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A Review of the National Physical Activity Plans of Six Countries

Daniel Benjamin Bornstein, Russell R. Pate, and Michael Pratt

Background: Architects of the United States national physical activity plan can benefit from a thorough understanding of national physical activity plans from other nations. The purpose of this paper was to search for and analyze comprehensive national physical activity plan documents that can best inform the development of the U.S. plan. **Methods:** Electronic databases were searched for national physical activity plan documents, yielding 252 documents from 56 countries. After eliminating documents that were not written in English, did not address physical activity primarily, and did not meet our definition of a national physical activity plan, we were left with physical activity plans from 6 countries—Australia, United Kingdom, Scotland, Sweden, Northern Ireland, and Norway. **Key recommendations:** Architects of the U.S. plan can learn as much from what was present in many documents as from what was absent. Examples of recommended components of national plans have been identified and highlighted for each of the 6 countries. Missing from all but 1 national plan document was a detailed process for accountability. Providing a clear path and detailed process of accountability will assist greatly in measuring short- and long-term success of the U.S. plan.

Keywords: physical activity plan, physical activity policy, National Physical Activity Plan

National physical activity plans from other nations can inform efforts to develop and implement a National Physical Activity Plan for the United States. Although no established definition of a national physical activity

plan exists, such plans generally consist of a series of policy and/or practice recommendations intended to increase population levels of physical activity. The format of national plans varies widely by country. Some are included in a single, comprehensive physical activity strategy or action plan, but others are contained in multiple sources, including official policy documents, general public health strategy or action plans, web sites, and manuals.

In 2004, Schöeppe, Bauman and Bull¹ published a multicountry review of physical activity policy in Australia, New Zealand, Canada, Brazil, Scotland, Switzerland, the Netherlands, and Finland. They focused on developing a framework for physical activity policy and applying it to national strategic documents, helping to define best practices for developing national physical activity policy. Their paper analyzed the multitude of plans, policies and web sites created by the countries they selected. The present paper aimed to produce a detailed analysis and summary of a small number of national plans that met specific criteria. The purpose of the analyses presented in this paper is to assist architects of the U.S. National Physical Activity Plan in creating a comprehensive, effective plan by providing information on the physical activity plans of other countries.

Methods

We searched electronic databases, including MEDLINE and CINAHL, using the following keywords: *national physical activity plan*, *national physical activity action plan*, *national physical activity and policy*, *national physical activity progress report*, and *national physical activity plan results*. We also searched the International Inventory of Documents on Physical Activity Promotion for documents of the following types: *activities and programs*, *knowledge and information*, *policy*, and *recommendations and guidelines*, in the *Public Health*, *Sport*, *Transport*, and *Environment* sectors. Finally, we searched Google for official national physical activity plan documents.

Our initial search yielded 252 documents from 56 countries or regions. Our research showed that many countries do not have a single comprehensive document,

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but do have combinations of strategy and policy documents, action plans, manuals, and web sites aimed at increasing population levels of physical activity, and that these documents constitute a highly comprehensive national effort. Given our goal of assisting developers of the U.S. plan in creating a single, comprehensive document, we defined a national physical activity plan as the most recent comprehensive document that provided the following: overall goals of the country's physical activity plan, details for how the plan was created, policy and/or practice recommendations, and epidemiological evidence to support their recommendations.

After eliminating documents that did not represent one country specifically, were not written in English, and for which physical activity was not the primary or sole focus (many documents were general public health documents of which physical activity was a small component), we were left with 31 documents from 6 countries—Australia, United Kingdom, Scotland, Sweden, Northern Ireland, and Norway. After then applying our definition of a single, comprehensive national physical activity plan document, we were left with 6 documents, 1 from each of the 6 countries.

We analyzed the 6 comprehensive national plan documents to identify the *process* used to develop the plan, *characteristics* of the plan, *content* of the plan, and *examples of recommended components* to be considered for inclusion in the United States plan. We used the remaining 25 documents and included them in the analysis only if they provided information on the *process*, *characteristics*, *content*, or *recommended components* that were not available in the country's physical activity plan document.

Results

All of the plans included similar, essential elements as recommended by CDC/WHO,² including consultation with key stakeholders; development of coalitions across government, nongovernment and private sectors; use of individual and environmental strategies for intervention; implementation at different levels (community, state and national); integration of physical activity with other related agenda (nutrition, environment, public health); special consideration for subpopulation groups (children, women, disabled people, indigenous people); timelines for realization of goals and objectives; and plan identity (logos, branding and slogans).

Most plans did not include details regarding funding for implementation or evaluation of the plan, 2 of the *key* compulsory elements highlighted by CDC/WHO (2007)² and Bellew et al (2004).³ Only Northern Ireland's document⁴ presented clear details for evaluation of and accountability for carrying out the plan's goals and objectives. In this document, the authors used a diagram for each objective, detailing the lead organization responsible for the objective, other organization(s) involved, the role each organization would play, the "target" each would be responsible for achieving, what

the outcome(s) would be, and the dates by which the targets would be reached. In addition, the authors provided an organizational chart depicting the hierarchy of all participating organizations. This level of detailed accountability, coupled with effective tracking and reporting mechanisms, will be critically important in helping evaluators of the U.S. National Plan determine short- and long-term success, or lack thereof, for specific aspects of the plan and the plan as a whole. In addition, our review confirmed the findings of Schöeppe et al that only 1 country, Scotland,⁵ has conducted and published a thorough review of its plan.

We examined and summarized the characteristics of each plan. These are presented in Table 1. We also analyzed the process that each country went through to develop, draft, and publish its plan. These processes are summarized in Table 2. Table 3 highlights the key contents of each plan.

Although the headings in Table 3 do not represent the standard terminology used in strategic planning in the U.S., we selected them for their ability to best capture the content of the 6 plans. Table 4 presents examples of national plan components recommended by WHO and CDC that developers of the United States plan should consider adopting.

Appendix A offers specific content recommendations from each country, divided into 8 sectors—Business/Industry, Education, Healthcare, Mass Media, Parks/Recreation/Sports, Public Health, Transportation/Urban Planning, and Volunteer Organizations.

Discussion

Most of the essential components of national physical plans identified by CDC and WHO, including identification of goals and objectives, support from stakeholders, clear program identity, creation of a coordinating team, integration of physical activity with other sectors, implementation at multiple levels, and special consideration for subpopulations, were present in all 6 documents and are summarized in Table 4 and Appendix A. Architects of the U.S. plan and other national plans should consider adopting these components and including them in their plans.

Five of the six plans did not delineate clearly the roles and leadership responsibilities for implementing the plan, which may limit efforts to measure progress and evaluate the plan. The U.S. plan should include implementation details, such as specifying leadership responsibilities, defining roles of key organizations, and listing specific action strategies and objectives, and set dates for their completion. These details will facilitate efforts to track key milestones and evaluate the effectiveness of the plan.

