shows that 87% of Australians undertook some form of sporting activity during the previous 12 months. However, while this is positive in terms of reach into the community it is clearly not sufficient to meet weekly Physical Activity requirements when less than 20% of children and only 43% of adults are achieving the Government's Physical Activity guidelines.

It is strongly believed 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. 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)*¹⁶ 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.

Australia's Health Tracker by Socio-Economic Status¹⁰ – released in November 2017 reports that people living in the most disadvantaged communities are 57% more likely to be obese than the most advantaged. The chart below shows that rates of physical activity increase as the levels of disadvantage increase.



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 and a formal assessment of the effectiveness of these strategies is warranted.

The following objectives should be pursued with the goal of increasing regular participation in sport and active recreation and in reducing levels of physical inactivity.

- Through funding and support for community sport clubs to ensure sustainability and enhance quality delivery of physical activity and skill development of volunteer personnel
- Ensuring participation in sporting activity is more affordable for families and individuals.
- Conduct research into the effectiveness of vouchers, rebates and other incentives to grow sports participation
- Building a Social Inclusion fund to support those who are financially disadvantaged.
- Exploring further ways that community sport can add value back to national health priorities through the use of its expansive networks.

Funding would be used to support interventions for:

At Risk Populations:

Within the strategy there are two specific groups that require special consideration among Australia's diverse population are:

- Indigenous Australians
- Culturally and Linguistically Diverse Communities (CALD)

A working group is currently seeking to establish the National Indigenous Sports Association and held the inaugural National Indigenous Sport Summit in Melbourne in October 2017. Indigenous sporting participation can be enhanced by the establishment of a national advocacy group to represent indigenous sport at all levels and receive input from state, regional and local levels of their community.

It is recommended that resources are set aside to provide for National Coordinators or Project Officers to be employed to ensure the needs of the Indigenous and CALD communities are understood and managed within the scope of the national strategy.

Physical Activity Pilot Program in low SES community

The piloting a whole of community physical activity strategy in a targeted low socio-economic area with substantial evidence of low physical activity levels and high levels of preventable chronic diseases should be considered.

Social Inclusion Fund

Allocate a pool of funds to be made available to facilitate the participation of those from low SES communities to access sport and physical activity options within their local communities. Partnering and leveraging from existing philanthropic sources may help to build this resource.

A recent International example from the United Kingdom¹² highlights: *The public body Sport England will allocate £100m in National Lottery funding over four years in an effort to transform the way sport and activity is offered – rallying local organisations and using what it described as “an intense focus” on barriers to activity through the ‘Tackling Inactivity and Economic Disadvantage fund.’*

Capacity building and professional development

Allocating resources to maximise the ability of the community sport network to provide high quality participation for physical activity in a supportive, inclusive environment. This may include support for:

- Incentivising clubs for the delivery of agreed outcomes –against set MVPA delivery and other related criteria
- Coach education and professional development
- Accreditation and development of officials
- Assistance to Clubs to ensure financial sustainability and quality delivery over the long term
- 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
- Exploring further ways that community sport can add value back to national health priorities through the use of its expansive networks. For example: Absolute Cardio Vascular Risk (ACVR) Assessments could be promoted through and conducted at Community sporting clubs. This activity would support the AHPC Policy proposal for the conduct of ACVR Assessments for all Australians over 45 years.

Principal users of this measure

National Sport network including:

- National Sporting Organisations (approx. 90)
- State Sporting Organisations (over 700)
- Community sporting clubs (over 20,000)

National School Education network including:

- School Principals (over 8,000)
- Primary Schools (over 6,500)
- Secondary Schools (over 2,500)
- Teachers (est. 440,000 FTE teachers) of whom est. 275,000 are Primary School teachers

National Health network (a range of organisations operating at national, state and/or local levels)

- Health Promotion Organisations including highly respected organisations dealing with chronic conditions impacted by obesity and overweight and mental illness.
- Associations representing medical and allied health professionals
- Research institutions, universities and collaborations

Budget: \$200m over 4 years

Priority 3: Develop a communication strategy to support advocacy and consistent messaging of the benefits of physical activity

Why is this measure essential?

Personal participation in physical activity and sport at the community level contributes to improvements in physical and mental health, feelings of wellbeing, inclusion and connectedness.

Involvement in sport builds social capital within the community assisting individuals to develop useful and transferrable skills such as competitiveness, goal setting and self-discipline; empathy and understanding; relationships and team spirit. Sport assists in social integration - transcending race, religion, class and income.

