
**University of Zurich**  
 Institute of Social and Preventive Medicine

## HEPA promotion in 2010 – The role of different actors

Strategies and approaches on international, national and regional level  
 Brian Martin, MD MPH  
 Physical Activity and Health Unit

*6th International Conference Movement and Health 2010,  
 2nd HEPA Europe Conference, Olomouc, 24-26th November 2010*

24 November 2010
Page 1

### The local, national and international level in HEPA promotion

International experiences


↕

National level support

↕

**Local HEPA promoters**

↙ ↘



24.11.2010
University of Zurich, HEPA promotion in 2010, Brian Martin
Page 2

### Local seed money projects Switzerland



**50'000.-  
 DE SOUTIEN AUX PROMOTEURS  
 D'ACTIVITES PHYSIQUES !**  
 VOUS ETES UNE STRUCTURE LOCALE OU  
 UNE PERSONNE BENEVOLE ET VOUS  
 FINANCEZ LES ACTIVITES PHYSIQUES  
 GRACE A VOTRE ACTION.  
 VOUS AVEZ UN PROJET QUI MERITE AUX  
 YEUX DE SE DEPENDRE PHYSIQUEMENT  
 LA FEDERATION SUISSE POUR LA PROMOTION  
 DE LA SANTE ET L'OFFICE FEDERAL DU SPORT  
 VOUS ENCOURAGENT FINANCIEREMENT.

**RECEVEZ UNE SOMME  
 D'ENCOURAGEMENT  
 DE 1'000.- CHF !**  
LES BUDGETS DE 1'000.- CHF SONT ALLOUES A PARTIR DE 2011. LE MONTANT EST A NEGOCIER AVEC LE SERVICE D'ENCOURAGEMENT FINANCIER.

**FEEL YOUR POWER**



Ein Projektleitfaden der Stiftung 19 -  
 Schweizerische Stiftung für Gesundheits-  
 förderung Autor: Ruedi Hösli, Radix Gesund-  
 heitsförderung, unter Mitarbeit von: Josef  
 Bächler, Projektleitung Vita Parcours; Hans-  
 jörg Ryser, Schweizerische Vereinigung für  
 Ernährung; Kathi Frei, Spiez; Ursula Zybach,  
 ISPM Basel; Stefan Spring, Radix Gesund-  
 heitsförderung; Sprachliche Federführung:  
 Jeanine Näfeli, Zürich

**Projekte brin-  
 gen Bewegung  
 ins Land**

**FEEL YOUR POWER**  
Schweizerische Stiftung für Gesundheitsförderung - Stiftung 19

### Local seed money projects Switzerland

- Community level physical activity promotion projects, financially supported by funds from the national level
- Successful in national physical activity programmes in Finland and England (~ 300-800 Euro/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 (40'000 Euro) to be distributed over ½ year, 1000 Francs (700 Euro) per project
  - Project guide developed 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

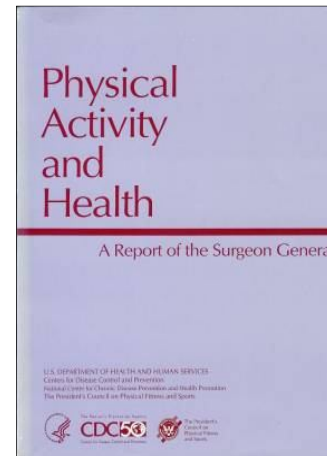
### Local seed money projects Switzerland 2000-2002

- Duration changed from ½ year to 2 years
- Original objectives were not met
- 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

### HEPA Promotion in 2010

- Where is physical activity today in public health?
- What are the approaches to physical activity promotion?
- What can be the role of the different actors?



CDC. Physical activity and health: a report of the Surgeon General. Atlanta (GA), US Department of Health and Human Services, Centers for Disease Control and Prevention, 1996.

[www.cdc.gov/nccdphp/sgr/sgr.htm](http://www.cdc.gov/nccdphp/sgr/sgr.htm)

### First studies mentioned in Surgeon General's Report

Physical activity and cardiovascular disease

Morris JN, Heady JA, Raffle PAB, Roberts CG, Parks JW. Coronary heart disease and physical activity of work. Lancet 1953;2:1111–1120.