Careful consideration of the 6 national plans should inform the process of developing the U.S. plan and the plans of other countries. Planners should consider elements that were included in the 6 national plans, and

Table 1 Characteristics of Selected National Physical Activity Plans

Country	Plan document title	Primary architect(s) of the plan	Subpopulation specificity	Timeline for achieving goals
N. Ireland	“Physical Activity: An Investment in Public Health: The Northern Ireland Physical Activity Strategy Action Plan 1998-2002” ⁴	Health Promotion Agency for Northern Ireland (HPANI) and N. Ireland Physical Activity Implementation Group (NIPAIG)	<ul style="list-style-type: none"> • People age 50+ • Young people and young mothers • Young people of school age • People who are unemployed • Young people of school age (subgroup of female teenagers) 	1998–2002
Australia	“Be Active Australia: A Framework for Health Sector Action for Physical Activity 2005-2010” ⁶	The Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH), a division of the National Public Health Partnership (NPHP)	<ul style="list-style-type: none"> • Children • Aging Australians • Aboriginal Australians • Populations with special needs • Disadvantaged adults 	2005–2010
U.K.	“Be Active, Be Healthy: A plan for getting the nation moving” ⁷	Department of Health	<ul style="list-style-type: none"> • Low SES • People with CVD, diabetes, etc. • Mentally ill • Physically/mentally disabled • Aging adults • Children addressed in other national documents 	Not identified
Sweden	“Background Material to The Action Plan for Healthy Dietary Habits and Increased Physical Activity” ⁸	National Food Administration (NFA) and National Institute of Public Health (NIPH)	<ul style="list-style-type: none"> • Children • Elderly • Low SES • Those with immigrant backgrounds 	Not identified
Scotland	“Let’s Make Scotland More Active—a Strategy for Physical Activity” ⁹	Physical Activity Task Force	<ul style="list-style-type: none"> • Children and young people • Adults • Adults later in life 	2003–2022
Norway	“The Action Plan on Physical Activity 2005-2009: Working Together for Physical Activity” ¹⁰	Department of Ministries	<ul style="list-style-type: none"> • Children • Adults 	Not identified

Table 2 Processes for Development of Selected National Physical Activity Plans

Country	Process leading to release of the plan	Supporting documents used in developing the plan
N. Ireland	<ol style="list-style-type: none"> 1. “Be Active, Be Healthy: The Northern Ireland Physical Activity Strategy, 1996-2002,” published by HPANI 2. NIPAIG editorial group drafts plan at symposium 3. Consultation period involving workshops for various sectors 4. Draft Action Plan, “The Northern Ireland Physical Activity Strategy Action Plan, 1998-2002,” approved by NIPAIG 	<ul style="list-style-type: none"> • “Be Active-Be Healthy, The Northern Ireland Physical Activity Strategy, 1996-2002” • Blair et al. “Moving On—International Perspectives on Promoting Physical Activity.” • Sports Council for Northern Ireland. “Starting Well, Staying Involved and Striving for Excellence: Strategy for the Development of Sport in Northern Ireland, 1997-2005”

continued

Table 2 *continued*

Country	Process leading to release of the plan	Supporting documents used in developing the plan
Australia	Not specified	<ul style="list-style-type: none"> • “Active Australia—A National Participation Framework released by Australian Sport and Health Ministers” (1997) • “Developing an Active Australia: A framework for action for physical activity and health—the Australian Government response to Active Australia” (1998) • SIGPAH formed and key reports generated (1999) • “Healthy Weight 2008” • “Be Active Australia. A Health Sector Agenda for Action on Physical Activity 2004—2008”
U.K.	<ol style="list-style-type: none"> 1. White Paper “Choosing Health: Making healthier choices easier,” published (2005) 2. Broad consultation 3. Publication of “Choosing Activity: A physical activity action plan” (2005) 4. Development and publication of “Be Active, Be Healthy” (2009) 	<ul style="list-style-type: none"> • “Choosing Health: Making life easier” (2005) • “Game Plan: A strategy for delivering Government’s sport and physical activity objectives” (2002) • Department of Health—“At Least Five a Week: Evidence on the impact of physical activity and its relationship to health.” • Department of Health—“Healthy Survey for England”
Sweden	<ol style="list-style-type: none"> 1. NFA and NIPH commissioned to develop background materials, including: <ol style="list-style-type: none"> a. Proposals for measureable targets b. Strategies for achieving targets c. Measures to be implemented d. Funding and cost estimates of proposed measures 2. NFA and NIPH consulted with: <ol style="list-style-type: none"> a. Municipalities, county councils, schools, food industry officials, media, central agencies, universities, NGOs, and international experts 3. Reviewed scientific literature 4. Reviewed reports, investigations and action plans from other countries 5. Regular updates on development of background material presented at conferences and seminars and web sites for NFA and NIPH 6. Proposals sent to stakeholders for comments 	<ul style="list-style-type: none"> • Not clearly specified, although assorted scientific literature, WHO documents and documents from other nations were mentioned.
Scotland	<ol style="list-style-type: none"> 1. “Towards a Healthier Scotland – A White Paper on Health” published (1999) 2. Physical Activity Task Force formed (2001) 3. “Let’s Make Scotland More Active” published (2003) 	<ul style="list-style-type: none"> • “Towards a Healthier Scotland—A White Paper on Health” • “Improving Health in Scotland—The Challenge”
Norway	<ol style="list-style-type: none"> 1. Parliament White Paper, “Prescription for a healthier Norway” emphasized importance of PA (2002) 2. WHO Global Strategy for nutrition, activity and health adopted. 3. Government asked to develop an action plan on PA (2003) 	<ul style="list-style-type: none"> • “Prescription for a Healthier Norway”

Table 3 National Plan Content

Country	Overall organization of the Plan	Overall vision/goal(s) of the plan	Strategic objectives
N. Ireland	<u>Background</u> <u>Development of Strategy Action Plan</u> <u>Implementation of PA Strategy</u> <u>Part 1: Regional Issues</u> Research, Training and Professional Development, Public Information Campaign <u>Part 2: Sector Involvement</u> Government Departments, Health, Education, Environment, Agriculture, Economic Development, Community and Voluntary Sector, District Councils <u>Key Dates</u>	<ul style="list-style-type: none"> • “To increase levels of health related to physical activity, particularly among those who exercise least” • “By 2002 the proportion of men and women aged 16+ who are classified as sedentary should be reduced from 20% to 15%.” • “By 2002 the proportion of men and women aged 16+ who achieve recommended age-related activity levels should be increased from 30% of men and 20% of women to 35% of men and 25% of women.” 	<ul style="list-style-type: none"> • “To provide public information about the health benefits of physical activity and the opportunities for participation.” • “To provide opportunities for leadership and training in health-related physical activity.” • “To encourage cooperation and collaboration between professionals working in the related fields of exercise, health, recreation and sport.” • To encourage the development of public policies which reduce the number of people who are physically inactive.” • To establish a program of research and evaluation to support implementation of the strategy.”
Australia	<u>Foreword</u> <u>Executive Summary</u> <u>Context and Rationale</u> Evidence, Links with Other National Health Strategies, The Determinants of Physical Activity, The Costs of Physical Inactivity <u>The Be Active Australia Framework</u> The Vision, The Goal, Guiding Principles, Strategic Intent <u>Settings</u> Community environments and organizations, health services, Child care and out of school hours care, schools, workplaces <u>Overarching Strategies</u> Communication and community education, Workforce capacity Evidence, research, monitoring and evaluation, strategic management and coordination <u>Priority Populations</u> <u>Partnerships for Action</u> <u>Monitoring and Surveillance</u> <u>Funding</u>	<ul style="list-style-type: none"> • “All Australians enjoying the benefits of physical activity as part of everyday life.” • “To improve the health and well being of all Australians and reduce inactivity and related disease and disability by increasing levels of physical activity across the population. More specifically, the intention is to ensure all Australians meet relevant National Physical Activity Guidelines.” 	<ul style="list-style-type: none"> • “Helping those most in need and closing the health gap between different population groups as a result of geography, ethnicity, and socioeconomic status.” • “Initiating and supporting partnerships between health sector agencies at all levels of government and between the health and other sectors, public, private and non-government organizations, families and the community.” • “Concentrating on solutions and strengths, not problems.” • “Focusing on long-term and sustainable solutions that recognize that behavior change is complex, difficult, and takes time”

