

# International Review of National Physical Activity Policy

## A literature review

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## Summary

*Aim:* The purpose of this report is to develop a framework for physical activity policy and to apply it to national strategic documents. At first, the report deals with the question what is meant by policy, particularly by public policy, taking into account a number of definitions of policy as well as concepts on policy development. Secondly, with regard to key components of policy in general a specific definition of policy related to physical activity promotion is presented, as well as further criteria identified as elements of successful physical activity policy. Thirdly, national physical activity policies from a number of countries are assessed referring to the definition and criteria.

*Methods:* Electronic databases were searched, including MEDLINE, PubMed and CINAHL, for articles and national policy documents published since 1966. The following keywords were used: policy, public policy, policy research, physical activity policy, environment and policy and intervention, activity and environment and policy and intervention, physical activity and policy and intervention. Additional information on national physical activity policies such as written policies and strategic plans of governmental, private and non profit organisations at national level was gained by auditing numerous web-sites. This included a review of the 'grey' literature.

*Results:* The assessed countries fulfil most of the criteria, and thus, appear to be models of good practice. The literature review revealed similarities among the countries regarding the methods and approaches being adopted to develop and implement national physical activity policy. For example, all countries developed policies after consultation with key stakeholders within and outside the government; adopted individual-oriented as well as environmental focused strategies; proposed action at all governmental tiers; developed coalitions and partnerships within and between the government, NGOs, and the private sector; attempted to integrate physical activity promotion in other agendas (e.g. in the areas of health, education, transport, environment).

However, insufficient approaches exist in terms of process evaluation and monitoring of physical activity policies. Furthermore, there is a lack of role delineation and accountability among partners, and an apparent failure to determine concrete timeframes related to the funding and implementation of single strategies.

*Conclusions:* For the development and implementation of future physical activity policy it is important to address these inadequacies.

## Introduction

The trend of increasing sedentariness in industrialised countries has been a cause for serious concern worldwide. The World Health Organisation (WHO) estimates that mortality, morbidity and disability attributed to major non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, currently accounts approximately 60% of all deaths and 43% of the global burden of disease. Worldwide, more than 60% of adults, particularly women, older adults, people from low socio-economic groups and disabled people, do not participate in sufficient levels of physical activity beneficial to health, and this overall inactivity is estimated to cause 1.9 million deaths globally (WHO 2003a).

Australia's National physical activity surveys between 1997 and 1999 either reveal a decline of physical activity rates in recent years (ASC 1998, AIHW 2000). Recent data identified direct health care costs of physical activity in Australia, estimating that at least 400 million dollar per year are attributable to physical inactivity (Lee, Paffenbarger 2000; Stephenson et al. 2000). The Australian burden of disease study, conducted by the Australian Institute of Health and Welfare (AIHW), shows that among preventable risk factors contributing to chronic diseases, physical activity ranks second to tobacco. In terms of its overall impact on health it also ranks above other major risk factors such as obesity, hypertension, illicit drugs or unsafe sexual behaviour (AIHW 1999). Other AIHW findings indicate that the worldwide epidemic of overweight and obesity also affects the Australian population. As self-reported data revealed, in 2001 an estimated 2.4 million Australian adults (aged 18 and over) were obese - 16% of men and 17% of women -, and a further 4.9 million adults were estimated to be overweight - 42% of men and 25% of women (AIHW 2003). Regular physical activity and healthy eating as well as creating environments that support these behaviours are being regarded as essential to reduce the growing problem of obesity (USDHHS 2003).

The diverse health benefits of physical activity have been increasingly recognised since the publication of the 1996 US Surgeon General's Report on Physical Activity and Health (USDHHS 1996). In response to the high prevalence of inactivity in today's lifestyles several studies have been conducted to provide the evidence that physical activity is crucial to health and well-being. Many findings now show that being physically active provides people of all ages with a wide range of physical, social and mental health benefits, and reduces the overall-mortality risk. For example, regular exercise prevents cardiovascular diseases, particularly by maintaining weight, reducing blood pressure and improving cholesterol levels. Furthermore, it decreases the incidence of diabetes, colon cancer, osteoporosis as well as injuries, and improves mood and depression (USDHHS 1996; Bauman, Owen 1999; Bauman, Owen, Leslie 2000). Physical activity also interacts positively with the prevention of other risks factors such as unhealthy diet, smoking as well as alcohol and drug use, and it helps to reduce violence and promotes social interaction and integration (WHO 2003a).

The role of public policy becomes more important to develop strategies to stop the trend of sedentary lifestyles. There is a need to orient public policy more towards "active living". In fact, policy impacting on physical activity is extensive in many sectors such as those concerned with health, sport and recreation, education as well as transport, environment and economic, and thus it should be taken into account within physical activity promotion. The past has shown that solely individual-oriented behaviour change strategies produce small effects on population levels of physical activity. Policy approaches that also address the physical and social environment promise to be more successful because they facilitate people's choice to become active (Bauman et al. 2002, Blair et al. 1996, Brownson et al. 2001).

Although broad policy interventions are widely recommended, there is sparse information on the patterns and effects of these approaches, particularly due to the lack of evaluation and monitoring of physical activity policies (Brownson et al. 2001, Sallis, Bauman, Pratt 1998). The results of an *International Review of National Physical Activity Policy*, presented in chapter three, are based on a comprehensive literature search in diverse databases and in the internet. They outline key elements of effective physical activity policies and provide several country examples of policy approaches at national level. The first section describes the term policy, taking into account a number of policy definitions as well as several policy-influencing factors. The second section deals with physical activity policy in particular, providing a definition of physical activity policy as well as specific criteria that characterise successful physical activity policy. The third section gives an insight into international action on physical activity promotion including WHO initiatives such as the Active Living Program and the Global Strategy on Diet and Physical Activity as well as regional physical activity networks. Furthermore, examples of national physical activity policies from a number of countries are presented that have been assessed in terms of the definition and criteria.

## Method

Electronic databases were searched, including MEDLINE, PubMed and CINAHL, for articles published since 1966. The following keywords were used: policy, public policy, policy research, physical activity policy, environment and policy and intervention, activity and environment and policy and intervention, physical activity and policy and intervention. Besides that, further publications were selected by searching for specific authors in the field of policy and physical activity.

Additional information on national physical activity policies such as written policies and strategic plans of governmental, private and non profit organisations at national level were gained by auditing numerous web-sites. All documents were assessed referring to the definition of physical activity policy as well as to other specific criteria identified as elements of successful national physical activity policy.

This review is restricted to a selected group of countries for which there was available information in English. Therefore, the review does not provide an entire overview of the prevalence of physical activity policies around the world but an insight into countries that have developed/implemented physical activity policies at national level. Many other countries have even been less engaged in policies to promote physical activity among the population.

## Results

Despite of the wide range of policy literature, the meaning of the term policy is still likely to be unclear among politicians, researchers and health professionals because it stands for somewhat diffuse. "Cunningham, a former senior British civil servant, argues that 'policy is rather like the elephant, you recognise it when you see it but cannot easily define it' (quoted in Hill 1997)." (Lin, 2003). The following part is to decrease this blur, describing policy in general as well as defining physical activity policy in particular. Moreover, national case studies reveal to what extent physical activity policy occurs in various countries.

### ***What is policy?***

Policy describes a procedure or a guide to action to achieve intended goals, initiated by governmental, non governmental or private sector organisations. It determines the means by which the environment is to be altered to gain desired outcomes. At best, because this makes policy more obvious to the public, it is based on a formal statement that defines priorities for action, goals and strategies, as well as accountabilities of involved actors and allocation of resources (Milio 2001, NSW 1998, Stahl et al. 2002, WHO 1998). Milio (2001, p. 622) views the latter as a key component, defining policy as

"...a guide to action to change what would otherwise occur, a decision about amounts and allocations of resources: the overall amount is a statement of commitment to certain areas of concern; the distribution of the amount shows the priorities of decision makers. Policy sets priorities and guides resource allocation".

