University of Zurich[UZH]

Institute of Social and Preventive Medicine

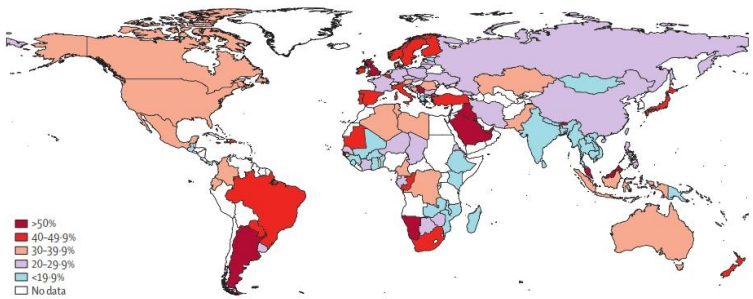
Population-based approaches to physical activity promotion

Brian Martin, MD MPH

Physical Activity and Health Unit

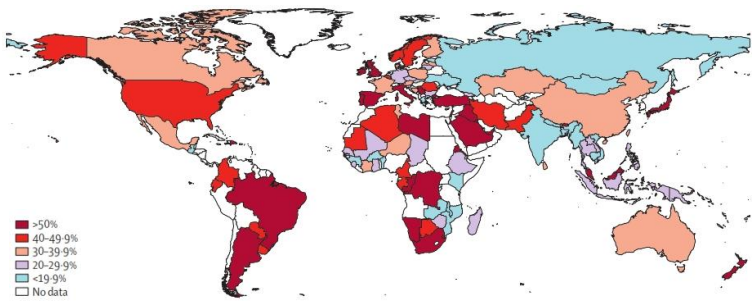
University of Exeter, College of Live and Environmental Sciences, 28.09.12

Physical inactivity in men 15+ years



Hallal PC, Andersen LB, Bull FC, Guthold R, Haskell W, Ekelund U, for the Lancet Physical Activity Series Working Group. Physical Activity 1 - Global physical activity levels: surveillance progress, pitfalls, and prospects. Lancet. 2012 Jul 21;380(9838):247-57.

Physical inactivity in women 15+ years



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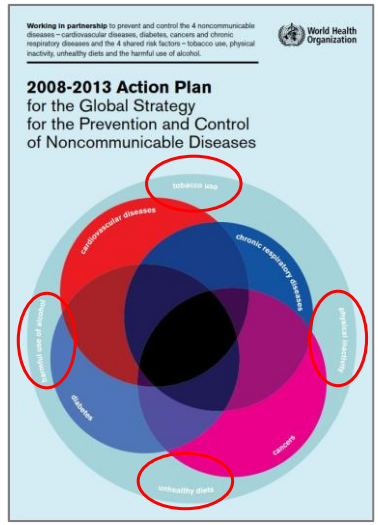
Cardio-vascular diseases

Harmful use of alcohol

Diabetes

Unhealthy diets



Tobacco use

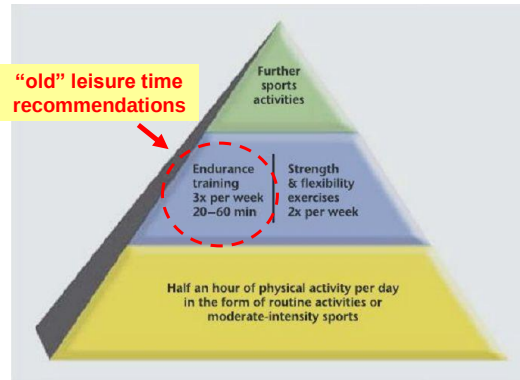
Chronic respiratory diseases

Physical inactivity

Cancers

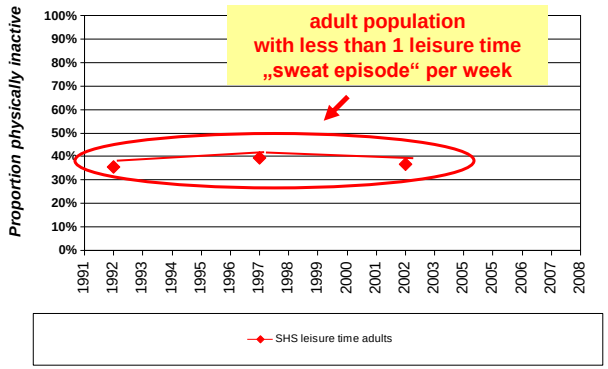
2008

Swiss HEPA recommendations for adults



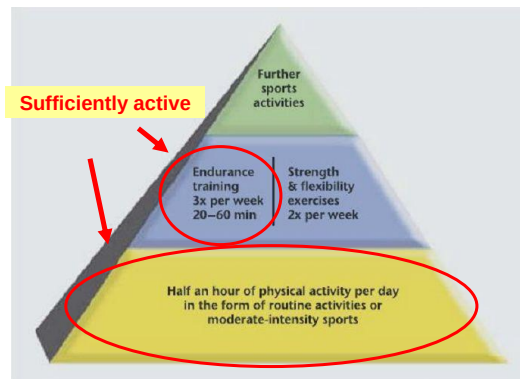
Federal Office of Sport, Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland 1999

Physical activity behaviour over time



Martin BW, Mäder U, Stamm HP, Braun-Fahrländer C. Physical activity and health - what are the recommendations and where do we find the Swiss population? Schweiz Z Sportmed Sporttraumatol 2009: 57 (2); 37-43.