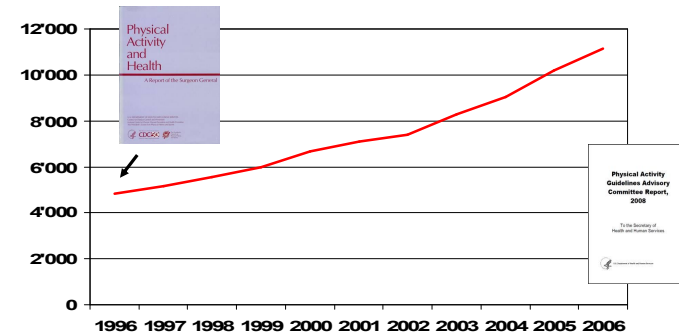
Physical activity and cancer

Polednak AP. College athletes, body size, and cancer mortality. Cancer 1976;38:382–387.

CDC. Physical activity and health: a report of the Surgeon General. Atlanta (GA), US Department of Health and Human Services, Centers for Disease Control and Prevention, 1996.

### PA related publications in the Pubmed database

MeSH terms „physical activity“ OR „exercise“ OR „sport“ OR „sports“



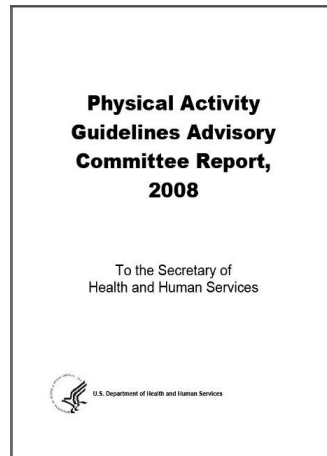
www.pubmed.org, 22.08.2007

Basis for 2008 US and 2010 WHO recommendations

683 pages

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

[www.health.gov/paguidelines](http://www.health.gov/paguidelines)



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

↑ **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.

WORLD HEALTH ORGANIZATION  
FIFTY-THIRD WORLD HEALTH ASSEMBLY A53.14  
Provisional agenda item 12.11 22 March 2000

### Global strategy for the prevention and control of noncommunicable diseases

Report by the Director-General

**A CHALLENGE AND AN OPPORTUNITY**

- The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge increases economic and social development as well as the lives and health of millions of people.
- In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 40% (2.7 million) of deaths in the world and 40% of the global burden of disease. Based on current trends, by the year 2020 these diseases are expected to account for 73% of deaths and 60% of the disease burden.
- Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes most disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 7% occurred in developing countries, 64% of the disease burden they represent, 63% was borne by men and multiple acute-onset events.
- There are still, however, a vast body of knowledge and experience regarding the preventability of such diseases and immense opportunities for global action to control them.

**ADDRESSING COMMON RISK FACTORS**

- Four of the most prominent noncommunicable diseases – cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes – are linked by common preventable risk factors related to lifestyle. These factors are tobacco use, unhealthy diet and physical inactivity. Action to prevent these diseases should therefore focus on controlling the risk factors in an integrated manner. Intervention at the level of the family and community is needed for prevention because the usual risk factors are deeply embedded in the social and cultural framework of the society. Addressing the major risk factors should be given the highest priority in the global strategy for the prevention and control of noncommunicable diseases. Curbing the prevalence of these and patterns of risk factors is a fundamental prerequisite to planning and evaluating these preventive activities.