continued

Table 3 *continued*

Country	Overall organization of the Plan	Overall vision/goal(s) of the plan	Strategic objectives
U.K.	<p><u>Foreword</u></p> <p><u>Activity and Health</u></p> <p><u>Executive Summary</u></p> <p><u>Chapter 1:</u> Why physical activity matters.</p> <p>What is PA?, Why be active?, How much activity?, Surveying PA across the UK, Cost of inactivity, Cost-effectiveness of PA interventions.</p> <p><u>Chapter 2:</u> Our ambition for a more active England—What success will look like.</p> <p><u>Chapter 3:</u> Informing choice and promoting activity.</p> <p>Informing and supporting choice for all (<i>Change 4 Life</i>), Everyday activity, promoting active travel (<i>Bike 4 Life</i>), Active workplace, sport and active recreation, children's PA</p> <p><u>Chapter 4:</u> Creating an active environment</p> <p>Built environment, green spaces, PA in a natural environment</p> <p><u>Chapter 5:</u> Supporting those most at risk</p> <p>Continued development of <i>Physical Activity Care Pathway</i> (PACP), PA and mental health, active aging, those with disabilities</p> <p><u>Chapter 6:</u> Energizing delivery</p> <p>Local delivery, regional coordination; At national level, survey and measuring progress</p> <p><u>Chapter 7:</u> Consulting on how the new alliance should work</p> <p><u>Annex 1:</u> Detailed local area costs of physical inactivity</p> <p><u>Annex 2:</u> Linkages between physical activity and other programs</p> <p><u>Annex 3:</u> Equality Impact Assessment</p>	<ul style="list-style-type: none"> • 2 million more adults active by 2012. • Help 200,000 more people to realize the general health benefits of achieving 30 minutes of physical activity on 5 or more days per week. • Increase the average weekly duration of physical activity by approximately 5% over the baseline. • Make the UK a world-leading sporting nation. • Inspire a generation of young people. • Make the Olympic Park a Blueprint for sustainable living. • “Halt the year-on-year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole.” • “By 2008, increase the take-up of cultural and sporting opportunities by adults and young people from priority groups by increasing the number who participate in active sports at least 12 times a year by 3%, and increasing the number who engage in at least 30 minutes of moderate-intensity-level sport at least 3 times a week by 3%.” 	<p>From: <i>Choosing Activity: A physical activity action plan</i>” (2005)</p> <ul style="list-style-type: none"> • Help all people get the information they need to understand the links between activity and better health • Ensure that all people get the information they need to understand opportunities for activity in daily life. • Encourage activity in early years, schools, and higher education. • Create and maintain a wide range of opportunities for activity through sport. • Ensure high-quality, well-targeted and attractive provision for walking and cycling. • Make public spaces and the countryside more accessible and attractive. • Increase advice by health professionals on lifestyle, particularly physical activity, both routine and opportunistic. • Develop services within the community healthcare system to provide ongoing support to achieve sustainable behavior change. • Encourage employers to engage and motivate staff to be more active. • Provide employers with support, such as practical advice and examples of best practice, on enabling, promoting and disseminating best practice for an active physical and cultural environment.

continued

Table 3 *continued*

Country	Overall organization of the Plan	Overall vision/goal(s) of the plan	Strategic objectives
Sweden	<p><u>Summary</u></p> <p><u>Assignment and Methodology</u></p> <p><u>Background and Problem Description</u></p> <p><u>Objectives and Targets</u></p> <p><u>Strategies to Achieve the Objectives</u></p> <p><u>Measures and Motivations</u></p> <p>Working Life Policy, Housing Policy, Public Health Policy, Research Policy, Health Care Policy, Sports Policy, Consumer Policy, Food Policy, Environmental Policy, Tax Policy, Transport Policy, Education Policy, Policy for the Elderly</p>	<ul style="list-style-type: none"> • Increase the proportion of healthy adults who take at least 30 minutes of moderate PA every day, or a total of at least 3.5 hours/week. • Increase the proportion of healthy children who are physically active for at least 60 minutes of moderate exercise every day, or a total of at least 7 hours/week. • Decrease the proportion of children and adults with a sedentary lifestyle. • Prevent weight gain from normal to overweight in adults. • Promote normal weight gain in children. 	<ul style="list-style-type: none"> • See Appendix A
Scotland	<p><u>Foreword</u></p> <p><u>Introduction</u></p> <p><u>Summary of Recommendations</u></p> <p><u>Strengthening the Infrastructure</u></p> <p><u>Strategic Objectives</u></p> <p><u>Strategic Priorities</u></p> <p>Children and young people, Adults, Adults in later life</p> <p><u>Annexes</u></p> <p>Physical Activity Task Force, Characteristics of quality PE, National priorities for education</p>	<p>Vision: "People in Scotland will enjoy the benefits of having a physically active life."</p> <p>Goal: To increase and maintain the proportion of physically active people in Scotland.</p> <ul style="list-style-type: none"> • 50% of all adults age 16 and over and 80% of children under 16 will meet recommended levels of PA by 2022. • A 1% increase in population-level PA/year. • 80% of pupils in primary and secondary schools will achieve health-related levels of PA. • 100% of schools will deliver 2 hours/wk of PE to each class. 	<ul style="list-style-type: none"> • "To develop and maintain long-lasting physical environments to support inactive people to become active." • "To provide accurate and evidence-based advice to staff who are involved in government policy and service delivery and who work in the voluntary and private sectors." • To raise awareness and develop knowledge and understanding about the benefits of physical activity and provide access to information." • "To carry out research, monitoring and evaluation."

continued

Table 3 *continued*

Country	Overall organization of the Plan	Overall vision/goal(s) of the plan	Strategic objectives
Norway	<p><u>Preface</u></p> <p><u>Contents</u></p> <p><u>Chapter 1: Public Health and PA</u></p> <p>PA and health, The level of PA in the population, Options of activities</p> <p><u>Chapter 2: Challenges and Targets</u></p> <p>Areas of priority, Targets and target groups</p> <p><u>Chapter 3: Active leisure time</u></p> <p>Sports, Outdoor life, PA for everyone</p> <p><u>Chapter 4: Active everyday life</u></p> <p>Active upbringing, Active working life</p> <p><u>Chapter 5: Active local environment</u></p> <p>Health considerations in planning, A local environment promoting PA, A transport system promoting PA</p> <p><u>Chapter 6: Active according to capacity</u></p> <p><u>Chapter 7: Working together for PA</u></p> <p>Partnerships for public health, Voluntary effort for public health and PA</p> <p><u>Chapter 8: A better foundation of knowledge</u></p> <p>Monitoring PA, Research and summary of knowledge, Education and the advancement of competence</p> <p><u>Chapter 9: Communications</u></p> <p>Communication Strategy</p> <p><u>Appendix</u></p>	<ul style="list-style-type: none"> • The number of children and youth who are physically active for at least 60 minutes per day will increase. • The number of adults and elderly people who are moderately active for at least 30 minutes per day will increase. 	<ul style="list-style-type: none"> • See Appendix A