Swiss HEPA recommendations for adults



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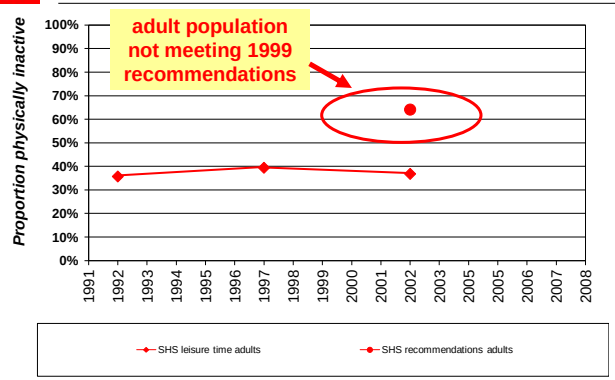

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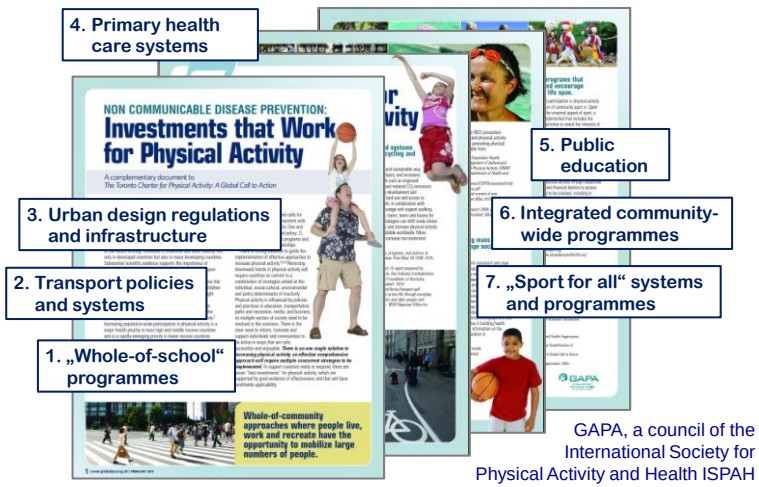


GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

Cardiovascular risk factors and changes in PA in children

BMJ

RESEARCH

Effect of school based physical activity programme (KISS) on fitness and adiposity in primary schoolchildren: cluster randomised controlled trial

Susi Kriemler, assistant professor for pediatric sports medicine,[1,3] Lukas Zahner, postdoctoral research fellow,[1,2] Christian Schindler, statistician,[3] Ursina Meyer, research assistant,[1] Tim Hartmann, research assistant,[1] Helge Hebestreit, professor of pediatric pulmonology,[4] Hans Peter Brunner-La Rocca, professor of cardiology,[5] Willem van Mechelen, professor of occupational and sports medicine,[6] Jardena J Puder, assistant professor of endocrinology, diabetes and metabolism[7]

Cite this as: *BMJ* 2010;340:c785
doi:10.1136/bmj.c785

Cardiovascular risk factors and changes in PA in children

Variables	Adjusted difference at follow-up*		
	Coefficient (95% CI)	P value	ICC
Skinfolds (mm)	−0.12 (−0.21 to −0.03)	0.009	0.06
Shuttle run (stages)	0.17 (0.01 to 0.32)	0.04	0.03
Total physical activity (counts/min)	0.21 (−0.21 to 0.63)	0.31	0.15
In school	0.92 (0.35 to 1.50)	0.003	0.24
Out of school	−0.14 (−0.51 to 0.22)	0.41	0.09
Total MVPA (min/day)	0.44 (0.05 to 0.82)	0.03	0.08
In school	1.19 (0.78 to 1.60)	<0.001	0.11
Out of school	−0.06 (−0.39 to 0.27)	0.72	0.06
Physical quality of life	0.42 (−1.23 to 2.06)	0.62	0.00
Psychological quality of life	0.59 (−0.85 to 2.03)	0.42	0.02

ICC=intraclass correlation coefficient; MVPA=moderate and vigorous physical activity.
*Adjusted difference in average z score of respective outcome at follow-up between intervention and control group with 95% confidence interval, P value, and ICC for school class; adjusted for grade, sex, and z score at baseline in mixed linear model with random effect for school class.

Cite this as: *BMJ* 2010;340:c785
doi:10.1136/bmj.c785

Jugend+Sport

Youth+Sports

Established by federal law in 1972 (constitutional vote in 1970)

"The aim of the institution youth+sports is to develop young people of 14 *(since 1994: 10; since 20011: 5)* to 20 years of age in sports and to guide them to a healthy lifestyle"

Emphasis on sports for all

Jugend+Sport

	2005
Children/Adolecents (10–20)	550‘000
Active Instructors	53‘200
Courses / Camps	48‘000
Federal subsidies to organizers	35 million Euro
Total public money invested	70 million Euro
Certified instructors	107‘784
Certified coaches	15‘269
Certified experts	5‘358
People in Training (instr. / coaches)	47‘000
Training Courses	2‘516

2008: pilot project Youth+Sport Kids (5-10 years)
2009: national programme Youth+Sport Kids (5-10 years)
additional budget of 20 million Swiss Francs (17 million Euro)

SwitzerlandMobility

www.switzerlandmobility.ch

SwitzerlandMobility

www.switzerlandmobility.ch

Comparison of inhabitants’ physical activity behaviour in Zermatt (Community 1), Crans-Montana und Verbier

