University of Zurich[UZH]
Institute of Social and Preventive Medicine

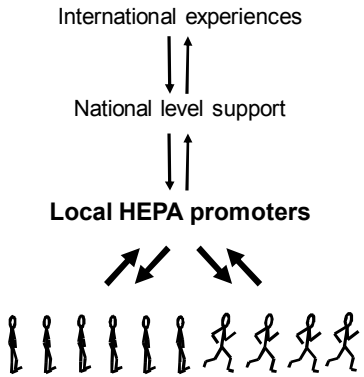
HEPA promotion in 2010 – The role of different actors

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

The local, national and international level in HEPA promotion



Local seed money projects Switzerland

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

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.

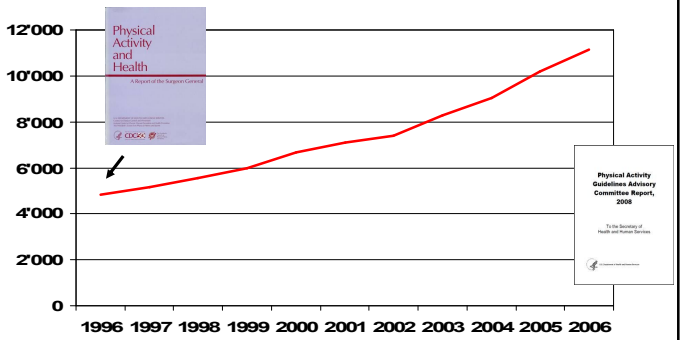
Physical activity and cancer

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"



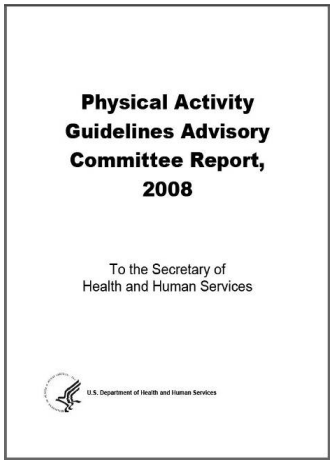
www.pubmed.org, 22.08.2007

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



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*

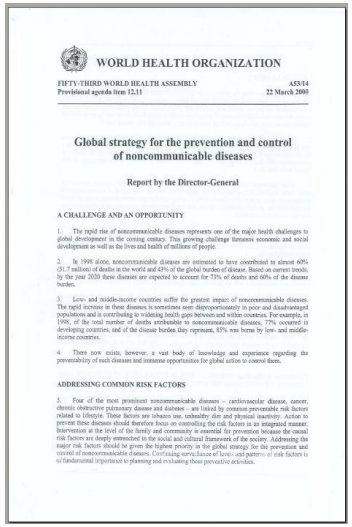
Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

Health benefits of physical activity in children

- ↑ Physical fitness
  - ↑ Cardiorespiratory endurance
  - ↑ Muscular strength
- ↑ Health status
  - ↑ Favourable cardio-vascular 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

1. The rapid rise of noncommunicable diseases represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people.

2. In 1998 alone, noncommunicable diseases are estimated to have contributed to almost 60% (35.7 million) of deaths in the world and 43% 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.

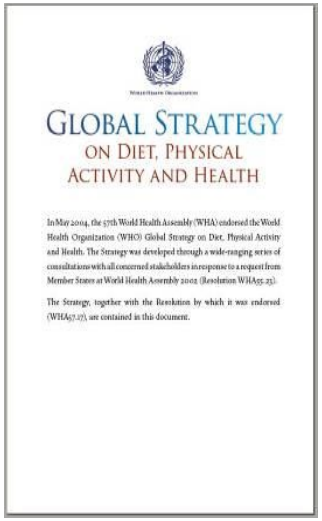
3. Low- and middle-income countries suffer the greatest impact of noncommunicable diseases. The rapid increase in these diseases is sometimes seen disproportionately in poor and disadvantaged populations and is contributing to widening health gaps between and within countries. For example, in 1998, of the total number of deaths attributable to noncommunicable diseases, 77% occurred in developing countries, and of the disease burden they represent, 85% was borne by low- and middle-income countries.