Table 4 **Examples of National Plan Components Recommended by WHO/CDC**

Country	Component of National Plan Recommended by WHO/CDC	Document	Examples of WHO/CDC Components
Australia	Making the Epidemiological Case	“Be Active Australia. A Framework for Health Sector Action for Physical Activity, 2005-2010”	<p>The epidemiological case is made for each specific sector. Within each sector, the following are presented:</p> <ul style="list-style-type: none"> • “Rationale, Why is this sector important, Evidence for interventions, Key outcomes, Strategic links”

continued

Table 4 *continued*

Country	Component of National Plan Recommended by WHO/CDC	Document	Examples of WHO/CDC Components
N. Ireland	Measurement of Objectives	“Physical Activity: An Investment in Public Health. The Northern Ireland Physical Activity Strategy Action Plan, 1998-2002.” (p. 12, 13)	Diagram displays process for achieving and measuring objectives, with a clear path of accountability. The following “Keys” are identified for each objective: • “Holder (lead organization), Roles, Targets, Organizations involved, Health outcomes, Activity areas, Dates for completion”
N. Ireland	Measurement of Objectives	“Physical Activity: An Investment in Public Health. The Northern Ireland Physical Activity Strategy Action Plan, 1998-2002.” (p. 40)	Key Dates: An appendix that lists, by sector, the dates by which strategic objectives will be completed.
N. Ireland	Organization/Accountability	“Physical Activity: An Investment in Public Health. The Northern Ireland Physical Activity Strategy Action Plan, 1998-2002.” (p. 7)	Organizational Flowchart clearly depicts hierarchy of organization/stakeholder involvement.
Norway	Subpopulation Specificity	“The Action Plan on Physical Activity, 2005-2009. Working together for physical activity”	“Speak the same language as the target groups.” “The promotion of physical activity within all groups of the population must be based on tradition and experience. This implies considering the significance of physical activity in different cultures, and paying attention to various traditions and customs.”
Scotland	Making the Epidemiological Case	“Let’s Make Scotland More Active—a strategy for physical activity.” (p.15)	Table displays individual barriers to becoming more physically active with social-ecological items such as: “Put off by road traffic and road safety, Lack of suitable facilities, Lack of money, Lack of time, Being too old.”
Scotland	Goals/Objectives	“Let’s Make Scotland More Active—a strategy for physical activity.” (p.24)	<ul style="list-style-type: none"> • “Working in partnership and sharing responsibilities.” • Pooling resources nationally, regionally and locally, not only within physical activity efforts, but also among other related public health and even nonpublic health initiatives (e.g. obesity, smoking, nutrition, education, environment, technology). • “High-quality development influenced by evidence where it exists and experimentation and research where it does not.” • Pooling of resources and information in the research setting may minimize duplication of efforts. • Scientific evidence base may not always be available/necessary for inclusion recommendations. • “Give equal value to social and emotional outcomes as well as the physical health benefits”. • Measurement of social and emotional outcomes may provide opportunities to track progress that might otherwise be missed.

continued

Table 4 *continued*

Country	Component of National Plan Recommended by WHO/CDC	Document	Examples of WHO/CDC Components
Scotland	Measurement of Objectives	"Let's Make Scotland More Active—a strategy for physical activity." (p. 36)	Create an action plan specific to evaluation of the whole plan.
Scotland	Measurement of Objectives	"Five-year review of 'Let's Make Scotland More Active'—a strategy for physical activity."	Only country to have published a formal review of its plan. Review includes: "What has been achieved so far, Remaining challenges, Key recommendations, Current gaps in implementation, New evidence and public health messages, Next steps."
Scotland	Importance of Local Leadership	"Let's Make Scotland More Active—a strategy for physical activity"	"... local authorities should be recognized as the most important local delivery agency for physical activity. As such, they should lead local coordination and delivery. To do this effectively, however, they need to be fully supported by the National Government and its agencies."
U.K.	Multisector approaches	"Be Active Be Healthy. A plan for getting the nation moving" (p. 23)	"Coping Through Football is an innovative project that seeks to demonstrate how 2 sports charities can work with the health service to create a sustainable model for people with enduring mental health problems. The aim of the project is to provide a model of the best practice that other mental health trusts across the country can implement as an example of how sport and health can work together to meet mutual objectives."

evaluate the absence of other elements, particularly those that are considered crucial by the CDC and WHO. Supporting documents from the 6 countries and physical activity plans from additional countries also may provide valuable information, although a thorough review of those documents was beyond the scope of this paper.

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Appendix A

Recommended Actions by Sector

Business/Industry:

1. Develop criteria for certifying health-promoting workplaces, including policies for PA. (*Sweden*)
2. Propose a new article in the 'Working Environment Act' that obliges employers to consider PA for employees as part of the systematic health, environmental, and security work in the enterprise. (*Norway*)
3. Make it easier to walk and cycle to work. (*Australia*)
- a. Provide shower facilities in workplaces.
- b. Provide safe parking facilities and lockers at workplaces for staff who cycle.
- c. Provide incentives for staff to use alternative forms of transport to attend meetings and reduce incentives to use private motor vehicles.
- d. Limit the parking available for staff living within close proximity to the workplace.
- e. Lobby state governments to allow bicycles to be taken on public transport during peak times.
4. Provide incentives for PA behavior. (*Australia*)
- a. Support sports and PA clubs such as social soccer and basketball teams and walking and jogging groups.
- b. Encourage employees to form corporate teams for community sports or PA-related events such as fundraising walks.
5. Encourage PA opportunities during work breaks. (*Australia*)
- a. Promote "walking meetings," lunchtime walks and 5 to 10 minute walk breaks.
6. Consider the effects on PA of workplace employment policies. (*Australia*)
- a. Provide mandatory PA breaks at work (if sedentary job).
- b. Consider the PA and work-life balance implications of workplace policy, rosters, and shifts.
7. Provide information and education about PA and PA programs and opportunities. (*Australia*)
8. Provide appropriate on-site PA facilities in the workplace wherever possible. (*Australia*)
9. Ensure equitable access to programs for people with disabilities. (*Australia*)
10. Develop an award scheme to encourage and support employers to develop policies for promoting health in the workplace. (*Scotland*)
11. Develop a framework for workplace health. (*Northern Ireland*)

- a. The Health and Safety Agency is to work with the Health Promotion Agency to identify:
 - i. Roles of key organizations
 - ii. How employers can support employees through time and resources
 - iii. Guidelines and advice appropriate for the size of the company.
12. Develop a toolkit created by employers for employers to provide practical guidance on promoting PA at work. (*U.K.*)

Education:

1. Create stronger links between school and community, and between nursery, primary, secondary and further, and higher education. (*Scotland, Northern Ireland, Norway*)
2. Allow access to a wide-range of activities, including play, sports, dance, exercise, outdoor activities, active travel, and being active in daily tasks in and around school. (*Scotland, Norway*)
3. Include the PE curriculum as part of school review process. (*Scotland*)
4. Promote healthy lifestyles among children and parents. Health education should be developed further as part of health promotion activities to promote increased PA. (*Sweden*)
5. Record pupil height and weight routinely. (*Sweden*)
6. The Swedish National Agency for School Improvement should distribute funding to schools wishing to pilot projects on healthy dietary habits and PA [\$2.9 million/year]. (*Sweden*)
7. Integrate issues of diet and PA in sustainable development education in schools and higher education. (*Sweden*)
8. Continue funding and extend the mandate of the National Center for the Promotion of PA [\$830,000/year]. (*Sweden*)
9. Develop PE further and assure its quality. The needs of low-activity children should be given particular consideration, as should the gender perspective in education. (*Sweden*)
10. Develop quality indicators for education regarding healthy dietary habits and PA and for health-promoting environments with respect to diet and PA in preschools and include them in inspections, assessments, and evaluation activities. (*Sweden*)
11. Include in the quality audits of the work of preschools and schools, performed by municipalities, a report on how the environment promotes diet and PA. (*Sweden*)
12. Integrate work on healthy dietary habits and increased PA in schools with the efforts to strengthen social relationships and mental health. (*Sweden*)