Policy can occur on a written (e.g. within legislation, policy documents) or on an unwritten basis (e.g. within usual practice), and it can refer to particular decisions as

well as to political and bureaucratic processes (Bauman et al. 2002, Lin 2003). A main characteristic of policy is the procedure aspect, in the literature described as policy process or policy cycle involving the phases initiation, adoption, implementation, evaluation, reformulation. In reality this process is not that linear. A policy does not necessarily include all phases because policy makers often make ad hoc decisions in response to a current matter of concern (Howlett, Ramesh 1995; Lin 2003; Stahl et al. 2002).

“In the formulation of policy there is a constant tension between rational solutions and more incremental policy decisions that respond to issues of immediate concern. Policy implementation is usually based on immediate needs and only minimal fundamental changes occur.” (Lethbridge 2000, p.4)

Policy change can be routine or paradigmatic. A routine policy change means a continuation of existing policy with only slight variations, and therefore changes occur incrementally. In contrast, paradigmatic policy change represents a fundamentally new direction of existing policy. It means a new paradigm or way of thinking about policy issues (Bryant 2002; Howlett, Ramesh 1995).

Policies often act in conflicting direction, and thus policy making is complicated because its harmful and beneficial impacts usually fall on different groups. The utilization of resources for one purpose means that these resources cannot be used for another purpose, which might have benefited a different group in the community (Kemmm 2001).

Policy is often not a single decision, but a web of decisions or sometimes rather a non-decision. Moreover, policymaking is somewhat volatile because it is highly influenced by individual factors such as people’s assumptions, ideological beliefs, knowledge, interests, power positions as well as by social factors such as organisational cultures or socioeconomic conditions (de Leeuw 1993, Bryant 2002, Kemmm 2001, Lin 2003).

“The formation of policy is – at least in epidemiological circles – still regarded as a more or less rational process where actors decide on the basis of more or less objective information... The essential perspective is that the making of policy is intimately connected with implicit assumptions, interests, and power positions.” (de Leeuw 1993, p.49)

The personal component keeps policy very dynamic due to the vested interests of the involved partners (stakeholders). The more stakeholders occur on the policy arena the more is the formulation and implementation of policy likely to be determined by competing interests. Those interest groups define their domain and try to maintain their organisational survival within that domain (de Leeuw 1993). Thus policy is often a product of negotiations between interested parties, and it is more or less rational and systematic (de Leeuw 1993, Kemmm 2001, Stahl et al. 2002). Signal (1998) notes that policy becomes more effective if the interests of the involved groups are defined and their potential for influence is analysed. In addition, policy can be influenced by individuals or groups using a “top down” (with minimal consultation) or on a “bottom up” (involving interest groups operating on a grass roots level) approach (Lethbridge 2000, Bryant 2002).

The mass media also play a key role in policymaking, putting policy issues on the agenda through the reporting of events, studies and political debates. The media do

not only mirror policy realities, they also help mold policies because of the necessity to select, compose, and prioritise issues (Milio 1985).

Public policy is policy at any level of government. Traditional areas of public policy are finance, employment, defense, environment, energy and transportation, agriculture and food, leisure and tourism as well as social welfare and health. Public policy is closely connected to people's lifestyles because it sets the terms for individual choices. By the options it creates for institutions, groups and individuals it sets the bounds for what can be done (Milio 1985, 1988, 2001).

"...public policy has become the most adequate and pervasive collective instrument for shaping the environments and lifestyles of populations. This it does by favouring (through incentives, direct provision, and regulation) or discouraging (by regulation, disinvestments, or taxation) the options for choices by producers and consumers, by individuals as well as public and private organizations. Thus policies, intended or not, affect every level of human activity, from the physiologic to the ecologic, and every facet of our environment, from the maternal world of the fetus to the international arena." (Milio 1988, p. 60)

All public policies impact, directly or indirectly, on health, and therefore it is desirable that all public policy sectors contribute to healthy public policy, increasing the health and well-being of populations by creating supportive physical and social environments. But this requires that policy makers in all sectors are aware of the health consequences of their decisions as well as of their accountability for health impacts. Particular emphasis is to be given to health impact assessment (HIA) because it assists policy making by identifying the paths through which health may be benefited or harmed, and by estimating the balance of harm and benefit (Kemmer 2001, WHO 1988). Based on the assumption that non-health sector policies have major implications on the health and well-being of people, health impact assessment is a structured method for assessing the health consequences of projects and policies in the non-health sector. It includes research activities that combine evaluation, partnership working, public consultation, and available evidence (Lock 2000).

### ***Physical activity policy***

Physical activity is an important public health issue that has received more attention in recent years. In response to the numerous harmful effects of today's sedentary lifestyles (increased chronic diseases, death rates and health care costs) governmental as well as non governmental organisations have been recognised the need of political changes to increase physical activity across the whole population (Brownson et al. 2001). Indeed, policy has the potential to affect physical activity because it creates opportunities and physical environments that influence people's decision to become physically active (Sallis, Bauman, Pratt 1998; Bauman, Bellew 1999).

In recent years more emphasis has been given on the concept of "active living", promoting moderate physical activity integrated into everyday life and maintained throughout the lifespan. Epidemiological studies have shown that even daily moderate activities such as walking, gardening, home chores and active commuting produce positive health effects. To get the most sedentary individuals of the population to become at least moderately active, the current recommendation of engaging in moderate-intensity physical activity for at least 30 minutes, on five or

more days a week, in either a continuous or accumulated way, has been widely promoted. Besides that, more vigorous exercise is being recommended for people already active to gain additional health benefits (USDHHS 1996, 2003).

It is widely being advocated to target physical activity interventions particularly on women, older adults, people with disabilities and indigenous people because they are less likely to be active (WHO 2003a, AIHW 2000). But although these groups would most benefit from exercise, physical activity promotion should be conceptualised on a population basis because interventions targeting individuals or small groups are less likely to increase population levels of physical activity (Brownson et al. 2001; Sallis, Bauman, Pratt 1998). A systematic review on the effectiveness of diverse physical activity interventions, conducted by the U.S. Task Force on Community Preventive Services (Kahn et al. 2002), revealed that some informational approaches (e.g. point-of-decision prompts to encourage stair use, community-wide campaigns including other components such as support groups, risk factor screening/education and community events) as well as specific behavioural setting-oriented interventions (e.g. school-based physical education, social support interventions in community settings) are effective in increasing levels of physical activity. Besides that, the review provides strong evidence on the effectiveness of environmental approaches such as the creation of or enhanced access to places for physical activity. These findings show that in addition to the frequently used behaviour change interventions, more environmental interventions are needed because they impact on a large amount of the population. Those environmental approaches are based on an ecological model of physical activity according to this social and physical environments restrict the range of people's behaviour by facilitating as well as by discouraging behaviour. Some environments are specifically designed for physical activity (e.g. sporting clubs, recreation areas, sidewalks, bicycle trails) while others encourage sedentary habits (e.g. classrooms, many workplaces, highways) (Sallis, Owen 1996; Sallis, Bauman, Pratt 1998). Several studies have shown that physical and social environmental factors such as availability and safety of footpaths, walking pathways, access to recreation and sporting facilities as well as social support from friends and family influence people's physical activity behaviour (Booth et al. 2000; Carnegie et al. 2002, Craig et al. 2002; Giles-Corti, Donovan 2003). In contrast, environmental stress factors such as residential crowding, noise, traffic congestion as well as violence and crime constrain physical activity participation (King et al. 2002, WHO 2003a). Taking all this into account, it is evident that comprehensive physical activity policies are needed using behavioural as well as environmental approaches. Table 1 provides a range of suitable measures including individual-oriented as well as environmental interventions.