Participating in physical activity, sport or active recreation should be a positive experience and it should be enjoyable and fun! Delivery of sport should ensure that every participant has a positive perspective of the activities they engage in so that they will want to keep coming back for more.

Word of mouth advocacy is the most powerful and by ensuring enjoyment and positive experience by those who do participate in sport then the positive messaging will flow on to others. Ensuring that current participants are strong advocates for sport/physical activity is an important ingredient and so it's important that they have the facts correct from the start.

Advocacy and consistent messaging of the benefits of physical activity should be collaboratively developed and be disseminated and promoted as broadly as possible. This will ensure that all sections of the community are receiving the same information in a consistent, positive and encouraging way. For example messages would explain how physical activity contributes to reducing the risk of a specific illness or condition (eg: cardio vascular disease or perhaps kidney disease in indigenous communities where rates are higher than the total population).

Strategy Inclusions:

- Development of consistent messages and approach across Education, Sport and Health sectors and across the broader community.
- Development of a program and resources to engage opinion leaders such as School Principals to be advocates for physical activity.
- Development of useful advice and strategies for parents to encourage their children to be physically active.
- Maximising access to and use of school and community sporting facilities by developing a program and resources to assist School Principals in building collaboration with external organisations to maximise the use of school facilities for mutual benefit.
- Increasing the availability of facilities, equipment and other resources to community groups and schools and ensure they are provided at reasonable cost

School Principals as leaders critical to the effective implementation of change

Principals are critical to implementing change and achieving the best student outcomes and, in influencing the other key stakeholders including school staff members, parents and leaders in local community organisations.

Robinson¹⁴ writes that for quality teaching to be developed and sustained, teachers require a school leadership for learning environment characterised by:

1. Clear goals and expectations for high quality teacher practice and student outcomes.

2. Strategic resourcing.
3. Informed and coordinated planning and evaluation of teaching and curriculum.
4. Promotion and participation in teacher learning and development.
5. Orderly and supportive policies and organisational structures and processes.

Such school environments are not created by chance. They require principals who have the knowledge, skills and understandings to promote and support quality teaching, foster appropriate organisational arrangements and build effective community links and relationships.

Dempster et al⁸ reflects that “At the centre of school leaders’ work is their dedication to the moral purpose of improving the lives of children and young people through learning” (p. 8). A central role of principals undertaking the program will be their dedication to improving the lives of young people through the development of strategies that lead to high quality teaching and subsequent student engagement, involvement and achievement in physical education and activity.

In order to support Principals effectively there is a need for the development of an information package and tools to promote the value of Physical Activity to school staff members (teachers), parents, students and the wider community.

Maximising access to and use of school and community sporting facilities

In order to maximise community access to and usage of sporting facilities it would be advantageous to encourage school principals to analyse their available infrastructure and resources.

This would require:

- Developing a program and resources to assist school principals in building collaboration with external organisations to maximise the use of school facilities for mutual benefit, and
- Coordinating with Local Government to maximise the use of community facilities at the most reasonable cost.

In order to support principals effectively there is a need for the development of an information package and tools to assess and manage the access to and use of school facilities by external, community groups.

This approach is consistent with the current Australian Government Framework for Teacher Professional Development in STEM Partnerships which encourages the establishment of School: Community and Industry Partnerships.

Promoting the concept of shared responsibility for children achieving the Physical Activity Guidelines.

As stated earlier, ABS statistics indicate that only 19% of 5-17 year olds currently achieve the required 420 mins of MVPA each week.

The cross-sector collaboration has explored the potential to promote a shared responsibility for children achieving 420 mins of MVPA per week. It is clear that lumping either Parents or the School system with the responsibility for 420 mins is not likely to be received well and is ultimately unachievable.

The concept of a shared responsibility for 420 mins MVPA time per week should be explored with schools allocated 150 mins per week; Community Sport 150 mins; and Parents 120 mins.

The sharing of the responsibility is more achievable for each of the three groups and would also provide incentive for each group not to let the child down by failing to provide the MVPA requirement.

