# Meeting Report - Annexes
# Relatório da Reunião – Anexos
# Informe de la Reunión - Anexos

# تقرير الاجتماع الفني لشبكة أجيتا موندو في 07 و 08 أكتوبر 2010

## المرفقات (أوراق العمل التى قدمت خلال اجتماع أجيتا موندو


# Annexes
# Anexos
# المرفقات (أوراق العمل التي قدمت خلال اجتماع أجيتا موندو



## Welcome and Overview of Agita Mundo Network 2009-2010

Thurday,7th – 8:30 am – 9:00 am

Victor Matsudo – CELAFISCS – Brazil






Country Members
Alemanha
Brasil
Cuba
Estados Unidos
Grécia
Índia
Iran
Kenya
Panamá
Congo
Suíça
México
Peru
Barbados
Argentina
Canadá
Equador
França
Holanda
Indonésia
Irlanda
Malásia
Polônia
Romênia
Uruguai
Costa Rica
Mozambique
Austrália
Colômbia
Espanha
Gana
Eslovênia
Inglaterra
Itália
Nigéria
Portugal
Sérvia
Chile
Africa Sul
Trinidad &Tobago
Emirados Árabes

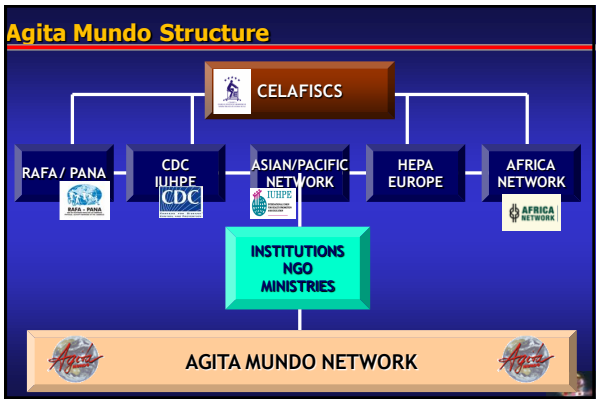

AMERICAN COUNTRIES


OCEANIA


EUROPEAN COUNTRIES


ASIAN COUNTRIES


AFRICAN COUNTRIES


Agita Mundo Structure
CELAFISCS
RAFA / PANA
CDC IUHPE
ASIAN/PACIFIC NETWORK
HEPA EUROPE
AFRICA NETWORK
INSTITUTIONS NGO MINISTRIES
AGITA MUNDO NETWORK


Agita Mundo World Map
Physical Activity Surveillance
Websites List´s
Healther Leader´s Who´s Who
Partners Institution
Advocacy
Scientific Translation
Key Publications List
Capacity Building
Reference Centers in PA Promotion
Interventions Program List

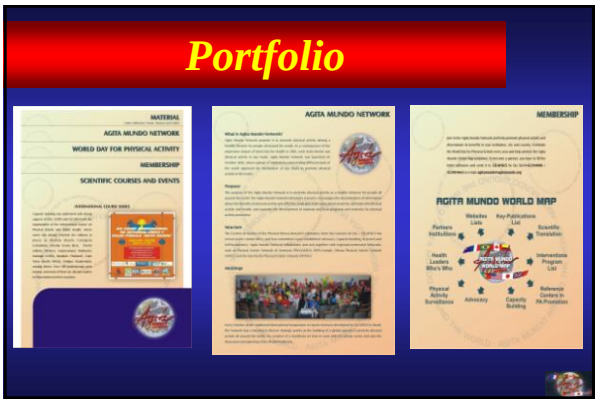

www.agitamundo.org
recomendações: resolução 1024 X 768 flash player plugin
PORTUGUÊS
recomendaciones: resolución 1024 X 768 flash player plugin
ESPAÑOL
recommendations: resolution 1024 X 768 flash player plugin
ENGLISH
download adobe flash player plugin


Agita Mundo Website
PHYSICAL ACTIVITY IS HEALTH: ACCUMULATE 30 MINUTES PER DAY
Agita Mundo Calendar
Agita at GAPA Newsletter!
30th Symposium on Sports Sciences and Agita Mundo Meeting 2007


Agita Mundo News
AGITA MUNDO NEWS
"Breaking Down Barriers to Movement"
How to celebrate the Agita Mundo?
Agita Mundo Banner


Agita Mundo Brochure
INTERNATIONAL COURSES AGITA MUNDO
HIGHLIGHTS
AGITA MUNDO IN EUROPE
AGITA MUNDO IN BRAZIL
AGITA MUNDO IN AFRICA


33º SIMPÓSIO INTERNACIONAL DE CIÊNCIAS DO ESPORTE
33rd International Symposium on Sports Sciences
São Paulo, 7 a 9 de Outubro de 2010
Agita MUNDO NETWORK


Portfolio
MATERIAL
AGITA MUNDO NETWORK
WORLD DAY FOR PHYSICAL ACTIVITY
MEMBERSHIP
SCIENTIFIC COURSES AND EVENTS
AGITA MUNDO NETWORK
MEMBERSHIP
AGITA MUNDO WORLD MAP


Best Practices
MEJORES PRACTICAS
EN LA PROMOCION DE LA ACTIVIDAD FISICA EN EL MUNDO
BEST PRATICES REPORT
PHYSICAL ACTIVITY PROMOTION IN THE WORLD


Agita Mundo Course Series
Physical Activity & Public Health
CDC
IUHPE
INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION


Curso Agita Mundo – Monterrey – Mexico
March 2010


Curso Agita Mundo – Lima – Peru
August 2010


Agita Mundo Course Series
Next Course: URUGUAY
December 9-11th


United States
National Library of
National Institutes of Health
NLM
Washington – EUA
Exibit about Agita
United States


Estados Unidos
Agita São Paulo promotional materials featuring the program's clock mascot, 2000
Courtesy Programa Agita São Paulo - CELAFISC


ANDE
GASTE ENERGIA
INVENTE SEU JEITO DE VIVER
TIRE DE TUDO MAIS PRAZER
AME MAIS VOCÊ
MUDE HÁBITOS
INCENTIVE-SE A CADA DIA
NUNCA DESISTA
ANIME A FAMÍLIA E SEUS AMIGOS
SEJA MAIS SAUDÁVEL E FELIZ
TODO DIA, TODA HORA,
VOCÊ PODE SE EXERCITAR.
BASTAM 30MIN. DIÁRIOS.


Nome Paulo
Agita São Paulo
4ºA
SKATE
ALONGAMENTO
NADAR
VOLEI
CAMINHADA
PASSEAR COM O CACHORRO
CUIDAR DO JARDIM


Carlos Slim Foundation Award
Excepcional Institution

## AGITA MUNDO NETWORK

### RAFA – ACSM Award

RAFA - PANA

AMERICAN COLLEGE of SPORTS MEDICINE

CDC Centers for Disease Control and Prevention

AMERICAN COLLEGE of SPORTS MEDICINE www.acsm.org

**ACSM & CDC**
**2011 RAFA-PANA Scholarship Award**

- Educational award for international health promotion
- Any ACSM discipline (non-members, too)
- Travel to host in US/Canada
- ACSM Annual Meeting (Denver, June 1-4)
- Apply by Feb. 1, 2011
- Check info at www.acsm.org

*Note: Please check the acsm web site for any changes prior to submitting applications*

## Social Mobilization Impact

Social Perception of the Risk =

Relative Risk x Indignation

Social Mobilization




Agitos Pela América
Paraguai


Agitos Pela América
Panamá


Agitos Pela América
RAFA - PANA
RED DE ACTIVIDAD FÍSICA DE LAS AMÉRICAS
PHYSICAL ACTIVITY NETWORK OF THE AMERICAS
TELEFONO SALUDABLE
Pregúntame cómo
regalar salud
con un simple mensaje
VENEZUELA EN MOVIMIENTO
Venezuela


RECAFIS
RED COSTARRICENSE DE ACTIVIDAD
FISICA Y SALUD
Agitos Pela América
Costa Rica
DIA MUNDIAL DE ATIVIDADE FÍSICA E SAÚDE
DIA NACIONAL DO ESPORTE
COSTA RICA 2010


Urbanismo y vida saludable
Día Mundial de la Salud
Ciudades Seguras
Incluyentes con Equidad
TE INVITAMOS A PARTICIPAR
CON TU FAMILIA A LA II CAMINATA
"CIUDADES ACTIVAS,
VIDA SALUDABLE"
Y A LA FERIA POR TU SALUD
Día: Domingo 11 de abril
Lugar: El Cafetalón, Santa Tecla
Hora: 7:30 am
Mayor Información: nutridaes@gmail.com
Teléfonos: 2101-4556 y 2375-0731
Agitos Pela América
El Salvador
Alicia Guevara
Coordenadora


Agitos Pela América
INDER
MOVIMIENTO
Santander
Colombia


Agitos Pela América
ALCALDÍA MAYOR DE BOGOTÁ D.C.
CULTURA, RECREACIÓN Y DEPORTE
Instituto Distrital de Recreación y Deporte
Colômbia


Agitos Pelo Mundo
Dubai Pulse
Walking Parade
Children
Adolescents
Adults
Elderly


Dia Mundial de l'Activitat Física
6 d'Abril de 2010
Acumula 30 minuts d'activitat física cada dia
CIUTATS ACTIVES, VIDA SALUDABLE!
Agitos Pelo Mundo
Espanha


Agitos Pelo Mundo
Canadá


Dia Mundial da Atividade Física
10.000 Passos
Pedômetro
Funchal - Portugal


MOVE FOR HEALTH FOREVER
> 5.500 EVENTS
5 Continents
> 5.400.000 persons

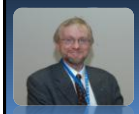
## Agita Mundo Network Meeting Building a Global Agenda to Promote Physical Activity

- São Paulo, October 11th to 13th, 2007

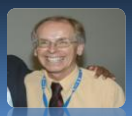
## How to implement a Global Agenda to Promote Physical Activity? 2008

## Speakers – 2009 Meeting

**How to Implement a Global Agenda to Promote Physical Activity**


Jim Whitehead


Bill Haskell


Jim Sallis


Wojtek Chodzko-Zajko


Jim Pirvanik


Ann Loucks


Walter Frontera


Mike Pratt

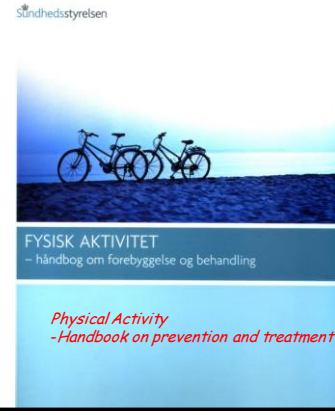
## AGITA MUNDO NETWORK - ANNUAL MEETING

São Paulo, Brazil, October 7th-8th, 2010

**9:00 – 10:30 am**

**Implementation of the Global Agenda to Promote Physical Activity:**

***European College of Sports Sciences*** *– Bengt Saltin*
***HEPA Europe*** *– Dr. Brian Martin*
***African Network for PA*** *– Dra. Catherine Drapper*
***ACSM*** *– Dr. Tom Best*
***USA National Coalition to Promote PA*** *– Dr. Steven Blair*
***The New York Academy Medicine*** *– Dr. Alexandre Kalache*
***International Council Sports Sciences&PE*** *– Lamartine Costa*
***ParticipAction - Canada*** *– Kelly Murumets*
***GAPA*** *– Fional Bull*
***Dubai Council of Sports*** *- Nasser*


1. Published in 2003 by The National Board of Health
2. All Physicians in Primary Care got a copy (appr. 7.000)
3. All these physicians participated in 1 or 3 day course "Lifestyle and Health"


Why:

1.Spring 2002:
"Health-prevention; in a new millenium"
Physical Inactivity was one theme
2. The Minster of Health and the Director of The National board of Health were present
3. A meeting was organized next day in the office of the Minister
4. Decision:
   a) Summary of present knowledge
   b) Plan for action

## *Which facts made the Director take the step?*

## Physical inactivity- loss in average life span

- 5-6 years for both men and women

## Physical inactivity

- 9-10 years more with diseases for the physically inactive persons during their lifespan

## Physical inactivity

- Each year 4.500 deaths due to being physically inactive; 7-8 % of all deaths in Denmark


## *WHAT AFFECTED THE Minister of Health ?*

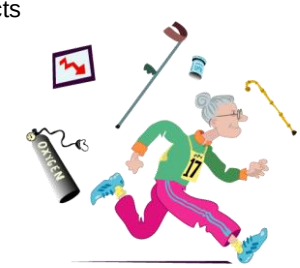
## Physical inactivity

- Each year is 100.000 visits to a hospital related to physical inactivity


## Physical inactivity

- 2.6 million extra contacts with a physician
- 3.1 lost extra working days
- 1.200 extra early retirement cases

Per year!




## Physical inactivity

1. 3.500 billion more for treatment of diseases per year
2. ”Gain”: 0.450 billion due to early deaths
3. Netto approx. 3 billion d cr



Front Page
Largest News
Paper
In
Denmark

”Healthy; through a long life”

## From the intervju with The Minister of Health

- *If I do not spend money on prevention, especially lifestyle factors such as physical activity and proper diet Now,*

*I will have to spend 5-10 times more in coming years on chronically ill patients*

## Two(three) Major Initiatives

1. Free health examination with an emphasis on "risk factors" and Lifestyle

2. All physians got the right to prescribe for their patients physical activity and advice on diet. Free for the patient to join physical activity classes led by a physiotherapist 3 times a week for 4 months( + the dietary advice)

3. A bus Touring the villages and towns in Denmark to assist 1 above.

## KRAM-undersøgelsen

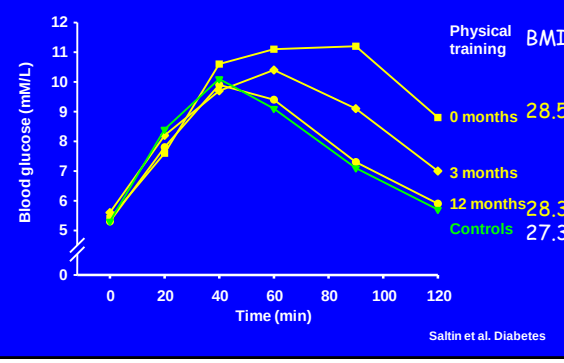

## Vad händer nu?

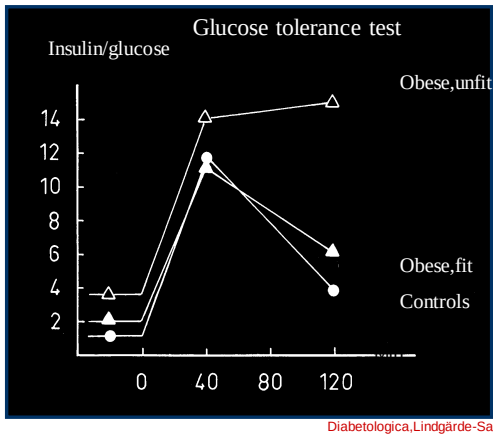
- American Heart Ass. and ACSM have written two articles on present evidence (adults-elderly; Aug -07) and there is one overview related to children from June -05.
- WHO had a first meeting this Jan. To decide on "global" recommendations and prepare strategies for enlarging the focus on physical activity
- EU will be ready by the end of this year with their plan
- WHO-EU will try to collaborate and be ready at the same time
- Danmark ???