2000

WORLD HEALTH ORGANIZATION

## GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2004 (Resolution WHA57.23).

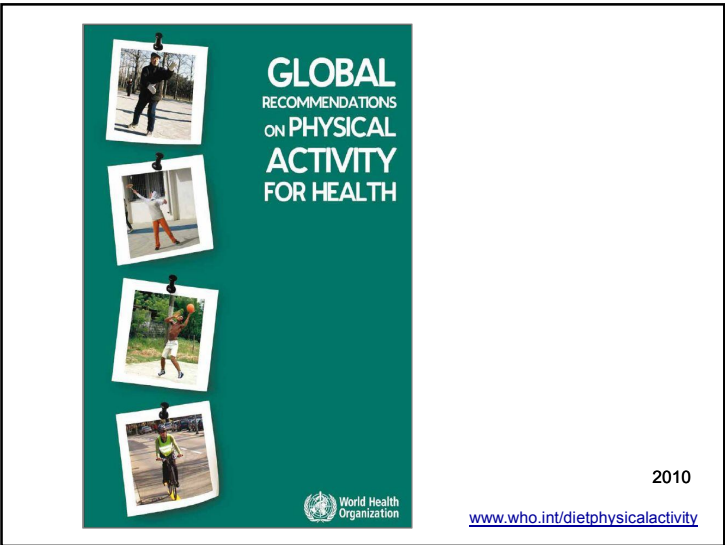
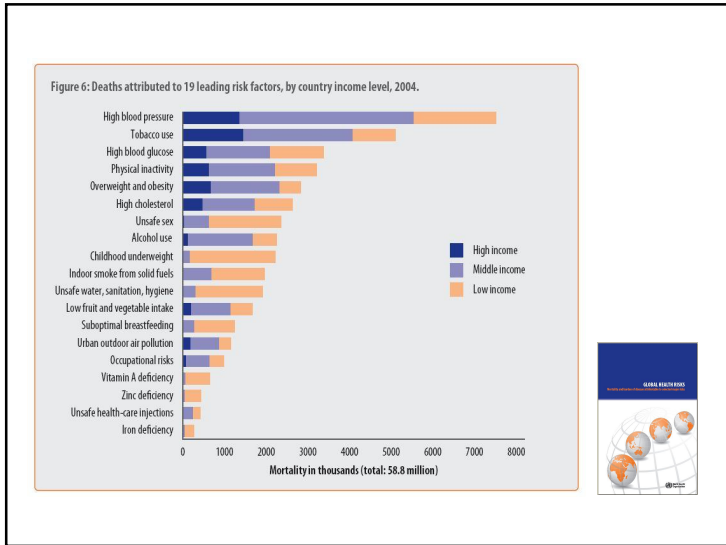
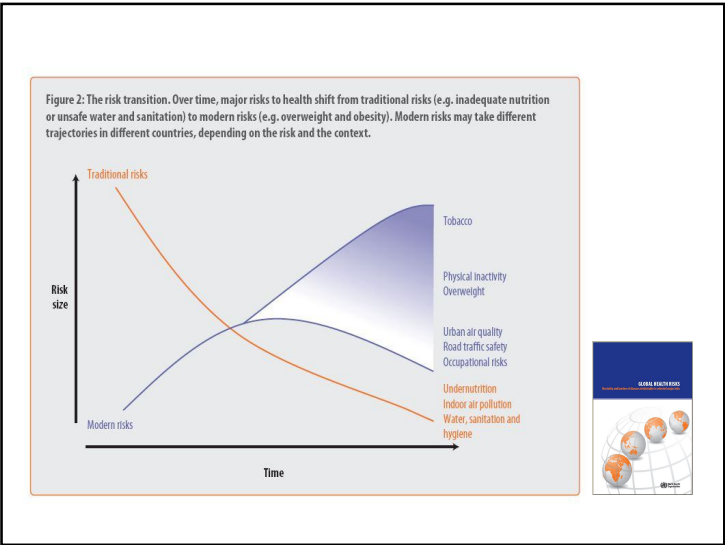
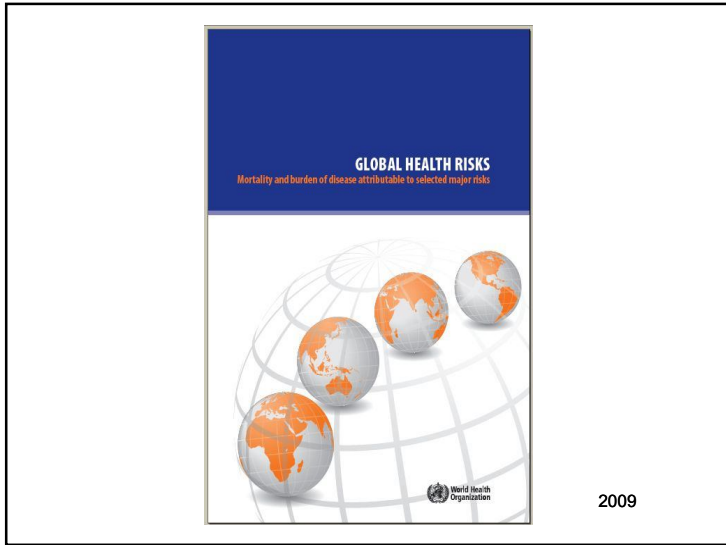
The Strategy, together with the Resolution by which it was endorsed (WHA57.23), are contained in this document.

2004


Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancer and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol.

**2008-2013 Action Plan**  
for the Global Strategy  
for the Prevention and Control  
of Noncommunicable Diseases

2008

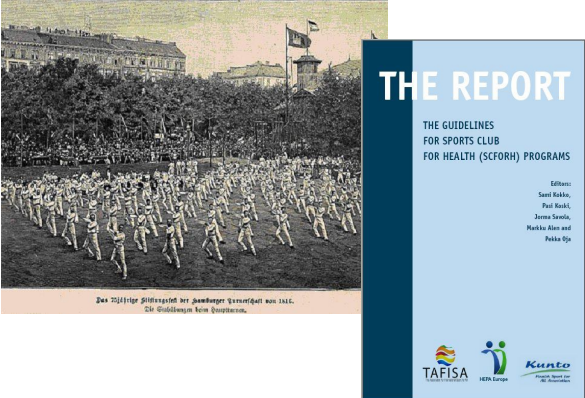


### HEPA promotion in global public health




(2000)      2004      2008      2009      2010

### The Sports Approach – the Gymnastics Movement since the first half of the 19<sup>th</sup> century



THE REPORT  
THE GUIDELINES FOR SPORTS CLUB FOR HEALTH (SCFORH) PROGRAMS

Editors:  
Sari Riiksä,  
Paul Rusk, Jarmo Savolainen,  
Markku Kinnunen and  
Pekka Oja