4. There now exists, 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

5. 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 essential for prevention because the causal risk factors are deeply entrenched 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. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities.

2000

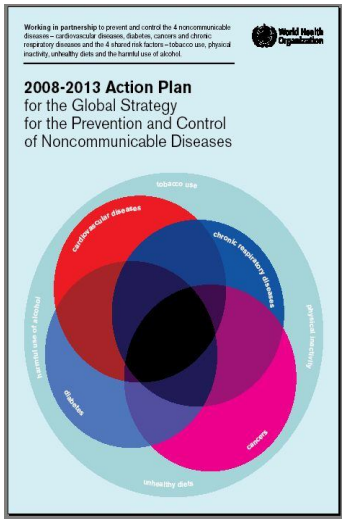


GLOBAL STRATEGY
ON DIET, PHYSICAL
ACTIVITY AND HEALTH

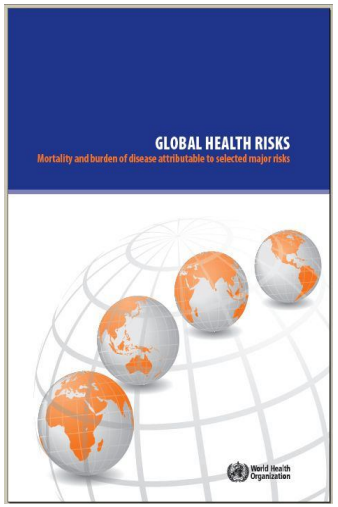
In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23).

The Strategy, together with the Resolution by which it was endorsed (WHA57.17), are contained in this document.