## Type 2 diabetes

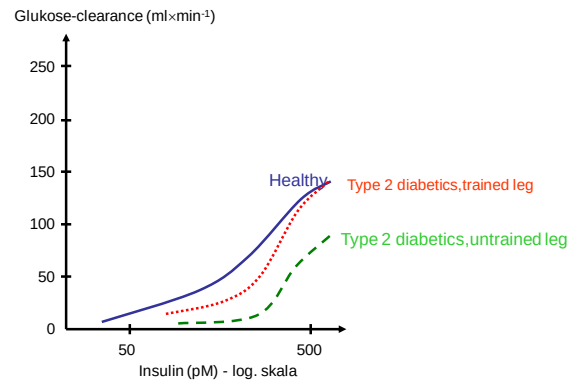
| Positive effect of training on: | Strong evidence A | Moderate evidence B | Minor evidence C | No evidence D |
|---|---|---|---|---|
| patophysiology | | | | |
| symptoms specific to the diagnose | | | | |
| muscle strength and aerobic training | | | | |
| quality of life | | | | |

## Impaired glucose tolerance






"Better fit and fat than slim and sedentary"




## What was highlighted ?

- Wall Street Journal and other media including medical journals
  - Type 2 diabetes can be prevented with medication
- Instead:
  - The challenge for the society is; a) how to implement a healthy lifestyle among people in daily living? and b) how should society be "changed" to help in this process?

FASEB J, Dec. 2002
"Combating diabetes" by Margie Patlak

-------- in 2002, researchers showed that metformin reduced by one-third the number of those with prediabetes—people with impaired glucose tolerance—that progressed to diabetes during a four year period.

???

FASEB J, Dec. 2002
"Combating diabetes" by Margie Patlak

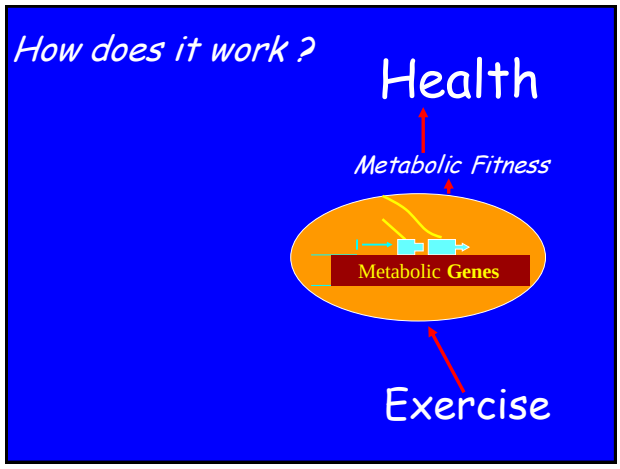
???

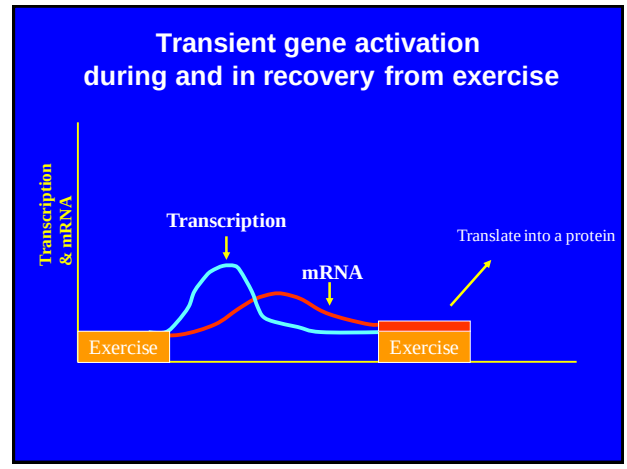
Nowhere was it mentioned that changes in life style has twice the effect !!!

## Dyslipidemia

| Positive effect of training on: | Strong evidence A | Moderate evidence B | Minor evidence C | No evidence D |
|---|---|---|---|---|
| patophysiology | ■ | | | |
| symptoms specific to the diagnose | ■ | | | |
| aerobic training | ■ | | | |
| quality of life | | ■ | | |

??????




## Summing Up

- Key metabolic genes are expressed with just one exercise bout
- More regular exercise enhances this response
- There is a direct and positive effect on muscle metabolism

- Søren Kierkegaard in 1847 in a letter to his sister in law, who had just been ill:
- *"Don`t give up your wish to walk. I walk every day and feel well and walk away from any illness. I have had my best thoughts while walking and I do not know of any thoughts so dark that I cannot walk away from them...."*

HEPA Europe
European network for the promotion of health-enhancing physical activity

# HEPA Europe – Implementation 2009/2010 of a global agenda to promote physical activity

**Brian Martin, MD MPH**
*Institute of Social and Preventive Medicine, University of Zurich, Switzerland*
*HEPA Europe, the European Network for the Promotion of Health-Enhancing Physical Activity*

*Agita Mundo Meeting, São Paulo, 07.10.2010*


Symposium & Network Meeting
Bologna, 11.-12.11.2009

## HEPA Europe Steering Committee since Nov 2009

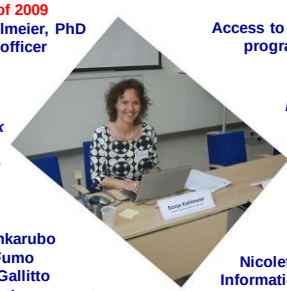
- **Willem van Mechelen**, VU Medical School, Amsterdam, NL (Chair)
- **Andrea Backović Juričan**, CINDI Slovenia
- **Winfried Banzer**, Olympics Sports Confederation, Germany
- **Finn Berggren**, Gerlev PE and Sports Academy, Denmark
- **Charlie Foster,** BHF Health Promotion Research Group, Oxford, UK
- **Maarten Koornneef**, Ministry of Health, Welfare and Sport, NL
- **Brian Martin**, University of Zurich, Switzerland
- **Jean-Michel Oppert**, Paris VI University, Hotel Dieu, France
- **Francesca Racioppi**, WHO Regional Office for Europe
- **Harry Rutter**, National Obesity Observatory England, UK
- **Michael Sjöström**, Karolinska Institute, Sweden
- **Radim Šlachta**, Palacky University, Czech Republic
- **Mireille van Poppel**, VU Medical School, Amsterdam, NL
- **Tommi Vasankari**, UKK Institute, Tampere, Finland
- *Observer: Fiona Bull, GAPA*
- *Observer: Eddy Engelsman, WHO Headquarters*
- *Technical support: Sonja Kahlmeier, University of Zurich, Switzerland*


## HEPA Europe – Secretariat at WHO Europe

**Until end of 2009**
**Sonja Kahlmeier, PhD**
**Technical officer**
**Rome**

**Access to other WHO programmes and activities**

***Cooperation with Lideke Middelbeek Technical officer WHO Copenhagen***



***Francesca Racioppi Acting director WHO Rome office Member of HEPA Europe Steering Committee***

**Helena Shkarubo**
**Cristina Fumo**
**Manuela Gallitto**
**Adminstrative support**

**Nicoletta Di Tanno**
**Information outreach**

## HEPA Europe – Secretariat at WHO Europe

**To be recruited**
**Technical officer**
**Rome**

**Access to other WHO programmes and activities**

***Cooperation with Lideke Middelbeek Technical officer WHO Copenhagen***

***Francesca Racioppi Acting director WHO Rome office Member of HEPA Europe Steering Committee***

**Since 2010 technical and secretarial support from University of Zurich**

**Helena Shkarubo**
**Cristina Fumo**
**Manuela Gallitto**
**Adminstrative support**

**Nicoletta Di Tanno**
**Information outreach**


HEPA Europe
European network for the promotion of health-enhancing physical activity

**Activity reports and work programmes in the reports of the annual meetings**
**www.euro.who.int/hepa**


## HEPA Europe Work Programme 2009/2010 1/3

***Networking and cooperation***

| Title and aim of the activity |
|---|
| Coordination and cooperation with other activities, projects, and networks to join forces with key partners and to benefit from synergies |
| Support and contributions to other conferences and events upon request |

***Information dissemination***

| Title and aim of the activity |
|---|
| Maintenance, regular updating and further development of the HEPA Europe website (www.euro.who.int/hepa) |
| Holding of the 6th annual meeting HEPA Europe (26 November 2009), back-to-back with the 2nd HEPA Europe conference (24-25 November 2010) (Olomouc, Czech Republic) |
| Dissemination of products and publications of HEPA Europe, including realizing translations |
| Continue updating and expanding an inventory of existing approaches, policy documents and targets related to physical activity promotion in different countries to facilitate information access for Member States, and contribute to its integration into a new WHO database on nutrition, obesity and physical activity (NOPA) |


UNIVERSITY OF ZURICH – CDC MEETING

CURRENT DEVELOPMENTS IN PHYSICAL ACTIVITY PROMOTION

Supported by
*International Union for Health Promotion and Education IUHPE*

**Sunday, 11 July 2010**

**Geneva, Hotel Warwick**

20TH IUHPE WORLD CONFERENCE ON HEALTH PROMOTION
11–15 JULY 2010 | GENEVA | SWITZERLAND

GAPA
GLOBAL ADVOCACY FOR PHYSICAL ACTIVITY
Advocacy Council of ISPAH

**www.panh.ch/iuhpe**

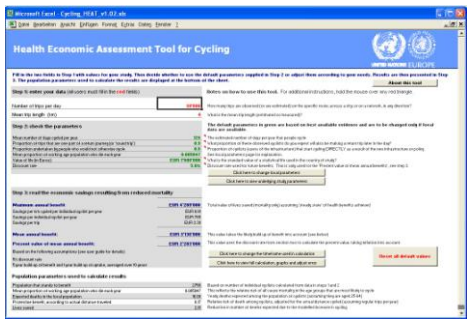
## HEPA Europe Work Programme 2009/2010 2/3

***Projects, reports and products***

| Title and aim of the activity |
|---|
| Collection and analysis of examples and development of case studies of national approaches to physical activity promotion, including challenges to overcome and lessons learned with a focus on inter-ministerial and inter-sectoral approaches |
| Continue dissemination of guidance on economic valuation of health benefits from cycling and walking and Health Economic Assessment Tool (HEAT) for cycling; development of HEAT for walking |
| Continue the exchange of experiences in physical activity and sports promotion in children and adolescents, based on in-depth analysis of selected national approaches |
| Promote information sharing and the coordination on the promotion of HEPA in primary care settings |
| Finalize framework on and implement the Sport Clubs for Health Programme |
| Launch working group on HEPA promotion in socially disadvantaged groups |
| Launch working group on occupational HEPA promotion |
| Launch working group on monitoring and surveillance of physical activity |
| Finalization and publication of a general framework for physical activity promotion policy |



## The Health Economic Assessment Tool HEAT for Cycling




www.euro.who.int/hepa

WORLD HEALTH ORGANIZATION
EUROPE

DEVELOPMENT OF GUIDANCE AND A PRACTICAL TOOL FOR ECONOMIC ASSESSMENT OF HEALTH EFFECTS FROM WALKING

CONSENSUS WORKSHOP

1-2 JULY 2010, OXFORD, UNITED KINGDOM

Co-operative activities with CDC

CDC

## HEPA Promotion in Primary Care Settings

PAPRICA

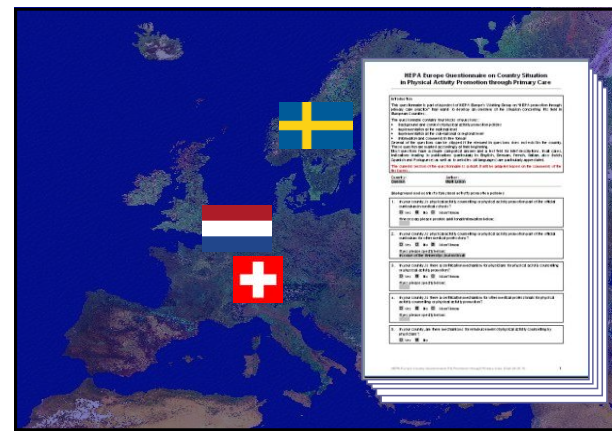
4TH ANNUAL MEETING OF HEPA EUROPE
GLASGOW, UNITED KINGDOM, 10 SEPTEMBER 2008

HEPA promotion through primary care

The situation in Switzerland and possible steps for the European working group

Raphaël Bize
Department of Ambulatory Care
and Community Medicine
Lausanne University, Switzerland

www.euro.who.int/hepa



ACSM Annual Meeting Baltimore, Maryland USA

World Congress on Exercise is Medicine Baltimore, Maryland USA

*"Calling on physicians to assess and review every patient's physical activity program at every visit"*

**ACSM'S 57TH ANNUAL MEETING AND WORLD CONGRESS ON EXERCISE IS MEDICINE™ JUNE 1-5, 2010 • BALTIMORE, MARYLAND**

# HEPA Europe recommendations

**for the use of questionnaires and objective measurement tools in monitoring and surveillance of PA in the adult population**

- Local and national use ← standardised questionnaire instruments with demonstrated reliability and validity
  Specific purpose of the survey ← QAPAQ checklist.
- International comparison and integration ← internationally standardised questionnaire instruments with demonstrated reliability and validity
  (currently IPAQ short, GPAQ, and IPAQ long)
- Improved intercultural and international comparison ← combination of questionnaires with objective measurements
  (examples Surveys ABC in Sweden and NHANES in US)

## HEPA Europe Work Programme 2009/2010 3/3

***Teaching and education***

| Title and aim of the activity |
|---|
| Development of a summer school/teaching course on physical activity and public health |

***Activities to optimize the Network***

| Title and aim of the activity |
|---|
| Implement partner management strategy and finalize member management strategy including a member survey, and develop communication concept |


**Annual Conference & Meeting of HEPA Europe**
**Palacky University**
**Olomouc**
**Czech Republic**
**24.-26.11.10**

Co-sponsored by

World Health Organization Regional Office for Europe

ISPAH

**www.euro.who.int/hepa**

Suggested change in Terms of Reference HEPA Europe:

- Possibility of observer status for members of other Physical Activity Promotion Networks

**Annual Conference & Meeting of HEPA Europe**
**Palacky University**
**Olomouc**
**Czech Republic**
**24.-26.11.10**

Co-sponsored by

World Health Organization Regional Office for Europe

ISPAH

**www.euro.who.int/hepa**

HEPA Europe
European network for the promotion of health-enhancing physical activity

**Annual Conference & Meeting of HEPA Europe**
**National Institute for Sport and Physical Activity NISB**
**Ede, the Netherlands**
**11.-13.10.11**

Co-sponsored by

World Health Organization Regional Office for Europe

ISPAH

Sugggested to be held jointly with

Agita Mundo Network Meeting

**www.euro.who.int/hepa**

# Africa Physical Activity Network

Catherine Draper, Tracy Kolbe-Alexander, Matthew April, Vicki Lambert

UCT/MRC Research Unit for Exercise Science and Sports Medicine



## The need for a physical activity network in Africa

- Levels of inactivity are similar to the rest of the world
- Growing burden of non-communicable diseases and obesity
- Have to consider burden of communicable diseases

## History of AFPAN

- Youth Fitness and Wellness Charter
  - Released 2006
- Vuka South Africa – Move for your health
  - Initiated by non-government organisations / institutions; public / private partnership
  - Part of global WHO campaign
  - Launched in 2006
  - Dr. Victor Matsudo's role
- CDC/IUHPE International Course on Public Health and Physical Activity 2007
  - Secretariat mandated to take up AFPAN
- Appointment of Matthew April in 2010 to grow, and then consolidate the network, members, activities, advocacy, evidence etc.