**Table 1: Comprehensive physical activity policies**

Individual-oriented interventions	Environmental interventions
<ul style="list-style-type: none"> <li>Comprehensive community-wide campaigns including mass media strategies as well as social support, risk factor screening, setting-oriented counseling/ education and community events</li> <li>Point-of decision prompts to encourage stair use</li> <li>Structured physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Provision of parks, recreation areas, attractive footpaths, walking/jogging trails, cycling paths, appropriate stairways in public buildings, road safety, active transportation</li> <li>Development of indoor/outdoor exercise facilities</li> <li>Provision of showers and change rooms at workplace</li> </ul>

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|---|--|
| <p>programs targeted to specific groups (e.g. school-based physical education, individually-adapted health behaviour change programs, social support interventions in community settings)</p> | <ul style="list-style-type: none"> <li>• Connection of homes with shopping areas</li> <li>• Provision of secure parking for bicycles, bike carriers on buses</li> <li>• Reduction of insurance rates for active and fit employees</li> </ul> |
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- Physical activity services

Sources: Blair et al. 1996; Kahn et al. 2003; Sallis, Bauman, Pratt 1998

To develop supportive environments it is necessary that policy interventions move beyond the health and sports sector, and integrate other sectors such as recreation, education, transport, urban safety as well as urban planning and environment, placed within governmental as well as non governmental organisations, and in the private sector. Strategic intersectoral planning and action within these sectors is essential to create broad physical activity policies. Organisations need to form frameworks for action that are based on a clear strategic plan defining the roles and accountability of each partner. Then all participating members had specific tasks against which they could be made accountable (WHO 2003a, Bauman et al. 2002, Bauman, Bellew 1999).

To achieve the goal of population-wide increased levels of physical activity it is furthermore necessary that policy interventions occur at national, state as well as at local level. Governments at all levels must play a key role in initiating, coordinating and implementing public policies that promote physical activity enhancing environments accessible by the whole population (Bauman, Bellew 1999). Particular emphasis is to be given to the local level because it is the community that provides the infrastructure for physical activity.

Evaluation and surveillance of policy interventions is often ignored by public health, certainly due to its methodological difficulties and financial barriers because those macrolevel interventions are often extremely expensive and methodological difficult to evaluate. But routinely outcome and process evaluation as well as monitoring of the diffusion of physical activity policies are essential to provide information on the reasons why an intervention is effective or ineffective. A frequently used means of outcome evaluation is the measurement of population levels of physical activity on the basis of self-reports, direct observation or mechanical monitoring. More emphasis has to be given to process evaluation, which for example, can occur by documenting the extent to which each component of a physical activity policies is implemented as planned, using methods such as documentation of contacts and meetings between the involved organisations, interviews as well as environmental observation (Sallis, Bauman, Pratt 1998).

With regard to the characteristics of policy in general described above as well as of physical activity policy in particular outlined here, the following definition has been developed to describe key components of policies related to physical activity promotion.

“Physical activity policy is a formal statement that defines physical activity as a priority area, states specific population targets and provides a specific plan or framework for action. It describes the procedures of institutions in the government, non government and private sector to promote physical activity in the population, and defines the accountabilities of the involved partners.”

Besides that, specific criteria have been regarded as elements of a successful physical activity policy, identified in the literature and international consensus meetings on physical activity (Shepard et al. 2003; WHO 2004, 2003d):

- **Consultation** with key stakeholders during policy development as well as consideration of the epidemiological evidence on physical activity (e.g. trends, needs assessment)
- Comprehensive policy approach with multiple agencies, using **multiple strategies** (individual-oriented as well as environmental interventions) and targeting different population groups (e.g. children, adolescents, women, older adults, disabled people, indigenous people)
- Working at **different levels** (local, state, national; individual as well as social and physical environmental level)
- Implementation of the policy via **coalitions, alliances and partnerships** (e.g. cross government, non government as well as private sector involvement)
- **Integration** of physical activity policy within other related agendas (e.g. in the fields of health, nutrition, transport, environment)
- **Stable support** and resources to implement the policy (e.g. from politicians, governments, organisations)
- **Identity** of the policy by means of a logo, branding or slogan (supported by leading agencies, sports champions and governments, and disseminated within advocacy)
- **Timeframe** of the policy commitment
- **Evaluation** of the policy (systematic approaches supported by budgets)
- **Surveillance** structures in place to monitor the policy
- **National guidelines on physical activity**

### **National physical activity policies**

Physical activity has also become a priority area by the World Health Organisation (WHO). With regard to the worldwide burden of increasing sedentary lifestyles, WHO also requires the development of national physical activity policies and programs. Beyond the annual celebration of the *Move for Health Day*, launched in 2002, two major initiatives have been set up that put physical activity promotion on the political agenda: the *Global Initiative on Active Living*, launched in 1997, and the recently developed *Global Strategy on Diet, Physical Activity and Health* (WHO 1997, 1999, 2000, 2002).

In cooperation with various international partners (e.g. UNESCO, International Olympic Committee, non-governmental organisations, collaborating centers, interested countries) the Global Initiative on Active Living aims at

- strengthening world-wide advocacy on physical activity for health;
- providing support to the development of national policies, strategies and programs;
- providing support to promoting community programs and capacity building;
- developing local, national, regional and international support networks, involving public and private institutions;
- fostering the dissemination of current knowledge related to active living and supporting the development of new knowledge.

For that purpose, the International Consultative Group on Active Living was formed, coordinated by WHO. Under the umbrella of the Active Living Initiative a range of activities have been undertaken such as dissemination of advocacy materials and guidelines on Active Living, assessment of physical activity policy and program development, as well as the organisation of several international meetings (e.g. the "Meeting of the Active Living Policy Network", hosted by Canada, Ottawa, 14-16 September 1998).

In 2002 Member States mandated WHO at the World Health Assembly to formulate a Global Strategy on Diet, Physical Activity and Health. This strategy is specifically developed to prevent and control non-communicable diseases, and therefore it focuses on policies related to the promotion of physical activity as well as to healthy nutrition. The development process included the following phases (WHO 2003b):

1. Synthesise existing knowledge on the relationship between diet, physical activity and chronic disease;
2. Inform decision makers and stakeholders (member states, bodies of the UN, professional organisations, intergovernmental organisations, private sector) of the problem and policy needs;
3. Agree on the roles of stakeholders in implementing the Global Strategy/stakeholder involvement, consultation process as the content basis for the strategy – discussion of effective national, regional and global interventions using a discussion paper;
4. Propose appropriately tailored policies and interventions for countries.

The Global Strategy on Diet, Physical Activity and Health should be comprehensive, multisectoral and take a long-term perspective. It is to provide a strategic framework for action that can be adopted by national governments. Each government could select an optimal mix of a range of policies and programs such as

1. Information and education of consumers;
2. Food and agriculture policy/support for the production of healthier food;
3. Pricing policy and subsidies;
4. Physical activity promoting policies including many sectors' responsibilities/urban planners may develop forms of exercising easy and safe/schools, workplace, sport and recreation facilities;
5. Better use of health services for prevention/health service staff should provide advice to patients; governments should consider incentives to make this happen, e.g. improved financing structure for general practitioners;
6. Working with the industry/stimulate their investment in healthy messages;
7. Involvement of health professionals and consumer groups;
8. Surveillance system to monitor risk factors and their responsiveness to changes in policies (e.g. physical activity levels, tobacco use, blood pressure);
9. Investment in research to enhance better informed policies.