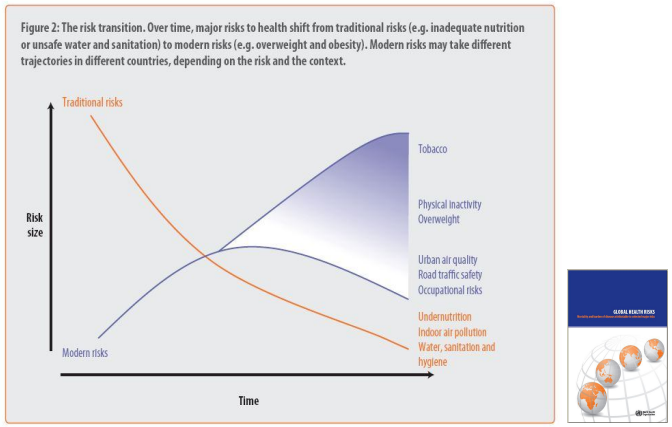
2004

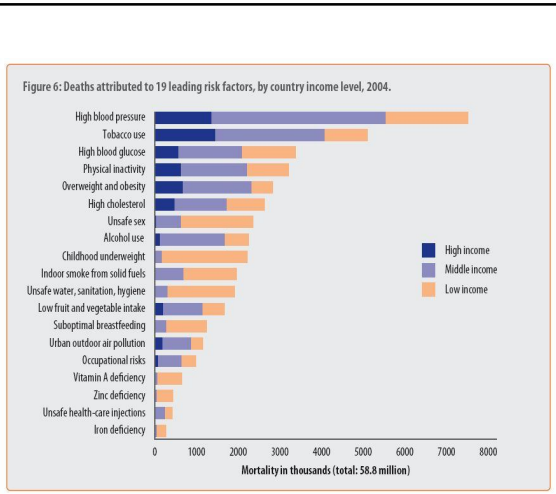


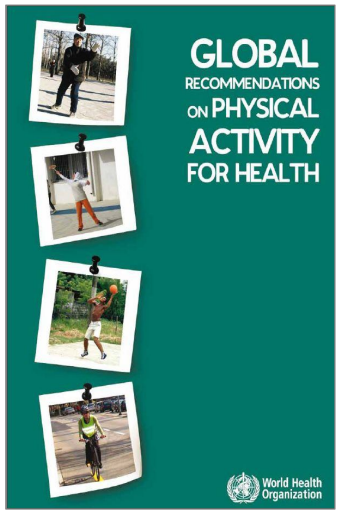
2008



2009



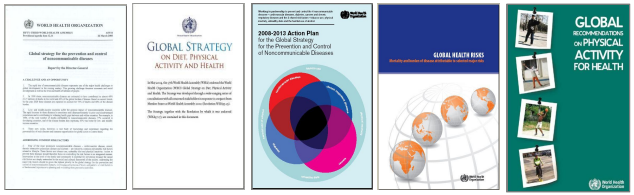




2010

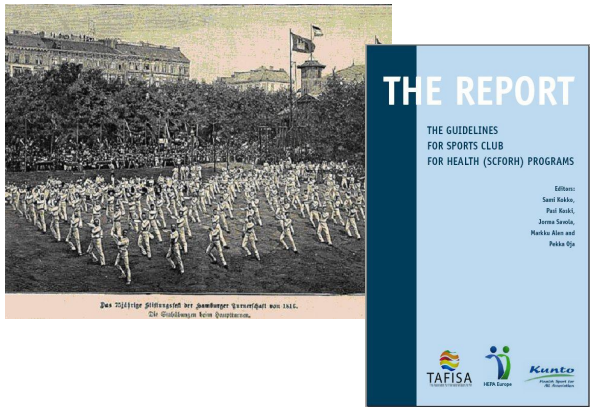
www.who.int/dietphysicalactivity

HEPA promotion in global public health



(2000) 2004 2008 2009 2010

The Sports Approach – the Gymnastics Movement since the first half of the 19th century



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[1,2], MSc; Eva Martin-Diener[1], MPH; Charlotte Braun-Fahrländer[2], MD; Georg Bauer[3,4], MD, DrPH; Brian W Martin[1,3], MD, MPH

[1]Swiss Federal Institute of Sport Magglingen, Magglingen, Switzerland
[2]Institute of Social and Preventive Medicine, University of Basel, Basel, Switzerland
[3]Institute of Social and Preventive Medicine, University of Zurich, Zurich, Switzerland
[4]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

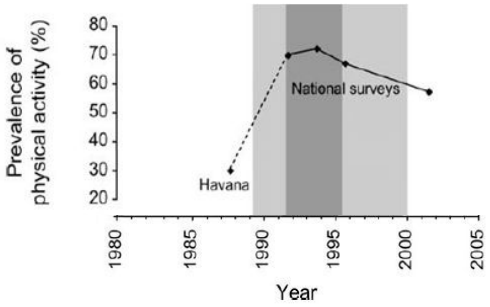
Original Paper

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.

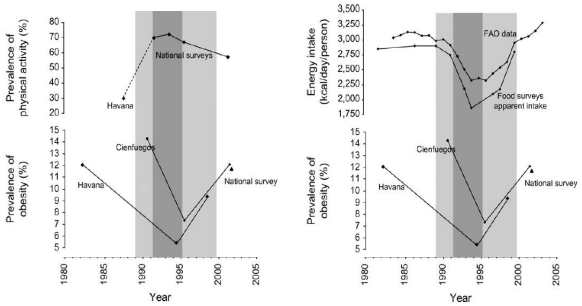
(J Med Internet Res 2009;11(3):e23) doi:10.2196/jmir.1179

The Environmental Approach: Drastic Experiences from the Economic Crisis in Cuba



Franco et al. Am J Epidemiol. 2007 Dec 15;166(12):1374-80.

The Environmental Approach: Drastic Experiences from the Economic Crisis in Cuba



Franco et al. Am J Epidemiol. 2007 Dec 15;166(12):1374-80.

