

Aquatics & Recreation Victoria

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For the National Preventative Health Taskforce: Commonwealth of Australia

- Submission -

Population Health Approach to Physical Activity

Introduction

Increased access and use of Physical Activity (PA) resources within Aquatic and Recreation Facilities (ARF) will result in increased development of PA skills and confidence, and thus increased PA levels, likely to make a positive impact on population health. Aquatics & Recreation Victoria (ARV) recommend the Australian Commonwealth Government consider the following in the National Preventative Health Strategy in terms of a population health approach to increasing PA levels.

Recommendations

- Create policies that focus on removing barriers to increasing PA in the built environment, specifically, Aquatic and Recreation Facilities (ARF).
- Pilot a Free Swimming Initiative (FSI) for under 16s and over 60s, as evidence indicates FSI are likely to be more effective in this age group in achieving increase PA levels.
- Fund ARV to implement, support, and evaluate the pilot FSI within a number of ARF situated in Victorian disadvantaged communities.

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- Fund ARV to provide VICSWIM programs, 1 week aquatic education programs, free, within a number of ARF situated in disadvantaged communities. This will ensure those that cannot swim will benefit from the FSI, gaining skills and confidence to be physically active in and around water.
- Establish a funding tool for ARF to support FSI based on assessment of 'area population by selected age groups'.
- Run a social marketing campaign informing communities of the governments financial investment into PA initiatives, and the value of participation at the local ARF.
- Assess and evaluate the concept of 'inclusive leisure' in ARF, providing resources and staff training where necessary so as people attending ARF have a positive experience, encouraging ongoing PA participation.

Benefits of FSI

- Provide environments that encourage physical activity, support key messages delivered by health professionals and social marketing campaigns.
- Utilize ARF, their assets, staff and programs as PA resources in the built environment.

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- Financial investment into PA reinforces those key messages present in the community emphasizing the importance of PA for health.
- Make 'the easy choice the healthy choice' (3). Community members are more likely to see PA in their best self-interest through increased perceived benefits; reducing perceived barriers; improving opportunities to adopt recommended behaviors; thereby, enhancing the value of the PA as a health behavior (4).
- Refocus ARF through funding facility programs so as they may place health as a top priority.

Research and Evidence

- UK efforts to reach the target '2 million people more active by 2012', has called for barriers such as cost to be removed to increase accessibility of PA facilities. A £140 million package has been made available to implement a FSI as part of the Legacy Action Plan for the 2012 Olympic Games (2).
- Inequality and availability of PA facilities/ARF have been shown to contribute to ethnic and SES disparities in PA and overweight patterns (6).
- Low level maintenance of structured PA is suggested to be a result of associated barriers such as cost, time and access (7, 8).

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- London Kids Swim Free Easter Scheme (9) doubled the amount of swims, adults and children, recorded from the previous year, demonstrating the “inability/unwillingness of unskilled social groups to pay.
- Welsh Assembly Government Free Swimming Initiative (2003-07) showed a consistent increase in the number of structured swims (activities that are lead by an instructor/staff member) for children and young people over time (194,772 in 2004-05 to 320,212 in 2006-07) indicating longer-term uptake of swimming (2). Older adults, 60 years and above recorded number of free and structured swims consistently increased over time.

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