Principal users of this measure

There is an expansive network of organisations and individuals that would assist in the promotion and promulgation of messages about the advantages and benefits of Physical Activity and who have a stake in maximising the usage of available facilities and infrastructure including:

National School Education network including:

- School Principals (over 8,000)
- Primary Schools (over 6,500)
- Secondary Schools (over 2,500)
- Teachers (est. 440,000 FTE teachers) of whom est. 275,000 are Primary School teachers

Health Promotion Organisations (operating at national, state and local levels)

National Sport network including:

- National Sporting Organisations (approx. 90)
- State Sporting Organisations (over 700)
- Community sporting clubs (over 20,000)

Local Government and Community organisations

- Local Government authorities across Australia (560)
- Collaborating organisations – such as the Clubs Australia network of licensed community clubs with a membership of over 10 million

Budget: total \$68.4m over 4 years including:

- Development of consistent messaging on benefits of physical activity and initial promotional campaign \$65m over 4 years.
- Development of School Principals information pack, resources and training \$1.8m over 4 years
- Development of information pack, resources and training for maximising access to school sporting facilities and infrastructure \$1.6m over 4 years

Priority 4: Building the capacity of current and future teaching staff

Why is this measure essential?

The first exposure of children to physical activity and sport is often delivered in the school environment. As Rob Nairn (Executive Director of the Australian Secondary School Principals Association) says, “It is essential that a child’s first experience of physical activity 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.”

Establishing the skills, knowledge and enjoyment that will lead to a lifelong habit of physical activity in our children is an essential ingredient of this proposal. To achieve this goal it is necessary to ensure that school teachers, particularly at Primary School level are strongly supported professionally so they have the skills and confidence to maximise opportunities for delivering physical activity as an integral part of the school day.

The ‘Physical Education and Physical Literacy’ (PEPL)¹⁵ program has achieved outstanding results and this proposal recommends steps be taken to fund a national roll-out of the program over the next 4 years.

The PEPL program builds on the earlier work of Professor Dick Telford’s LOOK randomised control trial which showed four major effects on Primary School aged children:

- Improved NAPLAN results in numeracy (13 points) and reading/writing (8-10 points).
- Reduced insulin resistance indicating lowered risk of developing Type 2 Diabetes
- Reduced cholesterol levels indicating lowered risk of developing cardiovascular disease
- Enhanced bone development in girls indicative of reduced risk of developing osteoporosis

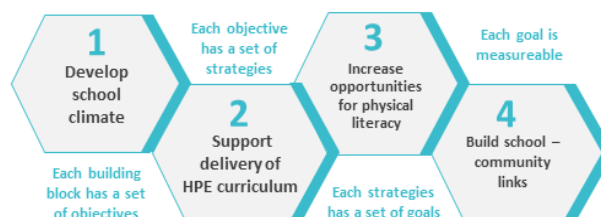
“Changing habitual physical activity levels requires a sustainable, long-term solution....and development of *physical literacy*, the competence, confidence, and motivation children require to be more physically active now and to enjoy a lifetime of physical activity,” says Professor Dick Telford.

The Physical Education Physical Literacy (PEPL) project is an evidence-based sustainable support system designed to assist primary schools to create a physically active school climate, increase opportunities for physical activity, and to enhance delivery of effective physical education and sport.

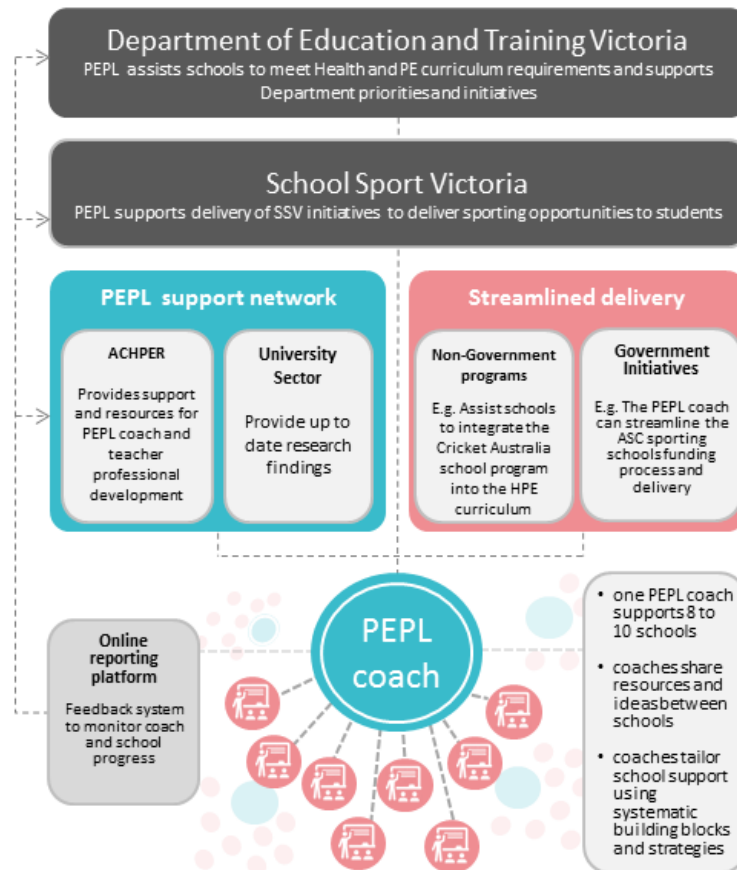
The PEPL approach is made up of four building blocks which are targeted in sequential order:

