



Les opportunités qu'offre une ville pour bouger davantage – Physical activity promotion in the city

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IUMSP - ISPA – LS série de colloques « Ville et santé », Lausanne, 29.09.2009

Handout at www.physicalactivityandhealth.ch (-> presentations)

Base Document for Switzerland

Health-Enhancing Physical Activity

www.physicalactivityandhealth.ch
 Institut für Sozial- und Präventivmedizin
 Universität Zürich
 hepa.ch
 Gesundheitsförderung Schweiz
 Promotione Salute Svizzera
 Promozione Salute Svizzera

Why physical activity is healthy

Activity levels in Switzerland

Factors influencing our activity behaviour

Getting people to be more active

www.hepa.ch
www.physicalactivityandhealth.ch/documents

EUROPE
Physical activity and health in Europe
 EVIDENCE FOR ACTION

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.

1. Why is physical activity important for health?
2. What is known about current levels of physical activity and inactivity?
3. What factors and conditions influence physical activity?
4. What can the health sector and others do to increase physical activity?

www.euro.who.int/hepa

Document de base

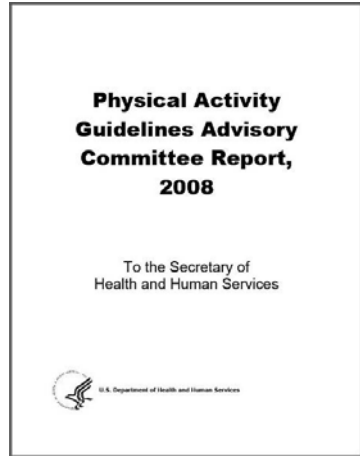
Activité physique et santé

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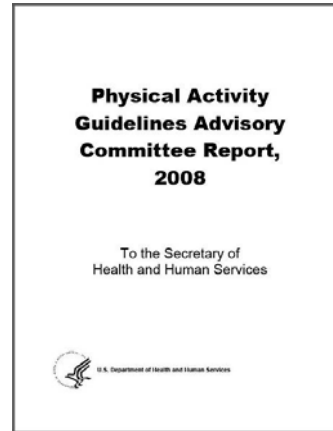
www.hepa.ch
www.physicalactivityandhealth.ch/documents

Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

www.health.gov/paguidelines



Overall Benefits of Physical Activity on Health



„Very strong scientific evidence based on a wide range of well-conducted studies shows that physically active people have higher levels of health-related fitness, a lower risk profile for developing a number of disabling medical conditions, and lower rates of various chronic diseases than do people who are inactive.“

Health benefits of physical activity in adults

- | | |
|----------------------------------|--------------------------|
| ↑ Life expectancy | ↓ Coronary heart disease |
| ↑ Cardiorespiratory fitness | ↓ High blood pressure |
| ↑ Muscular fitness | ↓ Stroke |
| ↑ Healthy body mass | ↓ Diabetes type II |
| ↑ Healthy body composition | ↓ Metabolic syndrome |
| ↑ Bone health | ↓ Colon cancer |
| ↑ Sleep quality | ↓ Breast cancer |
| ↑ Health-related quality of life | ↓ Depression |

Additionally in older adults:

- | | |
|----------------------|-------------------|
| ↑ Functional health | ↓ Risk of falling |
| ↑ Cognitive function | |

↑ *strong evidence*
 ↑ *modest evidence*

Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

Health benefits of physical activity in children

- | | |
|---|-----------------------|
| ↑ Physical fitness | ↓ Body fatness |
| ↑ Cardiorespiratory endurance | ↓ Anxiety symptoms |
| ↑ Muscular strength | ↓ Depression symptoms |
| ↑ Health status | |
| ↑ Favourable cardiovascular risk profile | |
| ↑ Favourable metabolic disease risk profile | |
| ↑ Bone health | |