## AFPAN members

- Different model of physical activity in Africa, means a wider range of individuals and groups are involved
- Physical activity partners for health –
  - Physical educators / sports coaches
  - Sport for social development programs
  - Religious, cultural and youth organizations
  - Community health workers
- Links to the CDIA and CNCD Prevention and Control in Africa (IUHPE)



## Current AFPAN reach into Africa

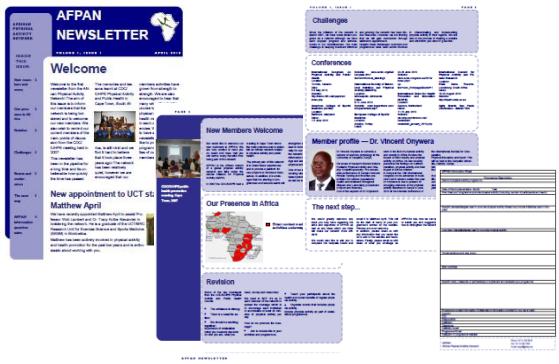

Direct contact made, intent or activities underway

## Current activities

- Newsletter (aiming to release quarterly)
- Policy and programme audit
- Website
- 2010 East Africa University Pre-Games Symposium, Nairobi, Kenya



## Newsletter



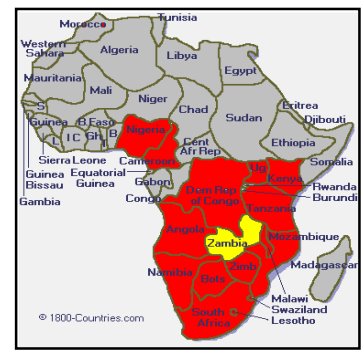

## Policy and programme audit

- Initiated in conjunction with Sonja Kahlmeier (HEPA) and Fiona Bull (GAPA), with adapted instrument
- Key informants from –
  - WHO in-country offices-AFRO
  - Ministries of health, sport, education and transport
  - Non-governmental organizations: NCDs, sport for development, social welfare and community interventions
  - Other: academic institutions, practitioners and programme leaders
- Policy scan template –
  - Policy documents
  - Campaigns / initiatives
  - Action plan / implementation strategy
  - Evaluation
  - Political commitment
  - Lead organizations
  - Country / regional networks

## Regional evidence for physical activity plans, policies or programmes (Gov & NGO)


- Countries where there are known physical activity policies/programs
- No known policies / more information required

## Countries in which there are non-communicable disease policies




- Countries where there have been known NCD policies
- Strengthening capacity to monitor NCD's

## 2010 East Africa University Pre-Games Symposium

Theme: Promoting Regional Integration and Development through Sports
Date: 16th - 18th November, 2010
Venue: Kenyatta University, Nairobi, KENYA

- Dr. Vincent Onywera from Kenyatta University will be presenting on behalf of AFPAN
- Opportunity to showcase what we know about physical activity and health in the African region
- Introduce the network to 100+ practitioners, researchers, physical educators, coaches etc from 8 African countries
- Social function to present AFPAN, allow delegates to register and join mailing list

## Looking ahead

- Currently more of an informal advocacy group – need to mature into a more formal group
- Membership needs to represent more than SA – need to increase representation across Africa; event in Kenya will help to attract some key regional players
- Establish an Intermediate Steering Group and chair (rotating) – will be asking members to nominate (or self-nominate) members for the ISG
- Prepare Terms of Reference
- Application procedure for members – formalise current 'members' by getting them to confirm their membership
- Set out a programme of work – partly underway with the newsletter and audit

## Future activities

- Surveillance
- Documentation of activities
- Book on best practices in physical activity in Africa
- Increase research capacity and evaluation of interventions


www.essm.uct.ac.za/afpan/index.htm

## *Lessons Learned From Around The World: The Global Promotion Of Innovation In Physical Activity And Health*

*Thomas M. Best, M.D., Ph.D., FACSM*

AMERICAN COLLEGE of SPORTS MEDICINE LEADING THE WAY

## American College of Sports Medicine – A Global Organization

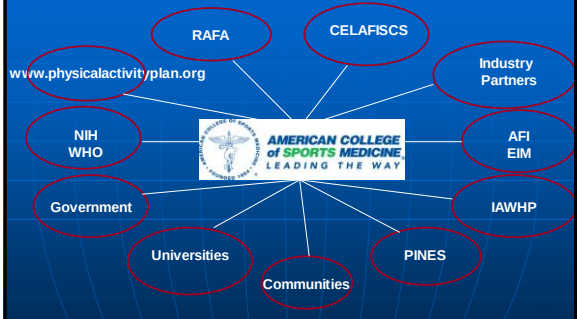
One of the largest sports medicine and exercise science organization in the world

More than 35,000 members and certified professionals worldwide

Advancing and integrating scientific research to provide educational and practical applications of physical activity, exercise science and sports medicine.

## Unique Scientific Opportunity

Research taken from the Laboratory Bench to the Park Bench to improve human health


## What We Know

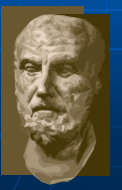
**Physical inactivity and low fitness are highly prevalent in modern societies**

**Inactivity and low fitness are strong determinants of mortality and morbidity due to chronic disease**

## Hippocrates

"Eating alone will not keep a man well; he must also take exercise. For food and exercise, while possessing opposite qualities, work together to produce health."

Hippocrates, *Regimen*, 5th Century B.C.



## PROBLEM

**How can we translate the overwhelming scientific evidence on the problems associated with physical inactivity into an effective public health strategy and initiative?**

## SOLUTION: Exercise is Medicine™

- Exercise is integral to the prevention and treatment of diseases and should be integrated into mainstream medical care as part of every HCP office visit.
- Calls on HCPs to prescribe exercise to patients/clients or refer patients/clients to a qualified fitness or allied health professional for further counseling.

Multi-organizational, multi-national initiative launched by the American College of Sports Medicine (ACSM) and the American Medical Association (AMA) in November 2007.

## END GOAL

No patient/client should leave an HCP's office without:

An assessment of his/her physical activity and

An exercise prescription or a referral to a qualified fitness or allied health professional for further counseling.

Your Prescription for Health
ExeRcise is Medicine™
www.ExerciseIsMedicine.org

Your Prescription for Health
ExeRcise is Medicine™
www.ExerciseIsMedicine.org

*Support for the Exercise is Medicine™ Global Initiative is Provided By:*

Founding Partners:

Coca-Cola · Anytime Fitness

Advocate Partners:

IDEA · IHRSA

## Exercise is Medicine

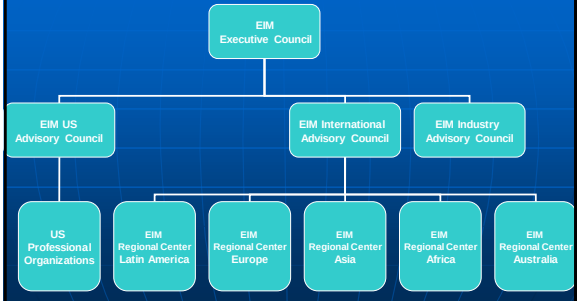
Co founders: ACSM & AMA

- USA
- International

**EIM Regional Centers:**
Latin America, Europe, Africa, Asia, Australia
* established; * in process

EIM National Task Forces:
Mexico, Costa Rica, Colombia, Chile, Brazil, Australia, UK, Portugal, Italy, France, S. Africa, China, India, Thailand
* established; * in process

## EIM Global Governance



## Origado!!

## American College of Sports Medicine 2011 International Awards

*Providing funding for professionals & students to:*

- attend the 2011 ACSM Annual Meeting
- participate in clinical, research and public health exchange opportunities

**Awards available include:**

- International Student Award
- Oded Bar-Or International Scholar Award
- International Clinical Scholar Award
- RAFA/PANA – CDC – ACSM Scholarship

Application deadline is February 1, 2011. Applications & guidelines may be accessed at ***www.acsm.org/International***.


**ACSM... Your connection to advance science and improve health across the globe.**

Visit **www.acsm.org/join** to learn how ACSM membership and meetings can help you enhance your career and community.

**Free ACSM memberships in qualifying countries!** Visit **www.acsm.org/internationalmembership** for a list of qualifying countries.

# U.S. Physical Activity Plan

33RD International Symposium on Sports Sciences
São Paulo, BRAZIL
October 8, 2010

**Steven N. Blair**
Departments of Exercise Science & Epidemiology/Biostatistics
University of South Carolina

# 2008 Physical Activity Guidelines for Americans

*At-A-Glance*

www.health.gov/PAGuidelines/

**U.S. Department of Health and Human Services**

## Physical Activity Guidelines

- For all individuals, some activity is better than none. More is better.
- For fitness benefits, aerobic activity should be episodes of at least 10 minutes.
- Physical activity is safe for almost everyone. The health benefits of physical activity far outweigh the risks.

3

## Key Guidelines – Adults (ages 18–64)

- Minimum levels a week
  - 2 hours and 30 minutes (150 minutes) moderate-intensity aerobic activity; or
  - 1 hour and 15 minutes (75 minutes) vigorous-intensity aerobic activity; or
  - An equal combination
- Muscle-strengthening activities that involve all major muscle groups should be performed on 2 or more days of the week.

4

## Key Guidelines – Adults (ages 18–64) (cont.)

- For additional health benefits
  - 5 hours (300 minutes) moderate-intensity aerobic activity a week; or
  - 2 hours and 30 minutes (150 minutes) vigorous-intensity aerobic activity a week; or
  - An equivalent combination

5

# Improving Physical Activity for All Americans

The US National Physical Activity Plan
A Call to Action
Released May 3, 2010

www.physicalactivityplan.org


e-mail:
info@physicalactivityplan.org

## Sectors of Influence within the Plan

- Public Health
- Education
- Transportation & Community Planning
- Health Care
- Mass Media
- Parks, Recreation & Fitness
- Business & Industry
- Non-profit & Volunteer Organizations

## Strategies

- Each sector sets forth changes in policies and practices that will influence physical activity behaviors
- Strategies are to written to be achieved within 5 years

## Sample Strategies

- Education: Develop and implement policies requiring school accountability for quality and quantity of physical education and physical activity
- Health Care: Make physical activity a patient "vital sign" that all health care providers assess and discuss with patients
- Transportation/Planning: Local, state, and federal agencies will use routine performance measures and set benchmarks for active travel (walking, biking, public transit)
- Recreation: Enhance the existing parks and recreation infrastructure with effective policy and environmental changes to promote physical activity.
- Business/Industry: Identify and disseminate best practice models for physical activity in the work place

## Final Message

- Focus on
  - Healthful eating habits
    - Fruits and vegetables
    - Whole grain
  - Regular physical activity
    - Three 10 minute walks/day

## Implementation of a Global Agenda to Promote Physical Activity

**CANADA**

**"It's Time for Action"**

**Kelly Murumets, President & CEO**
Thursday, October 7, 2010

## Vision

A Canadian society where people are the most physically active on earth.

2

## Strategic Goals

1. To have ParticipACTION embraced as synonymous with physical activity
2. To inspire Canadians to move more and inspire society to make it easier to do so
3. To develop a legacy of collaboration and partnerships in the sector
4. To be accessed as a central source/hub of physical activity and sport participation knowledge
5. To attract significant investment to the sector
6. To be effectively managed and operate with the highest standards of good governance

3

## The Importance of Partnerships to Achieve Results


4

www.participACTION.com

GAPA
GLOBAL ADVOCACY FOR PHYSICAL ACTIVITY
Advocacy Council of ISPAH

**Professor Fiona Bull**
Chair, GAPA Council

The University of Western Australia | Loughborough University

## Brief History

- Established 2006 as the Global *Alliance* for Physical Activity
- In 2008, the International Society for Physical Activity and Health (ISPAH) was established.
- GAPA incorporated as the Advocacy Council of ISPAH - individual members and institutional representation
- Consolidated its major focus on Global Advocacy for Physical Activity.

## Who is GAPA?

**Members of ISPAH can elect to join the GAPA Council**
**In 2009, an initial Executive was established.**

**The Executive:**

- **Fiona Bull, (chair)** Australia/(UK)
- **Trevor Shilton, (vice-chair)** (Australia)
- **Claire Blanchard, (secretary)** – (IUHPE), (Paris)
- **Beatriz Champaign,** Inter-American Heart Foundation
- **Olga L. Sarmiento,** Colombia

**2010 – Further expansion for more Global representation**

## AIMS

**Our core purpose is to undertake and mobilize global advocacy for physical activity.**

- To increase and support commitment in all regions to take action on physical activity
- To encourage governments and interested stakeholders to develop, disseminate and implement national policies, programmes and services, and to support environments that promote physical activity and health.
- To advocate for and provide communications between networks responding to the global physical activity and health agenda.

## 5 Areas of Work
### (Core functions)

1. Disseminate PA information and evidence,
2. Advocate for the development, dissemination and implementation of national physical activity policy, action plans and guidelines,
3. Develop an agreed Global Physical Activity Charter,
4. Advocate for supporting the development of workforce, capacity and training (including advocacy training),
5. Advocate for the establishment and strengthening of regional networks and global collaboration among the networks.