TAFISA  
HEPA Europe  
Kumero

### The Individualistic Behavioural Change Approach

JOURNAL OF MEDICAL INTERNET RESEARCH      Wanner et al

Original Paper

Effectiveness of Active-Online, an Individually Tailored Physical Activity Intervention, in a Real-Life Setting: Randomized Controlled Trial

Miriam Wanner<sup>1,2</sup>, MSc; Eva Martin-Diener<sup>1</sup>, MPH; Charlotte Braun-Fahrlander<sup>2</sup>, MD; Georg Bauer<sup>3,4</sup>, MD, DrPH; Brian W Martin<sup>1,3</sup>, MD, MPH

<sup>1</sup>Swiss Federal Institute of Sport Magglingen, Magglingen, Switzerland  
<sup>2</sup>Institute of Social and Preventive Medicine, University of Basel, Basel, Switzerland  
<sup>3</sup>Institute of Social and Preventive Medicine, University of Zurich, Zurich, Switzerland  
<sup>4</sup>Center for Occupational and Organizational Sciences ETH Zurich, Zurich, Switzerland

(J Med Internet Res 2009;11(3):e23) doi:10.2196/jmir.1179

### The Individualistic Behavioural Change Approach

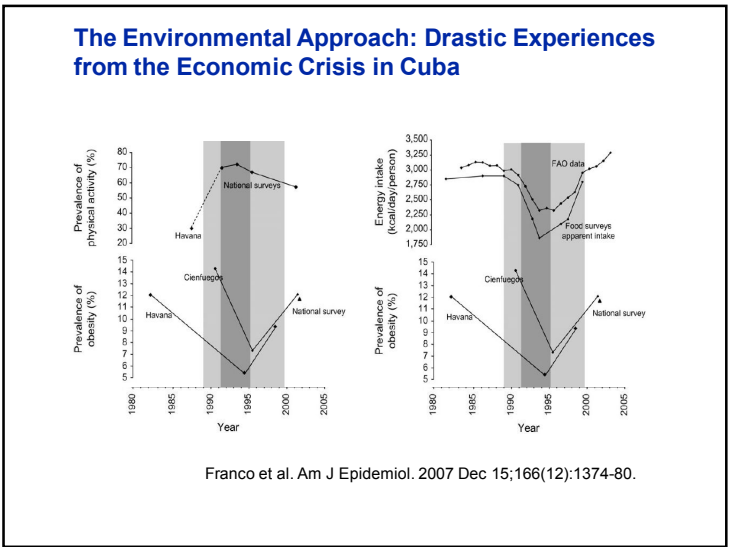
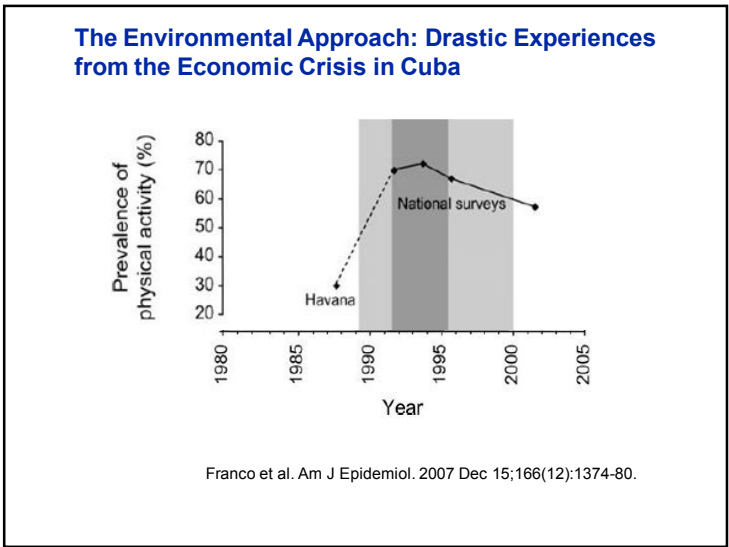
JOURNAL OF MEDICAL INTERNET RESEARCH      Wanner et al

Original Paper

Effectiveness of Active-Online, an Individually Tailored Physical Activity Intervention, in a Real-Life Setting: Randomized Controlled Trial

**Conclusions:** In a real-life setting, Active-online was not more effective than a nontailored website in increasing physical activity levels in volunteers from the general population.