↑ *strong evidence*
 ↑ *modest evidence*

Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

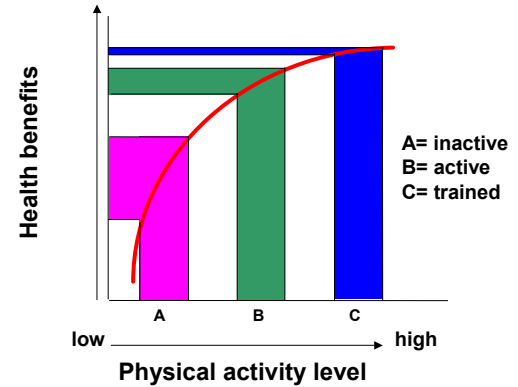
Pattern of Physical Activity and Health

- ↑ “The dose-response curves for the major health benefits clearly indicate an inverse relation between the dose of activity and rate of disease.”
- ↑ “Although the minimum amount of activity needed to produce a benefit cannot be stated with certainty, nothing would suggest a threshold below which there are no benefits.”
- ↑ “Reasonably strong evidence demonstrates that participating in moderate to vigorous physical activity for more than 150 minutes per week is associated with greater health benefits for a variety of health outcomes (...). However, in a number of studies where such a dose response is observed (...), the relation appears to be curvilinear. This means that the absolute increase in benefits becomes less and less for any given increase in the amount of physical activity.”

↑ *strong evidence*
 ↑ *modest evidence*

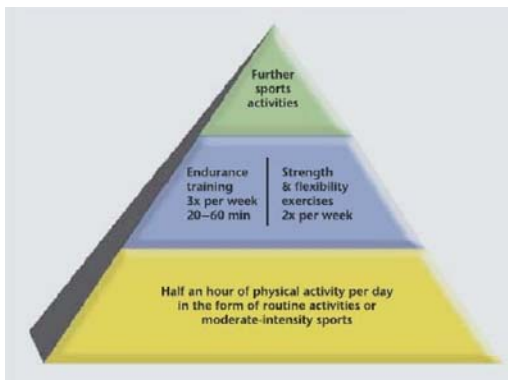
Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

Dose-response relationship for physical activity and health



Source: Nelson, Haskell, 1994

Swiss HEPA recommendations for adults



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

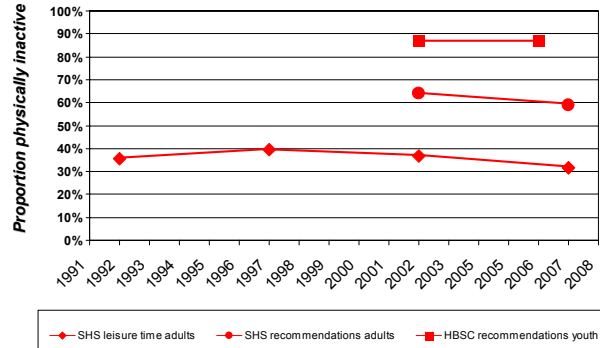
Swiss HEPA recommendations for school-aged children



Federal Office of Sport, Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland 2006

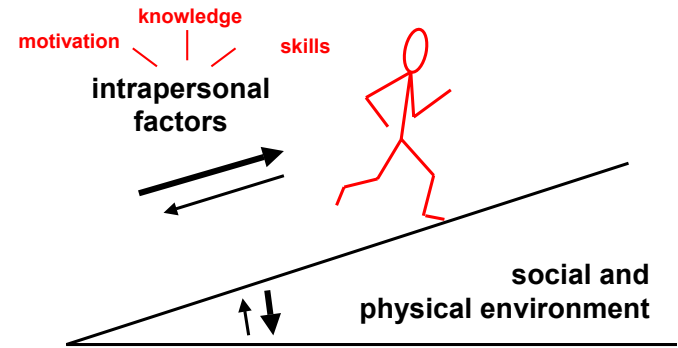


Physical activity behaviour over time



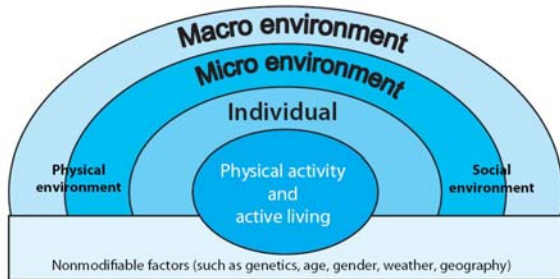
Martin BW, Mäder U, Stamm HP, Braun-Fahrlander C. Physical activity and health - what are the recommendations and where do we find the Swiss population? *Schweiz Z Sportmed Sporttraumatol* 2009; 57 (2); 37-43.