Besides that, some regional networks have been set up among WHO countries to interact around physical activity policies and programs, initiated, for example, through the European Network for the Promotion of Health-Enhancing Physical Activity (HEPA) as well as the Physical Activity Network of the Americas (PANA), and developing in the Western Pacific WHO Region.

The European Network for the Promotion of Health-Enhancing Physical Activity (The HEPA Network), established in 1996 and coordinated by the UKK Institute for Health

Promotion Research in Tampere/Finland, fostered the development of health-enhancing physical activity policy in Europe basically through advocacy, consultation and exchange of information, and it was particularly engaged in the promotion of walking. Among other things, the HEPA Network produced *Guidelines for the Development of National Policies and Strategies for Promoting Health through Physical Activity*, *Guidelines for Health-Enhancing Physical Activity Promotion Programs* as well as the strategy document *Promotion of Transport Walking and Cycling in Europe: Strategy Directions* (The HEPA Network 2001). Currently, efforts are undertaken to (re-)develop a European Physical Activity Promotion Network. The Physical Activity Network of the Americas (PANA), launched in 2002, is to become a network of national networks in the Americas region. Its goal is to share information, coordinate strategies and strengthen efforts to improve population levels of physical activity (PANA/RAFA 2002).

The Western Pacific WHO Region is starting to develop a physical activity network among its Member States during 2004 (CPAH 2003).

Physical activity promotion is also integrated within other regional networks that foster regional and national policies and programs for the prevention of non-communicable diseases, for example, CARMEN (Conjunto de Acciones para Reduccion Multifactorial de Enfermedades No Transmisibles/Sets of actions for the multifactorial reduction of NCDs) in the American region, CINDI (Countrywide Integrated Non-communicable Disease Intervention) in Europe as well as MOANA (Mobilisation of Allies in Non-communicable Disease) in the Western Pacific region (WHO 2003c).

Beyond these international initiatives, mostly supported by WHO, a number of countries have been set up their own physical activity policies. The next section of this report provides an overview of these approaches at national level from Australia, New Zealand, Canada, USA, Brazil, Scotland, Switzerland, Netherlands and Finland, based on the definition and criteria of physical activity policy described above. For each country, the history and development of physical activity policy initiated is described.

## Australia

In 1996 the Federal Minister for Health and Family Services and the Federal Minister for Sport, Territories and Local Government jointly launched the *Active Australia* concept that defines physical activity as a priority area at all government levels. *Active Australia* is a commitment by key stakeholders in the sport, recreation, education, health and business sector at national as well as at state level to encourage participation of all Australians in sport, community recreation, fitness, outdoor recreation and everyday physical activities. It is managed by the Australian Sports Commission (ASC), a Federal Government authority responsible for funding and development of Australia's sport. The document *Developing an Active Australia: a framework for action for physical activity and health* (1998) outlines the targets, strategies and a framework for action of this national initiative. In its first phase, 1996-2000, Active Australia focused on building partnerships between agencies interested in the promotion of physical activity. The result was the formation of the Strategic Inter-Government forum on Physical Activity and Health (SIGPAH), a collaborative governmental body with representatives from all States and Territory health departments and the Commonwealth. This group provides the strategic direction on health-promoting physical activity at national level and advises the Active Australia

Alliance that was established in 1999 to formalise the intersectoral approach of Active Australia (Commonwealth Department of Health and Family Services 1998). Active Australia Alliance members are representatives from the Australian Sports Commission (ASC), the Commonwealth Department of Health and Aged Care (DHAC), the Standing Committee on Recreation and Sport (SCORS), the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH), the Confederation of Australian Sport (CAS), the Recreation Industry Council of Australia (RICA) and the National Heart Foundation (NHF) (SIGPAH 2000). The Alliance developed a *National Plan 2000-2003* that formed the basis of a national approach, aiming to enable and encourage agencies to work independently to achieve national outcomes. Besides that, SIGPAH published an own working document, *Developing an Active Australia: A Work Plan for 2000 to 2003*, to set a national direction for Active Australia. In 2004, the new National Physical Activity for Health Action Plan *Be Active Australia – A Health Sector Agenda for Action on Physical Activity 2004-2008* has been drafted for consultation. In this recent policy statement SIGPAH proposes principles, objectives, action areas as well as indicators for implementation until 2008 (Bauman et al. 2002, Commonwealth Department of Health and Family Services 1998, SIGPAH 2000, SIGPAH 2004).

The second phase of Active Australia started in 2001 when the Prime Minister and the Minister for Sport and Tourism jointly launched a new, more sport-oriented physical activity policy aiming at supporting the best athletes and encouraging greater community participation in grass roots sport. This policy confirms the commitment of the Australian Sports Commission (ASC) to Active Australia but it also marks a directional change of Active Australia, a shift away from promoting active communities towards more organised, elite forms of sport. The Government's new direction, documented in the paper *Backing Australia's Sporting Ability – A More Active Australia*, is complemented by the *Game Plan 2006*, launched in 2001 by the Minister for Sport and Tourism. This national strategic plan describes the Government's effort to support the sport and leisure industries, including a commitment for funding (ASC 2001, Commonwealth Department of Industry, Science and Resources 2001).

Besides that, the Australian Sports Commission (ASC) presented a *Strategic Plan 2002-2005* that defines its vision, mission, values, objectives and directions concerning competing as well as grass roots sports. It provides an update of the former *Strategic Plan 1998-2001*.

In 1999 ASC published the paper *The Australian Sports Commission – Beyond 2000* providing recommendations for the improvement of the national sport system in the post-Olympic period, and the document *National Policy on Woman and Girls in Sport, Recreation and Physical Activity 1999-2002*, a revision of the former National Policy and Plan for Woman in Sport in 1987. The latter outlines the Federal Government's commitment to increase particularly the involvement of woman and girls in sport, recreation and physical activity taking into account their diverse cultural and linguistic backgrounds (ASC 1999a, 1999b, 2001, 2002).

All statements of commitment described above define physical activity as a priority action area but it is also seen as essential to integrate the implementation of the national physical activity strategies with other national initiatives such as the *Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity*, the *National Public Health Nutrition Strategy*, the *National Strategy for an Ageing Australia*, *National Healthy Ageing Strategy*, *Eat Well Australia – An Agenda for Action for Public Health Nutrition 2000-2010*, the *National Greenhouse Strategy* and

*Australia Cycling – The National Strategy 1999-2004* to ensure coordinated national action (Commonwealth Department of Health and Family Services 1998, National Public Health Partnership 2001, Austroads 1999, Australian Greenhouse Office 1998, SIGNAL 2001).

### **Consultation**

Active Australia was developed after broad consultation of State and Territory agencies and many experts in the field of physical activity and health. Key stakeholders in the sport, recreation and health sectors committed to develop a cooperative approach to encourage participation in physical activity by all Australians. The base document *Developing an Active Australia: a framework for action for physical activity and health* (1998) was produced after consultation of experts at a National Symposium on Physical Activity and Health and a Workshop both held in 1997. Australia's National Physical Activity for Health Action Plan *Be Active Australia – A Health Sector Agenda for Action on Physical Activity 2004-2008*, released in 2004 by SIGPAH, has recently been drafted to initiate a consultation process.

The formation of the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) and the Active Australia Alliance in 1999 also resulted from a consulting and partnership building process between the government and other agencies and experts.

Scientific reports have been taken into account that underline the benefit of physical activity in enhancing health and therefore strengthen the need for joint action of agencies in the health, sport and other sectors: for example, the report *Heart, Stroke and Vascular Disease – Australian facts*, produced by the Australian Institute of Health and Welfare (AIHW) in 1999, the *Burden of Disease and Injury in Australia* study, published in 1999 by AIHW, and the discussion paper *The Costs of Illness Attributable to Physical Inactivity in Australia: a preliminary study*, presented in 2000. These reports underline the significant role of physical inactivity as a risk factor, particularly for cardiovascular diseases, diabetes mellitus, cancer and mental health, and indicate that physical inactivity ranks second, after tobacco, in terms of contribution to ill health in Australia. It is suggested that physical inactivity contributes to 6,400 deaths per annum from coronary heart disease, non-insulin dependent diabetes and colon cancer, and the annual direct health care cost attributable to physical inactivity is estimated to be around \$377 million per year.