13. Emphasize PA and motor development when revising the syllabus of kindergartens. (*Norway*)
14. Increase the number of lessons on PA in primary schools and encourage daily PA of the pupils. (*Norway, Northern Ireland*)
15. Establish 'forum for outdoor life in schools.' (*Norway*)
16. Compose an informatory pamphlet on PA and health in children, adolescents, and parents under the direction of the guidelines for parents program. (*Norway*)
17. Collaborate with Universities and the High School Council on including the topic "PA and health" in relevant courses for teachers, engineers, and architects. (*Norway, Sweden*)
18. Support PA workforce training. (*Australia, Norway*)
 - a. Prioritize professional education in PA for both the existing workforce and for all appropriate undergraduate courses, such as medicine, teaching, planning, allied health, and recreation.
 - b. Continue to advocate and collaborate with the fitness and exercise industry to encourage targeting and promoting services to older adults and those with chronic lifestyle conditions.
19. Develop and implement training on health-related PA within initial and ongoing professional development training courses. (*Northern Ireland, Norway*)
 - a. Develop and disseminate guidelines to support professional development and training.
 - b. Identify specific professional development and training needs.
 - c. Establish and implement a process to monitor professional development and training initiatives across all sectors.
 - d. Prepare and disseminate regular updates on professional development and training initiatives.
20. Provide on-going support to national PA conferences and networks. (*Australia*)
21. Support PA-related professional associations to deliver training and professional development. (*Australia*)
22. Require 150 minutes per week of compulsory, high-quality physical education for all children. (*Australia*)
23. Implement PA policies in daycare and after-school care. (*Australia, Norway*)
 - a. Implement a childcare and family daycare scheme that certifies centers that provide appropriate, fun, and interactive forms of PA in line with national guidelines. (*Australia*)
24. Determine Government policy on the benefits of health-related physical education. (*Northern Ireland*)
 - a. Identify key action areas.
 - b. Survey the current provision of PE and sport, with a view to identifying and disseminating good practice, supporting the health-promoting schools concept, and encouraging schools to implement the Department's recommendations that they should offer at least 2 hours per week of PE.
25. Schools, colleges and youth clubs should work with local authorities, community groups, and health professionals to devise programs to maximize involvement in PA. (*Northern Ireland*)
26. Education Boards and schools should work with the Department of the Environment to develop safe routes to school. (*Northern Ireland*)
27. Encourage schools to develop use of school facilities outside of school hours. (*Northern Ireland*)

Healthcare:

1. Establish a mechanism to oversee the development, implementation, coordination, and monitoring of the Action Plan through health promotion specialist services. (*Northern Ireland, Scotland, Australia, Sweden, Norway, U.K.*)
 - a. Primary care teams should develop links and alliances with the voluntary sector and District Councils to reach the sedentary population.
 - b. Primary care teams and other health professionals should advise on PA within lifestyle counseling, targeting those who will benefit most.
 - c. Health professionals should be aware of, and able to provide information on, local facilities for PA, including safe walking and cycling routes and sport and recreation facilities and programs.
 - d. Cover the benefits health benefits of PA and principles/practices for increasing PA in medical, allied health, and nursing education (basic and continuing).
 - e. Professional bodies should provide information and training for health professionals on PA and provide updates on research findings.
 - f. Display posters and information leaflets on health related PA such as walking, cycling, and information on local facilities in all health facilities.
2. Offer PA assessment to adults in primary care as a matter of course, making referrals to appropriate counseling and community activities as necessary. (*Scotland*)
3. Call on healthcare units, including dental care services, to develop and implement health promotion and disease prevention programs, particularly relating to PA. (*Sweden*)
4. Improve health communication within the maternity and child healthcare services as part of health promotion efforts with all pregnant women

and parents, especially focusing on PA. (*Sweden, Norway*)

5. Further develop and implement programs for lifestyle-related diseases. (*Sweden*)
6. Provide training in motivational interviewing techniques for changing lifestyle in general, and diet and PA in particular, to healthcare professionals in the maternity, child, primary, and secondary and school healthcare services. Develop and disseminate a training package in cooperation with universities/colleges and relevant professional organizations. (*Sweden, Australia*)
 - a. Support, train/educate, and fund doctors and health professionals to provide/prescribe lifestyle advice, including advice on PA, for the management of heart diseases and conditions on the Medicare payment schedule.
7. Improve cultural competence in health promotion and disease prevention, particularly with regard to diet and PA. (*Sweden*)
8. Clarify ways in which the school health service may be more involved in the organization of PA for all pupils, including an evaluation of schools' physical environments indoors and outdoors. (*Norway*)
9. Develop a program of follow-up through which the social and health services cooperate with other agents and voluntary agencies on offering diverse activities to people who rely on so-called 'green prescriptions.' [Note: A 'green prescription' is "prescribed as an alternative to medical treatment when treating patients with the diagnoses of high blood pressure and diabetes type 2."] (*Norway*)
10. Develop systems for applying, monitoring and evaluating 'physical activity on prescription' initiatives as part of health promotion in the health service. (*Sweden, Norway*)
11. Develop a survey of PA applied by health care services in connection with treatment and rehabilitation. (*Norway*)
12. Survey the competence of social and health personnel on the relation between PA and health. (*Norway*)
13. Support the provision of structured chronic disease risk assessment and management, accompanied by lifestyle interventions, including PA, in primary care. (*Australia, Sweden*)
 - a. Introduce a program in general practice to improve the ongoing prevention and managements of patients with established CHD that includes attention to lifestyle issues such as PA.
 - b. Promote the establishment of electronic registers in general practice for people with or at high risk for chronic disease to support delivery of high quality health care, including recall of people to monitor and support PA and other lifestyle change.
- c. Further support systems-based approaches, including financial incentives that encourage chronic disease risk assessment and follow up.
- d. Fund the implementation and evaluation of lifestyle, including PA, interventions in primary health care settings, including general practice.
14. Continue to develop a national Physical Activity Care Pathway (PACP) that identifies those who are inactive and offers a patient-centered brief intervention to encourage sustained behavior change. (*U.K.*)
15. Encourage wider adoption of the General Practice Physical Activity Questionnaire (GPPAQ) to embed the promotion of physical activity into primary care. (*U.K.*)
16. Work to help organizations delivering mental health services to develop their own capacity to promote PA. (*U.K.*)
17. Provide to elderly people living at home preventive home visits, including advice on appropriate diet and PA. (*Sweden*)

Mass Media:

1. Develop and implement a regional public information campaign. (*Northern Ireland*)
 - a. Identify the key messages and target audiences for the campaign.
 - b. Develop and implement an interagency public information strategy.
 - c. Produce a range of information resources to promote the key messages.
 - d. Develop and implement an evaluation and monitoring mechanism to assess the impact of the campaign.
2. Raise awareness of and develop knowledge and understanding about the benefits of physical activity and provide access to information. (*Scotland*)
3. Use mass media as part of community-wide campaigns to raise awareness of the importance of PA above 34% population-wide. (*Scotland*)
4. Develop a 5-year communication strategy that aims to increase knowledge of PA and health through the enlightenment of the people, thus motivating and inspiring us to attain a more active lifestyle. (*Norway*)
5. Encourage television and radio channels to transmit programs on physical exercise for the elderly and physical exercise for all. (*Norway*)
6. Develop and distribute training programs that strengthen motor abilities of the elderly. Ensure that the programs can be used at home on an individual basis without formal instruction. (*Norway*)
7. Carry out a campaign for safe cycling. (*Norway*)
8. Implement community-wide a PA campaign that

focuses on children and families. *(Australia)*

- a. Support a comprehensive campaign that provides education and PA opportunities directly to children and families in schools, neighborhoods, and communities.
9. Design and implement a mass media campaign tailored to suit the needs and motivations of older adults. *(Australia)*