Determinants of (physical activity) behaviour



Martin BW, Martin E, Mengisen W. Promotion de l'activité physique: définir des stratégies intégrées en Europe. In *Inserm. Activité physique et santé. Contextes et effets sur la santé. Expertise collective*. Paris, Inserm 2008: 755-768.

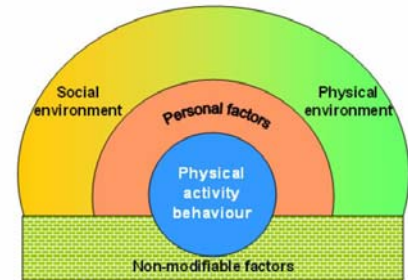
Determinants of physical activity behaviour



Source: adapted from Dahlgren (61).

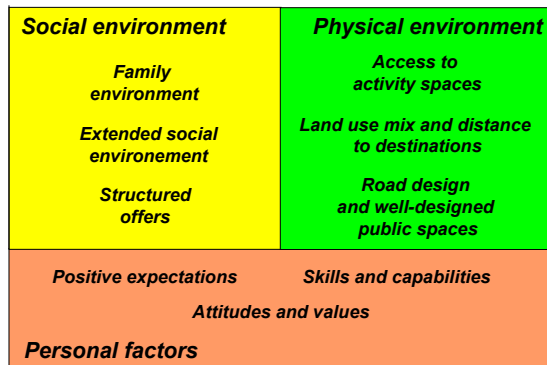
Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Determinants of physical activity behaviour



Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006. www.physicalactivityandhealth.ch/documents

Modifiable determinants of physical activity behaviour



Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Measures for promoting physical activity

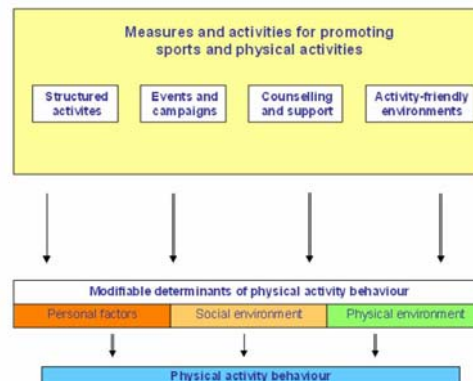


Figure 5. Measures to promote sport and physical activity. One measure can have an impact on multiple factors.

Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Measures and activities for promoting physical activity

- Structured activities
- Events and campaigns
- Counselling and support
- Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.

Local seed money projects

- Community level physical activity promotion projects, financially supported by funds from the national level
- Successful in national physical activity programmes in Finland and England (~ 500-1000 US\$/project)
- Opportunity for Swiss physical activity campaign planned for 2000

Local seed money projects Switzerland

- Opportunity for Swiss physical activity campaign planned for 2000
- No PA campaign but general health promotion campaign
- Seed money project carried out independently
 - 55'000 Swiss Francs (45'000 US\$) to be distributed over ½ year, 1000 Francs (800 US\$) per project
 - Project guide developed and made available in German, French and Italian
 - Minimal evaluation requirements; 500 Francs available after application, 500 Francs after final questionnaire

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Local seed money projects Switzerland



Local seed money projects Switzerland 2000-2002

- Original objectives were not met, duration changed from ½ year to 2 years
- Still only 19'500 Swiss Francs out of 55'000 distributed
- Financial support appreciated, all other support hardly used
- The need for evaluation was not understood
 - Many projects did not collect second 500 Francs because they did not send in the final questionnaire
 - Only minority of projects took part in further quality control and only in most rudimentary way

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Local seed money projects Switzerland 2000-2002

- Possible reasons for failure
 - National physical activity campaign cancelled
 - Financial incentives irrelevant in view of limited capacities for funding application as well as development and implementation of intervention projects
 - Limited understanding for benefits of evaluation
- Capacity building should have higher priority
- Better use of settings and more targeted interventions

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Settings in physical activity promotion

“The "settings" approach has proved useful in the field of health promotion. This approach emphasizes the importance of the conditions and environments in which people live, learn, work and spend their leisure time. Focussing on settings enables good access to target groups, optimum use of resources and the coordination of measures and activities. (...)