1. Development of a PEPL school climate
2. Enhanced physical education
3. Increased student physical literacy opportunities
4. Build school-community sport links

Role of the PEPL Coach:



The system is guided by a **PEPL coach**, an experienced physical educator working in a network of schools who tailors school specific strategies designed to work through each building block. The PEPL coach is not tasked with any unsustainable personal teaching load; instead he or she adopts a coaching role across a network of schools, working with the school principals, specialist HPE teachers, classroom teachers and community organisations.



Core principles

The PEPL project is designed around a series of core principles:

- Providing students with well-conducted PE (which includes sport education) and opportunities to develop physical literacy will improve psychological and physical health as well as their academic achievement and long-term enjoyment of physical activity
- Delivering quality PE requires a sustained program of in-school professional development for the classroom teachers
- A school climate of physical activity can be achieved through collaborative leadership of the principal, PE specialist, and classroom teachers
- Physical literacy can be enhanced by school-community sporting interaction, especially with the collaboration of Sporting Schools and ACHPER (professional association for PE teachers)
- All of the above can be facilitated by the PEPL Approach

This program provides one Physical Literacy Coach for 8-12 Primary Schools in a designated local area. The Physical Literacy Coach is responsible for working with and mentoring each Primary School teacher to improve their skills and confidence in identifying and providing opportunities for physical activity of their class. In addition the PL Coach seeks to access the resources and support of local community sports clubs along with those funds available through Sporting Schools Program to maximise opportunities within the school.

The PEPL program could be progressively rolled out over 4 years across all jurisdictions to 6,000 Primary Schools at an affordable cost of \$48m over that period which would provide for 600 Physical Literacy Coaches to be employed across all jurisdictions.

As it will take some time to source and train Physical Literacy Coaches the proposal is to roll-out this program progressively across all jurisdictions to achieve maximal coverage after 4 years.

During this period it is also likely that economies of scale will be identified and also alternative sources of revenue to support the program and so significant cost savings are possible over the roll-out period.

The initial priority is seen in Primary Schools but the approach would work equally well and be equally valuable for Pre-school institutions and also in Secondary Schools.

A major trial has been conducted in Victoria this year and Treasury may be interested to learn more of the results through a detailed presentation by Professor Telford.

Building the capacity of current and future Secondary School teaching staff

A major need has been identified for the ongoing professional development and mentoring of Secondary School teachers with responsibility for the provision of physical activity and sport.

This includes teachers employed to teach the HPE curriculum but also includes those individuals who deliver sporting, active recreation or other organised physical activity sessions under the school's auspices.

The requirement is to increase skill, competence and confidence levels of teachers of physical activity, particularly recent graduates and retrained/redeployed staff. Increasing the numbers of Health and Physical Education secondary school teachers who are suitably trained may also be considered to meet shortfalls.

Two approaches are proposed for funding:

- 1. Professional development of existing secondary school teachers:**
 - PD course to be developed with supporting tools and resources in Year 1
 - Progressively rolled out to teachers from 500-700 secondary schools per year for 4 years targeting those most in need for the earliest intervention.

- 2. Provision of ongoing professional mentoring to increase skill, competence and confidence levels of teachers of physical activity, particularly recent graduates and retrained/redeployed staff.**
 - Identification and enlisting of suitable mentors in Year 1
 - Development of program and supporting tools and resources prior to commencing roll-out.
 - Target of 600 teachers mentored over the 4 year period
 - Progressively rolled out to teachers from 200 secondary schools per year for 4 years

Budget: \$62.2m over 4 years

- National roll-out of PEPL program \$48m over 4 years
- Professional development of existing secondary school teachers @ \$1.8m over 4 years
- Provision of ongoing professional mentoring to secondary school physical education teachers @ \$12.4m over 4 years

Priority 5: Develop a tool to enhance communication and referrals by medical and allied health professionals and the school system

Why is this measure essential?