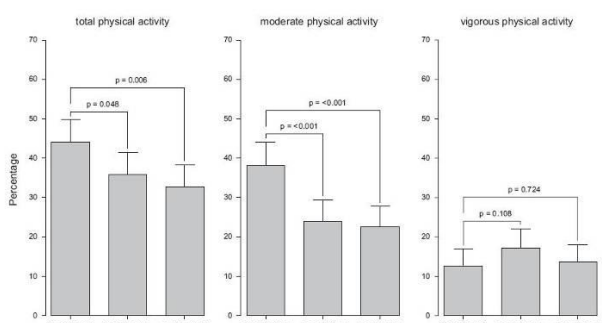
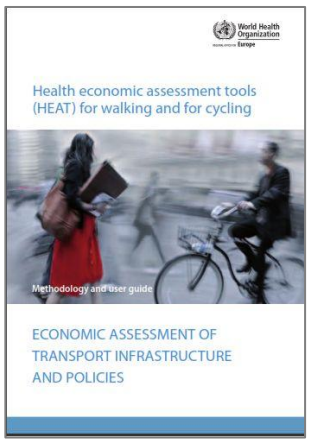


Fig. 1. Age- and sex-adjusted prevalence of sufficient total, moderate and vigorous physical activity by community.

Thommen Dombois O, Braun-Fahrländer Ch, Martin-Diener E. Comparison of adult physical activity levels in three Swiss alpine communities with varying access to motorized transportation. Health & Place, 2007; 13(3): 757-66

The approach of HEAT Cycling and Walking

- addressed to transport planners and decision makers
- easy, practical tools
- quantifying the health benefits of reduced mortality associated with regular physical activity due to cycling or walking



Systematic reviews on effects of cycling and walking

•Cycling

• Longitudinal study in Copenhagen
(Andersen et al. *Arch Intern Med.* 2000)

- *3h bike commuting per week**
  → ***RR 0.72 for total mortality***

•Walking

• Meta-analysis of 9 longitudinal studies
(update of Hamer et al. *Br J Sports Med*,2008)

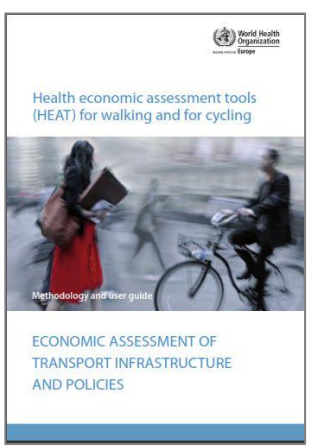
- *29 mins. walking per day**
  → ***RR 0.78 for total mortality***

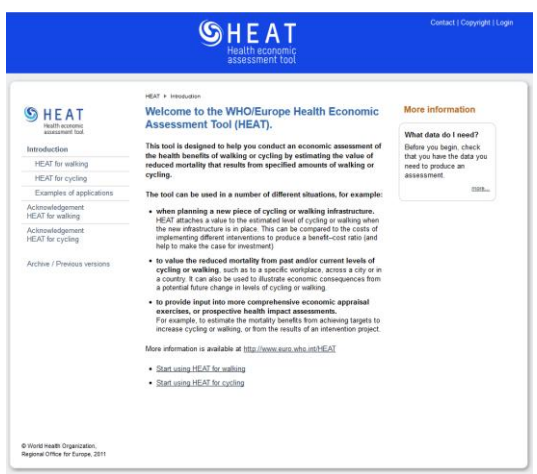
**** Corrected for co-variates including leisure time physical activity***

The development of HEAT Cycling and Walking

- Systematic reviews of the literature
- Development of options and guidance for more harmonized methodology
- Development and test of draft tools
- Consensus meetings with international advisory groups

- Development of final tools:
  - guidance document
  - systematic review
  - online tool HEAT walking and cycling
  - publication on applications
  - booklet (->)



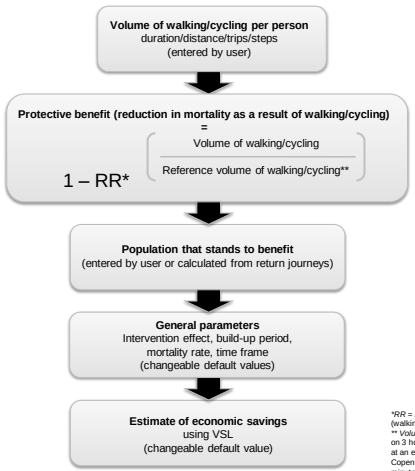


HEAT

Health Economic Assessment Tool for Cycling and for Walking

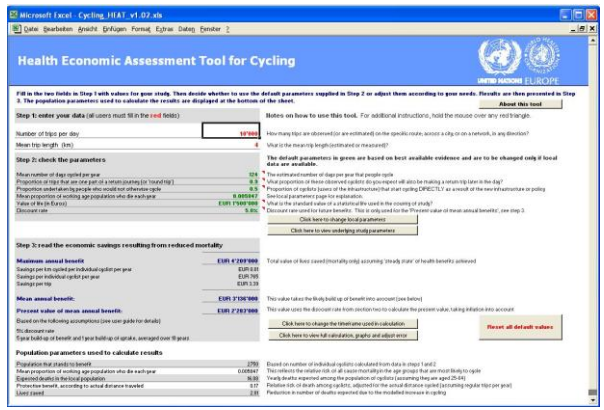
www.euro.who.int/HEAT

Basic functioning of HEAT



*RR = relative risk of death in underlying studies (walking: 0.78; cycling: 0.72 .
** Volume of cycling per person calculated based on 3 hours/week for an estimated 36 weeks/ year at an estimated speed of 14 km/hour in Copenhagen. Volume of walking based on 29 minutes/day at 4.8 km/hour.