Parks/Recreation/Fitness/Sport:

1. Municipalities should inventory their current facilities for exercise and spontaneous sport from the point of view of gender equality and equal opportunities and expand them where necessary. *(Sweden)*
2. Put safe, exciting play facilities at the heart of new residential and social housing developments. *(U.K.)*
3. Provide access to local sports facilities for those living in urban areas, within 2.5 km of home and within 1 km of home for more basic facilities. Ensure that people can get to the facilities safely by active or public transport. *(Sweden)*
4. Sports and leisure clubs, in collaboration with county councils, should train leaders in 'physical activity on prescription.' *(Sweden)*
5. The sports movement should develop its activities so as to attract people with a sedentary lifestyle, people with immigrant backgrounds, and those with disabilities who wish to participate in amateur sports. *(Sweden)*
6. Allocate \$1.5 million in 2008/09 and \$4.4 million in 2009/10 to assist Local Sports Partnerships to further develop plans to deliver more PA-related programs alongside sport. *(U.K.)*
7. Give to the National Council for Outdoor Recreation additional scope to assist the Environmental Protection Agency in developing access to outdoor recreation, to advise agencies and others on such issues, and to strengthen its own research expertise. *(Sweden)*
8. Give nongovernmental outdoor recreation organizations increased economic funding to encourage more people to become physically active. Particular efforts should be made to encourage children and young people with immigrant backgrounds, the elderly, the unemployed, and the chronically ill to be more active outdoors. *(Sweden)*
9. Encourage outdoor recreation to attract new groups and reduce inactivity. County administrative boards should be actively involved and be given extra resources for this [\$291 million/yr]. *(Sweden)*
10. Include a health impact assessment as a criterion when allocating funding to the Government's local nature conservation programs. The projects should be evaluated from a public health perspective. *(Sweden)*
11. Carry out health impact assessments in parallel with or as part of the environmental impact assessments of planned projects. *(Sweden)*
12. Contribute to the maintenance and development of positive options for activity through organized sports via annual allocations to the Norwegian Sports Association and the Olympic Committee. *(Norway)*
13. Allocate resources to activities and participation in clubs and organizations that organize sports and PA for children and adolescents. *(Norway, Northern Ireland)*
14. Allocate resources to groups with special needs to promote existing activities and create new possibilities for people with reduced functional ability to participate in sports and physical activities. *(Norway)*
15. Review allocations for developing activity and social integration in sports clubs. Allocations are earmarked projects and measures directed toward children and youth who are unable to participate in the common activity and sport activities. *(Norway, Sweden, Northern Ireland)*
16. Allocate means to the maintenance and construction of new sport arenas in the municipalities. *(Norway)*
17. Further develop arrangements for arenas in the local environment, adapted to individually-organized activity. *(Norway)*
18. Develop sports arenas as active meeting places in the local environment. *(Norway)*
19. Give priority to the development of sports arenas that will generate much activity in densely populated areas. *(Norway, Northern Ireland)*
20. Further develop the allocation system concerning sport equipment to local sports clubs. *(Norway)*
21. Strengthen relevant acts that grant the general public access to nature. *(Norway)*
22. Reinforce endeavors to stimulate and motivate an active outdoor life in everyday life and during leisure time. *(Norway)*
23. Adapt and improve the access of the disabled and ethnic minorities to outdoor life. *(Norway)*
24. Provide better accessibility to hunting and fishing for the entire population. *(Norway)*
25. Allocate funds to activity that promotes outdoor life activities. *(Norway)*
26. Survey nature and outdoor areas and green areas in the country and in cities and include the findings in city and township planning concerning utilization of areas and transport. *(Norway)*
27. Follow up guidelines on planning and administration of green areas in cities as a basis for activities of the municipalities in those areas. *(Norway)*

28. Secure and protect nature and leisure areas and other green areas to the benefit of public use. (*Norway*)
29. Survey the development and secure the right of the general public in nature areas, particularly in coastline areas. (*Norway*)
30. Create the Blue Gym Initiative for active conservation in both inland waters and the coastal marine environment to preserve and develop walking beaches and coastal paths. (*U.K., Norway*)
31. Implement bike rental or loan schemes in cities. (*Australia*)
 - a. Implement a free or rented bicycle loan scheme to encourage cycling within central business districts.
32. Fund an Active Families Initiative that provides programs that support and benefit families at the community level and in response to community need. (*Australia*)
 - a. Provide education that encourages parents to be positive role models for their children through regular PA and other healthy lifestyle habits.
 - b. Design, promote and disseminate locally targeted information on family-oriented PA opportunities.
 - c. Encourage, fund and support local governments and community organizations to develop programs that aim to get families active using existing infrastructure.
 - d. Develop programs that involve all family members within sporting and community clubs.
33. Offer walking groups and PA programs that especially meet the needs of older adults. (*Australia, Sweden*)
34. Design health club and recreation center programs to meet the needs of older adults, including opportunities to improve their aerobic fitness, muscular strength, balance, and flexibility. (*Australia, Sweden*)
35. Work in partnership with Natural England to scope a significant expansion of the Walking the Way to Health scheme, establishing stronger links with primary care and other partners, and building on the success of this established volunteer-led program. (*U.K.*)
36. Establish a working group to identify the role of dance at national, regional, and local levels. (*U.K.*)
37. Offer 5,000 subsidized gym memberships targeting 16 to 22 year-olds with inactive lifestyles and/or living in deprived areas through a partnership of the Department of Health, the Fitness Industry Association, and local authorities. (*U.K.*)
38. Through the national network of swimming coordinators, offer expert advice to support local authorities and pool operators on making the most of government investment. (*U.K.*)
39. Invest \$205 million in Free Swimming Program to provide subsidized swimming for various target groups.
40. Develop a Learn to Swim package that targets those in deprived areas. Provide funding for 10,000 new adult swimmers. (*U.K.*)
41. Invest \$343 million to deliver 3,500 new or refurbished play areas by 2011. (*U.K.*)

Public Health:

1. Encourage each municipality to establish a public health board or equivalent. This board should include experts in PA to integrate PA issues into community-based health promotion. (*Sweden*)
2. Develop health impact assessment methods further, with particular emphasis on PA. (*Sweden*)
3. Set up a national database for reporting and monitoring children's height and weight. (\$70,000/yr). (*Sweden*)
4. Develop methods for monitoring children's dietary habits and PA, body weight, and aspects of mental health in combination with socioeconomic factors. (\$900,000). (*Sweden*)
5. Develop a health communication strategy for healthy dietary habits, increased PA, and prevention of overweight. This strategy should describe implementation at the national, regional and local levels. Health communication should be target-group specific and use the tools and potential provided by modern technology. The strategy should also include evaluation and methodology. (*Sweden*)
6. Set up a consortium with representative from various research councils with the aim of initiating a number of long-term research projects, primarily intervention research concerning diet and PA. (\$11.2 million/year for 7 years). (*Sweden*)
7. Contribute to collaboration among sectors to develop activities for groups with special needs and groups that are not included in the general range of activities. (*Norway*)
8. Initiate widespread use of voluntary assistants and leisure time assistants to encourage PA and meaningful leisure time among groups at risk, plus contribute to making such establishments easily available for municipalities. (*Norway*)
9. Include PA as an area of utmost priority within regional and local partnerships for public health. (*Norway*)
10. Create meeting places, locally and nationally, within an area of public health to generate dialogue among public authorities, professional groups, and voluntary organizations. (*Norway*)
11. Design and implement multistrategy PA programs

for older adults that include education and advice as well as strategies to increase motivation and reduce barriers to activity. (*Australia*)

12. Establish a mechanism to oversee the development, implementation, coordination and monitoring of the Action Plan through health promotion specialist services. (*Northern Ireland, Sweden*)
 - a. Health and Social Services Trusts, District Councils and other partners should design community PA schemes for the sedentary population.
 - b. Health and Social Services Trusts should provide a strong leadership role to develop and coordinate local PA strategies.
 - c. Carry out research to evaluate and compare the cost of investing in PA programs against the cost of treating preventable illness.
 - d. Health promotion professionals should evaluate the effectiveness of promotional messages and activities.
13. Work with the National Obesity Registry to embed indicators for PA activity into regional datasets. (*U.K.*)
14. Continue to monitor all domains of PA through the most appropriate survey tools. (*U.K.*)
15. Form an NGO, the Physical Activity Alliance, whose responsibilities will include: (*U.K.*)
 - a. Develop PA campaigns and initiatives
 - b. Help bolster local and regional delivery
 - c. Act as a national partner to government.