The following settings have been found to be significant in relation to sport and physical activity:

- Family
- Educational establishments (kindergartens, schools)
- Sport and youth organisations
- Community
- Workplace
- Medical environment (general practice)”

Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Bike to work Switzerland

- Teams of four work colleagues have to cycle to work on 50% of working days during month of May. Team member don't have to cycle together.
- Good experiences in Scandinavia and Germany
- Pilot study in Switzerland in 2005, focussing on feasibility and acceptance both in participants and non-participants

Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrländer C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, in press.

Bike to work Switzerland

- Pilot study in Switzerland in 2005, focussing on feasibility and acceptance both in participants and non-participants
 - Structured Interviews with random samples of participants (n=178) and non-participants (n=159)
 - Good acceptance in both groups
 - No differences regarding gender or education. Participants were younger, lived closer to work and were more frequently habitual cyclists
 - No differences regarding physical activity level.
 - 37.6% of participants had not used the bike for commuting to work prior to the campaign

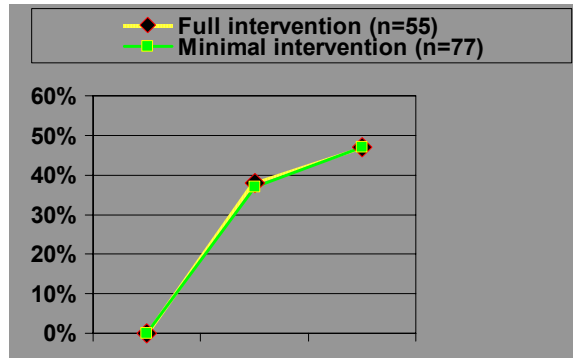
Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrländer C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, 2009.

Bike to work Switzerland

- Teams of four work colleagues have to cycle to work on 50% of working days during month of May. Team member don't have to cycle together.
- Good experiences in Scandinavia and Germany
- Successful pilot study in Switzerland in 2005
- 2006: 400 enterprises, 21'547 participants
- 2007: 607 enterprises, 33'182 participants
- 2008: 873 enterprises, 45'581 participants
- 2009: 1095 enterprises registered
- Organisers keep using evaluation tools

Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrländer C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, 2009.

Active upon advice efficacy study 2000/2001 - Effects after 6-8 weeks and 14 months



Proportion of active study participants

Jimmy G. Martin BW. Implementation and effectiveness of a primary care based physical activity counselling scheme. Patient Education and Counseling, 2005.

Physical activity counselling in primary care – the situation in Switzerland

- **Development of interventions based on international experiences, but adapted to local situation**

- *Good acceptance in patients, GPs and other primary care staff*
- *Indications for effectiveness*
- *But: difficulty to recruit primary care partners*

Physical activity counselling in primary care – the situation in Switzerland

- **Development of interventions based on international experiences, but adapted to local situation**

- **Development of interventions for large-scale implementation**
(„Bridging the gap between research and practice“)

- *Research on GPs and other partners' needs and attitudes*
- *Development of professional communication material*

Originalartikel

97

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

Attitudes towards Physical Activity Promotion in Primary Care HEPA survey Switzerland 2004, n=811

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

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

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

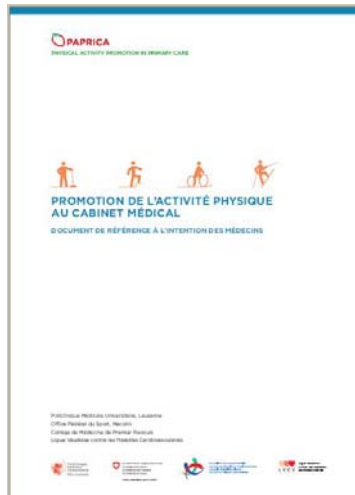
Development of professional communication material

- Based on existing experiences and expert opinion
- Testing and focus groups with patients and GPs
- Co-operation with Swiss College of Primary Care Medicine



- Testing of procedures and materials in 19 primary care practices in French speaking and 6 in German speaking Switzerland
- Final adaptations in procedures and material

