

International Physical Activity Policy Development: A Commentary

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SYNOPSIS

Scientific evidence demonstrates, in different degrees for developing and developed countries, that physical activity is associated with substantial health, economic, and societal benefits. However, for varying environmental, social, and individual reasons, people do not tend to engage in the levels of physical activity that would be beneficial to them. Environmental and policy interventions hold particular promise for promoting physical activity because both are designed to influence large groups. Recent multisectoral actions have increased the visibility of physical activity promotion and its synergism with other important community and national issues. Together, these efforts have created an unprecedented opportunity to advance the development of international physical activity policy.

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The World Health Organization's (WHO's) 2002 *World Health Report*¹ lists physical inactivity as one of the main risk factors contributing to the global burden of disease through chronic disease morbidity and mortality. Globally, chronic diseases now account for 60% of premature deaths annually. In 2000, physical inactivity is estimated to have accounted for 1.9 million deaths; 19 million disability-adjusted life years lost; and 15% to 20% of cases of ischemic heart disease, diabetes, and some cancers. Both developed and developing countries bear the burden of chronic diseases. The rapid increase in these conditions is seen disproportionately in poor and disadvantaged populations and is contributing to growing health gaps between and within countries.

The extensive health benefits of physical activity have been documented in numerous reports.²⁻⁵ Regular physical activity is associated with increased life expectancy and reduced risk of coronary heart disease, diabetes, colon cancer, hypertension, obesity, and osteoporosis. In addition, physical activity promotes positive mental health and extends independent living in older adults. It also interacts positively with strategies to improve diet and discourage the use of tobacco, alcohol, and drugs. These important health benefits can be realized with moderate levels of physical activity (30 minutes on most days of the week). The recommended level of activity can be achieved through movement in the course of daily living, such as walking to work or climbing stairs, as well as through leisure-time activities, such as dancing or sports.⁶ Economic analyses, particularly in the United States, Australia, and Canada, increasingly testify to the cost of physical inactivity and, conversely, the savings to be gained from physical activity.⁷⁻¹⁰

The potential health care cost savings and health and societal benefits of physically active populations are substantial. However, more than 60% of adults in nearly all developed countries and in urban areas of the developing world do not engage in sufficient levels of physical activity. In many countries, both developed and developing, less than one-third of young people are sufficiently active to benefit their present and future health.¹ At the same time, obesity among young people and middle-aged adults is increasing at an alarming rate.^{1,11}

Three types of factors may inhibit individuals from fully engaging in physical activity. First, despite some immediate beneficial health effects (e.g., lowered blood pressure), the larger gains from prevention of chronic conditions will materialize later in life. Second, active living requires not only individual will, but also enabling environments in terms of culture, physical fa-

cilities, and community support. Third, public and medical preferences are oriented more toward a curative rather than preventive approach. Increasing physical activity is therefore a societal, and not just an individual, challenge. It requires a population-based, multisectoral, multidisciplinary, and culturally relevant approach that takes into account education, sports, health, urban planning, transportation, and recreation, as well as other environmental and development factors.¹²

Physical activity promotion complements other important community and national issues, such as urban safety, healthy nutrition, tobacco control, environmental concerns, and transportation, as well as broad goals of enhanced development and reduction of poverty. This synergism is increasingly being acknowledged and incorporated into highly visible activities of United Nations agencies, collaborating with their member states and partners from the public and private sectors. Prominent examples include two conferences hosted by the Centers for Disease Control and Prevention's (CDC's) World Health Organization (WHO) Collaborating Center on Physical Activity (Workshop on the Economic Benefits of Physical Activity/Burden of Inactivity in 1999, and Consultation on Physical Activity Policy Development in 2002); WHO's 2002 "World Health Day" with its theme of "Move For Health"; the Pan American Health Organization's (PAHO's) Active Cities Contest in 2002; the International Seminar on Human Mobility (in Bogotá, Colombia) in February 2003; and the First International Conference for Sport and Development in February 2003. In May 2002, the 55th World Health Assembly mandated that all WHO member states celebrate an annual Move For Health Day, part of a broader WHO initiative to address the growing burden of chronic diseases through WHO's Global Strategy on Diet, Physical Activity and Health, which was also mandated by the 55th World Health Assembly.^{13,14}

This support for physical activity promotion in a broader context is convergent with the missions of organizations as diverse as international financial institutions (e.g., the Inter-American Development Bank) and the sporting goods industry (e.g., the Sporting Goods Manufacturers Association).^{15,16} Creative partnering, using spheres of influence in both the public and private sectors, can contribute to advancing the physical activity promotion agenda globally. As these efforts proceed, creative evaluation mechanisms are evolving to analyze changes in physical activity participation emanating from policy and environmental interventions.^{17,18}