(J Med Internet Res 2009;11(3):e23) doi:10.2196/jmir.1179



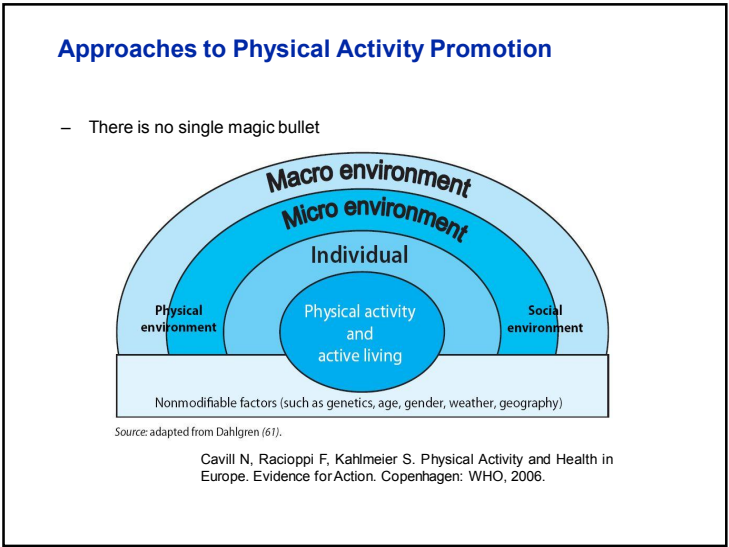
### The High Tech Approach: Construction of an artificially PA-friendly environment

Journal of Physical Activity and Health, 2010, 7(Suppl 9), S307-S312  
© 2010 Human Kinetics, Inc.

#### Scalable Obesity Solutions (S.O.S.)

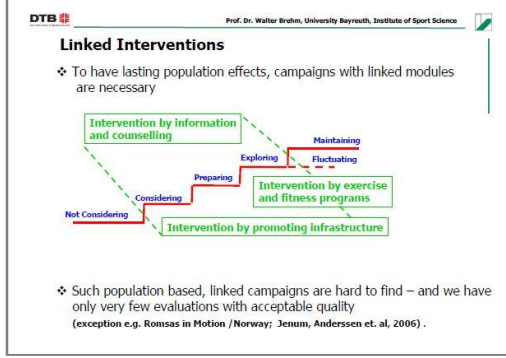
James A. Levine

The know-how is available to reverse the obesity epidemic. Reversing obesity is a societal necessity because it is the predominant contributor to chronic ill health in developed countries and a growing precipitant of illness in middle and low-income countries. In the United States, for example, obesity is the chief driver of health care costs in a country that can no longer afford health care. Although some might advocate population-wide medication use to mitigate the effects of obesity on health, the more direct response is to end obesity. The goal of this paper is explain how mass-scalable obesity containment can be designed, built, and disseminated. Scalable Obesity Solutions (S.O.S.) are discussed from concept through deployment.



### Approaches to Physical Activity Promotion

- There is no single magic bullet
- Importance of collaboration increasingly recognised
- Specific Tools emerging
- What is the role of the different actors?



Walter Brehm at MOVE 2010, Frankfurt am Main, 20-24.10.2010



2010

### Agenda MUNDO World Day for Physical Activity



**World Health Organization**  
 Home | Where we work | What we do | What we publish | Who we are

**Transport and health**  
 Health economic assessment tool (HEAT) for cycling

**Estimating the economic savings from reduced mortality**  
 WHO has significantly contributed to developing a tool to estimate the economic savings resulting from reductions in mortality that result from cycling. The question is: if a people cycle a distance on most days, what is the economic value of mortality rate improvements?

HEAT for cycling is based on best available evidence, with parameters that can be adapted to fit specific situations. Default parameters are valid for the European context.

HEAT for cycling can be applied in many situations, for example:

- to plan a new piece of cycling infrastructure: modeling the impact of different levels of cycling, and attaching a value to the estimated level when new infrastructure is in place (this can be compared to the costs to produce a benefit-cost ratio and help make the case for investment), or as an input into a more comprehensive cost benefit analysis;
- to value the mortality benefits from current levels of cycling, such as benefits from cycling to a specific workplace, across a city or in a country;
- to provide input into more comprehensive cost-benefit analyses, or prospective health impact assessments, for instance, to estimate the mortality benefits from achieving national targets to increase cycling or to illustrate potential cost consequences of a decline in current levels of cycling.

