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More Collaboration - More Power in Combating Ill Health

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the “Pyramid of Success” (Figure 1). Prior to the BRP, health was not included in this critical graphic that defines priorities and focus areas for all schools in the district. Mr. Gleddie concluded with 3 key lessons from the BRP: the value of building relationships; the importance of effective communication and; the need to integrate health into the school district culture.



Figure 1 – Battle River School Division Pyramid of Success.

The panel shared a variety of perspectives on the HPS approach and highlighted a number of critical components. While all panelists recognized the efficacy of the HPS approach, there was an acknowledgement of the need for continued research, development and critical implementation of the approach.

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More Collaboration—More Power in Combating Ill Health

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This symposium highlighted the position of physical activity as one of the most important factors causally related to common non-communicable diseases (NCDs), and discussed the need for including physical activity in comprehensive prevention strategies and policies to combat the major NCDs. Lifestyle factors such as smoking, physical inactivity, and obesity are all major risk factors for ischemic heart disease, cerebrovascular disease, and several cancers, and physical inactivity globally ranks as the fourth leading risk factor for mortality. Despite the solid evidence that physical activity is related to several NCDs, stronger advocacy actions are required because physical activity is not viewed as a national priority in most countries. Much progress has been made on physical activity surveillance as well as the development of national policies, action plans and physical activity guidelines. However, in most countries there is a need for more workforce development across all sectors and robust evaluation of actions to build the evidence base on program effectiveness.

Keywords: chronic disease, risk factors, physical activity, fitness

The aim of this symposium was to highlight the position of physical activity as one of the most important factors causally related to the most common non-communicable chronic diseases (NCDs), and to discuss the need for and progress of including physical activity in comprehensive prevention strategies and policies to combat the major NCDs.

The most recent data from the World Health Organization (WHO) indicate that physical inactivity globally ranks as the fourth leading risk factor accounting for 3.2 million deaths annually and 5.8% of all deaths.¹ In addition to global figures, Dr. Steven Blair presented data from 41,000 men and 13,000 women in the Aerobics

Center Longitudinal Study indicating that in this U.S. cohort the attributable fraction of poor cardiorespiratory fitness for all-cause mortality, adjusted for all of the other risk factors, was 15.9% among men and 17.1% among women.² The corresponding population attributable fractions among men were 14.7% for hypertension, 7.9% for smoking, 3.8% for high cholesterol, 3.7% for diabetes, and 2.6% for obesity, and among women 9.1% for smoking, 6.9% for hypertension, 3.1% for obesity, 2.6% for diabetes, and 1.6% for high cholesterol. This example and data from other studies support the observations made by Jeremy N. Morris in 1994 that “physical activity is the best buy for public health,” and that of Blair from 2009, “Physical inactivity: the biggest public health problem of the 21st century.” The evidence shows convincingly that physical activity should be given much more attention than currently in developing, implementing, and funding strategies and policies to combat ill health in all parts of the world.

The urgent need to increase physical activity was presented by Dr. Fiona Bull who outlined the broad principles and key components of successful population-based approaches to promoting increased participation in physical activity. Substantial progress has been made on developing strategies, tools and means to increase PA based on sound theoretical basis. Good examples of this work are now in the published literature sharing evaluation of policy implementation and between country policy comparisons. Several global (eg, GAPA, Agita Mundo), regional (eg, HEPA Europe, RAFA-PANA in the Americas, and APPAN in Western Pacific and South-East Asia), and national networks are at work developing the workforce, sharing experiences and resources, and supporting more effective methods for advocacy and promotion of PA. Although much progress has been made, much more remains to be done. Dr Bull’s final call was for stronger advocacy actions because physical activity is not viewed as a national priority, despite the solid evidence. Good guidance for this work is available in the Toronto Charter for Physical Activity.³

Dr. Peter Katzmarzyk emphasized the need to tackle several risk factors in a coordinated fashion in combating NCD’s, because many of them share the same underlying risk factors. Thus, lifestyle factors such as smoking, physical inactivity, and obesity are all major risk factors for ischemic heart disease, cerebrovascular disease, and several cancers. Further, physical inactivity and obesity are major contributors to the growing epidemic of type 2 diabetes, and excessive use of alcohol increases the risk of several common diseases and injuries. One example of the increased awareness of the importance of several behaviors influencing a group of diseases is the development of a new concept, “ideal cardiovascular health,” by the American Heart Association.⁵ “Ideal cardiovascular health” is defined by the presence of 4 ideal health behaviors (non-smoking, body mass index <25 kg/m², physical activity at goal levels, and pursuit of a diet consistent with current recommendations) and 3 health factors (untreated total cholesterol <200 mg/dL, untreated blood pressure

<120/80 mm HG, and fasting blood sugar <100 mg/dL). Thus, the behavioral factors are now placed above the traditional biological risk factors.

