

Public Health Association of New Zealand

Policy on Physical Activity

The Public Health Association notes that:

There is a global trend of decreasing levels of individual physical activity. Advances in technology, safety concerns, a built environment that prioritises mechanised activity, and time pressures are all factors in this reduction. The reduction in physical activity has resulted in an increase in sedentary lifestyles in developed countries, which are a major cause of preventable disease, disability and death (Ministry of Health, 2003a; Lee and Paffenbarger, 2000; Ewing et al, 2003). In New Zealand, physical inactivity is third only to smoking and diet as a modifiable risk factor for poor health. It is associated with 9.5% of all deaths and is estimated to account for over 2600 deaths per year (Ministry of Health, 2004).

Data from the New Zealand Sport and Physical Activity Surveys (SPARC, 2003) indicate that levels of participation in physical activity by young people are dropping, especially among Maori and Pacific youth. Other sectors of concern in the New Zealand population are women, who are less active than men throughout their lifespan, and people with disabilities, who have lower participation rates. Only 39% of adults are active for the recommended 30 minutes a day on five or more days a week.

Thirty minutes of physical activity on most, if not all, days of the week is required for cardiovascular health¹. This should include some higher intensity activity. Research is indicating that regular physical activity can reduce the incidence of coronary heart disease, the risk of strokes, disability in people with chronic obstructive respiratory disease, blood pressure, incidence of some cancers, type II diabetes, obesity, depression and a number of other illnesses (Ministry of Health, 2003b).

Physical activity can take place in a number of settings including health and education settings, workplaces, homes, and in communities. Physical activity does not have to be limited to a sporting context. Active commuting (walking or cycling at least part of the way to work and school) is one of the most efficient changes we can make toward sustainable personal and environmental health. Other activities might include gardening or cultural activities such as kapa haka or taiaha.

Research undertaken by SPARC (SPARC, 2004) identified a number of motivators and barriers to physical activity, as set out below. Considering these motivators and barriers when policy and initiatives are being developed will increase their likelihood of success.

Motivators	Barriers
Awareness that physical activity is good for you	Discouragement and/or lack of encouragement and support from others
Desire to maintain a healthy weight	Difficulty in sticking to a routine
Desire for approval by others	Lack of time or energy
	Cost

¹ The threshold of physical activity levels for specific health conditions may vary slightly. For cancer risk reduction and for weight reduction the evidence suggest that the amount of physical activity needed to confer benefit is closer to 60 minutes per day including some vigorous activity (Cancer Society 2004), for example.

The Public Health Association affirms the following principles

- living a physically active lifestyle has a number of health, social and economic benefits, and can play a role in developing individual and national identity;
- evidence is emerging of a positive relationship between physical activity and mental health benefits;
- New Zealanders should engage in at least 30 minutes of physical activity at a moderate intensity on most, if not all, days of the week;
- vigorous exercise should be added if possible for extra health benefits and fitness;
- individuals should combine an active lifestyle with healthy eating;
- lifelong physical activity behaviours should be promoted from birth;
- supportive environments, including transport systems, architectural design, use of public space and commercial environments, has a significant role in the promotion or restriction of physical activity opportunities, and this needs to be recognised by local and national government bodies, employers and others;
- research into the health impacts of physical inactivity are of great value, as is ongoing evaluation of policy and programmes in this area;
- policies and interventions should demonstrate a commitment to the principles of the Treaty of Waitangi;
- policies and interventions should be culturally appropriate.

The Public Health Association believes the following steps should be taken:

- physical activity policies and programmes should promote changes to the built environment that advantage all citizens, and take into account the needs of lower socioeconomic groups and other sectors of the population currently at risk of not getting enough physical activity;
- services and programmes should focus on the needs of infants, children and young people as a priority in order to establish positive dispositions toward physical activity and movement throughout the lifespan;
- all sectors should work collaboratively to strengthen community action and promote clear and consistent messages regarding the importance of physical activity;
- professional development should be increased as it is essential to ensure that the workforce in all sectors understand the value of physical activity;
- support should be shown for agencies working to improve access to physical activity opportunities for people with disabilities;
- physical activity opportunities should be accessible to all;
- *PHA will support and endorse relevant strategies strengthening the links between physical activity and health (for example Healthy Eating, Healthy Action).*

Review

This policy document should be reviewed every three years.

References

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