Examples of applications are available from several countries.

**More information**  
 Examples of applications of HEAT for cycling  
 How countries used the health economic assessment tool (HEAT) for cycling  
 HEAT for cycling: User guide (2008) (brochure in French)  
 HEAT for cycling: Illustrative tool (2008) (brochure in French)  
 HEAT for cycling (2008) (For those in countries with limited availability of roads)

**Related health topics**

- Air quality
- Climate change
- Health impact assessment
- Noise
- Physical activity
- Violence and injuries

### The Health Economic Assessment Tool HEAT for Cycling

**Health Economic Assessment Tool for Cycling**

Fill in the two fields in Step 1 with values for your study. Then decide whether to use the default parameters supplied in Step 2 or adjust them according to your needs. Results are then presented in Step 3. The population parameters used to calculate the results are displayed at the bottom of the sheet.

**Step 1: Enter your data (all users must fill in the red boxes)**

Number of trips per day:   
 Mean trip length (km):   
 Mean speed (km/h):   
 Mean proportion of population who cycle per day:   
 Mean proportion of population who cycle per day (by age group):   
 Mean proportion of population who cycle per day (by gender):   
 Discount rate:

**Step 2: Check the parameters**

Measurement of time spent per year: 100  
 Proportion of population who cycle per day: 0.00001  
 Proportion of population who cycle per day (by age group): 0.00001  
 Proportion of population who cycle per day (by gender): 0.00001  
 Mean proportion of population who cycle per day: 0.00001  
 Mean proportion of population who cycle per day (by age group): 0.00001  
 Mean proportion of population who cycle per day (by gender): 0.00001  
 Discount rate: 0.05

**Step 3: Read the economic savings resulting from reduced mortality**

**Maximum annual benefit:** EUR 1 200 000  
 Savings per individual cyclist per year: EUR 100  
 Savings per individual cyclist per year: EUR 100  
 Savings per year: EUR 1 200 000

**Present value of mean annual benefit:** EUR 2 200 000

Population parameters used to calculate results

Population size: 100  
 Mean proportion of population who cycle per day: 0.00001  
 Mean proportion of population who cycle per day (by age group): 0.00001  
 Mean proportion of population who cycle per day (by gender): 0.00001  
 Mean proportion of population who cycle per day (by age group and gender): 0.00001

### Global Physical Activity Promotion Network

**Agita MUNDO**

**BEST PRACTICES FOR PHYSICAL ACTIVITY PROMOTION AROUND THE WORLD**

ORGANIZERS: WHO, CDC

www.agitamundo.org

**Active Living in Turku**  
 PROMOTING HEALTH BY MEANS OF PHYSICAL ACTIVITY

**A healthy city is an active city:**  
a physical activity planning guide

**Promoting physical activity and active living in urban environments**  
THE SOLID FACTS

**THE ROLE OF LOCAL GOVERNMENTS**

[www.euro.who.int](http://www.euro.who.int)