It is encouraging to see the growing interest of

policymakers in physical activity and the proliferation of related collaborations. In the United States, the National Conference of State Legislatures tracks physical activity bills in states throughout the country. Several initiatives have been supported in Congress, most recently the Steps to a HealthierUS Initiative. National nonprofit organizations and industry groups have established diverse partnerships to improve social and physical environments that promote physical activity. Examples include the National Alliance for Nutrition and Activity, Action for Healthy Kids, and the American Council for Fitness and Nutrition. Acknowledging the reciprocal relationship between physical activity and nutrition, some groups, such as the Partnership for Promoting Healthy Eating and Active Living, are focusing on integrating nutrition and physical activity issues. However, given the complexity of nutrition and the independent benefits of physical activity, initiatives that do not initially include nutrition may be more marketable and feasible. Physical activity efforts can subsequently be combined with nutrition or other sectors according to local and national interests and resources.

There have been significant national physical activity policy efforts in several countries in addition to the United States, including Canada, Australia, Finland, and the United Kingdom. In each of these four countries, national leadership for physical activity policy development was based in a different institution: a health ministry, sport ministry, nongovernmental health institute, and government-affiliated health education authority, respectively. Most recently, Bogotá, Colombia, has utilized public policy to implement urban redesign with resulting increases in physical activity, as well as decreased crime and air pollution. These examples indicate that a variety of approaches are possible for developing national physical activity policy. Globally, interest in developing national physical activity policy is likely to increase even further with the May 2004 WHO Assembly release of the Global Strategy on Diet, Physical Activity and Health.

The challenge of increasing international physical activity and the inclusion of physical activity in public health policy is complex and depends on several important considerations:

1. Strategic partnerships should be developed that encourage intersectoral engagement. Governmental agencies and development sectors, civil society including nongovernmental organizations (NGOs), political and professional organizations, the private sector, media, and other concerned stakeholders can all provide important collaboration.
2. Physical activity policy should be promoted as a synergistic effort that complements other important national and local actions such as urban planning, transport policy, urban safety, and the development of parks and facilities for sport and recreation.
3. Physical and social environments should be created that encourage and support physical activity in every setting (worksite, school, health care, and community). Social marketing of physical activity is essential for instigating change in cultural norms that support long-term behavior modification.
4. Scientific and surveillance data should be collected, analyzed, disseminated, and used to evaluate health programs and policies, as well as to ensure that lifestyle choices of individuals are made in an informed environment.
5. Economic incentives to promote physical activity and discourage inactivity should be considered. These might include, for example, adjustment of insurance premiums.
6. Active living should be included in the educational process to promote lifelong healthy behavior. Physical education is important in all grade levels, and it should use qualified instructors with adequate facilities and focus on building knowledge, skills, and a sense of enjoyment that will encourage lifelong physical activity. Staff wellness programs and daily physical activity opportunities for staff and students should also be offered.
7. The health care system should integrate the promotion of active living and ensure that assessment, counseling, and referral services are delivered through training, guidelines for financing, and other means. Health care sites should also include facilities and opportunities for physical activity within the worksite.
8. Physical activity policy should be promoted as an inclusive effort that is important for everyone. Special attention should be directed to providing safe, supportive opportunities for physical activity for older adults. As the global population ages, the benefits of physical activity can have a profound effect not only as a means to combat chronic diseases, but also to extend quality, independent living for older adults.
9. The strategy for promoting active living includes preparing responses to anticipated concerns. These may include the following: (1) energy

balance disparities, particularly in developing countries; (2) time as a resource (physical activity will displace other activities); and (3) the costs of gathering evidence to support physical activity endeavors.

Despite the challenges inherent in developing a relatively new field within public health, enormous benefits can be gained if physical activity promotion is widely integrated into public health policy. Physical inactivity is one of the critical factors responsible for the rapidly increasing global burden of obesity, diabetes, and cardiovascular disease. Primary prevention promises to slow or reverse these epidemics, and promoting physical activity is central to the primary prevention of each of these conditions. Enough is now known about the quantity and quality of physical activity required for health benefits, and the population-based strategies that are effective in increasing community-wide levels of physical activity, that a coherent public health strategy can be formulated.^{6,18} The global extent and scope of the problem of physical inactivity, the wide-ranging benefits associated with regular physical activity, and the availability of evidence-based interventions to increase population levels of physical activity make physical activity one of the best buys in public health.^{19,20}

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