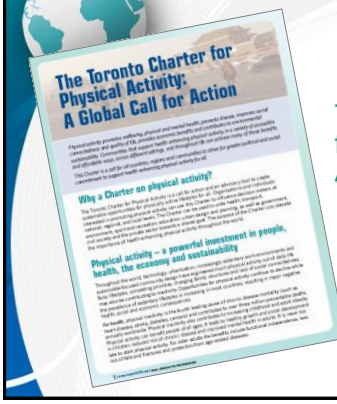
*Agreed by the council April 2009*

## Why advocacy for Physical Activity?

## Evidence

## Reports

## Commitment




## The Toronto Charter for Physical Activity: A global call to action


## A stepped process to development…..

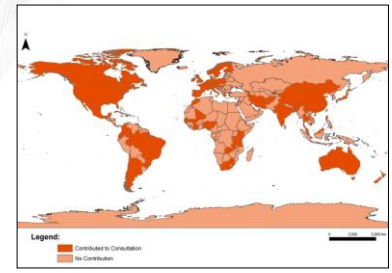
| | |
|---|---|
| June 2008 | • Idea of Charter at ICPAPH2010 Conference Board Meeting<br>• Convening a Working Group |
| Summer 2008 – Spring 2009 | • Regular TCs<br>• Blueprint & Development of the 1st Draft of the Charter |
| Fall 2009 | • Peer Group Consultations (25-30 Senior Physical Activity Researchers and Policy-Makers from Around the World) |
| Winter 2010 | • Incorporation of Feedback from Peer Consultations<br>• Production of 2nd Draft & Translation into French and Spanish |
| Spring 2010 | • Web Consultation in English, French, and Spanish<br>• Consolidation of Feedback |
| May 2010 | • In-Congress Consultation<br>• Finalisation |

## The Writing Team
### (the « *Chartists* »)

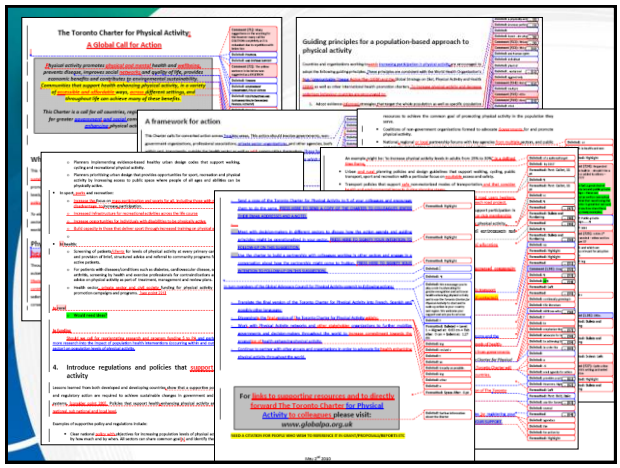
- Fiona Bull, Ph.D., *Co-Chair, Australia/UK*
- Lise Gauvin, Ph.D., *Co-Chair, Canada*
- Adrian Bauman, Ph.D., *Australia*
- Trevor Shilton, B.Ed., MHP, *Australia*
- Bill Kohl, Ph.D., *USA*
- Art Salmon, Ed.D, *Canada*

with support from Isabelle Thérien (*Canada*) and Karen Milton (*UK*)

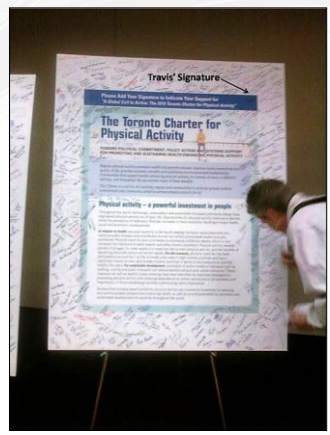
## Feedback received from 55 countries
### 460 contributors
### 1700+ comments! (English and Spanish)

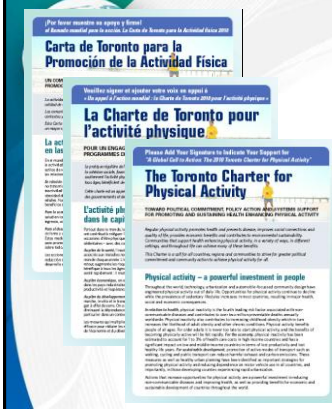



Map created by Margarida Pereira




- Web based sign up of support underway
- **Visit www.globalpa.org.uk**




**Now available at www.globalpa.org.uk**

## Translations

- Arabic
- Bengali
- Chinese (2)
- Croatian
- Czech
- Dutch
- French
- German
- Greek
- Hindi
- Italian
- Japanese
- Korean
- Norwegian
- Polish
- Portuguese
- Spanish
- Thai
- Turkish ....

***...more to follow***

## Five Parts to the Charter

- **Physical activity – a powerful investment in people**
- **Why a Charter on Physical Activity?**
- **Guiding principles for a population-based approach to physical activity**
- **A framework for action**
- **A call to action**

## We encourage .....

1. Show your agreement - support sign up
2. Send a copy of the *Charter for Physical Activity* to at least five of your colleagues
3. Meet with decision makers in different sectors
4. Mobilise networks and partnerships all sectors to support and implement The Toronto Charter.

## How you can use the Toronto Charter

***Use as an advocacy tool to ….***

- …support your current work
- …support your work with partners
- …engage with **new** partners
- …engage with policy and decision makers to gain increased government support
- …to show the international support for more action on promotion of physical activity
- …..in your funding applications

## How you can use the Toronto Charter con't

- embed the Charter in your organisation mission statement
- … use as a checklist of what your country/ region/ community is doing
- *….as a foundation document for building an understanding of the promotion and importance of physical activity*

## Next Actions

1. Continue translation process
2. Disseminate the widely
3. Work with physical activity networks and other stakeholders to address supporting resources / tools
4. Partner with other groups and organisations to gain their support and endorsement and USE !! - e.g. ParticipACTION, Bogota, IUHPE, Institutes, PA taskforces, NGOs & Governments…….

## Website activity tracker
**(month May 14-June 14)**

- 1,865 people visited the GAPA website a total of 2,336 times.
  - majority from USA, Canada, Australia and Europe
  - increase visitors from S. America over recent weeks
- Most come direct to the GAPA site (66%), 28% are referred from other sites, and 6% use search engines to find the site.
- The Charter has been downloaded 997 times by 935 people
- 455+ individuals and 57 organisations have registered support for the Charter, 43 countries represented in total.

## What next?

## Dissemination and Implementation Activities

## Charter Endorsement- examples

### International and National NGO's

- **Australian Heart Foundation** National PA Committee - endorsement given on 27.5.10
- **World Heart Federation** - endorsed Beijing (June 2010) & forwarded to Affiliated associations
- **IUHPE** - Draft resolution for the General Assembly 2010
- **ParticipACTION** - endorsement

### National / State / City Governments

- **Canada:** Discussion in Ontario Congress, Meeting with Canada's Chief Health Officer Butler-Jones
- **Columbia** – City of Bogota – Endorsement (May 2010)
- **Western Australia:** Cross Gov. Physical Activity Taskforce has commenced process for endorsement.


Future actions
Develop supporting materials to help use of the Charter
Powerpoint slide sets
Draft cover letters
Petitions
Media releases
Keep a log of use of activities
Share experiences and success stories
Respond to other ideas and requests…..


GAPA
GLOBAL ADVOCACY FOR PHYSICAL ACTIVITY
Advocacy Council of ISPAH
GAPA welcomes you to join and looks forward to working with AGITA MUNDO
via membership subscription to ISPAH and nomination of GAPA council please visit – www.globalpa.uk
For more information:
fiona.bull@uwa.edu.au
GAPA

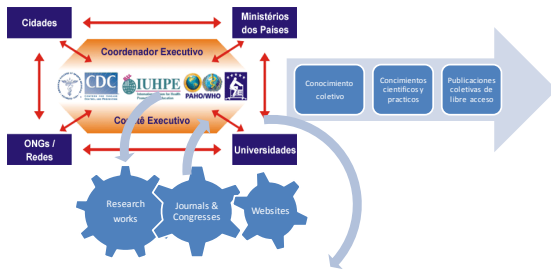
GESTIÓN DEL CONOCIMIENTO


## PROPUESTA PARA LA ACTUALIZACIÓN DE LA RED RAFA

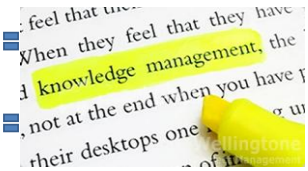
## PROPOSAL TO UPDATE PANA NETWORK

**Lamartine DaCosta, PhD**
**ICSSPE Regional Coordinator Latin America**







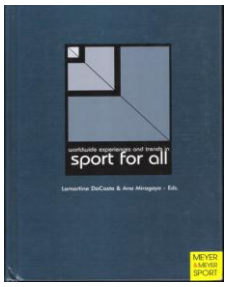





## Experiencias Experiences 1999 - 2010

Publicaciones coletivas de libre acceso

Worldwide Trends of Sport for All (DaCosta & Miragaya – Eds)




- Commercial book including 36 countries (five continents) and 87 authors who followed a standard model of survey in order to construct each chapter (one country = one chapter)
- A comparative method was used to extract from standard collection of information, common similar occurrences among countries.
- Final meta-analyses were made in order to identify major trends of the area under investigation, reviewing frequency of similar occurrences by continent from a timeline perspective (see next slide)
- Authors' profile: 52.8% PhD; 18.3% MSc; 28.7% leaders and managers
- Texts in English; 792 pages; support from IOC, UNESCO and TAFISA

## Experiencias Experiences 1999 - 2010

Publicaciones coletivas de libre acceso

**Olympic Studies Reader (2008 – 2010) – Chinese Editors: Hai Ren & Niu Jing; Brazilian Editors: DaCosta, L. & Miragaya, A.**


- **Project of Sport University of Beijing and Universidade Gama Filho – Rio de Janeiro (non commercial) with support of IOC, with 86 authors from five continents in three volumes dated 2008, 2009 and 2010.**
- **Olympic values-led texts selected or recommended to candidates to join the project have been focusing either on multiculturalism or multidisciplinary approaches, respectively to innovative trends or to traditions for Olympic Studies concerns.**
- **Each volume - two separate sessions: multiculturalism and multidisciplinarity (Textes in English - Chinese)**

Experiencias
Experiences

1999 - 2010

Publicaciones coletivas de libre acceso

**Legacies of Sports Mega-events (DaCosta *et al.* – Eds, 2009)**


- Non commercial book issued by Ministry of Sport in Brazil – 75 authors (6 from UK, Germany and Spain) from 35 universities organized as an epistemic community, that is groups of authors with previous chosen topics related to the central theme of the book, supervised by editors and referred in some subjects to selected international specialists ('anchors').
- A seminar joining authors was organized aiming to discuss convergences of the knowledge.
- The paper version of the book is published in Portuguese with English summaries.

Experiencias
Experiences

1999 - 2010

Publicaciones coletivas de libre acceso

**Spain and Brazil Olympic Seminars (Moragas & DaCosta-Orgs, 2007)**


Collective book on Olympic Studies joining 103 Brazilian and Spanish authors from 18 universities coordinated by Universidad Autònoma de Barcelona and Universidade Gama Filho -Rio de Janeiro. Texts in Spanish and Portuguese with English abstracts. The project aimed to find common points of collaboration among researchers and students from both countries for future initiatives (Internationalism). This e-book is non-commercial and has free access at:

http://olympicstudies.uab.es/eng/brasil.asp?id_especial_content=9

Experiencias
Experiences

1999 - 2010

Publicaciones coletivas de libre acceso

**Atlas of Sport in Brazil (DaCosta *et al.*, 2005)**

Mapping of sports practice and knowledge production in Brazil in terms of geographic and cultural approaches with 300 chapters; 410 authors from different professional and educational backgrounds participated as volunteers; 17 editors supervised the elaboration of texts; non-academic authors were mostly sport local leaders or clubs and federations'managers; P.E. undergraduate students worked in field surveys.


Non-profit project supported by Federal Council of Physical Education-Brazil. From 2007 to date, the continuation of Atlas constructions can be followed up on the website www.atlasesportebrasil.org (Portuguese texts and English summaries)


lamartine@terra.com.br

www.atlasesportebrasil.org.br

WWW.PLATAFORMAOLIMPICA..... [em construção]

نبض دبي Dubai Pulse

مجلس دبي الرياضي DUBAI SPORTS COUNCIL

# Dubai Pulse

## What is Dubai Pulse?

- Dubai Sports Council conducted site studies and surveys in 2009, and found that 34.6% of Dubai's locals & residents practice physical activity.
- As a result, the council decided to launch a program for physical activity called "Dubai Pulse" in October 2009.

## Program's Main Objectives

- Raising the social awareness with the importance of practicing physical activity aiming to create a distinctive sports community.
- Inspired and active population
- Increasing the number of those who practice physical activity among all society members in the Emirate of Dubai.

## Dubai Pulse Activities

- Dubai Swims.
- Dubai Cycles.
- Dubai Walks.
- Dubai Runs.
- Dubai Pulse in Hatta.




## Dubai Pulse Website

www.dubaipulse.ae

نبض دبي Dubai Pulse

مجلس دبي الرياضي DUBAI SPORTS COUNCIL

**Walking Clubs in some shopping malls of Dubai**

نبض دبي Dubai Pulse

مجلس دبي الرياضي DUBAI SPORTS COUNCIL

**Obrigado!**

**www.dubaipulse.ae**

GRUPO MAHOU SAN MIGUEL

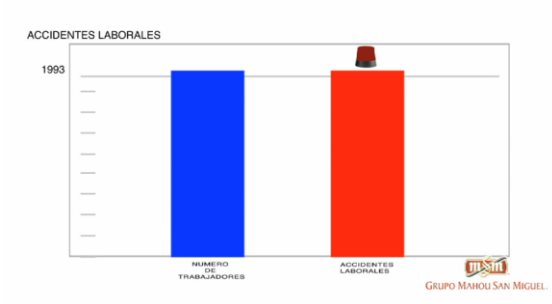
33º SIMPÓSIO INTERNACIONAL DE CIÊNCIAS DO ESPORTE

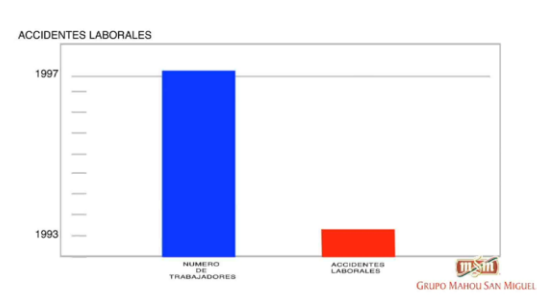
BOAS PRÁTICAS NA ATIVIDADE FÍSICA E NO ESPORTE

São Paulo, 7 a 9 de Outubro de 2010

GRUPO MAHOU SAN MIGUEL

FABRICA DE CERVEZA - Hijos de C. MAHOU Máquina de dar pez al interior de los barriles.