During the course of their professional duties Medical Practitioners, particularly GPs, and Allied Health Professionals meet patients who would benefit from undertaking physical activity of various forms and levels of intensity. The interventions may potentially provide physical health improvements such as improved cardiovascular function, loss of weight to reduce system stress or mental health benefits from socialisation.

This proposal recommends the development of purpose built readily accessible online tool.

- Development of a national Online Local Sports and Physical Activity Directory – to assist GPs with local sport referrals for their patients, and for use by allied health professionals, counsellors, school teachers and potentially members of the public.

This proposal aligns with the 2017 Australian Productivity Commission ‘Shifting the Dial -5 year review’¹⁷ of Government Health Services which strongly recommends ‘patient centred treatment’.

Preliminary meetings with the CEO’s and senior representatives of a number of Primary Health Networks indicate that PHN’s are very supportive of specific public health interventions and initiatives and would be encouraging of ‘pilot’ programs and ongoing monitoring.

Overview of the Online Local Sport Directory

The service would connect people with sport and recreation activities in their area appropriate to their individual needs, recommending activities that they are likely to enjoy and continue with into the future.

For medical professionals and allied health workers the features of the service would be:

- Ability to profile a patient based on such factors as
 - Age
 - Past sporting history
 - Social skills
 - Motor skills
 - Time of year
 - Disabilities
 - Time availability
 - Transportation options
 - Support structures
 - Disposable income
 - Current cardio vascular status
 - Current activity level
- Matching these factors to a sport that is available in their community
- Providing contact information to for the relevant sporting club
- Providing an action sheet to help start the patient in getting involved in sport

Key features of the service would be:

- Comprehensive database of sporting organisations and clubs
- Detailed profile of the nature of each sporting activity

- Matching algorithm to present the patient with a number, of sporting options

High-level User Flow:

A person can be profiled to help align them to a suitable sport.

Note: Privacy and confidentiality - client details would NOT be recorded in the database.

For those organisations like National Sporting Organisations (NSO's) who offer sport and recreation activities, the site will allow them to request an administration account for their activity and to edit key data about their sport and to optionally upload a sheet of sporting clubs offering that activity in Australia.

These organisations would gain the benefit of being introduced to new members or participants and track the number of people in different areas who have selected their sport as being of interest.

Principal users of this measure

This solution has benefits for:

- General Practitioners (over 40,000)
- Allied health professionals (50,000)
- School Teachers (440,000 school teachers)
- Patients – attending GPs and relevant Allied health professionals
- Parents of school aged children
- Individuals relocating to a new area

Budget: \$400,000 over 4 years

- Being \$250,000 establishment in Year 1 then \$50,000 per year for Years 2-4 years for maintenance, improvements and implementation.

BUDGET – CROSS-SECTOR 4-YEARS 2018-19 to 2021-22 - In addition to existing funding.

Priority	Program Elements	Funding Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22	Total
1. Develop a National Physical Activity Strategy	Canvassing stakeholder input, collaboration and policy development	Development stage 1 \$500,000	Development stage 2 \$500,000	Monitoring and implementation \$100,000	Monitoring and implementation \$100,000	\$1.2m
2. Targeted funding for community sport to increase participation	Targeted strategy to minimise the cost of participation, for clubs families and low income <ul style="list-style-type: none"> Establish a Social Inclusion Fund 	Assessment and establishment \$50m	Ongoing contribution \$50m	Ongoing contribution \$50m	Ongoing contribution \$50m	\$200m
3. Communication strategy to support consistent messaging about the benefits of physical activity	Establishment and support for physical activity advocacy program <ul style="list-style-type: none"> Ensuring consistency of cross-sector messages and approach Multi-media advertising and promotional campaign 	Research and development of messages. Campaign development \$15m	Program roll-out Year 2 \$15m	Program roll-out Year 3 \$15m	Program roll-out Year 4 and evaluation \$20m	\$65.0m
	Engagement of School Principals as Physical Activity Advocates <ul style="list-style-type: none"> development of information package, tools and training program 	Program & resource development Commence roll-out \$750,000	Cost of program roll-out Year 2 \$350,000 2500 schools each year	Monitoring, evaluation/ modifications \$350,000	Cost of program roll-out Year 4. Support and training presenters \$350,000	\$1.8m
	Maximising the use of School Sporting and other facilities <ul style="list-style-type: none"> development of information package, tools and training program 	Course & resource development Commence roll-out \$550,000	Program Year 2 Training and supporting presenters \$350,000	Monitoring, evaluation and retraining of presenters \$350,000	Support and training presenters. \$350,000	\$1.6m
4. Building the capacity of current and future teaching staff	Program support for extension of PEPL program <ul style="list-style-type: none"> Training of Physical Literacy coaches and program implementation 750 programs required for total national coverage of Primary school teachers - progressive roll-out 	Initial tranche 50 PL Coach programs @ \$80,000 = \$4m	Second tranche 100 PL Coach programs @ \$80,000 = \$8m	Third tranche 200 PL Coach programs @ \$80,000 = \$16m	Fourth tranche 250 PL Coach programs @ \$80,000 = \$20m	\$48.0m