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



Development



- **1996: Launched by three health insurance companies and Swiss Olympic**
- **2003: public-private partnership:**
 - » Federal Office of Sport
 - » Health Promotion Switzerland
 - » Swiss Olympic
 - » santésuisse (association of Swiss Health Insurances)

Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

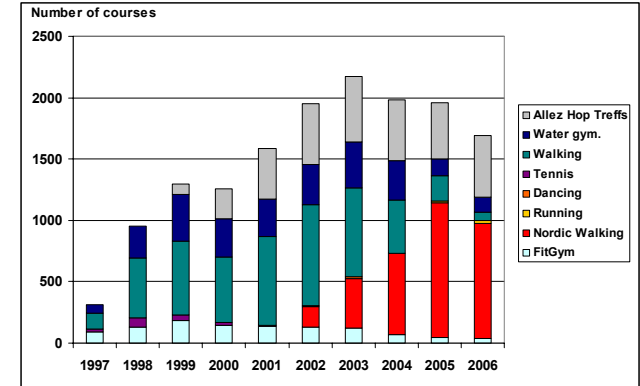
The programme Allez Hop



- Weekly lessons during ten week courses, qualified instructors
- National programme
- At the beginning in collaboration with sports clubs and associations; later also with independent instructors
- Up to 20'000 participants per year, 90% female

Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

Course development

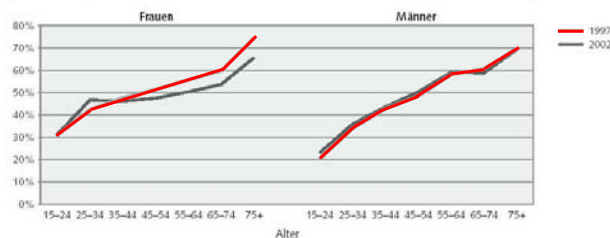


Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008



“Inactivity in sports” in the Swiss Health Surveys 1997 und 2002

Anteile der sportlich inaktiven Frauen und Männer nach Alter, 1997 und 2002 G 10



Quelle: BFS, Schweizerische Gesundheitsbefragung 1997, 2002. Bewegung unterwegs: n=19'528 (2002), 12'941 (1997). Sportverhalten: n=19'706 (2002), 11'004 (1997).

Lamprecht M, Stamm HP. Bewegung, Sport, Gesundheit. Fakten und Trends aus den Schweizerischen Gesundheitsbefragungen 1992, 1997, 2002. StatSanté, Resultate zu den Gesundheitsstatistiken in der Schweiz, 1/2006.



Most popular sports in Switzerland 2007

	level 2007	change since 2000
Bicycle, mountainbike	35.0%	+3.2%
Walking/hiking*	33.7%	+11.1%
Swimming	25.4%	-0.9%
Skiing	21.7%	+3.8%
Jogging/running	16.8%	-0.8%
Fitness training	14.0%	+2.5%
Gymnastics	11.7%	-5.3%

*47% nordic walking; 20% walking; 33% brisk walking

Lamprecht M, Fischer A, Stamm HP. Sport Schweiz 2008: Das Sportverhalten der Schweizer Bevölkerung. Magglingen, BASPO 2008

Allez Hop



- The programme has reached insufficiently active middle aged women for a decade
- *Allez Hop* is the top evaluated physical activity promotion programme in Switzerland
- First indications for effects at population level
- Evaluation supported a continuous programme development for more than 10 years
- Currently continued only at the regional level

Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

Example for identified projects: Reconstruction of an existing road (Wabern, Switzerland)



before

after

Thommen O, Braun Ch. Effectiveness of transport interventions to promote Human Powered Mobility (HPM) or daily physical activity Executive Summary of the Intermediate Report, December 2003.

Comparison of adult physical activity levels in three Swiss alpine communities with varying access to motorized transportation

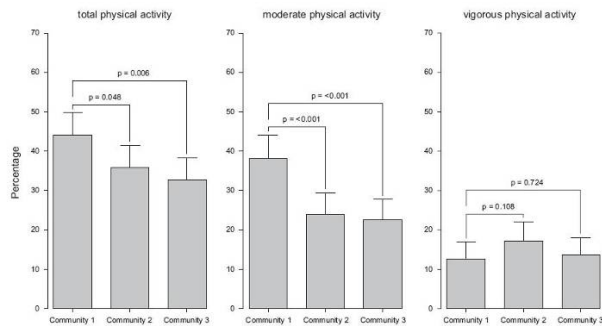


Fig. 1. Age- and sex-adjusted prevalence of sufficient total, moderate and vigorous physical activity by community.