Transportation/Urban Design/Community Planning:

1. Develop separate action plans called "Active Communities" and "Active Homes." (*Scotland*)
2. Develop ideas relating to how architecture can contribute to PA (eg, developing methods to encourage people to regularly use the stairs). (*Sweden*)
3. Prioritize walking and cycling transport policy. (*Australia, Sweden, Norway, Northern Ireland*)
 - a. Reorient transport and land use policies, funding, and infrastructure to prioritize planning for walking, cycling, and public transport.
 - b. Use infrastructure funds to prioritize rapid mass transit projects, increasing public transport links and active transport and decreasing travel time to work and private motor vehicle use.
 - c. Build and retrofit existing neighborhoods to increase pedestrian and cyclist access to shops, workplaces, public transport, and services, rather than focusing on the mobility of motor vehicles.
 - d. Include cycling in the National Road Database to allow resource inputs to be evaluated. Planning of public roads should include good infrastructure for safe cycleways and footpaths. The background material for decisions should include social impact assessments.
- e. Produce a manual/handbook to reinforce assessment of the economic benefits for society of investments in the local cycling infrastructure (\$291,000). (*Sweden*)
- f. Establish a state program for cofunding local footpaths and cycleways [\$14.6 million/year]. (*Sweden*)
- g. Restrict motor vehicle access to town centers.
- h. Increase and connect cycle path networks within and between local government authorities.
- i. Provide safe parking for bikes at public facilities such as libraries and community centers.
- j. Include Roads Service on the Steering Group developing a National Walking Strategy.
- k. Direct Roads Service to work with others to raise the status and awareness of cycling and walking.
4. Encourage transport operators to provide for safe carriage of cycles and secure cycle parking. (*Northern Ireland*)
5. Make streets located around schools safer for all children. (*Australia, Norway, Northern Ireland*)
 - a. Develop designated car drop-off zones 500m from schools, supported by organized walking for the rest of the journey to school.
 - b. Further develop safe routes to school.
6. Implement inspections of cycle tracks followed by immediate measures and actions. (*Norway*)
7. Contribute to running a professional network of 'bicycle cities.' (*Norway*)
8. Develop a guideline manual that provides advice regarding the future development of the national cycle track network. (*Norway*)
9. Contribute to increased knowledge of PA in planning and decision processes by using municipality health profiles, including indicators for PA, as instruments in local planning. (*Norway, Sweden*)
10. To increase the scope for active transport, adopt speed restriction measures in residential areas. Different categories of road users should be separated as far as possible. Adapt local infrastructure to the needs of pedestrians, cyclists, and persons with disabilities. (*Sweden, Norway*)
11. Create meeting places in municipalities that promote PA among the elderly and that reduce isolation and inactivity. (*Sweden*)
12. Initiate development work to adapt local 'low threshold activities' to inactive groups in the population. (*Norway*)
13. Improve the frequency, reach, and affordability of public transport. (*Australia*)

14. Develop and implement healthy planning guidelines. (*Australia, Norway, Northern Ireland*)
 - a. Support the development, implementation and evaluation of the new National Healthy Spaces and Places Guide for planning urban environments that are supportive of active living and wellbeing.
 - b. Support development and implementation of healthy planning policies at the State and Territory level.
 - c. Mandate PA impact assessments on all planning and policy decisions.
 - d. Develop, implement and evaluate tools and education strategies to increase the capacity of planners to embrace active living in their practice.
 - e. Tailor these approaches to the needs of States and Territories.
15. Implement health planning principles in new subdivisions, in retrofitting, and in transport plans. (*Australia, Sweden*)
 - a. Build new neighborhoods and retrofit existing neighborhoods using Active Living Design codes that consider land use, transportation systems, and urban design.
 - b. Design streets for people, not only for cars, recognizing that streets are a social as well as a transport space.
16. Design high quality public open space to suit the needs of all ages. (*Australia, Norway*)
 - a. Ensure high quality and usable public open spaces that cater to different target groups and that encourage walking as well as recreation and sport.
 - b. Develop state and local government open space policies and strategies that include mixed use spaces (structured sport, community gardens, structured, and unstructured play areas), linked by active transport and walkable options.
17. Support a federally-funded community PA infrastructure fund through local government. (*Australia*)
 - a. Provide funding through local government infrastructure to support the construction and maintenance of walking paths, cycle paths, dual use paths, swimming pools, community recreations centers, skate parks, and other sport and recreations infrastructure that will make the choice to be active easier for people of all ages.
18. Ensure that environments provide physical activity access to people with disabilities. (*Australia*)
19. Design playgrounds and parks that support children's PA. (*Australia, Norway*)
 - a. Design active playgrounds and recreational areas targeting different age groups and in recognition of local demographic trends.
 - b. Design open space that is challenging and interesting for older children.
20. Inventory, refurbish, and renovate school and preschool playgrounds so that they inspire play, movement, sport, and outdoor education [\$7 million/year]. (*Sweden*)
21. Require suitable PA programs in retirement villages and aged care facilities. (*Australia*)
22. Consider the mobility, access, and recreational needs of older residents when planning road crossings, pedestrian infrastructure, public transport access, public open space, and recreational infrastructure. (*Australia, Norway*)
23. The Environment Service should work with environmental groups and District Councils to provide resource material to promote the benefits and the opportunities for regular PA in the natural environment. (*Northern Ireland*)
24. Through local governments, educate the public to a greater understanding and acceptance of environmental issues. (*Northern Ireland*)
25. Review Forest, Parks, and River Agency programs and facility provisions and consider introducing other innovative schemes. (*Northern Ireland*)
26. Promote the recreational value of waterways and forest and country parks for the general public by achieving the balance between environmental and recreational interests. (*Northern Ireland*)
27. Highlight the true costs of individual short car journeys. Shift the mode of local journeys of less than 2 miles from car to walking/cycling, using innovative delivery channels and key facts to demonstrate how local trips are bad for you, the environment, your pocket, and your car. (*U.K.*)
28. Provide web-based guidance specifically relating to spaces and facilities for children and young people's play and informal recreation through a joint effort of the Departments of Health and Transportation, local governments, and communities. (*U.K.*)
29. Develop 2012 Active Challenge Routes across England, close to where people live, devised and developed by local communities. (*U.K.*)
30. Make use of a forthcoming national planning policy to review and assess the need to strengthen planning policy, or provide additional guidance on open space and sport and recreation, to help tackle obesity and support healthy communities. (*U.K.*)
31. Create high quality green spaces. (*U.K.*)
 - a. Develop a Green Flag Award scheme to recognize communities that develop spaces that meet the benchmark.