HEAT for Cycling illustrated in its former Excel version



www.euro.who.int/hepa

HEAT for Cycling illustrated in its former Excel version

Step 1: enter your data (all users must fill in the red fields)	
Number of trips per day	10'000
Mean trip length (km)	4

Step 2: check the parameters	
Mean number of days cycled per year	124
Proportion of trips that are one part of a return journey (or 'round trip')	0.9
Proportion undertaken by people who would not otherwise cycle	0.5
Mean proportion of working age population who die each year	0.005847
Value of life (in Euros)	EUR 1'500'000
Discount rate	5.0%

Population parameters used to calculate results	
Population that stands to benefit	2750
Mean proportion of working age population who die each year	0.005847
Expected deaths in the local population	16.08
Protective benefit, according to actual distance traveled	0.17
Lives saved	2.81

HEAT for Cycling illustrated in its former Excel version

Step 1: enter your data (all users must fill in the red fields)	
Number of trips per day	10'000
Mean trip length (km)	4

Step 3: read the economic savings resulting from reduced mortality	
Maximum annual benefit	**EUR 4'209'000**
Savings per km cycled per individual cyclist per year	EUR 0.81
Savings per individual cyclist per year	EUR 765
Savings per trip	EUR 3.39
Mean annual benefit:	**EUR 3'136'000**
Present value of mean annual benefit:	**EUR 2'283'000**

Based on the following assumptions (see user guide for details)

5% discount rate
5 year build-up of benefit and 1 year build-up of uptake, averaged over 10 years

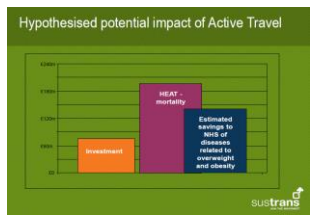
HEAT Applications

www.euro.who.int/HEAT

- Since May 2011:
  - over 2.500 visits
  - from almost 60 countries
- Part of official transport assessment toolbox:
  - in 2 countries (Sweden, England)
  - under consideration in 1 more (France)
- Applied in project evaluations, status quo and scenario analyses

Example 3: North-East Active Travel Group and Sustrans, UK

- **Modelling of potential value of investment in active travel**
  - reducing obesity
  - **increasing physical activity – HEAT**
  - other non-health related savings
- Presented at **seminar with senior health and transport professionals**
- Demonstrating potential **economic benefits** of active travel interventions **catalyzed strong reaction**
- Agreement to fund project on active school travel
- Subsequently**, £5mio. of investment in sustainable transport** from Local Sustainable Transport Fund **secured**



Journal of Physical Activity and Health, 2010, 7(Suppl 1), S120-S125
© 2010 Human Kinetics, Inc.

"Health in All Policies" in Practice: Guidance and Tools to Quantifying the Health Effects of Cycling and Walking

American journal of preventive medicine – in review

Developing a tool for estimating the economic impact of reduced mortality due to increased cycling: the Health Economic Assessment Tool (HEAT) for

Journal of Urban Health – in press

Do health benefits outweigh the costs of mass recreational programs? four Ciclovia programs.

ABSTRACT

Costs and Benefits of Bicy in Portland, O

Thomas Gots

BMJ

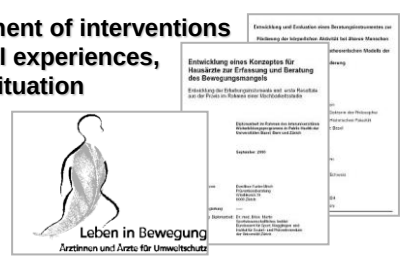
RESEARCH

The health risks and benefits of cycling in urban environments compared with car use: health impact assessment study

David Rojas-Rueda *predoctoral researcher*, Audrey de Nazelle *researcher*, Marko Tainio *researcher*, Mark J Nieuwenhuijsen *research professor*

PA promotion in primary care

- **Since 1990s development of interventions based on international experiences, but adapted to local situation**
  - ➔ *Good acceptance in patients, GPs and other primary care staff*



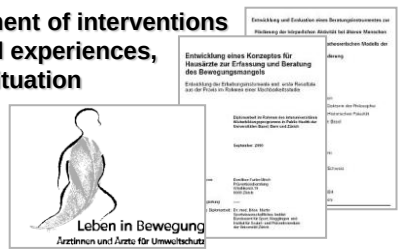
Märki A, Bauer GB, Angst F, Nigg CR, Gillmann G, Gerhing TM. Systematic counselling by general practitioners for promoting phyiscial activity in elderly patients: a feasibility study. Swiss Med Wkly 2006; 236: 482-488.

Allenspach EC, Handschin M, Kutlar Joss M, Hauser A, Nüscheler M, Grize L, Braun-Fahrländer C. Patient and physician acceptance of a campaign approach to promoting physical activity: the "Move for Health" project. Swiss Med Wkly. 2007 May 19;137(19-20):292-9.

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. Schweiz Z Sportmed Sporttraumatol 2008; 56 (3): 112–116.