	Professional development of existing secondary school teachers <ul style="list-style-type: none"> • Course development, resource development • Course roll-out 	Program & resource dev cost \$400,000 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 \$350,000	Cost of program roll-out Year 4. Support and training presenters \$350,000	\$1.8m
	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 \$200,000 Cost of program roll-out \$200,000	Year 2 200 teachers @ \$20,000 = \$4m	Year 3 200 teachers @ \$20,000 = \$4m	Year4 200 teachers @ \$20,000 = \$4m	\$12.4m
5. Local Communication and Database tool	Development of the database tool and deployment	Project development \$250,000	Updating – monitoring \$50,000	Updating – monitoring \$50,000	Updating – monitoring \$50,000	\$0.4m
TOTAL		\$72.2M	\$78.6M	\$86.2M	\$95.2M	\$332.2M

Participating Organisations

The following organisations have participated in the cross-sector collaborative process which extends back to mid-2014.

Sporting Organisations

Confederation of Australian Sport
Archery Australia Inc
Disability Sports Australia
Athletics Australia
Badminton Australia
Australian Baseball Federation
Australian Baton Twirling Association
Bocce Federation of Australia
Bowls Australia Inc
Boxing Australia Inc
Australian Calisthenic Federation Inc
Australian Canoeing
Cycling Australia
Darts Australia
Deaf Sports Australia
Diving Australia Inc
Australian Dragon Boat Federation
Pony Club Australia
Equestrian Australia
Australian Floorball Association
Gaelic Football & Hurling Association of Australasia
Gliding Federation of Australia
Blind Sports Australia
Golf Australia
Gridiron Australia
Gymnastics Australia Ltd
Australian Handball Federation
Hockey Australia
Sport Inclusion Australia
Judo Federation of Australia inc
Australian Karate Federation Inc
Australian Lacrosse Association Ltd
Confederation of Australian Motor Sport
Motorcycling Australia Ltd
Orienteering Australia
Australian Parachute Federation Inc
Polocrosse Association of Australia
Rowing Australia Ltd
Australian Sailing
Australian International Shooting Limited

Education Organisations

Australian Primary Principals Association
Australian Secondary Principals Association
Association of Heads of Independent Schools Aust
Catholic School Principals Association
School Sport Australia
Australian Council of State School Organisations
Australian University Sport

Health Organisations

National Heart Foundation
Australian Medical Association
Active Healthy Kids Australia
Kidney Health Australia
Australian Drug Foundation
Australian Mental Health Council
Alzheimers Australia
Diabetes Australia
Australian Health Policy Collaboration
Private Healthcare Australia
Australian Healthcare and Hospitals Association

Arthritis Australia
Transplant Australia
Royal Far West
Stroke Foundation Australia

Sport (continued)

Synchronized Swimming Australia Inc
Table Tennis Australia
Sports Taekwondo Australia
Tenpin Bowling Australia Ltd
Touch Football Australia
Triathlon Australia
Australian Underwater Federation
Australian Volleyball Federation
Australian Water Polo Inc
Australian Waterski and Wakeboard Federation

Skateboarding Australia Inc
Ski & Snowboard Australia
Softball Australia
Special Olympics Australia
Squash Australia Ltd
Surf Life Saving Australia
Surfing Australia
Swimming Australia Ltd

Australian Weightlifting Federation Inc
Committee of Sport and Recreation Officials
(CASRO)
Australian Olympic Committee
Australian Sporting Goods Association
Sport Australia Hall of Fame (SAHOF)
Fitness Australia

Contact:

We have pleasure in submitting this proposal for consideration and we are available to answer any questions and provide additional information on request.



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