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

Journal of Physical Activity and Health, 2010, 7(Suppl 3), S307-S312

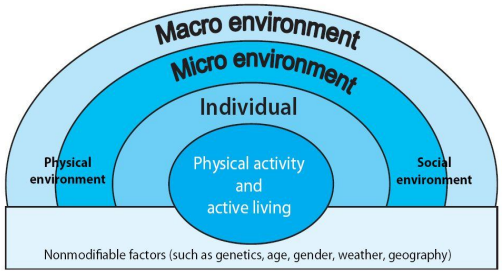
Scalable Obesity Solutions (S.O.S.)

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



Source: adapted from Dahlgren *(61)*.

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

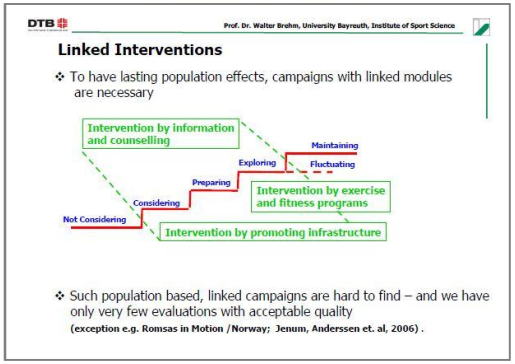
Approaches to Physical Activity Promotion

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

MOVE 2010

Sport for All and Health: A Strategic Partnership

20-24 October 2010 in Frankfurt am Main, Germany



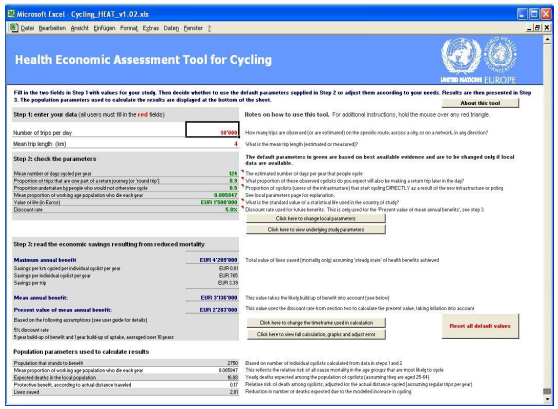
Walter Brehm at MOVE 2010, Frankfurt am Main, 20-24.10.2010

2010

Agita Mundo

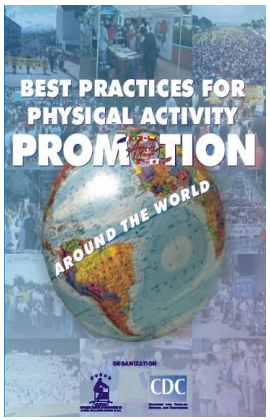
World Day for Physical Activity

The Health Economic Assessment Tool HEAT for Cycling



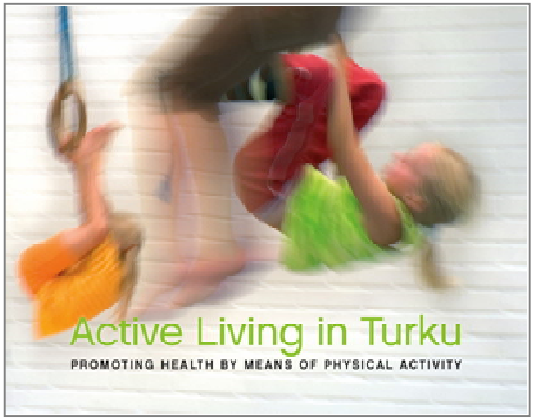
www.euro.who.int/hepa

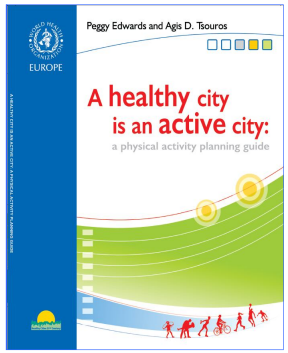
Global Physical Activity Promotion Network