PA promotion in primary care

- **Since 1990s development of interventions based on international experiences, but adapted to local situation**
  - ➔ *Good acceptance in patients, GPs and other primary care staff*
  - ➔ *Indications for effectiveness*



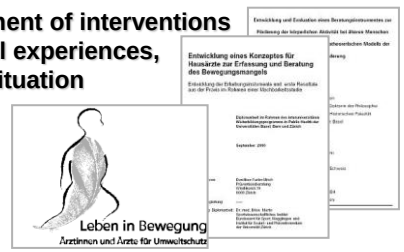
Jimmy G, Martin BW. Implementation and effectiveness of a primary care based physical activity counselling scheme. Patient Educ Couns 2005; 56(3): 323-31

Märki A, Bauer GF, Nigg CR, Conca-Zeller A, Gehring TM. Transtheoretical model-based exercise counselling for older adults in Switzerland: Quantitative results over a 1-year period. Soz Praventivmed. 2006;51(5):273-80.

Sabtia Z, Handschin M, Kutlar Joss M, Allenspach EC, Nüscheler M, Grize L, C Braun-Fahrländer C. Evaluation of a physical activity promotion program in primary care. Family Practice 2010; 0:1-6. doi:10.1093/fampra/cmq010.

PA promotion in primary care

- **Since 1990s development of interventions based on international experiences, but adapted to local situation**
  - ➔ *Good acceptance in patients, GPs and other primary care staff*
  - ➔ *Indications for effectiveness*
  - ➔ *But: difficulty to recruit primary care partners*



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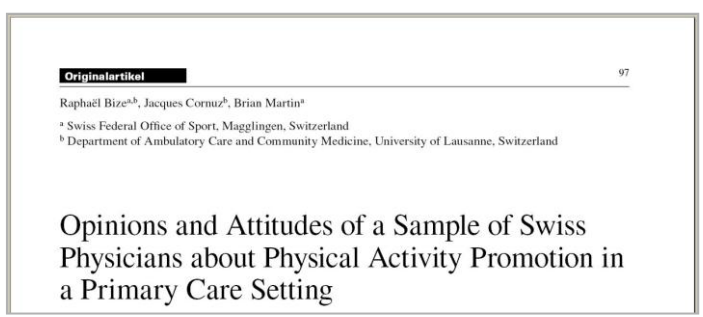
PA promotion in primary care

- **Development of professional communication materials and procedures for large scale implementation**
- **Based on existing experiences, expert opinion, qualitative and quantitative research**

Schmid M, Egli K, Martin BW, Bauer G. Health promotion in primary care: evaluation of a systematic procedure and stage specific information for physical activity counselling. Swiss Med Wkly 2009; 139 (45–46): 665–671.

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. Schweiz Z Sportmed Sporttraumatol 2008; 56 (3), 112–116.



Originalartikel 97

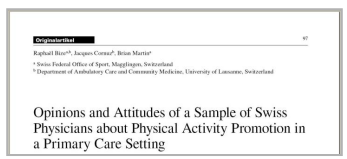
Raphaël Bize[a,b], Jacques Cornuz[b], Brian Martin[a]

[a] Swiss Federal Office of Sport, Magglingen, Switzerland
[b] Department of Ambulatory Care and Community Medicine, University of Lausanne, Switzerland

Opinions and Attitudes of a Sample of Swiss Physicians about Physical Activity Promotion in a Primary Care Setting

Schweizerische Zeitschrift für «Sportmedizin und Sporttraumatologie» 55 (3), 97–100, 2007

„Barriers to counseling – (...) most important ones: lack of time, competition between the different topics of health promotion and preventive medicine, lack of reimbursement, lack of clear guidelines, lack of knowledge about downstream structures, lack of structural support to facilitate behavioral changes in patients (architectural and in town planning), or physician's fear to be perceived as a «health moralist» (...)"


Originalartikel

97

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[b] Department of Ambulatory Care and Community Medicine, University of Lausanne, Switzerland

Opinions and Attitudes of a Sample of Swiss Physicians about Physical Activity Promotion in a Primary Care Setting

Schweizerische Zeitschrift für «Sportmedizin und Sporttraumatologie» 55 (3), 97–100, 2007

Attitudes towards Physical Activity Promotion in Primary Care

HEPA survey Switzerland 2004, n=811

„For you, how relevant is your GP's advice concerning your individual physical activity behaviour?"

	Desire for advice	***Importance of advice***	
Much welcomed	**47.5 %**	**50.5 %**	**very relevant**
Rather welcomed	**32.0 %**	**30.8 %**	**rather relevant**
Indifferent	**7.1 %**	**10.5 %**	**moderately relevant**
Rather disapproved	**5.9 %**	**4.2 %**	**of little relevance**
Clearly disapproved	**7.5 %**	**4.0 %**	**not relevant at all**

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. Schweiz Z Sportmed Sporttraumatol 2008; 56 (3), 112–116.

PA promotion in primary care

- **Development of professional communication materials and procedures for large scale implementation**
- **Based on existing experiences, expert opinion, qualitative and quantitative research**
- **Joint project with Swiss College of Primary Care Medicine**
  - ➔ *College's decision based on evidence based approach and possibility to participate in elaboration of final product*