Se siguen manteniendo las mismas lesiones del aparato locomotor

GRUPO MAHOU SAN MIGUEL

En consulta detectamos el aumento del síndrome metabólico.

GRUPO MAHOU SAN MIGUEL

Gran influencia del estilo de vida

GRUPO MAHOU SAN MIGUEL

PROGRAMA REHABILITACIÓN

GRUPO MAHOU SAN MIGUEL

GRUPO MAHOU SAN MIGUEL

GRUPO MAHOU SAN MIGUEL

GRUPO MAHOU SAN MIGUEL


Campaña Antitabaco

Financiación, por parte de la empresa, del 70% del programa.

GRUPO MAHOU SAN MIGUEL

Charla formativa

GRUPO MAHOU SAN MIGUEL

Taller Práctico.
Pilates

GRUPO MAHOU SAN MIGUEL

Se realizan en cada Centro.
(Tenerife)

GRUPO MAHOU SAN MIGUEL

## Plan Global

Programa de Rehabilitación

Programas Preventivos

GRUPO MAHOU SAN MIGUEL

Hipertensión

Diabetes

Sedentarismo

Dislipemias

Glaucoma

Obesidad

### Vigilancia de la Salud

PROGRAMAS PREVENTIVOS

GRUPO MAHOU SAN MIGUEL

## Actividad Física, Nutrición y Salud

GRUPO MAHOU SAN MIGUEL

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## Dossier Actividad Física

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Talleres
de
Salud

Madrid

Alovera-Guadalajara

Alovera-Guadalajara

PROGRAMA ALIMENTACION SALUDABLE


2010

GRUPO MAHOU SAN MIGUEL


Abrimos nuevos tiempos

GRUPO MAHOU SAN MIGUEL


Club del Corredor

GRUPO MAHOU SAN MIGUEL


HIPOXIA INTERMITENTE


ESCUELA DE ESPALDA


PRE
VE
NIR
PRE
VE
NIR

NUEVOS AGITADORES

GRUPO MAHOU SAN MIGUEL

OBRIGADO

GRUPO MAHOU SAN MIGUEL

# Good Practices in Promoting Physical Activity Around the World

## CANADA

## "It's Time for Action"

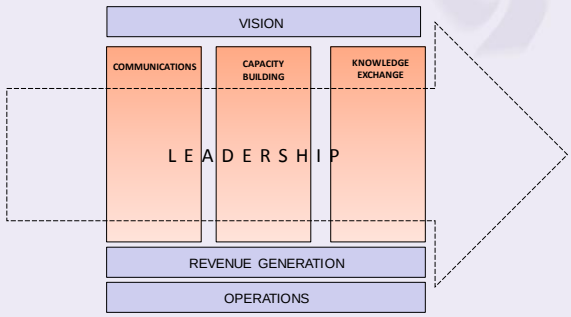
**Kelly Murumets, President & CEO**
Friday, October 8, 2010

## Vision

A Canadian society where people are the most physically active on earth.

2

## Strategic Framework




3

## Communications Continuum

Alignment with McGuire's Hierarchy of Effects Model


Source: Cavill & Bauman Journal Sport Sciences 2004; 22

4

## Marketing Communications Framework

In the same way that a garden depends on various elements to reach full bloom, the physical activity sector must rely on all the players in order to realize full potential. The framework below describes how ParticipACTION would like to work with sector partners to facilitate alignment, collaboration and synergies.

4. **WATER THAT SUPPORTS SUSTAINABLE GROWTH:** In order to ensure growth, ensure resources/funding from government and private sector partners.
3. **STRONG PLANTS THAT BLOOM TO CREATE INTEREST, DIVERSITY AND ATTENTION** Leverage network of professionals and community organizations to distribute messages and communications tools that can reach target audience in settings where they are engaged and most likely to respond. Leverage partnership opportunities to create compelling community events that inspire and support participation.
2. **SEEDS THAT CREATE LOCAL POTENTIAL:** In partnership with provinces/territories, supplement national campaign with regional media campaign in key markets to extend reach of messaging that educates, inspires and supports target audience(s) to become more active.
1. **FERTILE GROUND TO GROW:** Use ParticipACTION's national media campaign to create a foundational communications platform and raise awareness of the physical inactivity crisis among target audience(s).

5

## Communications Focus 2010-2012

ParticipACTION will focus on marshaling resources and working collaboratively to ensure efforts are complementary. In support of the national government efforts to achieve the physical activity targets for children and youth, ParticipACTION will dedicate its resources to **getting children and youth more active** by speaking to Moms, as influencers, and to youth directly.

**2015 Children and Youth Activity Goals**
-By 2015, ensure the proportion (17%) of children and youth (5-19) reach 90 minutes of moderate-to-vigorous physical activity daily
-By 2015, ensure children and youth (5-19) take 14,500 mean number of steps daily

**CORE TARGET**
**Children and Youth (6-19)**

**INDIRECT THRU INFLUENCER**
*Target Moms to Influence Kids*
Moms with children 6-12
Primary Focus

**DIRECT TO AUDIENCE**
*Engage Teens Directly*
Youth 13-19, with emphasis on 15-17 year olds
Secondary Focus

6

## "Inactive Kids" Campaign

## Importance of Partnerships

8

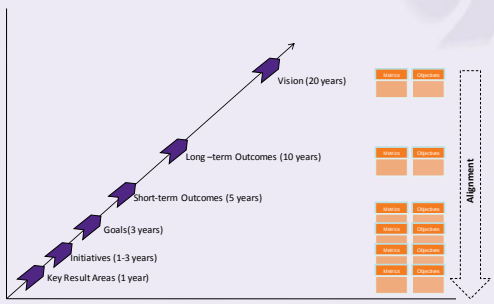
## ParticipACTION Partner Network (PPN)

To unite, build and nurture a robust network of organizations dedicated to physical activity and sport participation that is coordinated, connected, responsive, effective, and sustainable.

9

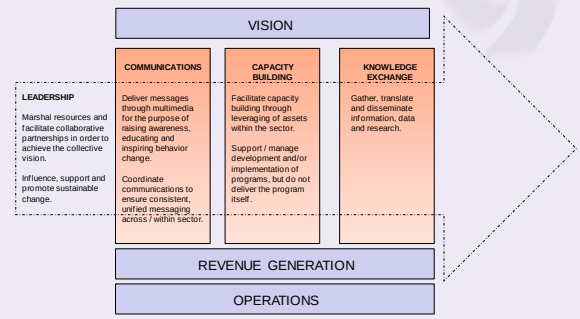
## Not-for-Profit/Private/Public Sector Partnerships


## Evaluation: Alignment of Objectives




11

## Strategic Framework

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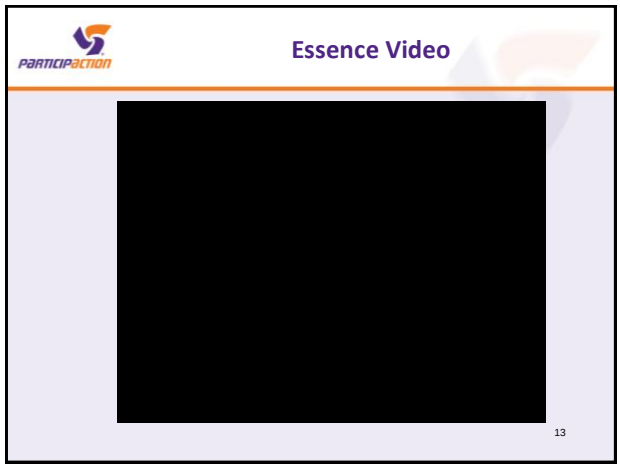
Essence Video
13


www.participACTION.com

Well@Work
Promoting active & healthy workplaces

# National Workplace Project: Evaluation

Professor Fiona Bull
Emma Adams – Project coordinator
Paula Hooper – MSc student

BHF National Centre physical activity+health
Loughborough University

## Overview

- **Background to project**
- **Evaluation framework**
- **Results**
  - Process evaluation
  - Employee questionnaire
  - Workplace assessment

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## Well@Work

- 2 year workplace health promotion project
- 9 regional projects across England
- Physical activity and other lifestyle behaviours
- £1.6 million project (20% on evaluation)
- Funded by:

British Heart Foundation; DH Department of Health; SPORT ENGLAND; BIG LOTTERY FUND

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## Well@Work project goals

- To assess the effectiveness of health promoting interventions in the workplace relating to physical activity and other lifestyle behaviours
- To develop and disseminate an evidence base on what works in health promotion in the workplace in England

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## More specific project objectives

- **To increase healthy behaviours**
  *e.g. physical activity, nutrition and diet, smoking and mental health and well-being*
- **To improve business related outcomes**
  *e.g. absenteeism, productivity, staff retention*
- To assess what it takes to deliver effective workplace health promotion programmes

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## Regional projects

| | | *n* |
|---|---|---|
| East | – 9 small-medium sized businesses | *894* |
| East Midlands | – 14 voluntary organisations | *773* |
| London | – General Hospital | *2165* |
| North East | – Construction/service industry | *187* |
| | – Private Care Home | *256* |
| North West | – Food manufacturer | *1400* |
| | – Prison | *720* |
| South East | – Food manufacturer | *1575* |
| South West | – City Council | *843* |
| West Midlands | – Primary Care Trust | *1000* |
| Yorkshire | – Insurance company | *465* |

**9 regions** **32 organisations** **10,278 employees**

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## Well@Work Interventions

- Multiple interventions across different lifestyle behaviours
- Based on needs and interests of the participating organisations and employees
- Delivered by a full-time or part-time regional project co-ordinator

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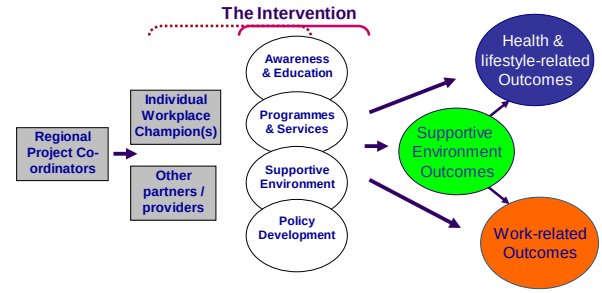
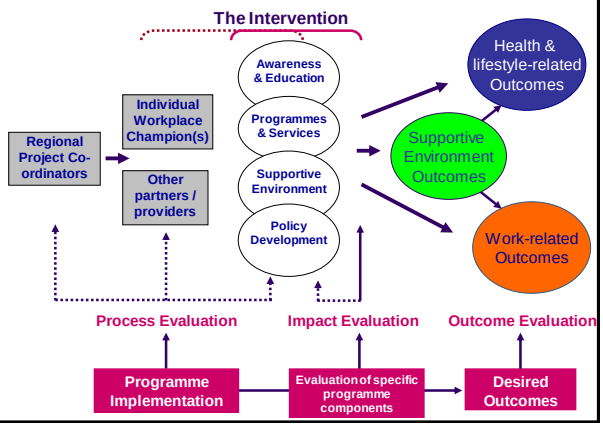
## Evaluation Framework: Well @ Work




## Evaluation Framework: Well @ Work




## The key results are across

Desired Outcomes

Programme Implementation

Evaluation of specific programme components

- **Change in outcomes**
  - behaviours
  - physical and policy environment at work
  - business-related indicators
- **Process**
  - Assessing what was done and how (resources, methods)
- **Impact**
  - Selected more detailed evaluation of specific interventions
- **Qualitative**
  - Views, opinions, insights from employer, employee and project delivery team

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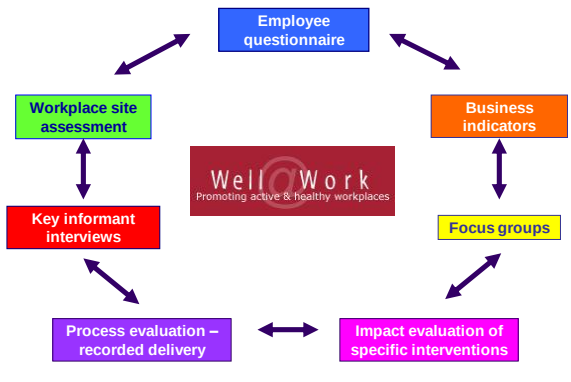
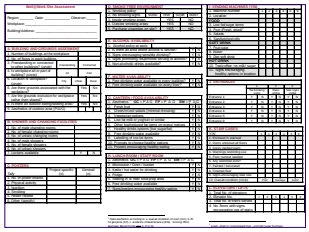
## Multiple Data Sources / Multiple Perspectives

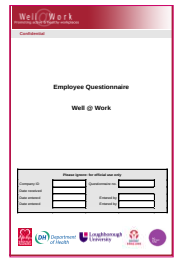



## LOTS OF DATA!!

## Workplace Assessment Tool



## Health and lifestyle Employee Survey




## Summary: Outcome Results

Health & lifestyle-related Outcomes

**These can be changed !**
- +ve results PA, diet, social support

Supportive Environment Outcomes

**This is more difficult to change !**
- some changes possible but takes longer

Work-related Outcomes

**These are really *really* hard to quantify!**
- Perception of +ve changes

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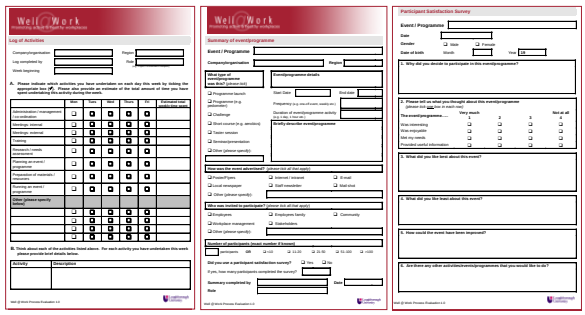
## Process evaluation tools



Paper and electronic versions

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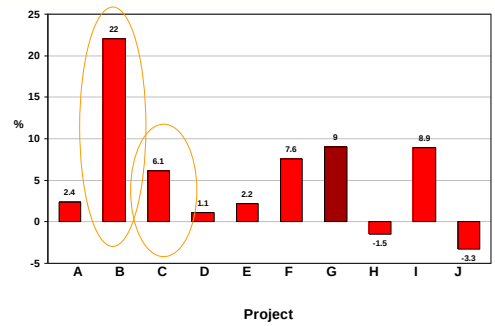
## % change active travel to work