Bauman et al. 2002, Commonwealth Department of Health and Family Services 1998, SIGPAH 2000, 2004

### **Multiple strategies**

*Active Australia* as well as the Government's new sport policy *Backing Australia's Sporting Ability – A More Active Australia* (2001) are based on a comprehensive approach using multiple strategies. Regarding Active Australia key strategies exist in terms of education, environments, infrastructure and evidence.

Educational strategies are to increase the population's awareness of the benefits of participation in moderate-intensity regular physical activity and advocate the dissemination of Australia's National Physical Activity Guidelines. The Government's sport policy aims at increasing participation in more vigorous sporting activities at

grass roots level. Target groups are all Australians but children, adolescents, women, older people, indigenous people and people with disabilities in particular because these groups are less likely to be active.

Environmental strategies should create local environments that facilitate physical activity participation, for example at workplace, at school and at sporting organisations.

Strategies that address the infrastructure aim at building the capacity to achieve more physical activity participation. Basically, this means improvement of access to facilities, services, knowledge related to physical activity; support of collaboration between the Commonwealth, State and Territory governments; dissemination of information concerning new developments in transport and environmental policy; promotion of physical activity in general practice and provision of specific physical activity training courses.

Strategies in terms of evidence are to increase the professional knowledge base for physical activity programs to promote better practice, for example, by establishing a national physical activity monitoring, evaluation and research system and by conducting physical activity research and disseminating of its findings among policy makers.

All strategies aim at enhancing lifelong participation in physical activity and advocate regular moderate-intensity physical activity as well as more vigorous exercise. Messages delivered suppose to be positive such as “physical activity is fun and enjoyable”, “some activity is better than none, and more is better than a little” and “sport is a great way of being part of Active Australia”.

Commonwealth Department of Health and Family Services 1998, Commonwealth Department of health and Aged Care 1999, SIGPAH 2000, ASC 2001, 2002

### ***Different levels***

Active Australia as well as the Government’s new sport policy work through collaborative action across all levels of government. The States and Territories were involved in the development of Active Australia and adopted its direction and key strategies. Since 1996 all States and Territories have established leading committees such as physical activity task forces, and developed state wide national physical activity strategies documented in diverse public statements and reports. The Active Australia concept emphasise particularly the importance of local governments in terms of creating environmental infrastructures that facilitate people’s choice to become physically active.

As the strategies described above indicate, Active Australia as well as the Government’s new sport policy also work at multiple levels in terms of intra-personal, inter-personal and physical environment, and policy. Strategies include educational approaches that target individuals such as disseminating the National Physical Activity Guidelines as well as environmental and policy approaches that address the physical and social environment such as improving access to physical activity facilities (e.g. parks, cycling and walking path’s, sports clubs) and supporting sporting organisations to increase community participation in grass roots sport.

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Bauman et al. 2002; Commonwealth Department of Health and Family Services 1998; SIGPAH 2000; ASC 2001, 2002

### ***Coalitions/alliances/partnerships***

Active Australia provides a framework between the sport, recreation, health, education and relevant industry sectors, and all levels of government. Its intersectoral approach is formalised by the Active Australia Alliance that involves representatives from the government, non government and private sector. The Alliance developed a *National Plan 2000-2003* that forms the basis of a national approach, aiming to enable and encourage agencies to work independently as well as inter-dependently to achieve national outcomes. Besides that, the Australian Sports Commission (ASC) as well as the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) are key players in building Active Australia Partnerships with sporting organisations, clubs, community groups, schools, universities, and the business sector, along with state and local governments. For example, ASC funded the establishment of three networks (Local Government Network, Club-Provider Network, Schools Network) to promote the delivery of sport and physical activity in the community.

The Federal Government's new sport policy also promotes a cross government, non government and private industry involvement. Particular emphasis is given to initiatives that increase grass roots sports participation in local clubs and associations. Furthermore, the *Game Plan 2006* underlines the Government's efforts to complement its sport policy by providing support to Australia's Sport and Leisure Industries.

Commonwealth Department of Health and Family Services 1998; Commonwealth Department of Industry, Science and Resources 2001; SIGPAH 2000; ASC 2001, 2002

### ***Integration***

Active Australia is linked to other national strategies and agendas such as *Australia Cycling*, the *National Greenhouse Strategy* (1998), *Healthy Weight 2008 - Australia's Future The National Action Agenda for Children and Young People and their Families* (2003), the *National Strategy for an Ageing Australia* (2001) and *Eat Well Australia – An Agenda for Action for Public Health Nutrition 2000-2010* (2001) to ensure coordinated national action. For example, *Australia Cycling* provides a framework for the delivery of programs that increase participation in cycling; the *National Greenhouse Strategy* includes a measure to encourage use of public transport, walking and cycling as one of many aimed at limiting greenhouse gas emissions and improving air quality; *Eat Well Australia* describes a strategic framework for Australia's future food and nutrition policy.

Moreover, the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) has identified the transport area as a high-priority setting to promote physical activity. A case study was published in 2001 that provides a portfolio of interventions likely to be effective in promoting active transport.

Commonwealth Department of Health and Family Services 1998, SIGNAL 2001, SIGPAH 2001, Austroads 1999, Australian Greenhouse Office 1998

## **Support**

*Active Australia* as well as the Government's new sport policy *Backing Australia's Sporting Ability – A More Active Australia* (2001) get federal support through the Australian Sports Commission (ASC). The total amount of financial resources related to *Active Australia* is not documented. Within its new sport policy the Federal Government provides an additional \$161.6 million bringing the total funding commitment for elite sport to a level of \$547 million dollar over four years. Furthermore, the Federal Government's support of Australia's Sport and Leisure Industries, outlined in the *Game Plan 2006*, includes a funding commitment of \$1 million dollar over four years.

The ASC as well as the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH) provide the organisational structure to implement physical activity strategies described above.

Commonwealth Department of Industry; Science and Resources 2001; SIGPAH 2000; ASC 2001, 2002

## **Identity**

*Active Australia* operates under a logo that signifies movement, fun, community, inclusiveness and vitality through sport. Its three primary colours red, blue and yellow as well as its symbolic differences are to represent the diversity of Australian society. *Backing Australia's Sporting Ability – A More Active Australia* (2001) runs under the *Active Australia* logo. The Australian Sports Commission (ASC) is the leading agencies of both initiatives.

National and state wide media campaigns under the banner of *Active Australia* (e.g. the NSW state wide campaign "*Exercise, you have to take it regularly not seriously*") as well as the yearly *Active Australia Day* and the *Walk to Work Day* advocate the benefits of participating regular sport and physical activity among the population.

The national *Ausport Awards* honours individuals, clubs, community organisations, schools and other local government authorities for demonstrating their commitment to greater grass-roots sport participation ([www.activeaustralia.org](http://www.activeaustralia.org)).

Bauman et al. 2001

## **Timeframe**

*Active Australia* operates as an ongoing initiative since its establishment in 1996. Strategies in the new National Physical Activity for Health Action Plan *Be Active Australia – A Health Sector Agenda for Action on Physical Activity 2004-2008*, developed by SIGPAH, are to be implemented until 2008. The Government's sport policy *Backing Australia's Sporting Ability – A More Active Australia* started in 2001 with a funding commitment until 2005.