KOLLEGIUM FUER HAUSARZTMEDIZIN
COLLEGE DE MEDECINE DE PREMIER RECOURS
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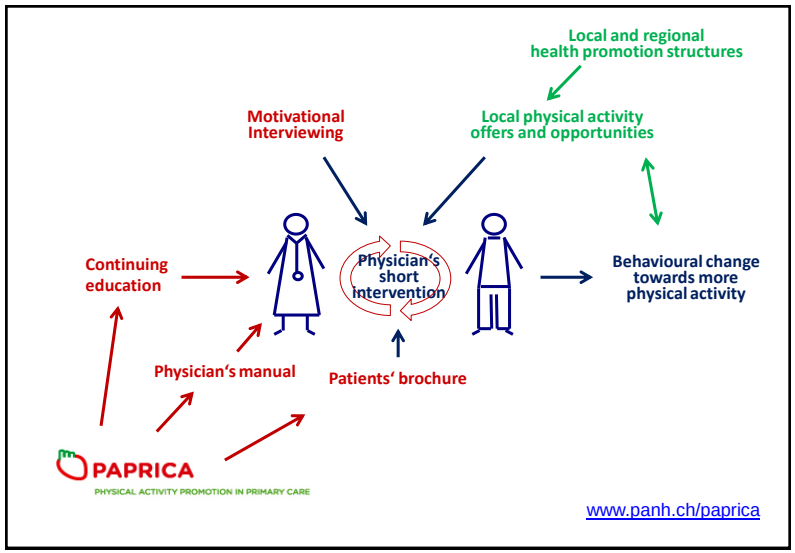
COLLEGE OF PRIMARY CARE MEDICINE

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. Schweiz Z Sportmed Sporttraumatol 2008; 56 (3), 112–116.

PA promotion in primary care

- **Development of professional communication materials and procedures for large scale implementation**
- **Based on existing experiences, expert opinion, qualitative and quantitative research**
- **Joint project with Swiss College of Primary Care Medicine**
- **Testing in 19 primary care practices in French speaking and 6 in German speaking Switzerland**

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. Schweiz Z Sportmed Sporttraumatol 2008; 56 (3), 112–116.


Local and regional health promotion structures
Motivational Interviewing
Local physical activity offers and opportunities
Continuing education
Physician's short intervention
Behavioural change towards more physical activity
Physician's manual
Patients' brochure
PAPRICA
PHYSICAL ACTIVITY PROMOTION IN PRIMARY CARE
www.panh.ch/paprica


Sportmedizin und Reha Schweiz Kongress 2012
Congrès Suisse de Médecine du Sport et de Réadaptation 2012
Congress Centre Kursaal Interlaken
18./19. Oktober 2012
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Programme principal
WISSENSCHAFTLICHES PROGRAMM
PROGRAMME SCIENTIFIQUE
19.10.2012
SAAL/SALLE: BALLSAAL
Physical Activity Promotion in Health Care Settings – Session 1
Physical Activity Promotion in Health Care Settings – Session 2
Round table discussion with all speakers and S. Kriemler, SGSM/SSMS


Interventions implemented through sporting organisations for increasing participation in sport - Mozilla Firefox
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Interventions implemented through sporting organisations for increasing participation in sport
Priest N, Armstrong R, Doyle J, Waters E
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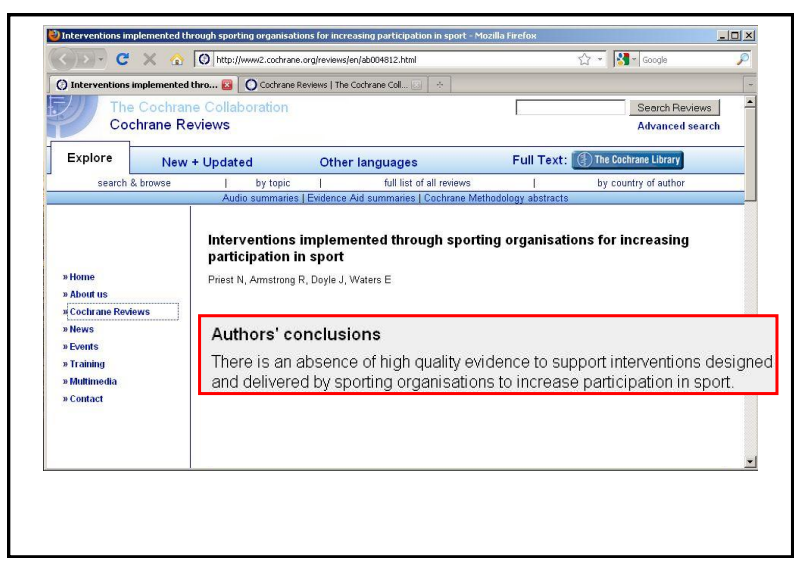
Summary
Interventions implemented through sporting organisations for increasing people's participation in sport
The sport sector is viewed as a priority area for increasing rates of physical activity. Participation rates in organised sport have been shown to be lower in females and to decline with age, and are reduced in lower socio-economic and minority groups. It is important to determine the most effective interventions that sporting organisations can use to increase people's participation and reduce inequalities. In this systematic review of the literature we did not find any controlled studies assessing the effects of interventions to increase participation in sport.


Interventions implemented through sporting organisations for increasing participation in sport - Mozilla Firefox
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Cochrane Reviews
Search Reviews
Advanced search
Explore
New + Updated
Other languages
Full Text: The Cochrane Library
search & browse | by topic | full list of all reviews | by country of author
Audio summaries | Evidence Aid summaries | Cochrane Methodology abstracts
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» Training
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» Contact
Interventions implemented through sporting organisations for increasing participation in sport
Priest N, Armstrong R, Doyle J, Waters E
Authors' conclusions
There is an absence of high quality evidence to support interventions designed and delivered by sporting organisations to increase participation in sport.