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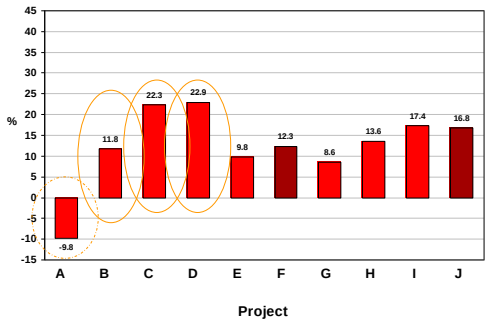
## % change 3 days mod 30 min sport and rec

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## Results: Nutrition

- Proportion meeting 5-a-day F&V
  - Significant increase in 5 projects
- Healthy eating index score
  - Significant increase in 3 projects

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## Results: Smoking behaviour

- No change

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## Supportive Environment

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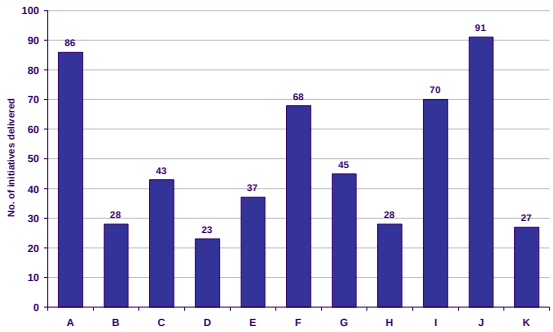
## DOSE: Total number of initiatives delivered across projects




Total = 546

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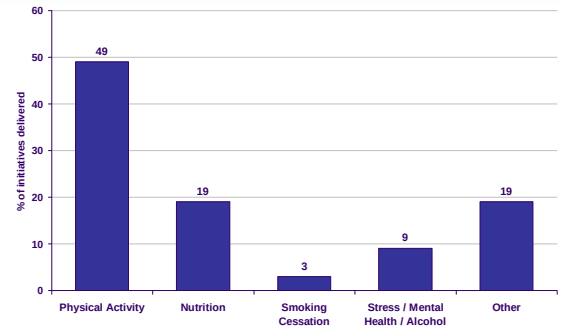
## DOSE: Number of Initiatives by Area




Total = 546

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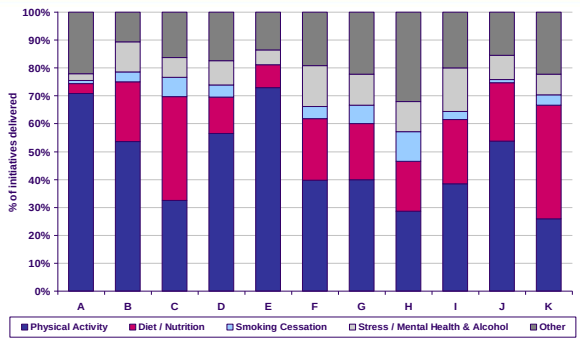
## Initiatives by area and by project

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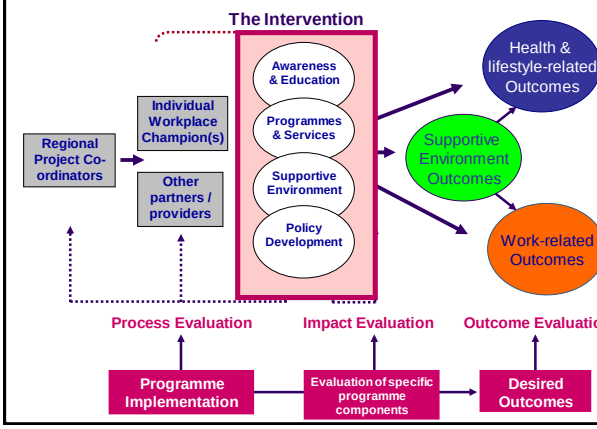
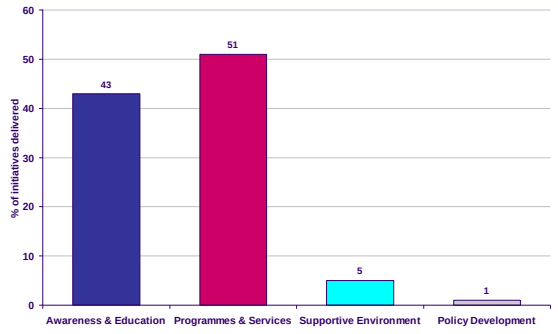
## Evaluation Framework: Well @ Work



## Initiatives by theme

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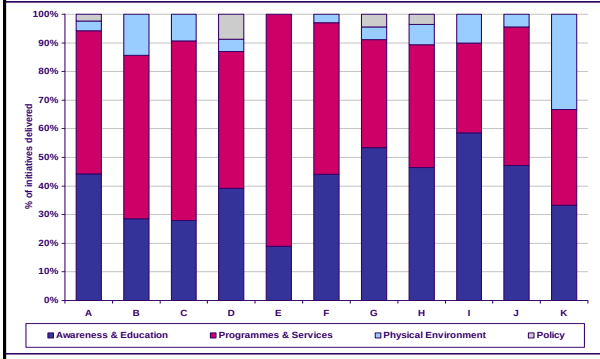
## Initiatives by theme and by project

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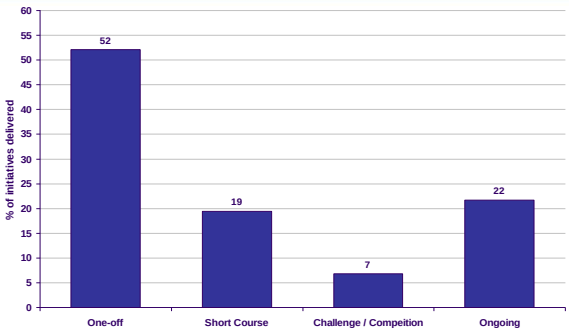
## Initiatives by type

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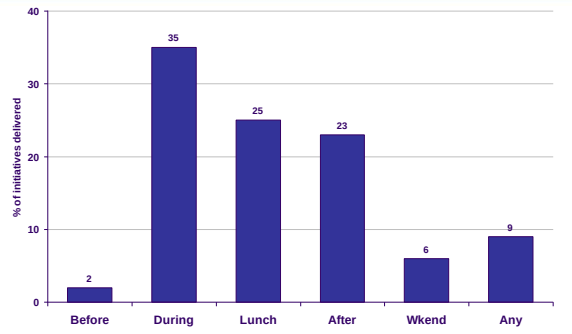
## Timing of initiatives

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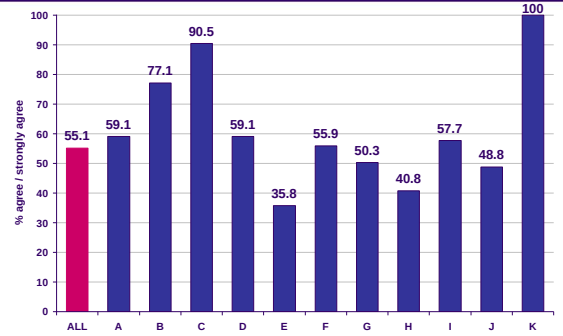
## Employees Views: Convenience by project

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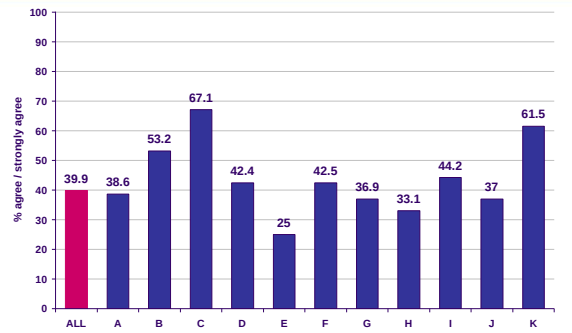
## Employees Views: 'met needs' by project

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## So what did we learn …….

- 546 initiatives delivered over 2 years
- Focussed primarily on PA - Secondary focus on nutrition
- Other areas viewed as more difficult (& sensitive)

- Well@Work initiatives provided mostly:
  - Awareness & education
  - Programmes & services
- Much less on supportive environment and policy

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## What did we learn?

- Evaluation of program implementation (process) is possible
  - Detailed data collected, regularly, over 2.5 years, across multiple project sites
  - New forms required – convenient

- Process data helped explain differential outcome results
- Provided basis for focus group and key informant interview planning
- Data triangulation provides very rich insights into complex programs delivery and evaluation

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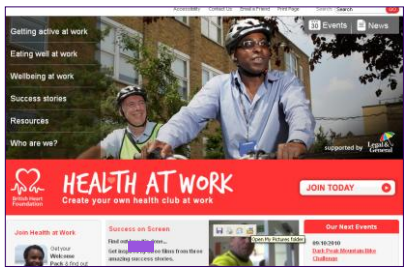


**THANK YOU**

**http://www.bhf.org.uk/publications**

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**Physical Activity & Public Health in Africa: A review of the problem and strategies for primordial prevention of non communicable diseases**

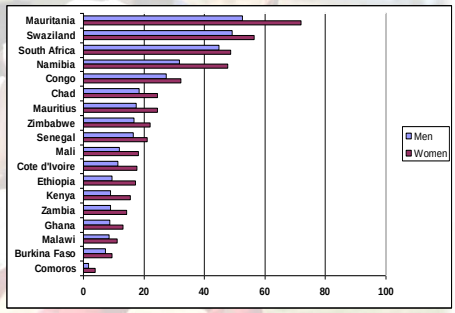
Matthew April, Tracy Kolbe-Alexander, Catherine Draper, Estelle V Lambert

UCT Research Unit for Exercise Science and Sports Medicine, Dept of Human Biology, Faculty of Health Sciences, University of Cape Town

## Scope of Presentation

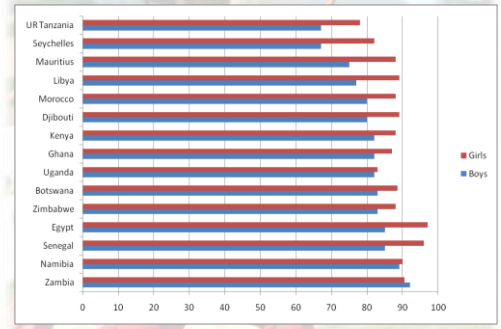
- Is there a problem?
  - Inactivity
  - Obesity
  - Link between physical inactivity, obesity and disease
  - Competing agendas in Africa
- Determinants or barriers to physical activity
- Promising initiatives and strategies

## Physical inactivity among adults in Africa




(Guthold et al., AJPM Vol. 34: 2008)

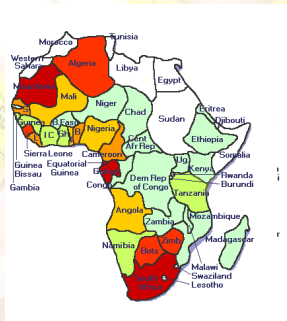
## Physical inactivity among children in Africa




Guthold et al., Journal of Pediatrics vol.157: July 2010

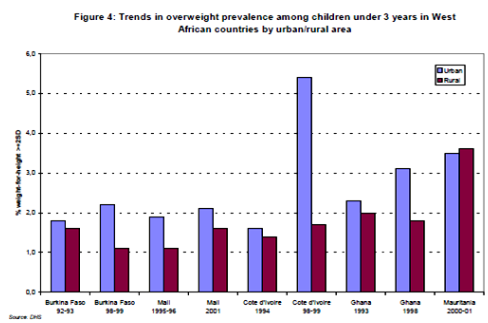
## Levels of obesity in Africa

Men
Women




Source: https://apps.who.int/infobase/Comparisons.aspx

## Childhood obesity: West Africa children < 3 yrs; prevalence and rural-urban trends

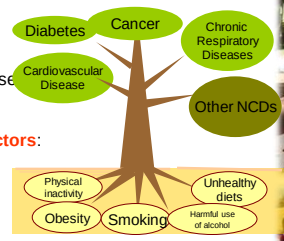



ftp://ftp.fao.org/es/esn/nutrition/ouagafinal.pdf

## NCDs: Huge burden, largely preventable

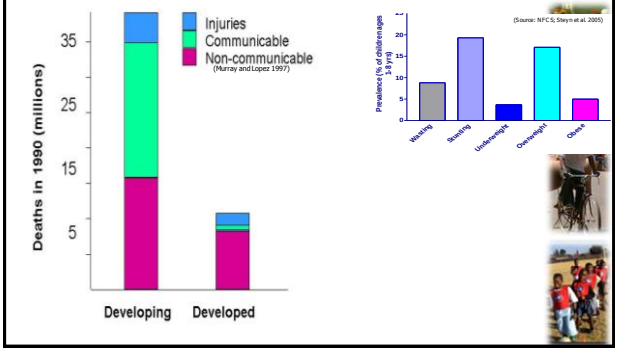
NCDs are responsible for up to 60% of all deaths, 80% in LIC/MIC
>80% of CVD, strokes and DM and >40% of cancers are preventable

- **Major NCDs**:
  - Cardiovascular disease
  - Cancer
  - Chronic respiratory disease
  - Diabetes
- **Shared preventable risk factors**:
  - Tobacco use
  - Unhealthy diet
  - Physical inactivity
  - Harmful use of alcohol




Bovet P., IUHPE/CDC Seminar Series: Building Capacity for CVD Health Promotion and Chronic Disease Prevention and Control in Africa, Entebbe, Uganda July 2009

## Competing agendas in developing countries




## Impact of Chronic Diseases in LMIC's Over Next 10 Years

- Deaths from chronic diseases = 28 million
- Represents a 27% ↑
- Diabetes alone will increase by 42%.
- Corresponding ↑ in infectious diseases 6%

Source of data: www.who.int/chp/chronic_disease_report/en

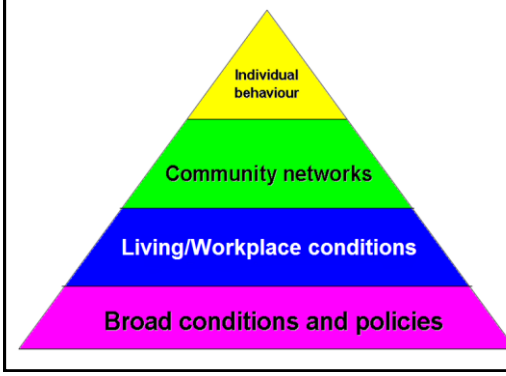
## Determinants and barriers for physical activity in Africa

## Socio-ecological model for factors shaping health behaviour and health outcomes

- The socio ecological model illustrates the inter-relationship between the individual and their environment.
- Social environment includes community norms and values, regulations, policies, culture.
- Some of the determinants and barriers to healthy behaviours are shared by the community as a whole.
- Need to approach health promotion on all levels in order to increase effectiveness.