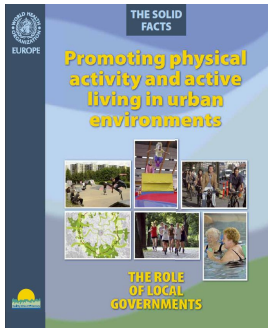


Agita MUNDO

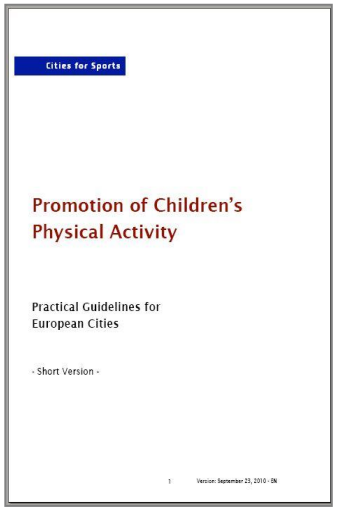
www.agitamundo.org

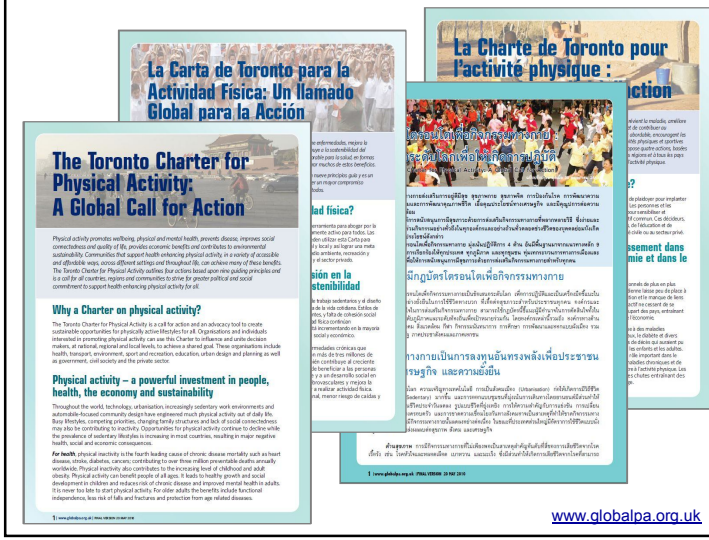






www.euro.who.int

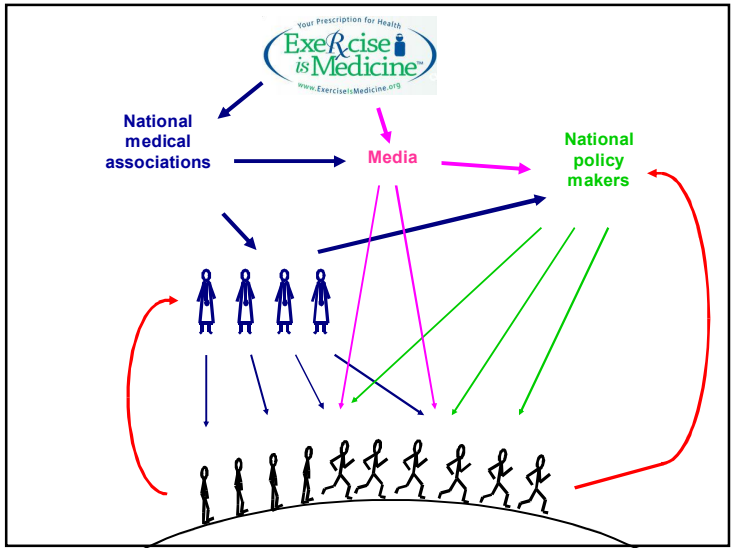




www.globalpa.org.uk

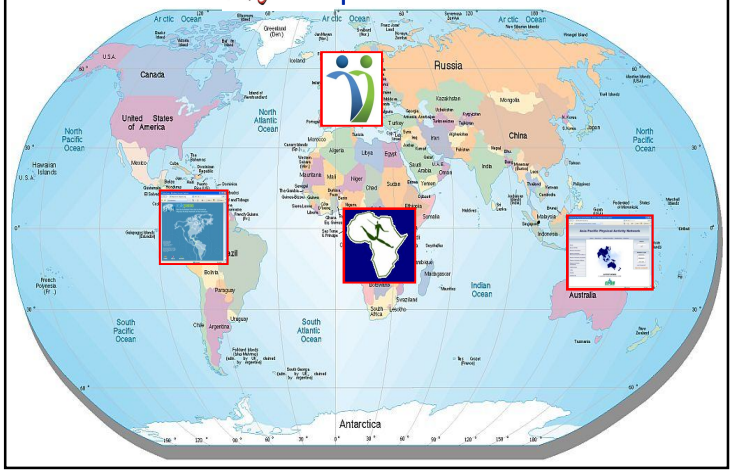
"Calling on physicians to assess and review every patient's physical activity program at every visit"

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

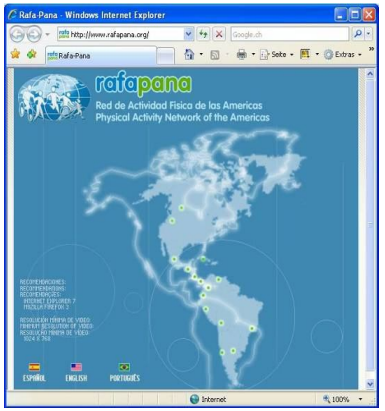


Specificity of actors in physical activity and health

The global PA promotion network



Regional Networks for Physical Activity and Health



Red de Actividad Fisica de las Americas