In order to be successful in influencing these and other unhealthy behaviors, new and expanded strategies and policies are needed to influence the social, psychological, and economical determinants of the various behaviors at population, individual, and environmental levels. Development, implementation, and funding of such strategies and policies calls for much more extensive collaboration and networking of much greater number of institutions, organizations, and individuals than exists today. Promising signs of this kind of development can be seen in the functions of various networks and programs. As an example, the American Cancer Society, American Diabetes Association, and American Heart Association issued a joint Scientific Statement in 2004 which targeted the prevention of cancer, cardiovascular disease and diabetes.⁴

In his concluding remarks, Dr. Vuori pointed out to the need to apply the principles and strategies of both health promotion and social marketing in the efforts to increase physical activity. The principles of health promotion can be directly applied to physical activity promotion: building public policy that includes physical activity on the agenda of policy makers in all sectors and at all levels; creating environments supportive of physical activity; strengthening community actions in favour of physical activity; developing personal skills enhancing adoption of physical activity as a part of life; and reorienting of services that support people to become and be physically active. Also the strategies of social marketing apply well to physical activity promotion. One key issue is to create a win-win situation with the partners. Until now physical activity has been advocated and promoted mainly from outside, by persons involved in physical activity professionally or otherwise, to be included into the functions of other organizations or sectors, such as health, transport, education, urban planning and environment. Too often the selling arguments have focused too much on the interests of ourselves and not to those more relevant to the other parties. These weaknesses can be decreased by finding the needs, goals, and motives of the partners, and by building a win-win strategy on this basis. A second way to decrease the outside-approach is to create knowledge, expertise, partners, and allies as individuals, groups, and organizations, within the partners so that they can advance their goals through physical activity.

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Lessons Learned from Around the World: ACSM's Global Promotion of Innovation in Physical Activity and Health

**Thomas M. Best, Russell Pate,
Adrian Hutber, James Pivarnik,
Melinda Millard-Stafford**

The authors are with the American College of Sports Medicine.

This symposium addressed the state of innovation in physical activity and health through 3 U.S. initiatives, each of which has benefited from the experience and involvement of organizations and individuals around the world. The U.S. National Physical Activity Plan, Exercise is Medicine™, and Exercise is Medicine™ on Campus, were described in detail. Information on the origins, innovative programming and global influence on each program was discussed. The importance of a call to action for a more systematic approach to unite health, globalization, and innovation was underscored throughout the symposium.

Keywords: physical activity, innovation, global, Exercise Is Medicine, ACSM American Fitness Index

Innovation, the translation of the new and effective into widespread use, is critical to all 21st century endeavors. This is especially so for physical activity and public health, which became clear in 2002 when the World Health Assembly called for a global approach to reduce deaths and disease worldwide by improving diet and promoting physical activity. This global approach required new systems of discovery, broader collaborations, and worldwide diffusion of new knowledge, effective practice and policy. The Assembly's 2004 endorsement of the World Health Organization's Global Strategy on Diet,

Physical Activity and Health launched a new era of innovation in physical activity and health.¹

The symposium began with Dr. Thomas Best of the Ohio State University presenting an overview on the global prevalence of physical inactivity and low fitness levels, and their roles as determinants of mortality and morbidity. Three U.S. initiatives with features that were informed by previous efforts from around the world were highlighted: the U.S. National Physical Activity Plan, presented by Dr. Russell Pate of the University of South Carolina; Exercise is Medicine™ (EIM) as a Global Initiative, presented by Dr. Adrian Hutber of the American College of Sports Medicine (ACSM), and The Healthy and Active University through the EIM on Campus™ initiative, presented by Dr. James Pivarnik of Michigan State University. In addition, Dr. Melinda Millard-Stafford of the Georgia Institute of Technology outlined approaches to the worldwide expansion of innovation in physical activity and health. Dr. Pate presented on the U.S. National Physical Activity Plan (the Plan), addressing its origins in the call of the World Health Organization for member countries to develop plans of action in physical activity. The need for a U.S. Physical Activity Plan was formally identified in 2006 at a multi-organizational roundtable convened by the ACSM.² Dr. Pate summarized the process by which teams developed strategies and tactics for 8 societal sectors, and reviewed 252 national physical activity plans from 56 countries to identify effective approaches and lessons learned.

Dr. Pate noted that a 2009 planning conference brought together more than 200 experts, providing an invaluable international perspective. The Plan, comprising 52 strategies and 215 tactics, was launched in May 2010. World experience also underscored the need for effective evaluation, large-scale collaboration, and novel approaches at local, state and national levels.

Dr. Hutber discussed EIM, an initiative launched by the ACSM and the American Medical Association in 2007 (www.exerciseismedicine.org). EIM seeks to mobilize health care providers to act on the importance of physical activity to public and patient health. The initiative asks health care providers to prescribe exercise to patients/clients or to refer them to qualified health professionals for further counseling. Dr. Hutber noted that success depends on the health care providers' ability to quickly, capably and comfortably address physical activity as a "vital sign" and to refer patients to appropriate resources, as well as on patients' expectations that providers address physical activity for health promotion and disease prevention. Dr. Hutber announced that while EIM is already a global effort with agreements to promote the program in Latin America, Europe, Asia, Africa, and Australia, June 2010 marks the official launch of EIM as a global initiative. He underscored that EIM is customized to reflect the realities of lifestyle-based health promotion and disease prevention and to respect national and cultural traits.

Dr. Pivarnik addressed the EIM on Campus initiative, involving universities and colleges worldwide. EIM on Campus promotes lifelong physical activity and healthy