Jane Moore: www.dhs.state.or.us/publichealth/hpcdp/about.cfm#wh

## Socio-ecological model for factors shaping health behaviour and health outcomes



## Road safety as a barrier to physical activity

| Country | Year | Driver | Passenger | Pedestrians |
|---|---|---|---|---|
| Ethiopia | 1998 | 7% | 43% | 51% |
| Kenya | 1995 | 11% | 34% | 44% |
| Malawi | 1994 | 10% | 53% | 37% |
| South Africa | 1994 | 27% | 32% | 41% |
| Tanzania | 1995 | 6% | 41% | 40% |
| Zambia | 1996 | 8% | 38% | 54% |
| Zimbabwe | 1996 | 28% | 27% | 44% |

G. Jacobs, Transport Research Laboratory Report 445 (2000)

## Living/workplace barriers to physical activity

- Lack of physical education at schools
  - 34% of schools do not have P.E. *(2008 youth risk behaviour survey)*
  - Competing agendas as teachers aim to improve schooling performance at all costs
  - Lack of funds to employ Physical educators
- Lack of free time and facilities in the workplace to engage in physical activity

## Social barriers to physical activity

- Gender
  - 11% of women participate in sport in SA
  - Sports that are highly aggressive and competitive are seen as masculine and unattractive by women
    - Government investment
  - Certain cultures do not look favourably on women engaging in physical activity [Participation Patterns in Sport and Recreation Activities in South Africa: 2005 Survey]
- Age
  - As people age their main priority is shifted towards caring for younger children and physical activity becomes less important

## Community interventions

**Mathare Youth Sports Association (MYSA)**

- Established in 1987
- Kenya-based self help youth programme linking sports with various community service activities
- Involves approximately twenty thousand young people.
- It has become a renowned youth serving organization that promotes sports for development

## Living/Workplace interventions

**Healthnutz**

Aim:

- To increase levels of physical activity amongst children aged 5-12 years old within the school setting.
- Increase health awareness using fun non competitive games primarily among foundation level learners (grade R - grade 4)

## Policy interventions

**Bicycling Empowerment Network Bikes initiative**

- Operates mainly in southern African countries
- Alleviate poverty through the promotion of bicycle use
- To enhance low-cost non-motorised transport
- Improve health through linking exercise and mobility.
- Collaboration with local and international partners to:
  - Facilitate the transportation of bicycles from Europe, the Americas and Asia to Southern Africa
  - Plan and introduce bicycle user paths and integrated linking networks.

http://www.benbikes.org.za/

- **Physical Activity promotion intiatives do exist throughout social environment**
  - **Are they effective?**
  - **Need to emphasise the importance of monitoring and evaluation**

## Conclusions

- Evidence shows high levels of physical inactivity among adults and children throughout Africa
- High levels of obesity exist and NCDs prevalence shows signs of increasing due to competing agendas and barriers of physical activity which exist on each level of the social environment
- High levels of physical inactivity can only be addressed by targeting interventions at each level of social environment.
- For this to be effective it will require custodians at community, workplace and policy level to promote physical activity and not just medical practitioners
- A network involving custodians at all levels would further improve the efficiency of physical activity promotion throughout social environment

# THANK YOU

# Generating practice-based evidence in South Africa: Evaluating community-based physical activity and sport programmes

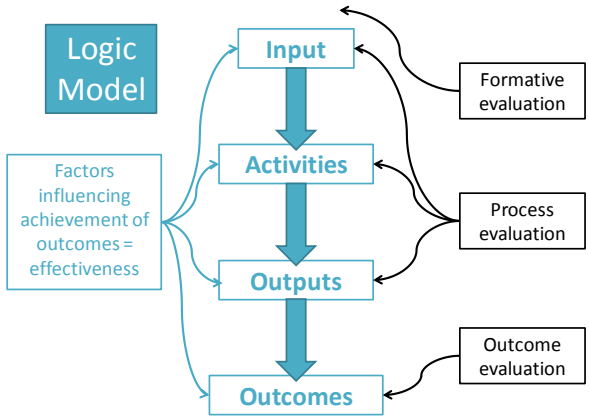
Catherine Draper,[1] Tracy Kolbe-Alexander,[1] Anniza de Villiers,[2] Vicki Lambert[1]

[1]UCT/MRC Research Unit for Exercise Science and Sports Medicine
[2]Chronic Diseases of Lifestyle Unit, Medical Research Council

## Introduction

- Increasing acknowledgement of importance of evaluation for community-based physical activity and sport programmes
- Challenge of the lack of capacity and resources to carry out evaluations / failure to budget adequately for evaluation
- Why evaluate?
  - Effectiveness for programme implementers and stakeholders
  - Intervention fidelity
  - Validity of logic model
  - Help make the case for practitioners, funders and policy makers

## Logic Model




## Practise-based evidence

Practice-based evidence –
- More connected with real practice
- Acknowledges context of practice
- Gives a voice to practitioners and service users
- Recognises practitioners first-hand knowledge and experience of what works, what needs to change, and how it may change

Evidence-based practice –
- Emphasis on Randomised Controlled Trials
- Can be removed from real world realities that interfere with practice

- Due to novelty of rigorous evaluation in South Africa, more practice-based evidence has been generated –
  - Consulting with programme staff
  - Developing meaningful research questions
  - Identifying appropriate evaluation tools

## Purpose

- Will outline some practice-based evidence generated from evaluations of physical activity and sport programmes being implemented in mostly low-income communities around South Africa
- RE-AIM model used as a framework: reach, efficacy/effectiveness, adoption, implementation and maintenance
- Formative evaluation conducted where possible

## Methods

- Settings include primary schools, central community facilities, primary care clinics, and sports clubs
- Quantitative and qualitative methods used –
  - Observation
  - In-depth interviews
  - Focus groups
  - Early childhood development testing
  - Fitness testing
  - Anthropometrics
  - Questionnaires
  - Clinical measures

## Methods

- Pragmatic approach taken to selection of methods, based on –
  - Needs of programme
  - Receptiveness of programme staff
  - Resources and time available
  - Feasibility of evaluation activities
- Retrospective vs prospective
- Focus on understanding adoption –
  - Community receptiveness to a programme
  - Feasibility of programmes in rural and urban settings
  - Factors contributing to successful implementation


## Results

## CHIPs

- Community Health Intervention Programmes (CHIPs) – physical activity-based health promotion programme in disadvantaged communities in Cape Town
- Primary school children, adults and seniors (peer-led)
- Evaluated factors contributing to programme success
- Success defined in consultation with staff and stakeholders
- Observation, structured interviews, focus groups, open-ended questionnaires with CHIPs staff, stakeholders, programme members and leaders
- Factors contributing to programme's success – community development model, scientifically sound programme content, leadership

Draper CE, Kolbe-Alexander TL, Lambert EV. Factors contributing to the success of a physical activity-based health promotion programme: a retrospective evaluation. *Journal of Physical Activity and Health* 2009; 6(5): 578-588.

## Discovery Healthy Lifestyle Programme

- CHIPs pilot in disadvantaged urban setting in Johannesburg
- Primary school programme – Healthnutz
- Assessed feasibility and acceptability, and short-term changes in children's fitness, knowledge and attitudes
- Situational analysis, focus groups, fitness testing and questionnaire (control and intervention schools)
- Raised awareness of the importance of physical activity in intervention schools
- In children – significant changes in perceptions of external barriers to physical activity ($p<0.0001$), self-efficacy for ($p<0.05$), and aspects of fitness

Draper CE, de Kock L, Grimsrud AT, Rudolph M, Nemutandani MS, Kolbe-Alexander TL, Lambert EV. Evaluation of the implementation of a school-based physical activity intervention in Alexandra township, South Africa. *South African Journal of Sports Medicine* 2010; 22(1):12-19.

## Discovery Healthy Lifestyle Programme

- CHIPs pilot in disadvantaged rural setting (Limpopo); growing burden of chronic diseases in these settings
- Primary school and senior's programmes – Healthnutz and Live it Up (primary care clinic-based)
- Assessed implementation process and factors enabling / hindering implementation
- Semi-structured focus groups, situational analysis (school), informal observations and interviews with programme coordinators

Draper CE, Nemutandani MS, Grimsrud AT, Rudolph M, Kolbe-Alexander TL, de Kock L, Lambert EV. Qualitative evaluation of a physical activity-based chronic disease prevention programme in low-income, rural South African setting. *Rural and Remote Health* 2010; 10:1467.

## Discovery Healthy Lifestyle Programme

- Programme well received by community and stakeholders and perceived to have value for health and other psychosocial outcomes
- Community characteristics (under-resourced and under-served) increased receptiveness to programme


Vakhegula Vakhegula Soccer Club for grannies


## HealthKick

- Primary school-based nutrition and physical activity intervention in disadvantaged rural and urban settings in Western Cape (16 schools)
- Formative evaluation of 100 schools –
  - Situational analysis of school physical and policy environment
  - Testing of teachers and children
  - Parent interviews



Draper CE, de Villiers A, Lambert EV, Fourie J, Hill J, Dalais L, Steyn NP. HealthKick: development, implementation and evaluation of a nutrition and physical activity intervention for primary schools in low-income settings. *BMC Public Health* 2010; 10:398.

## HealthKick

- Intervention mapping
- Intervention –
  - Action planning: process to assess areas for action, identify priorities and set feasible goals
  - Toolkit: resource guide, resource box, physical activity bin
  - Teacher's manual, including curriculum component
- Outcome evaluation
  - Children's knowledge, attitudes and behaviour, dietary intake, anthropometrics, fitness
- Key role of teachers, and importance of capacity development



Draper CE, de Villiers A, Lambert EV, Fourie J, Hill J, Dalais L, Steyn NP. HealthKick: development, implementation and evaluation of a nutrition and physical activity intervention for primary schools in low-income settings. *BMC Public Health* 2010; 10:398.

## Project Ithuseng

- Life skills programme for professional soccer players in SA
- Formative, process and outcome evaluation
- Questionnaire, focus groups and key informant interviews
- Programme more successful in women's clubs
- Improvement in life skills of players who completed the programme, specifically critical thinking (p=0.046)
- Main factor influencing successful implementation was buy-in of team management



Draper CE, Forbes J, Taylor G, Lambert MI. Empowering professional soccer players in South Africa: evaluation of *Project Ithuseng*. *(Manuscript in review)*

## Little Champs

- Programme for motor development for preschool children in disadvantaged communities (CT and JHB)
- Assessed impact of programme on gross motor skills and cognitive function (2 separate studies)
- Children exposed to the programme had significantly better locomotor ($p<0.005$) and object control ($p<0.01$) skills compared to controls
- Significant improvement in cognitive scores of children who participated regularly in the programme ($p<0.0001$)




Draper CE, Achmat M, Forbes J, Lambert EV. Impact of a community-based programme for motor development on gross motor skills and cognitive function in preschool children from disadvantaged settings. *(Manuscript in preparation)*

## Sport For All

- Sport coaching programme with life skills training for youth in disadvantaged settings in Johannesburg
- Supported by the Laureus Sport For Good Foundation
- Evaluating the extent to which they are achieving short-term outcome of improving life skills
- Questionnaire designed by researcher and programme management team



## Conclusion

- Where resources and capacity for evaluation are limited, and evidence-based practice is still in the process of being established, practice-based evidence can play a valuable role in the evaluation of community-based programmes
- Particularly relevant in low-income communities where context is complicated
- Evidence generated from these evaluations can contribute to the development of best practice for the implementation and evaluation of community- based interventions
- There is value in retrospective evaluation – it's never too late to evaluate, and some evaluation is better than none


CELAFISCS
Buc
€ 2010
Dirección de Promoción y Protección de la Salud. Prevención y Control de ENT
Subsecretaría de Prevención y Control de Riesgos
Ministerio de Salud Presidencia de la Nación


RAFA - PANA
RAAF
Red Argentina de Actividad Física
Ministerio de
Salud
Presidencia de la Nación
sume 30 minutos
de actividad física
por día
Agita
ASOCIACIÓN LATINOAMERICANA DE SALUD Y ACTIVIDAD FÍSICA


ArgentinaSaludable
En movimiento, alimentación sana y libre de tabaco
Ministerio de Salud Presidencia de la Nación
200 AÑOS
BICENTENARIO
ARGENTINO
Oscar Incarbone
oincarbo@yahoo.com.ar
www.msal.gov.ar
Dirección de Promoción y Protección de la Salud. Prevención y Control de ENT
Subsecretaría de Prevención y Control de Riesgos
Ministerio de Salud Presidencia de la Nación


Estrategia Nacional de Prevención y Control de Enfermedades Crónicas No transmisibles
El Plan Argentina Saludable y la construcción de cultura una saludable en y desde las organizaciones.
200 AÑOS
BICENTENARIO
ARGENTINO
Ministerio de Salud Presidencia de la Nación


RIESGO
PERCIBIDO
VS
RIESGO
REAL


Niveles de abordaje
Nacional
Provincial
Municipal
Coordinación de acciones
Regulación y control
Redes
Organizaciones
Sitios de trabajo
Establecimientos educativos
Entidades recreativas y de actividad física

Ministerio de Salud
Presidencia de la Nación

# 2ª ENCUESTA NACIONAL DE FACTORES DE RIESGO 2009

Para Enfermedades no Transmisibles

ENCUESTA NACIONAL DE FACTORES DE RIESGO

ENFR

Area de Vigilancia

Dirección de Promoción de la Salud y Control de ENT
Subsecretaría de Prevención y Control de Riesgos

200 AÑOS BICENTENARIO ARGENTINO

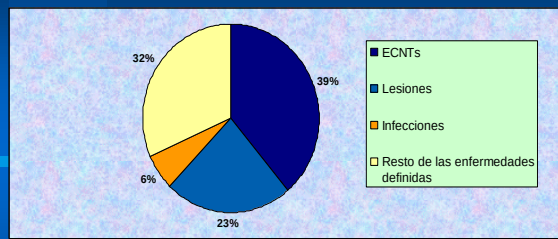
Ministerio de Salud Presidencia de la Nación

## Relevancia de las ENTs

- **Explican mas del 60% de las muertes y están en ascenso (para 2020 explicarán el 75% de las muertes)**
- **Incremento progresivo en gasto sanitario en ENTs**
- **Evitabilidad: Existe evidencia sobre políticas y acciones costoefectivas de prevención y control**
- **Las acciones sobre sus causas (FR) tienen mayor impacto sanitario.**

Dirección de Promoción de la Salud y Control de ENT
Subsecretaría de Prevención y Control de Riesgos

## Carga de Enfermedad




AVPP ajustados por edad, por grupos de causas, total país, 2

**Las principales ENT causan mas del 60%**
de los AVPP

## 2° ENCUESTA NACIONAL de FACTORES DE RIESGO 2009

**Objetivos**

- Monitorear la evolución de los principales factores de riesgo de las enfermedades no transmisibles.
- Evaluar el impacto de políticas de prevención realizadas a nivel nacional y provincial.
- Contribuir como insumo para la planificación y ejecución de la Estrategia Nacional de Prevención y Control de Enfermedades No Transmisibles y Plan Federal 2010-2016.