Thommen Dombos O, Braun-Fahrlander Ch, Martin-Diener E. Health & Place, in press.

Measures and activities for promoting Human-Powered Mobility

- ➔ Activity-friendly environments
- ➔ Campaigns and events
- ➔ Structured activities, counselling and support
- ➔ Financial incentives

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Network HEPA Switzerland: Muscle-Powered Mobility. Base Document for Switzerland. Magglingen: Swiss Federal Office of Sports, 2008.

Overview and highlights of effective approaches

Spotlight: A community on the move: the experience of San Mauro Pascoli, Italy (120)

This project targeted sedentary women and elderly people, to promote the number of sedentary people about the health benefits of organized physical activities. The outdoors during spring and summer during autumn and winter. Not part, mostly middle-aged women implemented for the long-term continuation of the programme. T.G.P.s, community representatives, social workers, local grass and the private sector.

A key finding was that, while not reported to be well aware of the physical activity, they lacked to be physically active in their own couple, using the local parks. They the opportunity for social interaction and information and the opportunity to prompt changes in behaviour without being accompanied by interventions that facilitate physical activity.

Spotlight: National sport concept in Switzerland (78)

A new concept for a national sports policy in Switzerland was prepared in 2000, a strategy document for enhancing physical activity of the scientific evidence.

When the Federal Government at the end of 2000, it defined the national sports concept more physically active people. This was in line with public consistently shown that a population know that physical health. The concept new partnerships across government, and between grass and mass media.

Spotlight: Odense, Denmark's national cycling city (102)

Odense was Denmark's official National Cycle City from 1999 to 2002. The Ministry of Transport and the National Road Directorate invested significant funding to demonstrate how coordinated effort could increase cycling. During the four years of the overall programme, 50 projects were developed and implemented, including physical improvements, campaigns and changes in regulations, with an emphasis on trying out innovative ideas.

By the end of 2002, cycling traffic in the municipality of Odense had increased by 20% and the number of accidents involving cyclists had been reduced by 20%, compared to 1996/1997. The evaluation estimated savings for the health sector, mostly attributed to increased safety and reduced noncommunicable diseases.

Spotlight: The congestion charge in London, United Kingdom (100/101)

In 2003, London introduced a congestion charging scheme in which cars were charged to enter a zone in the centre of the city. In 2006 the charge is €11.60 per day. The primary objective of the scheme was to reduce traffic congestion in and around the charging zone. It also affected physical activity: there was a 20% increase in cycle journeys on in crèches. There may also have been an increase in walking – both as trips and as part of the increased number of journeys out. London's example shows how such initiatives can have positive (and some) benefits to public health.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.

Inventory of approaches in physical activity promotion

Physical Activity - Microsoft Internet Explorer

World Health Organization Regional Office for Europe

International inventory of documents on physical activity promotion

Welcome to the international inventory of documents for the promotion of physical activity, compiled within the framework of HEPA Europe, the European network for the promotion of physical activity, in close collaboration with the transport and health programme of the WHO Regional Office for Europe.

The inventory aims at providing Member States with easily accessible information on physical activity promotion and at disseminating evidence experiences to support policy developments.

This inventory contains policy documents, approaches and targets related to the promotion of physical activity available from countries across and outside the WHO European Region. They reflect policy initiatives undertaken at different administrative levels (national, sub-national or local) and by different sectors involved with the promotion of physical activity, such as health promotion, sport, transport, environment, education. The inventory is focusing mainly on the identification of national policy documents on physical activity promotion.

Information can be viewed and searched on a country basis or in a summary table, listing all countries, by clicking one of the tabs above.