Physical Activity Network of the Americas

RAFA-PANA

www.rafapana.org

Regional Networks for Physical Activity and Health

HEPA Europe

European Network for the promotion of health-enhancing physical activitiy

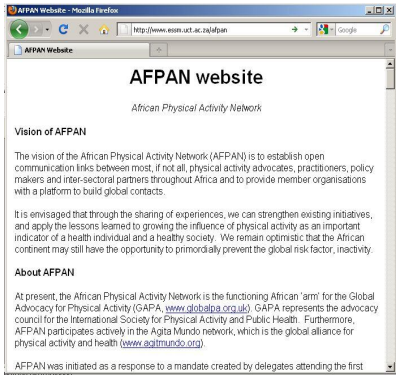
www.euro.who.in/hepa

Regional Networks for Physical Activity and Health

Asia Pacific Physical Activity Network

www.ap-pan.org

Regional Networks for Physical Activity and Health



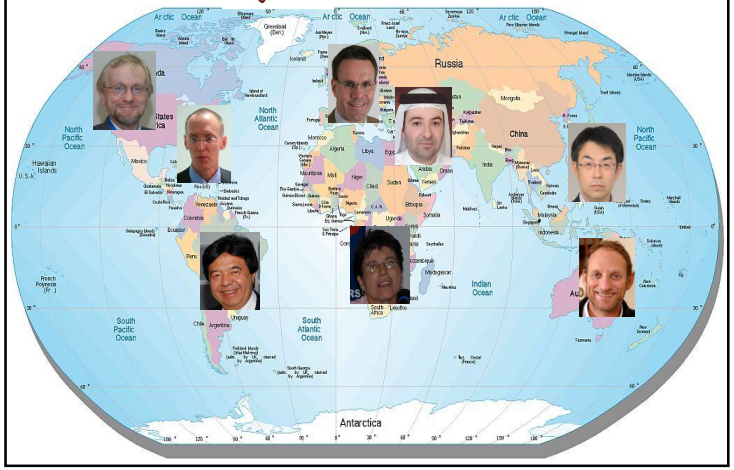
African Physical Activity Network

www.essm.uct.ac.za/afpan

The global PA promotion network

The global PA promotion network

Executive Board



Executive Board

Brian Martin HEPA Europe; University of Zurich, Switzerland (Chairman)