Cities for Sports

**Promotion of Children's Physical Activity**

Practical Guidelines for European Cities

- Short Version -

1 Version September 23, 2010 - EN

**The Toronto Charter for Physical Activity: A Global Call for Action**

**La Carta de Toronto para la Actividad Física: Un llamado Global para la Acción**

**เมืองที่เคลื่อนไหวเพื่อชีวิตที่กระปรี้กระเปร่า**

**La Charte de Toronto pour l'activité physique : action**

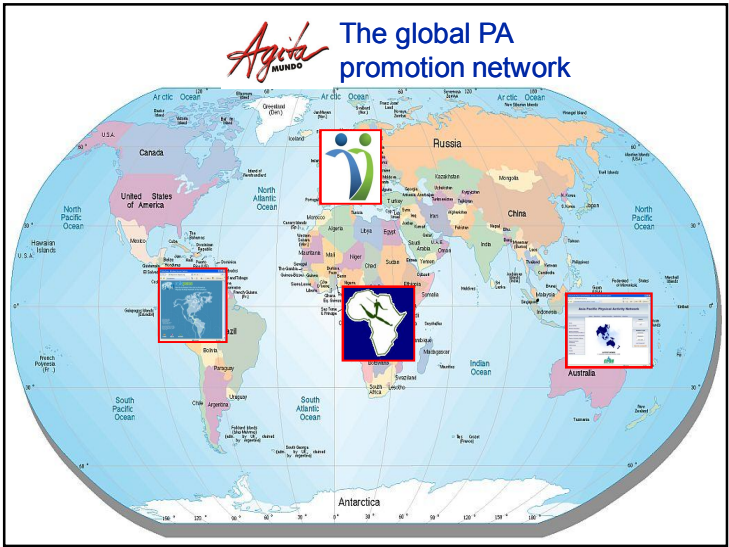
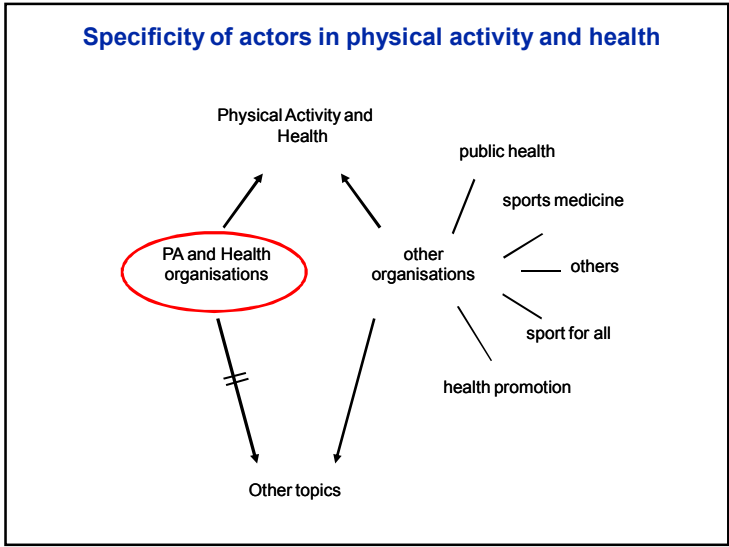
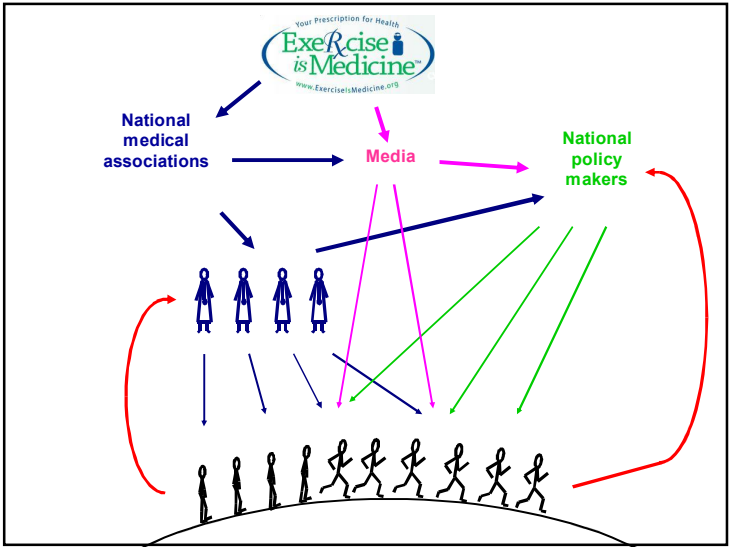
[www.globalpa.org.uk](http://www.globalpa.org.uk)

**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



The image shows a screenshot of a web browser displaying the website "Red de Actividad Física de las Americas" (RAFA-PANA). The website features a world map with a focus on the Americas and the text "Red de Actividad Física de las Americas" and "Physical Activity Network of the Americas". The browser window shows the URL "http://www.rafa-pana.org" and the page title "Red de Actividad Física de las Americas".

**Red de Actividad Física de las Americas**  
**Physical Activity Network of the Americas**  
**RAFA-PANA**

[www.rafa-pana.org](http://www.rafa-pana.org)

### Regional Networks for Physical Activity and Health



HEPA Europe



European Network  
of  
health-enhancing physical  
activity

www.euro.who.in/hepa

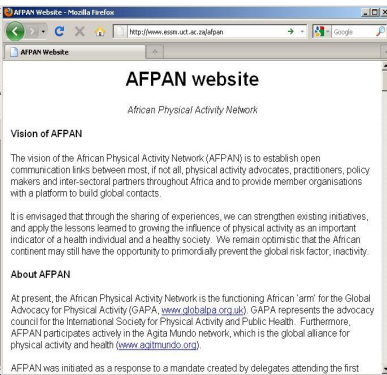
### Regional Networks for Physical Activity and Health