Volunteer and Non-Profit:

1. Provide accurate and evidence-based advice to staff

- involved in government policy and service delivery in the voluntary and private sectors. (*Scotland*)
2. Allocate funds to voluntary organizations that wish to contribute to the work of adapting local low threshold activities. (*Norway*)
 3. Establish a mechanism to oversee the development, implementation, coordination and monitoring of PA initiatives with the community/voluntary sector. (*Northern Ireland*)
 - a. Organize health programs within the community, targeted at priority groups.
 - b. Develop partnerships between the community/voluntary and statutory sectors for support such as sports development officers and health promotion coordinators.
 - c. Identify training needs and obtain the appropriate training.
 - d. Localize any national public relations campaign to make it more relevant to the community/voluntary groups.

Other:

1. Subpopulation specificity (*Scotland*). In addition to its Strategic Objectives (see “Stated Strategic Objectives” in Table 2), Scotland identifies 6 *Strategic Priorities*, as follows:
 - a. Priorities to support children and young people:
 - i. Children should participate in activity for at least 1 hr/day.
 - ii. See “education” above for further recommendations for children.
 - b. Priorities to support adults:
 - iii. Activities for adults should include environmental changes, social support networks, education, and using local media. These should be planned together as community-wide campaigns.
 - c. Priorities to support adults later in life:
 - iv. Create opportunities and support and encourage older adults to remain active in the community for as long as they choose.
 - v. Create self-help and staff support to allow older adults to be active in their homes.
 - vi. Provide greater access to activity to those in residential communities.
2. National coordination framework (*Scotland*). To deal with a lack of coordination and overall responsibility at a national level, Scottish ministers and the Scottish executive and its agencies should do the following:
 - a. Make the post of national physical activity coordinator a permanent one.
 - b. Set up a physical activity national coordination group, with members from a range of departments and national agencies that can support, challenge, and motivate. This group will:
 - i. Support national and community partners in developing action plans.
 - ii. Identify baseline data and performance indicators.
 - iii. Evaluate the effectiveness of their action.
 - iv. Report on progress.
 3. Local coordination framework (*Scotland*). Give local community planning partnerships political support and enough resources to help them coordinate and put into practice actions to support the development of physical activity.
 - a. Purpose of community planning:
 - i. Committing partners to developing an agreed strategic vision for their community.
 - ii. Dealing with cross-cutting issues that affect the social, economic, and environmental health of the community.
 - b. Achieving community planning purpose comes through:
 - i. Involving all sections of community.
 - ii. Collectively identifying and prioritizing community needs.
 - iii. Coordinating activity to help deliver improved and effective services.
 4. Carry out research, monitoring and evaluation. (*Scotland*)
 - a. Draw up an overall research and evaluation plan.
 - b. Set up a monitoring system that covers all the agencies involved.
 - c. Provide monitoring and evaluation guides and templates for local use.
 - d. Compare ourselves with other countries.
 - e. Explore research about what works with other agencies internationally.
 - f. Ensure that everyone involved acts in line with existing or new recommended legislative and audit requirements.
 5. Create good models and measures of ‘low threshold activities.’ (*Norway*)
 6. Encourage municipalities that conduct surveys of local activities to publish these on their websites so that they are accessible to all interested parties. (*Norway*)
 7. Strengthen cooperation among sectors to motivate

- the population to participate in low threshold activities. (*Norway*)
8. Stimulate and adapt options of activity to groups in the population with special needs (lower social classes, persons with disabilities, persons with immigrant backgrounds, the elderly). (*Norway*)
 9. Channel incentives from national projects on public health into local measures through regional partnerships.
 10. Establish a system of monitoring the level of PA in the population. (*Norway*)
 11. Organize a ‘summary of knowledge’ of the effects of measures aimed at promoting PA in the populations. (*Norway*)
 12. Provide financial incentives (tax and price) for individuals, families, and business to make active choices cheaper and easier. (*Australia*)
 - a. Provide financial incentives to make public transport, walking, and cycling cheaper choices than driving and parking.
 - i. Regulate public transport charges to ensure that it is more affordable and efficient than using a car.
 - ii. Provide support for those who choose to ride bicycles for transport.
 - iii. Financially reward people who walk more, through local business, workplaces, and government incentives.
 - iv. Fund regular “free days” (eg, every other Monday) on public transport to encourage new users to try the service.
 - b. Provide taxation relief and financial subsidies for PA participation.
 - i. Provide tax deductibility for PA participation (eg, club memberships, sporting equipment, bicycles, and clothing) in a range of settings.
 - ii. Develop a system to provide subsidized sporting club fees for children, especially in families that experience financial hardship.
 - iii. Provide subsidized user fees for community services such as swimming pools and recreations centers, especially in poorer communities.
 - iv. Provide fringe benefits tax exemption for workplace packaging of sporting and health club memberships, bicycle purchases, and public transport use.
 - c. Introduce insurance incentives for the physically active.
 - i. Introduce health insurance rebates for participation in structured and unstructured PA.
 - ii. Reduce life insurance premiums for physically active customers.
 - d. Ensure that financial measures favor the poorest sectors of the country/community.
 - i. Ensure equity and access by providing affordable and accessible PA options to the poorest areas.
 - ii. Promote subsidized entry to a range of PA opportunities for lower SES individuals and families.
 - e. Evaluation and research.
 - i. Evaluate these interventions to assess their effectiveness and to measure impacts on vulnerable populations.
 13. Provide infrastructure to support implementation of all recommended actions. (*Australia*)
 - a. Establish a Prime Minister’s Advisory Council on PA to provide strategic advice and oversee implementation of the *Blueprint for an Active Australia*.
 - b. Provide a sustainable funding stream dedicated to the promotion of PA and specifically the implementation of the *Blueprint for an Active Australia*.
 - i. Establish a secure and sustainable funding mechanism for appropriate investment in implementation of the Blueprint for an Active Australia at a level of \$10 per head of population. Funding at this level can be achieved by a combination of new resources from Treasury, creation of a new funding mechanism such as dedicated tax revenues or proportion of existing taxes, or the development of a National Active Living Lottery.
 - ii. Develop and promote to policy makers and Treasury evidence regarding economic costs/benefits of fiscal investment in PA as a preventive strategy.
 - c. Establish a national surveillance for PA.
 - d. Ensure funding for PA research and program evaluation
 14. Establish and facilitate a Research Advisory Group which is representative of organizations, Government Departments, commissioners, and providers. (*Northern Ireland*)
 - a. Develop a research agenda to be reviewed annually.
 - b. Develop a range of evaluation and monitoring tools to assess program outcomes.
 - c. Prepare and disseminate an annual report on implementation of the Action Plan.
 - d. Develop and disseminate current research at regular intervals.
 15. Promote interagency cooperation in responding

to the needs of young people, especially the marginalized. (*Northern Ireland*)

16. District Councils (local governments) have the statutory responsibility to provide recreation facilities for their communities. (*Northern Ireland*) District Councils should:
 - a. Develop recreation strategies for the provision of sport and health related PA.
 - b. Use the Action Plan to develop local alliances and jointly funded/resourced programs.
 - c. Consider ways to maximize use of facilities by the sedentary or disadvantaged.
 - d. Develop a policy to encourage staff to be more physically active.

- e. Provide sign-posted cycling paths in parks.
- f. Encourage the training of 'activity leaders' in the community to work with the socially and economically disadvantaged.
- h. Develop alliances with health and education professionals in their area.
- i. Provide information to the public about facilities and opportunities for PA (eg, walking and cycling trails and programs).
- j. Monitor the use of leisure facilities by different social groups and set targets for improvement.
- k. Evaluate local community PA projects and promotional schemes.