Dubai Sports Council, United Arab Emirates Nasser Al Ramah

Adrian Bauman APPAN; University of Sydney, Australia

Tokyo Medical University, Japan Shigeru Inoue

Vicki Lambert AFPAN; University of Cape Town, South Africa

RAFA-PANA; CELAFISCS, Brazil Victor Matsudo (Past Chairman)

Mike Pratt RAFA-PANA; CDC, USA

American College of Sports Medicine ACSM Jim Whitehead

Scientific Society on Physical Activity and Health

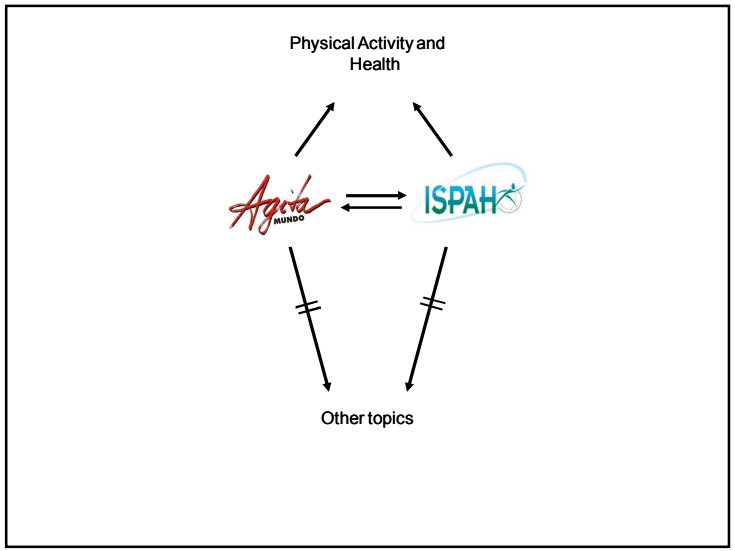
GAPA
GLOBAL ADVOCACY FOR PHYSICAL ACTIVITY
Advocacy Council of ISPAH

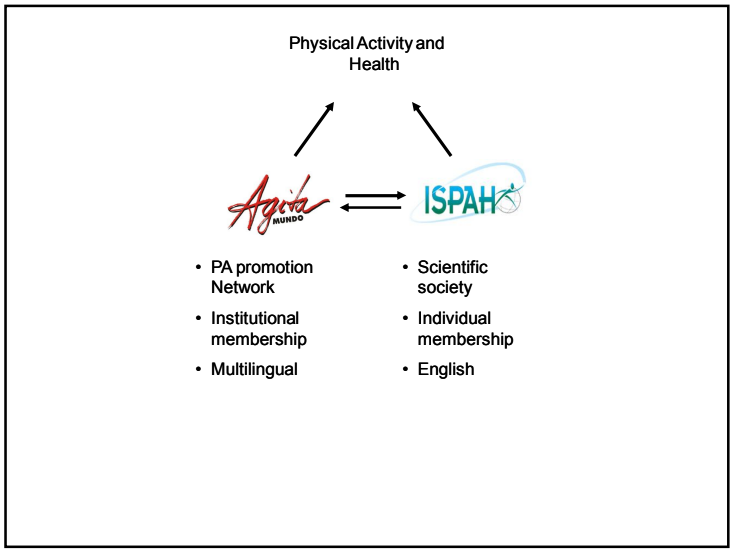
IPEN
INTERNATIONAL PHYSICAL ACTIVITY AND THE ENVIRONMENT NETWORK

Other Councils

ISPAH

www.ispah.org





Work Programme 2010/2011

Main activities
Preparation and organisation of Agita Mundo meeting
Preparation and organisation of World Day for Physical Activity
Communication and cooperation
Maintaining and expanding multilingual communication platform
Cooperation and support to regional networks
Defining and improving cooperation with other important global institutions

Suggestions:

- 2011 Agita Mundo meeting jointly with HEPA Europe annual meeting
- 2012 Agita Mundo meeting jointly with ISPAH's 4th International Congress on Physical Activity and Public Health

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