

NEW ALLIANCE TO PROMOTE THE PRESCRIPTION OF PHYSICAL ACTIVITY FOR BETTER HEALTH

Today we announce the National Physical Activity Alliance, a group that is committed to reducing Australia's rate of chronic disease by prescribing physical activity.

Currently, 60% of Australian adults don't get enough exercise to gain a health benefit and more than 63% are overweight or obese¹.

"Given physical inactivity is the fourth leading risk factor for mortality² and physical activity is the second most important factor in disease prevention³, it is important that we encourage and support more Australians to become active" Laretta Stace, CEO of Fitness Australia and co-chair of the Alliance said.

The Alliance comprises 11 non-government health and fitness organisations who will co-ordinate activity and research to increase the level of physical activity among Australians, particularly those with or at risk of chronic disease and conditions.

The Alliance foundation members are: Alzheimer's Australia, Arthritis Australia, Australian Physiotherapy Association, Cancer Council Australia, Exercise & Sports Science Australia, Fitness Australia, The National Heart Foundation of Australia, Kidney Health Australia, Lung Foundation Australia, Osteoporosis Australia and the National Stroke Foundation.

"We realise that Australians living with, or at risk of, chronic disease need better access to appropriate, evidence-based physical activity programs.

"It's imperative that we start prescribing viable physical activity options to those at risk of, or living with chronic disease," says Rohan Greenland, General Manager of Advocacy at the Heart Foundation.

The Alliance will work with governments and health professionals to help ensure that evidence-based programs are accessible and affordable to assist in the prevention and management of chronic conditions for all Australians.



¹ Australian Health Survey: First Results, 2011-12 Australian Bureau of Statistics: 4364.0.55.001

² World Health Organisation http://www.who.int/topics/physical_activity/ Kohl W, et al. The pandemic of physical inactivity: global action for public health, The Lancet 2011,2 Vol 380, No. 9838, pp 294-305

³ Mathers C, Vos T, Stevenson C. 1999. *The burden of disease and injury in Australia*. AIHW Cat. No. PHE 17. Canberra: AIHW.

“The Alliance’s objective is to ensure physical activity programs are part of a long term health solution for people who are impacted by chronic disease.

The Alliance will work towards establishing clearly defined referral pathways and appropriate economic subsidies for evidence-based programs across all care settings, including rehabilitation and community based exercise settings,” Ainslie Cahill, CEO of Arthritis Australia and co-chair of the Alliance.

To achieve optimum health benefits, healthy adults should participate in at least 150 minutes of moderate intensity or 75 minutes of vigorous cardiovascular exercise per week, and when combined with two to three times per week of resistance or strength training⁴ it can improve aerobic capacity, agility, weight and our body strength.

For more information on the National Physical Activity Alliance visit www.npaa.org.au

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The economic cost of some chronic conditions:

Total direct health and aged care expenditure on people with dementia was at least \$4.9 billion in 2009-10, with around \$2.0 billion directly attributable to dementia⁵.

Arthritis costs the health system well over \$4.3 billion a year. Arthritis is a leading cause of disability and early retirement, costing \$1.3 billion in Disability Support Pension payments and \$9.4 billion in lost GDP each year.

From 2000-01 to 2008-09, total health system expenditure on cancer increased by 56% from \$2,894 million to \$4,526 million and is estimated to have increased by a further 15% since then with the addition of high cost PBS items.

Cardiovascular disease (CVD) has the highest level of health-care expenditure of any disease group. Between 2000-01 and 2008-09, health-care expenditure allocated to CVD increased by 48% from \$5,207 million to \$7,717 million, representing 12%.

End Stage Kidney Disease (ESKD) is growing and the cumulative direct health care cost (in 2009 dollars) of treating all current and new cases of ESKD from 2009 to 2020 is between \$11.3 billion and \$12.3 billion.

In 2008, the total economic impact of Chronic Obstructive Pulmonary Disease (lung diseases) was estimated to be \$98.2 billion of which \$8.8 billion was attributed to financial costs (hospital and health costs, productivity lost due to lower employment, absenteeism and premature death) and \$89.4 billion to the loss of wellbeing⁶.

Osteoporosis, osteopenia and fractures will cost Governments \$33.6b over the next eight years. There are 2765 fractures per week in Australia, leading to poor quality of life and sometimes death⁷.

In 2012, the total financial costs of stroke were estimated to be \$5 billion, this figure includes productivity costs of \$3 billion and health costs of \$881 million⁸.

⁴ Australia's Physical Activity and Sedentary Behaviour Guidelines

⁵ AIHW. *Dementia in Australia*. 2012

⁶ Reference: Access Economics, Economic impact of COPD and cost effective solutions. 2008

⁷ Watts S, et al. 2013, Osteoporosis Costing All Australians – a new burden of disease analysis 2012-2022

⁸ Deloitte Access Economics modelled the economic impact of stroke. 2012.