Dirección de Promoción de la Salud y Control de ENT
Subsecretaría de Prevención y Control de Riesgos

## ENFR 2009: resultados

ascenso descenso sin cambios significativos

| Indicadores principales (1) | 2005 | 2009 |
|---|---|---|
| Cobertura de obras sociales o privadas | 64,6% | 74,9% |
| Salud general mala o regular | 19,9% | 19,2% |
| Actividad física baja | 46,2% | 54,9% |
| Consumo de tabaco >18 sacar | 29,7% | 27,1% |
| Consumo de tabaco 18 a 64 años | 33.4% | 30.1% |
| Exposición al humo de tabaco ajeno | 52,0% | 40,4% |
| Alimentación % que come diariamente Frutas | 36,3% | 35,7% |
| Alimentación % que come diariamente Verduras | 40.0% | 37,6% |
| Consumen 5 porciones diarias de Frutas y Verduras | ----- | 4.8% |
| Siempre utiliza sal | 23,1% | 25,3% |
| Sobrepeso (IMC >25 y <30) | 34,4% | 35,4% |
| Obesidad (IMC ≥30) | 14,6% | 18,0% |

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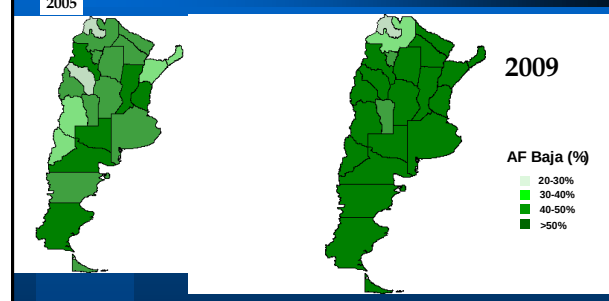
## Comparación ENFR 2005-2009
## Inactividad física

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Subsecretaría de Prevención y Control de Riesgos

## ENFR 2009: resultados

| Indicadores principales (2) | 2005 | 2009 |
|---|---|---|
| Control de Presión Arterial en los últimos 2 años | 78,7% | 81,4% |
| Prevalencia de presión arterial elevada | 34,5% | 34,8% |
| Control de colesterol (alguna vez) | 72,9% | 76,6% |
| Colesterol elevado (Entre los que se midieron) | 27,9% | 29,1% |
| Control glucemia | 69,3% | 75,7% |
| Diabetes (población total) | 8,4% | 9,6% |
| Realización de PAP, 2 años (mujeres) | 51,6% | 60,5% |
| Realización de Mamografía (mayores de 40 años) | 42,5% | 54,2% |
| Ansiedad-depresión (moderada a severa) | 21,8% | 19,2% |

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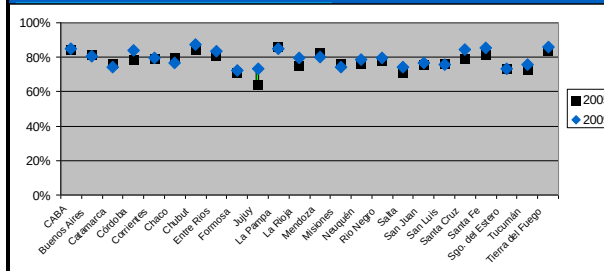
## Comparación ENFR 2005-2009
### Salud General Excelente, Muy buena o Buena

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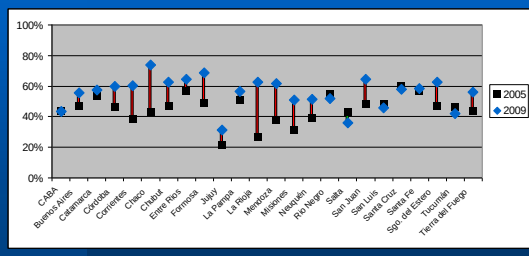
## Comparación ENFR 2005-2009
### Inactividad física

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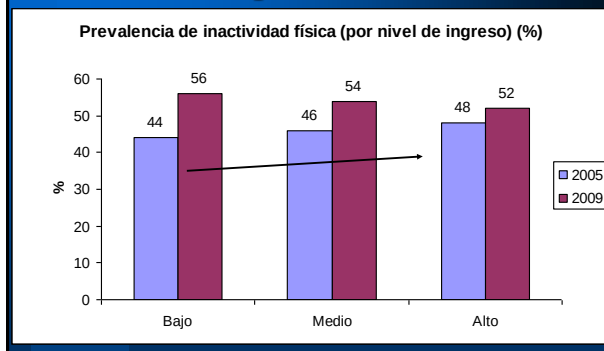
Subsecretaría de Prevención y Control de Riesgos

## Brechas en prevalencia de FR

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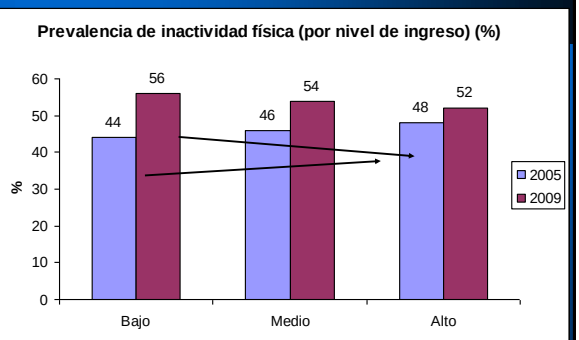
Subsecretaría de Prevención y Control de Riesgos

## Brechas en prevalencia de FR

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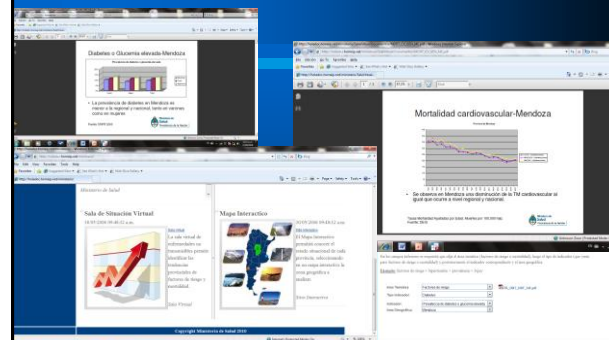
## Página web Vigilancia de ENT sala de situación virtual

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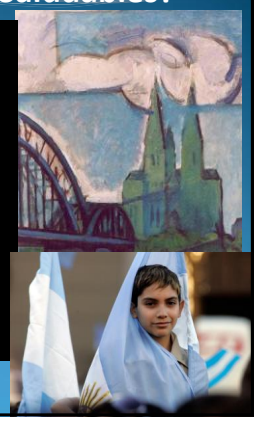
## Integralidad:
### Determinantes de la baja actividad física


## Plan Argentina Saludable **Algunas propuestas a modo de referencia.**

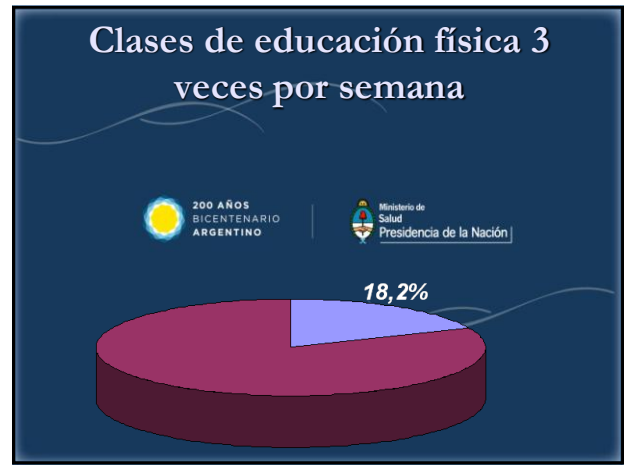

## Por qué Universidades Saludables?

- El entorno universitario impacta en la formación y ofrece oportunidades para promover conductas saludables
- Los universitarios lideran innovaciones y tienen un rol modélico
- Los profesionales de la salud

Están dentro de las personas mas sedentarias



## Clases de educación física 3 veces por semana




## Política y Currículo Escolar de Educación Física (EF)

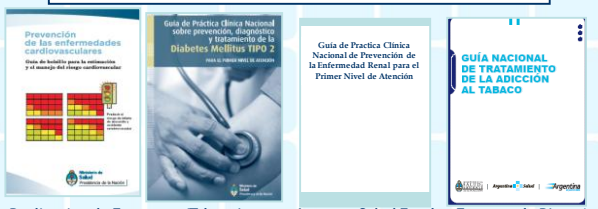
- Incremento de numero y tiempo en actividades
- Añadir nuevas clases o propuestas
- Extender las clases de EF existentes

## Proyectos Escuelas Saludables

- Concursos para alumnos y docentes
- Promoción de estilos de vida saludables en escuelas y universidades

## MANUAL DIRECTOR DE LA ACTIVIDAD FISICA PARA LOS ARGENTINOS A PRESENTARSE EL 6 DE ABRIL DIA MUNDIAL DE LA ACTIVIDAD FISICA 2011

*DESARROLLO E IMPLEMENTACION DE GUIAS DE PRACTICA*




- Realizacion de Encuestas (Tabaquismo en Jovenes, Salud Escolar, Factores de Riesgo)
- Analisis de morbimortalidad.
- Desarrollo de boletines de vigilancia.
- Desarrollo de pagina web.
- Prueba piloto de vigilancia telefonica.


## Contenidos de los mensajes

- **Sumar 30 minutos diarios de actividad física**
- **Consumir menos sal (sodio)**
- **Implementar ambientes 100% libres de humo de tabaco**




## Campaña "100.000 Corazones para un cambio saludable"


Objetivos de la Campaña

- Sensibilizar a la población sobre la importancia de una vida activa, libre de tabaco y con alimentación saludable, en todas las edades.
- Fortalecer una red de organizaciones que promuevan la salud en sus comunidades.
- Promover actividades locales efectivas para producir cambios de conducta y del entorno favorecedores de la salud.

## Principales actividades 2009

- I Jornada Nacional de Actividad Física y Salud, bajo el lema: "*Una comunidad activa construye salud*"
- Primer Curso Internacional de AF Agita Mundo
- Proyecto Universidades Saludables
- Proyecto Ministerio de Salud Saludable
- Apoyo al Programa Municipios Saludables
- Comisión para la reducción de grasas trans y sodio en los alimentos procesados
- Proyecto de reducción de sal en panaderías y pausas activas
- Campañas de comunicación
- Registro Nacional de empresas e instituciones libres de humo
- Promoción de legislación libre de humo de tabaco
- Formación de equipos provinciales en tratamiento de tabaquismo
- Red Nacional de Jóvenes.

## Actividades en el área de Actividad física

- **Campañas de prensa y comunicación,** Destinadas a sensibilizar y crear conciencia sobre los beneficios de la AF.
- **Señales:** promoviendo la AF como el uso de escaleras en puntos de decisión.
- **Implementación de parques, calles y áreas verdes para la recreación y actividad saludable,** por ejemplo senderos y pistas saludables.
- **Realización de actividades recreativas y deportivo-recreativas comunitarias:**
  como actividades en plazas para toda la comunidad, encuentros deportivo-recreativos, festivales de juegos para la familia, bailes en ambientes libres de humo, bicicleteadas, caminatas participativas, biciturismo
- **Promoción del uso de transportes no motorizados,** como el uso de bicicletas, construcción, iluminación y mantenimiento de ciclo-vías y caminos peatonales, campañas de educación vial con relación al transporte no motorizado.
- **Incremento de la actividad física en edad escolar,** como abrir la escuela a la comunidad con actividades fuera del horario regular.
- **Formación y capacitación de profesionales y líderes de la comunidad** para la adquisición de conocimientos y habilidades en actividad física y salud.

## Otras campañas (1 al 30 de noviembre)

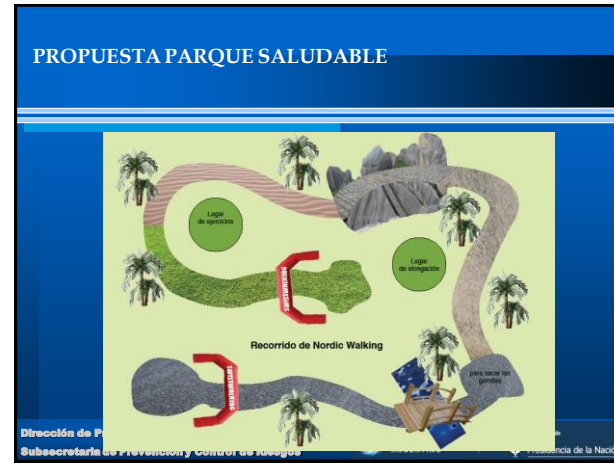
- **Día Mundial de la Diabetes** (14/nov) con promotores en el centro de Buenos Aires. Folletos.
- **Día Internacional del Aire Puro** (19/nov) Entrega de premios a Escuelas Libres de Humo de Tabaco. Carpa y baile espontáneo en el centro de Buenos Aires.


Actividades diversas organizadas por las entidades adherentes **(ONG, Sociedades, Instituciones etc) durante todo el mes.**





Ministerio de Salud Saludable
Medición de la edad pulmonar
Controlá la salud
de tus pulmones
Escalera a la Salud
Dirección de Promoción de la Salud y Control de ENT
Subsecretaría de Prevención y Control de Riesgos
4384-0324/5


PROPUESTA PARQUE SALUDABLE
Lugar de ejercicios
Lugar de elongación
Recorrido de Nordic Walking


EL MEJOR COMBO
ArgentinaSaludable


ArgentinaSaludable
En movimiento, alimentación sana y libre de tabaco
Ministerio de Salud
Presidencia de la Nación
PLAN ARGENTINA SALUDABLE
INFORMACIÓN EPIDEMIOLÓGICA
DOCUMENTOS
SITIOS DE INTERÉS
CAMPAÑAS
Noticias destacadas
Clases para vivir mejor.
Actividades personales para llevar una vida sana
Para cuidar la salud de uno mismo y de su familia es muy importante hacerlo cada día con sencillas medidas que tienen muy gran efecto:
· Llevar una vida activa
· Comer saludablemente
· No fumar y evitar el humo ambiental de tabaco
Galería de imágenes
Oscar Incarbone
oincarbo@yahoo.com.ar
www.msal.gov.ar
Programa Nacional de Control del Tabaco