SIGPAH 2000, 2004, ASC 2001

## **Evaluation**

*Active Australia* aims at establishing processes by which research and data collection facilitate the evaluation of the *Active Australia National Plan 2000-2003* but there is

no evidence to what extent this has been undertaken. In the new National Physical Activity for Health Action Plan *Be Active Australia – A Health Sector Agenda for Action on Physical Activity 2004-2008* SIGPAH proposes an external evaluation of the achievements of the plan and implementation progress after three years. Some evaluations have been published that refer to Active Australia's media campaigns (e.g. "Exercise, you have to take it regularly not seriously", "Work to Work Day").

Bauman et al. 2001, Commonwealth Department of Health and Family Services 1998, SIGPAH 2000, 2004

### **Surveillance**

*Active Australia* emphasises the importance of a national physical activity monitoring, evaluation and research system. A key strategy is to develop a coordinated system of monitoring and reporting on the implementation of programs under the banner of Active Australia, across health, sport and other sectors. So far, initiatives have been undertaken to collect and monitor physical activity data and to develop standard measurement tools for physical activity to build the evidence base, guide policy direction and identify effective interventions.

Commonwealth Department of Health and Family Services 1998, SIGPAH 2000, 2004

### **National Physical Activity Guidelines**

In 1999 the Commonwealth Department of Health and Aged Care published the *National Physical Activity Guidelines for Australians*. They have been widely promoted and their recommendations have been taken into account within several educational campaigns. The guidelines stress the importance of all forms of movement, including moderate-intensity physical activity as well as vigorous exercise, and target the all Australians. They refer to a minimum of level physical activity required to gain good health and a healthy body weight, not to high level fitness and sport training.

Besides that, the Australian Department of Health and Ageing is currently developing physical activity guidelines for children and young people. Some evidence indicates that they will advocate for at least 60 minutes of regular, moderate-intensity physical activity daily or at least on most days of the week, as well as some vigorous weight bearing activity.

Bauman et al. 2002, Commonwealth Department of health and Aged Care 1999, SIGPAH 2004

### **New Zealand**

In New Zealand, former efforts to address physical inactivity in the population have been undertaken through the establishment of a national Physical Activity Taskforce in 1998. In the same year the *Physical Activity Taskforce Report* was released by the Hillary Commission, recommending the development of government policies on physical activity at national level. At that time, the Hillary Commission played an important role in initiating policies on sports such as *No Exceptions – The Hillary*

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*Commission's sport strategy for people with a disability (1998) and Fitsport – a sports strategy for young people in schools 2000-2005 (2000).*

Later in 2001, the new Ministerial Taskforce on Sport, Fitness and Leisure released its report *Getting Set – For an Active Nation* (the Graham Report), outlining a number of inadequacies in the sport and recreation sector. As a result of these inadequacies the governmental organisation Sport and Recreation New Zealand (SPARC) was formed in 2002 following the merger of the Hillary Commission, the New Zealand Sports Foundation and the policy arm of the Office of Tourism and Sport. Since then, SPARC is the leading governmental agency responsible for policies and programs related to elite forms of sport as well as physical recreation. It is made up of four key operational units: the Sport Development Unit, the New Zealand Academy of Sports, the Physical Recreation Unit and the Policy, Research and Monitoring Unit. SPARC's organisational objectives and key initiatives to be pursued until 2006 were released in *Our Vision, Our Direction*. The organisation's vision is that all New Zealanders have a right to enjoy participating in sport and physical recreation, and that they are proud of their own active, healthy lifestyles as well as their achievements as a nation in sport. On the basis of this vision SPARC aims at becoming a world leader in sport and recreation, contributing to national pride, community identity, social cohesion and health, as well as economic growth. Its task is to ensure that physical activity is a priority in New Zealand and that the promotion of physical activity is based on a coordinated approach, as recommended in the Graham report. For that purpose, SPARC recently produced the discussion document *Towards an Active New Zealand - Developing a National Policy Framework for Physical Activity and Sport* (2003c) to further the development of an overall National Policy Framework to be launched in 2004. SPARC seeks to develop this national policy framework to involve key stakeholders towards the vision that 'all New Zealanders enjoy the benefits of physical activity and sport'. Specific policy goals are, for example, to

- achieve effective partnerships between agencies, community organisation and the private sector,
- bring about awareness on the benefits of physical activity including attitudinal change,
- ensure consistent and ongoing commitment of all involved partners,
- prevent social inequalities and inequities of access to physical activity facilities,
- and to provide effective strategies for whanau, hapu, iwi, Pacific people, women, older adults as well as disabled people.

### **Consultation**

In 2001, the Ministerial Taskforce on Sport, Fitness and Leisure, which included experts in the field of science, health, education, sport and recreation, released its report *Getting Set – For an Active Nation* (Graham Report). In this report the Taskforce set out a 25-year vision on enhancing physical activity in New Zealand, and identifying a number of problems in the sport and physical recreation sector such as lack of coordinated action and leadership, inadequate governmental support, little education sector involvement, insufficient community integration and volunteer development, uncoordinated dissemination and use of research as well as low physical activity participation of many New Zealanders. The Taskforce recommended to drive a clear and cohesive vision for the sport and recreation sector, and to establish a government organisation responsible for policies and programs. This had been undertaken through the establishment of SPARC.

Besides that, SPARC's recently produced discussion document *Towards an Active New Zealand - Developing a National Policy Framework for Physical Activity and Sport* (2003c) aims to guide consultation with key stakeholders in the government, community and private sector that is to develop an overall National Policy Framework to be launched in 2004.

New Zealand's three national sport and physical activity surveys from 1997/1998, 1998/1999 and 2000/2001, conducted by SPARC, revealed that physical activity levels among the general adult population have increased from 67% in 1997 to 70% in 2001. But the surveys also show a decline of physical activity rates among key population groups such as young people, Māori and Pacific Island people. In general, physical inactivity is being regarded as a major risk factor for poor health. The potential of physical activity for improving health, strengthening social cohesion as well as national identity, and contributing to the economy provides the rationale for current policies and programs on sport and physical recreation by SPARC.

SPARC 2002, 2003a, 2003b, 2003c, 2003d

### ***Multiple strategies***

SPARC strategies comprise support to the sporting infrastructures (e.g. funding, professional development, advice), initiation of national social marketing campaigns and communication strategies (e.g. Push Play, Hyperzine), action in selected sports within the Priority Sports strategy (e.g. development of pathways in junior sport, talent identification, athlete career education), strengthening knowledge, skills and research (e.g. through national sports and physical activity surveys, physical activity guidelines for adults as well as infants) as well as policy advice for the Government. To achieve Activity Friendly Environments SPARC also invests in projects promoted by Councils to get their community more active. Those projects are to support physical recreation in the community, for example, by creating of, or enhancing access to places for physical activity (e.g. through the development of trails and facilities). SPARC programs are, for example, Green Prescription, Calling the Game, Coaches Count, He Oranga Poutama, Sports Mark as well as KiwiWalks.

All SPARC policies and programs target both the whole population and specific population groups such as children and youth, women, older people, disabled people as well as Māori (SPARC's commitment to the principles of the Treaty of Waitangi) and Pacific people, and thereby it considers the life course perspective. Furthermore, there is an emphasis on enjoyment of physical activity and its potential for social integration. Program settings are workplaces, schools, sports clubs, communities, transport and general practice.

SPARC has a strong focus on reducing physical inactivity, and therefore specific physical activity strategies are to be developed for key population sub-groups such as youth, women, people with disabilities, Māori and Pacific Island people, volunteers and coaches as well as people living in rural areas.