Zimmermann-Sloutskis et al.
International Journal of Behavioral Nutrition and Physical Activity 2010, 7:2
http://www.ijbnpa.org/content/7/1/2

INTERNATIONAL JOURNAL OF BEHAVIORAL NUTRITION AND PHYSICAL ACTIVITY

RESEARCH Open Access

Physical activity levels and determinants of change in young adults: a longitudinal panel study

Dorith Zimmermann-Sloutskis[1], Miriam Wanner[1*], Erwin Zimmermann[2], Brian W Martin[3]

Relative risks for being inactive by sport club membership

Table 4 Odds ratios for being physically inactive in young males and females

	Men				Women			
	"no sport"		inactive		"no sport"		inactive	
	unadjusted	adjusted[1]	unadjusted	adjusted[1]	unadjusted	adjusted[1]	unadjusted	adjusted[1]
Sport club membership								
member	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
non-member	6.6 (5.4-8.1)	6.7 (4.9-8.9)	4.2 (3.5-5.0)	4.6 (3.5-6.0)	7.3 (6.0-8.9)	8.1 (6.7-11.4)	5.3 (4.4-6.5)	4.6 (3.3-6.4)
p-value	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

[1] adjusted for all variables displayed in the table except education
All estimates and 95% CI are based on the pooled data using the GEE model with pair-wise log odds ratios for the within-subject correlation, $n_{male\ participants}$ = 1,534; $n_{female\ participants}$ = 1,534)

6.7 4.6 8.1 4.6

Relative risks for becoming inactive by sport club membership

Table 5 Odds ratios for becoming physically inactive in previously active young males and females

	Men				Women			
	becoming "no sport"		becoming inactive		becoming "no sport"		becoming inactive	
	unadjusted	adjusted[1]	unadjusted	adjusted[1]	unadjusted	adjusted[1]	unadjusted	adjusted[1]
Sport club membership								
remaining member	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
becoming member	1.4 (0.7-2.7)	1.3 (0.4-3.3)	2.1 (1.2-3.7)	2.7 (1.1-6.3)	1.5 (0.8-2.8)	2.7 (1.1-7.0)	2.1 (1.2-3.6)	1.6 (0.7-3.7)
p-value	0.3	0.6	0.01	0.02	0.2	0.04	0.007	0.2
becoming non-member	7.4 (4.9-11.0)	7.8 (4.4-14.0)	5.6 (3.9-8.1)	5.9 (3.4-10.5)	7.0 (4.5-11.1)	11.9 (5.9-24.1)	5.4 (3.5-8.5)	5.1 (2.7-9.6)
p-value	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
remaining non-member	9.2 (6.6-13.1)	7.8 (4.7-12.9)	5.2 (3.7-7.4)	5.1 (3.1-8.4)	10.7 (7.3-15.6)	12.4 (6.4-24.1)	7.9 (5.4-11.3)	6.9 (4.0-11.8)
p-value	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

[1] adjusted for all variables displayed in the table except education
[2] OR = 12.7 (2.6-61.5), due to small numbers estimates become unreliable
All estimates and 95% CI are based on the pooled data for the one-year outcome conditional to previous physical activity level using the GEE model with an independent correlation structure for the within-subject association. Only observations were included with data for the preceding wave in individuals previously active in sports ($n_{male\ participants}$ = 951; $n_{female\ participants}$ = 931) or previously active ($n_{male\ participants}$ = 933; $n_{female\ participants}$ = 936)

7.8 5.9 11.9 5.1

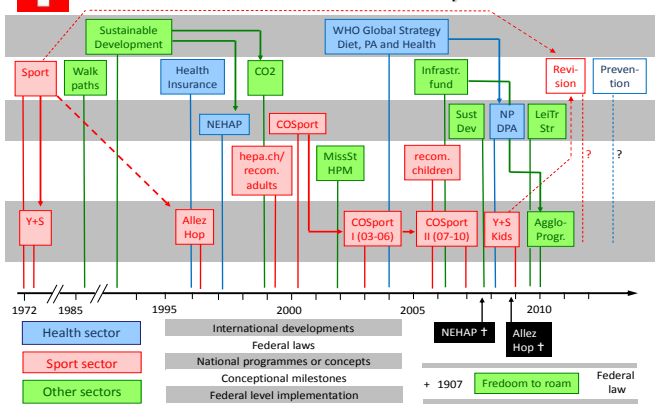
General organisation and responsibilities

	Health	Edu-cation	Sport	Transport	Urban Planning	Environ-ment
1 country	(+)	(+)	+++	+	+	+++
26 cantons	+++	++	++	+++	++	++
Communities (ca. 3500)	++	+++	++	++	+++	++

HEPA PAT

Situation until May 2011

Overview of documents and developments

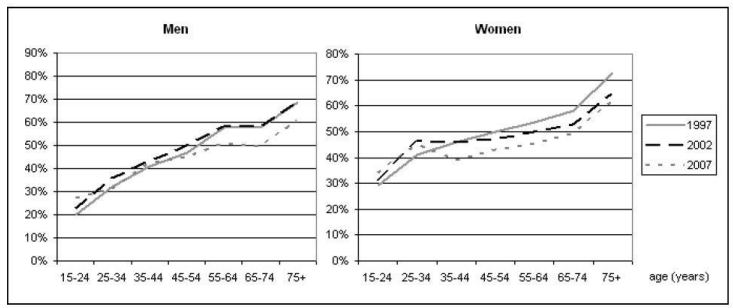


Population impact of a nation-wide physical activity programme with 200'000 participants

ALLEZ HOP Bewegen. Mit Spass.