More information about the project can be found in the HEPA Europe website

www.euro.who.int/hepa

PA promotion guidance based on international evidence

The Community Guide Home Page

COMMUNITY Preventive Services

The Community Guide: What works to promote health

Community Guide Topics

- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs and Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Obesity
- Oral Health
- Physical Activity**
- Tobacco
- Vaccines
- Violence
- Workplace

Community Guide Topics

Promoting Physical Activity

- Studies show that regular physical activity can cut the risk for developing depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer.
- Less than half of U.S. adults get the amount of physical activity that CDC recommends.

Following are the recommendations for:

- Children
- Adults
- Older adults

Community Guide Systematic Reviews

The Community Guide includes systematic reviews of interventions in the following areas:

- Campaigns and informational approaches
- Behavioral and social approaches
- Environmental and policy approaches

www.thecommunityguide.org/pa

PA promotion guidance based on international evidence

Public Health Agency of Canada / Agence de la santé publique du Canada

PUBLIC HEALTH AGENCY of CANADA

www.publichealth.gc.ca

Public Health Agency of Canada / Agence de la santé publique du Canada

THE CANADIAN BEST PRACTICES PORTAL FOR HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

Welcome to the Canadian Best Practices Portal. The purpose of the Portal is to improve policy and program decision-making by enabling access to the best available evidence on chronic disease prevention and health promotion.

Look at all the Interventions-At-A-Glance

Click here to go to Interventions-At-A-Glance

Interventions-At-A-Glance

- Population Health Approach: the Organizing Framework
- Access Training and Consultation Services
- Join/Login
- Get Help
- About Us

PEER NUTRITION PROGRAM

New User Tutorial

Glossary

Nominate Resources and Interventions

Essential Nutrition Program

Health sites, Descriptive sites, Case studies, Narrative

Descriptive sites, Phenomenological

Quasi-experimental

Peer Nutrition Program

The Peer Nutrition Program provides culturally and linguistically appropriate nutrition education to parents, grandparents and caregivers of children aged six months to six years in over 100 diverse locations across Toronto.

www.cbpp-pcpe.phac-aspc.gc.ca

PA promotion guidance based on international evidence

Navigation: Skip navigation | View impaired | Login | Links | Glossary | Contact | Site map | Site help

NHS National Institute for Health and Clinical Excellence

Home | Our guidance | Using guidance | Get involved | News & Events | About NICE

Full site search: Advanced search

Providing national guidance on promoting good health and preventing and treating ill health

Welcome to the National Institute for Health and Clinical Excellence
NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
Read more about NICE

Using guidance
NICE helps health professionals implement our guidance by providing tools such as cost templates, audit criteria and slide sets.

- Implementation tools
- Commissioning guides - including tool toolkits
- Optimal practice review: recommendation reminders

Get involved

- Become a lay member of the development group looking at the management of stable angina

Latest guidance

- Critical illness rehabilitation
- Management of long term sickness and incapacity for work
- Schizophrenia (update)
- Deep dermal injection of non-absorbable gel polymer for HIV-related facial lipoatrophy

See all latest guidance

In focus: NICE helps combat long-term sickness absence and incapacity for work
An estimated 175 million working days are lost in Britain due to sickness absence each year, at a cost of almost £100 billion to the economy, including the health service - greater than the annual budget for the NHS.
Read the full article...

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www.nice.org.uk

PA promotion guidance based on international evidence

NHS National Institute for Health and Clinical Excellence

Issue Date: March 2008

Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling

Public Health Intervention Guidance No. 7

NHS National Institute for Health and Clinical Excellence

Issue Date: January 2008

Promoting and creating built or natural environments that encourage and support physical activity

NICE public health guidance 8

www.nice.org.uk

PA promotion guidance based on international evidence

NHS National Institute for Health and Clinical Excellence

Issue Date: May 2008

Workplace health promotion: how to encourage employees to be physically active

NICE public health guidance 13

NHS National Institute for Health and Clinical Excellence

Issue Date: January 2008

Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings

NICE public health guidance 17

www.nice.org.uk

Conclusions

- There is well established evidence for the health effects of physical activity
- Physical inactivity is a public health problem
- There is evidence for the effectiveness of a series of interventions
- The city and related settings play a key role in promoting physical activity
- Further evaluation and research is needed to guarantee the optimal use of resources and to monitor progress at the population level