Ministry of Health 2003; SPARC 2002a, 2002b, 2003a

### ***Different levels***

SPARC works at all governmental levels with a particular emphasis on the regional and local level to promote community schemes that deliver participation in physical recreation, and to develop local ownership. This basically occurs through financial support given to National Sport Organisations (NSOs), National Recreation Organisations (NROs), Regional Sport Trusts (RSTs), Territorial Authorities (TAs) and Councils, and building partnerships with these organisations as well as with other regional and local providers of physical activity interventions (e.g. schools, sport organisations, clubs, District Health Boards, Public Health Units).

Multiple levels in terms of intra personal, inter-personal (social environment), physical environmental behaviour are addressed within the strategies outlined above.

Ministry of Health 2003; SPARC 2002a, 2002b, 2003a

### ***Coalitions/alliances/partnerships***

SPARC fosters intersectoral collaboration among governmental and non governmental organisations as well as the private industry. For example, governmental cooperation at national level exists with the Ministry for Health, the Ministry of Education, the Ministry for Culture and Heritage and Department of Conservation. Moreover, SPARC works together with the National Heart Foundation and the Cancer Society of New Zealand, and fosters collaboration with schools, clubs, Territorial Authorities (TAs), Regional Sports Trusts (RSTs), Regional Sport Organisations (RSOs), local government/Councils, District Health Boards as well as other national and regional sporting organisations. Some examples concerning current and future collaboration are outlined in the following.

SPARC has been working closely with the Ministry for Health within the implementation of the *Healthy Eating – Healthy Action. Oranga Kai – Oranga Pumau: A Strategic Framework* (2003) and the development of a new instrument to record the prevalence of physical activity in New Zealand's adult population (within the intersectoral Physical Activity Joint Monitoring Group). More collaboration will be pursued to combine knowledge and resources to drive towards the shared goal of increasing physical activity, and to assist the Ministry of Health as well as District Health Boards in the development of tools, strategies and programs.

SPARC is working with the Ministry of Education to develop a Primary School Pilot Project which will appoint teachers (within schools) of physical education and introduce sport and recreation co-ordinators to schools.

SPARC recognises that the Department of Conservation is the largest provider of outdoor recreation facilities in New Zealand (e.g. through the *Visitor Strategy*) therefore sees a potential for close governmental collaboration to encourage the usage of these facilities.

SPARC supports the Regional Sports Trust's (RSTs) to lead the development of regional sporting infrastructures and systems working with local government, regional and national sporting organisations as well as schools. Furthermore, SPARC will jointly work with Territorial Authorities (TAs) as well as local governments to promote community schemes that deliver more participation in physical recreation.

Collaboration with Regional Sport Organisations (RSOs) includes the training and development of coaches and coaching programs and support of sports organisations.

SPARC aims at building partnerships to achieve Activity Friendly Environments, for example, by working with employers to facilitate walking and cycling to work, or with schools to encourage children and youth to be more active (increasing physical recreation in the education sector).

Ministry of Health 2003; SPARC 2002a, 2002b, 2003a

### **Integration**

SPARC initiatives must integrate other national strategies such as those concerned with health, nutrition, and public transport as well as those targeted to specific population groups (e.g. Māori). Currently, strong links exist with *Healthy Eating – Healthy Action. Oranga Kai – Oranga Pumau: A Strategic Framework* (2003), *The New Zealand Health Strategy* (2001), the *Māori strategy* (in progress) as well as initiatives to foster *active transport* (to be planned in future). Besides that, there is a range of other strategies such as the *Diabetes Research Strategy*, the *Cancer Control Strategy*, the *Primary Health Care Strategy*, the *Crime Prevention Strategy*, the *Road Safety to 2010 Strategy* as well as the *New Zealand Transport Strategy* that partly deliver physical activity and sport outcomes. But to date there is rare evidence on the extent to which these strategies are linked to SPARC initiatives.

*Healthy Eating – Healthy Action. Oranga Kai – Oranga Pumau: A Strategic Framework* aims at improving nutrition, increasing physical activity and decreasing obesity in communities. SPARC's role is to lead the physical activity elements of the implementation of this strategy.

Increasing population levels of physical activity is a health priority under *The New Zealand Health Strategy*. In collaboration with the Ministry of Health as well as District Health Boards (DHBs) SPARC will assist in the development of tools, strategies and programs which encourage greater physical activity participation among all New Zealanders.

SPARC is developing a *Māori strategy* that emphasises Māoritanga (Māori culture), diversity and uniqueness ensuring understanding of cultural differences that influence sport and physical activity.

Earlier strategies, developed by the former Hillary Commission, such as *No Exceptions – The Hillary Commission's Sport Strategy for People with Disability* (1998) and *Sportfit – a sports strategy for young people in schools 2000-2005* (2000) also aim at increasing participation in physical activity among specific population groups but it is unclear whether these strategies have either been pursued by SPARC.

SPARC also plans to foster active transport initiatives with the Energy Efficiency and Conservation Authority, Transfund and Transit NZ to promote cycling and walking in towns, cities and workplaces.

Hillary Commission 2000, 1998a; SPARC 2002a, 2003a, 2003c

## **Support**

All SPARC policies and programs are funded by the government as well as by New Zealand Lottery Grants. In 2002/2003 the total amount supposed to be \$50 million which is to be increased to over \$70 million by 2005/2006. SPARC itself operates as a strategic investor and coordinator in the sport and recreation sector. Therefore, SPARC funding is provided to national and regional services and sports organisations which demonstrate that they support SPARC's mission, rather than to organisations at grass roots level (except of specific community projects). For example, in 2003/2004 \$10 million will be invested in Territorial Authorities (TAs) to support collaborative strategic proposals that will increase physical activity levels based on the philosophy that TAs know local needs best. Furthermore, over the same period \$5.4 million will be provided to Regional Sports Trusts (RSTs) to support the social marketing campaign *Push Play*, organisational development, coaching as well as schools and clubs.

Besides that, some evidence shows that organisations outside of government are also involved in supporting physical activity and sport in New Zealand. For example, in 2002, the expenditure from non-casino gaming machines allocated to sports organisations at all levels through societies, was estimated to be \$156 million.

SPARC 2002a, 2003a, 2003b, 2003c

## **Identity**

Currently, SPARC is the leading agency at national level for initiating and coordinating physical activity policies and programs in New Zealand. It provides a clear organisational identity by means of logo (a star-jumping figure and slogan – *ihi Aotearoa*) as well as a focal point in form of the CEO Nick Hill. Moreover, the organisation tree of SPARC outlines a clear organisational structure including two main operational units: the Policy Research Unit and Participation and Performance.

A number of national, regional and local media campaigns and programs such as *Hyperzine*, *Green Prescription*, *Calling The Game*, *Coaches Count*, *He Oranga Poutama*, *Sports Mark*, *Kiwi Walks* as well as *Push Play* are to raise awareness on the benefits of a healthy active lifestyle and increase physical activity participation. For example, within the *Green Prescription Scheme* general practitioners with support of practice nurses prescribe physical activity (e.g. walking, attending a fitness class, exercise counselling) to those who are at risk of developing chronic diseases. Within the media led community-wide campaign *Push Play*, launched in 1999, 30 minutes of daily moderate-intensity physical activity, as fun, part of community life, and easy to achieve for New Zealand's adults, has been widely recommended. The evaluation of *Push Play* revealed that this campaign has actually been successful in increasing awareness of the 30 minutes message as well as intention to become more active.

Ministry of Health 2003, SPARC 2002a, 2003a

## **Timeframe**

In *Our Vision, Our Direction* (2002) SPARC sets out a four-year timeframe (2002-2006) but it is recognised that the benefits may take 20 years to realise. The discussion document *Towards an Active New Zealand - Developing a National Policy Framework for Physical Activity and Sport* (2003c) does not propose a specific

timeframe but the final National Policy Framework to be launched in 2004 may include this.