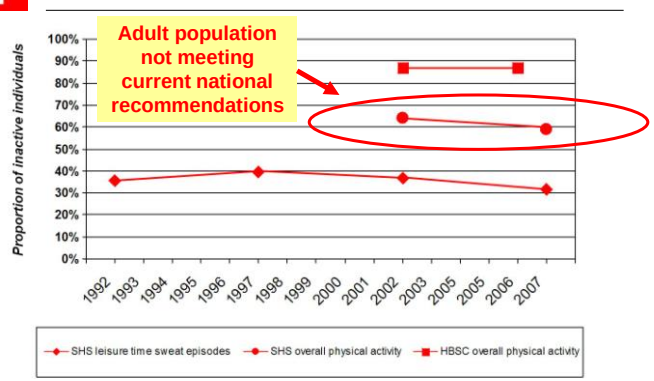
1997-2008

<1 „sweat episodes" during leasure time reported in the Swiss Health Survey (1997: n=12'999; 2002: n=19'698; 2007: n=18'745)

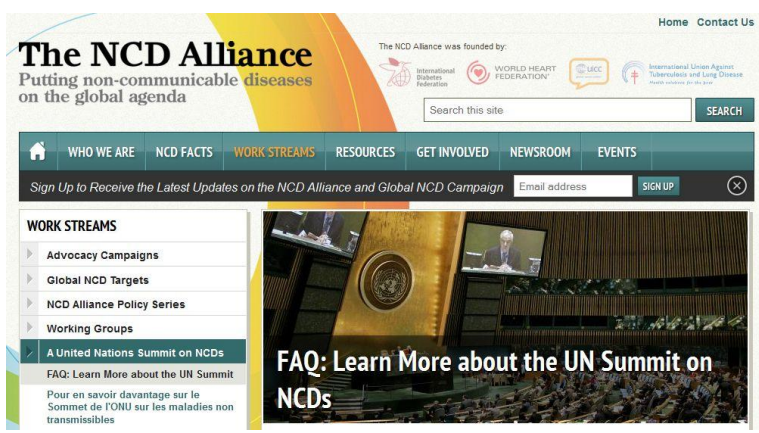


Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Brit J Sport Med 2011.

Physical inactivity levels in Switzerland



Martin BW, Mäder U, Stamm HP, Braun-Fahrländer C. Physical activity and health - what are the recommendations and where do we find the Swiss population? Schweiz Z Sportmed Sporttraumatol 2009: 57 (2); 37-43..



Informal Dialogue with relevant NGOs on a comprehensive global monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs
(Geneva, 15 December 2011)

2 Monitoring exposures, cont..

Examples

- Blood pressure/hypertension
  - Target: 25% relative reduction in prevalence of raised blood pressure
  - Indicator: Age-standardized prevalence of raised blood pressure among persons aged 25+
- Obesity
  - Target: No increase in obesity prevalence
  - Age-standardized prevalence of obesity among ged 25+

World Health Organization

2 Monitoring exposures

Examples

- Tobacco smoking
  - Target: 40 % relative reduction in prevalence of current tobacco smoking
  - Indicator: Age-standardized prevalence of current tobacco smoking among persons aged 15+
- Alcohol
  - Target: 10% relative reduction in alcohol per capita consumption (APC)
  - Indicator: APC of pure litres of alcohol among persons aged 15+
- Dietary salt intake
  - Target: Mean adult population intake of salt less than 5 grams per day
  - Indicator: Age standardized mean adult population intake of salt per day

World Health Organization

GAPA GLOBAL ADVOCACY FOR PHYSICAL ACTIVITY
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WHO Monitoring framework and targets for the prevention and control of NCDs

Why we need a global target on physical inactivity

We commend WHO for developing the Political Declaration on the Prevention and Control of NCDs, adopted at the UN High Level Meeting in September 2011 and Member States on their support for the Political Declaration. Halting the NCD epidemic requires timely implementation of the commitments in the Political Declaration and taking clear decisions at the 65th World Health Assembly this May.

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February 8 2012

World Health Organization

SECOND WHO DISCUSSION PAPER
(Version dated 22 March 2012)

A COMPREHENSIVE GLOBAL MONITORING FRAMEWORK INCLUDING INDICATORS AND A SET OF VOLUNTARY GLOBAL TARGETS FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABALE DISEASES

Indicators and targets for 2025 for the global monitoring framework for NCDs

Indicators with targets

Mortality between ages 30 and 70 due to CVD, cancer, diabetes, and chronic respiratory disease *25% reduction*

Hypertension	Tobacco	Salt	Physical inactivity
25% reduction	*30% reduction*	*30% reduction*	*10% reduction*

Other WHO core indicators

Overweight/obesity (adult, child, adolescent)	Policies to virtually eliminate trans fats and to reduce marketing of unhealthy foods to children
Raised total cholesterol	Cervical cancer screening
Raised blood glucose/diabetes	Vaccination: HPV, Hepatitis B
Adult per capita consumption of alcohol and heavy episodic drinking	Access to basic technologies and medicines
Low fruit and vegetable intake	Access to palliative care
Cancer inddence, by type	Multidrug therapy for CVD risk reduction

Other country-specific indicators of NCD and related issues including social determinants of health

* All indicators should be disaggregated by gender, age, socioeconomic position, and other relevant stratifiers

GAPA RAFA - PANA Agita

WHO Monitoring framework and targets for the prevention and control of NCDs

POSITION STATEMENT #2
SUPPORT FOR THE INCLUSION OF A GLOBAL TARGET ON PHYSCIAL INACTIVITY

We call upon Member States, WHO and other interested partners, to endorse the inclusion of the global target and indicator on physical inactivity in the core set of the NCD monitoring framework

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March 27 2012