Asia Pacific  
Physical  
Activity  
Network

www.ap-pan.org

### Regional Networks for Physical Activity and Health



African  
Physical  
Activity  
Network

www.essm.uct.ac.za/afpan

### Agita MUNDU The global PA promotion network








**Agria MUNDO Executive Board**

	<b>Brian Martin</b> HEPA Europe; University of Zurich, Switzerland (Chairman)	
	Dubai Sports Council, United Arab Emirates	
	<b>Adrian Bauman</b> APPAN; University of Sydney, Australia	
	Tokyo Medical University, Japan	
	<b>Vicki Lambert</b> AFPAN; University of Cape Town, South Africa	
	RAFA-PANA; CELAFISCS, Brazil	
	<b>Mike Pratt</b> RAFA-PANA; CDC, USA	
	American College of Sports Medicine ACSM	

**Scientific Society on Physical Activity and Health**

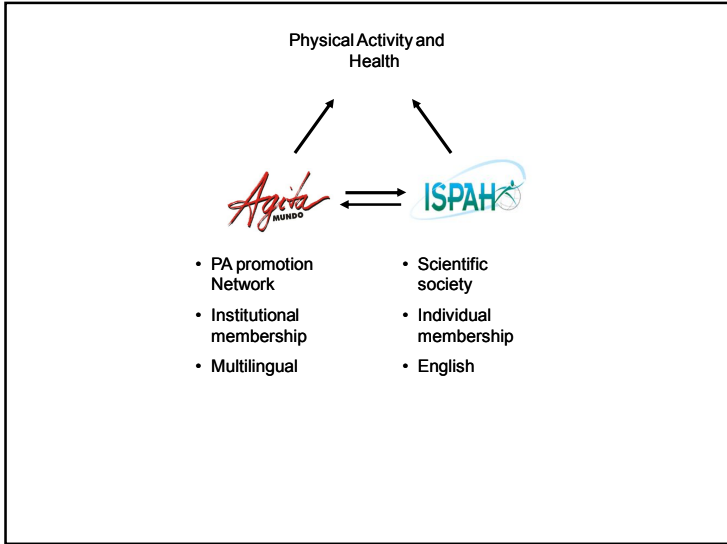
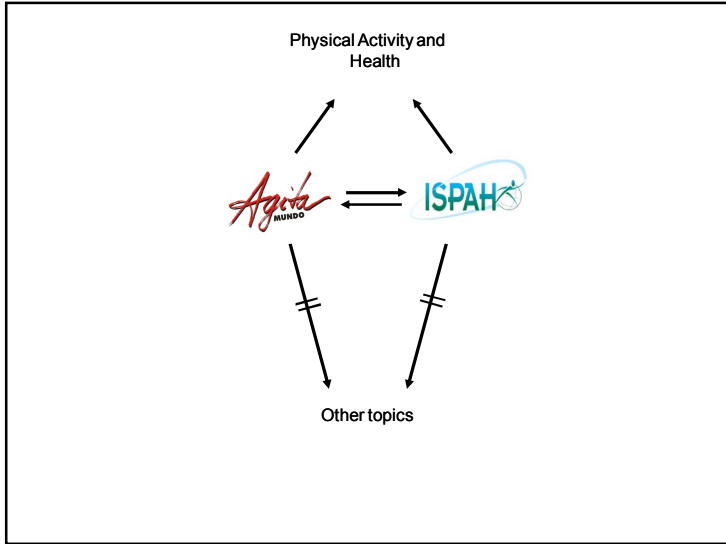



**Other Councils**



**ISPAH**  
INTERNATIONAL SOCIETY FOR PHYSICAL ACTIVITY AND HEALTH

[www.ispah.org](http://www.ispah.org)



**Agita MUNDO** Work Programme 2010/2011

Main activities	
Preparation and organisation of Agita Mundo meeting	Suggestions:
Preparation and organisation of World Day for Physical Activity	
Communication and cooperation	<ul style="list-style-type: none"> <li>- 2011 Agita Mundo meeting jointly with HEPA Europe annual meeting</li> <li>- 2012 Agita Mundo meeting jointly with ISPAH's 4th International Congress on Physical Activity and Public Health</li> </ul>
Maintaining and expanding multilingual communication platform	
Cooperation and support to regional networks	
Defining and improving cooperation with other important global institutions	

**HEPA promotion from 2011 on – The role of different actors**

- Physical Activity has been placed on the public health agenda; more needs to be done; competition is becoming more important
- Very useful tools for different aspects of PA promotion are now available; more will follow soon
- New alliances in physical activity promotion are emerging; the potential is great but practical collaboration remains a challenge
- Systematic analyses of the role of possible partners at the national level will yield examples of good practice and guidelines
- Within the international structures and organisation, the roles and the possibilities of the different actors are becoming clearer