SPARC 2002a, 2003c

### **Evaluation**

SPARC fosters the evaluation of regional and local programs and projects (e.g. Active Community initiatives). The Policy Research Unit tasks particularly include evaluation of SPARC policies and programs but to date there is sparse information to what extent this has been undertaken. Evidence exists in terms of the *Push Play* campaign that has been evaluated and monitored through annual cross sectional population surveys in 1999-2002.

Bauman et al. 2003; SPARC 2002a, 2003c

### **Surveillance**

SPARC's Policy Research Unit must monitor, evaluate and analyse the social, economic and cultural returns to the government and the sector from sport and physical recreation activity. A key SPARC initiative is to collect performance measurement information and data across the sport and recreation sector that allows organisations to benchmark and SPARC to provide policy advice to the Government.

Besides that, a Physical Activity Joint Monitoring Group with representatives from the Ministry of Health, Statistics New Zealand and SPARC jointly developed a new instrument to record the prevalence of physical activity in New Zealand's adult population (standardised physical activity survey program) and provide information on additional dimensions and settings.

Ministry of Health 2003, SPARC 2002a

### **National Physical Activity Guidelines**

In 2001 the former Hillary Commission developed *Guidelines for Promoting Physical Activity (movement = health!)* for all new Zealanders within the Push Play campaign, recommending an active lifestyle as well as healthy eating. Key messages are "View physical activity as an opportunity, not an inconvenience", "Be active every day in as many ways as possible", "Accumulate at least 30 minutes of moderate-intensity physical activity on most days of the week" and "Do also some vigorous exercise for extra health and fitness."

Ministry of Health 2003, Hillary Commission 2001

## **Canada**

Canada's national physical activity policy is mainly driven by Health Canada (Fitness and Active Living Program Unit) and Sport Canada. Their mandate to promote physical activity among Canadians is legislated under the Fitness and Amateur Sport Act (1961) that is currently being updated. Other important actors are non profit organisations that mostly act in partnerships such as Active Living Alliances (e.g. Active Living Alliance for Canadians with Disability, Active Living Alliance for Older Canadians). The biggest national alliance, consisting of over 40 organisations, advocating activity participation as well as environments conducive to physical

activity, is the Coalition for Active Living, established in 1999 with limited support from Health Canada.

Beyond a specific focus on sport policy, initiated by Sport Canada, Canada's national physical activity policy refers to the *Active Living* concept, launched in 1986 at the Canadian Summit on Fitness. This concept marks a shift away from a rigorous prescriptive exercise model ("no pain, no gain") to an approach that emphasises moderate physical activity undertaken in daily life during the whole life course (Bercowitz 1998).

Canada has a long lasting experience with promoting *Active Living* through physical activity initiatives and programs. Most remarkable is the fitness initiative *ParticipACTION*, established in 1971 by Health Canada to promote physical activity for a healthy lifestyle. This initiative spread across Canada almost 30 years until 2001, comprising a range of programs and actions (e.g. community-wide programs and campaigns) at all governmental tiers (Bauman et al. 2003). But there is sparse evidence on *ParticipACTION*, particularly concerning its link to a specific national physical activity policy outlined in a framework for action or strategy plan. Therefore, it is not possible to include the initiative in this review.

However, a range of other documents reveal that physical activity is a national priority area as well as part of a broader *Integrated Pan-Canadian Healthy Living Strategy* that is currently developed by the federal, provincial and territorial governments (Health Canada 2002).

The document *Physical Inactivity: A Framework for Action – Towards Healthy, Active Living for Canadians*, prepared by the Federal-Provincial/Territory Advisory Committee on Fitness and Recreation in 1997, provides a foundation for provincial/territorial and federal governments to determine priorities and initiatives concerning physical inactivity. It outlines numerous objectives (e.g. promotion of life-long physical activity, creation of healthy communities as well as reduction of chronic diseases and health care costs associated with physical inactivity) and strategies that are based on a whole-population approach (e.g. enhancing educational programs, reducing barriers to physical activity, creating a physical and social environment conducive to physical activity participation, targeting high-risk groups such as children, adolescents, women, older adults, aboriginal people and people with disabilities, supporting community leaders, improving access to sporting facilities as well as developing housing and transportation policies in favour of physical activity).

In 2002 the Coalition for Active Living submitted the document *Making the Case for a National Physical Activity Strategy for the Health of Canadians* to the Standing Committee on Finance, calling upon the Government of Canada to partner with their member organizations to create a new, aggressive national Physical Activity Strategy for the Health of Canadians. The document recommends a number of physical activity promoting strategies that are to be adopted by the Government, including a strategic investment of \$500 million over five years, beginning in 2003. Later in 2003, the Coalition drafted the document *Framework for a Pan-Canadian Physical Activity Strategy*, providing a vision, goals and framework principles as well as components of a national Physical Activity Strategy for Canada. Main components are healthy public policy, community physical environments, supportive social environments, public education, research and knowledge exchange. Besides that, the Coalition for Active Living developed a *Six Point Plan*, advocating strategies in terms of communications, children and youth, infrastructure/environment, access, health promotion and workplace (Coalition for Active Living 2002, 2003a, 2003b).

In 1998 Sport Canada published the *Sport Canada Strategic Plan 1998-2001*, providing a direction to guide its work related to amateur and high performance sport. Later in 2002, Sport Canada developed an overall *Canadian Sport Policy* that represents a shared vision for sport (all Canadians enjoy sport to the extent of their abilities and interests) as well as goals (enhanced physical activity participation, excellence, capacity and interaction) of 14 governmental jurisdictions for the period 2002 to 2012. Complementing documents, published by Sport Canada, are the *Canadian Sport Policy. Federal-Provincial/Territorial Priorities for Collaborative Action 2002-2005* (2002), outlining collaborative action priorities at all government levels, and the *Canadian Strategy for Ethical Conduct in Sport – Policy Framework* (2002), addressing objectives and principles related to ethical issues in sport such as safety, fair play, anti-harassment, anti-violence, equity, doping-free sport, transparency and accountability and environmental sustainability (Sport Canada 2002a, 2002b, 2002c).

Two policy documents address particularly the needs of women and girls in sport, the *Sport Canada Policy on Women in Sport and Full and Fair Access For Women and Girls in Sport and Physical Activity*, advocating strategies to increase women's opportunities, access, integration and development in the sport systems (Sport Canada 1986, Ministry for Culture, Tourism and Recreation 1994)

Further national documents related to physical activity policy form blueprints for action, developed by a number of Canada's non profit organizations in the area of physical activity and health, for example: *Active Living for Canadians with Disability: A Blueprint for Action*, *Moving Through the Years: A Blueprint for Action for Active Living and Older Adults*, *Because They're Young: Active Living for Canadian Children and Youth: A Blueprint for Action*, *Active Living for Canadians with Disability: A Blueprint for Action* and *Working Actively Together. Canada's Blueprint: Toward Active Living at Workplace*.

### **Consultation**

Most policy documents described above have been produced after extensive consultation with key stakeholders within and outside the government at national, provincial and community level, and many experts in the field of physical activity and health.

Population-based surveys have been conducted that underline the need for action in enhancing physical activity participation. They provide a rationale for a program on physical activity. For example, the 1998/1999 National Population Health Survey (NPHS) as well as the 2001, 2002 Physical Activity Monitor indicate that the majority of Canadians are physical inactive and that physical activity levels declined significantly among the population since the early 1990s. Other findings reveal an increase of children and youth obesity and estimate the burden of high direct health care costs related to physical inactivity.

Moreover, many policy documents provide a rationale for action by emphasizing the positive impacts of a physically active lifestyle such as reduction of diseases (e.g. heart diseases, cancer, diabetes, osteoporosis, mental disorders) as well as contribution to social and personal development, health and well-being, culture, education, economic development.

CFLRI 1999, Coalition for Active Living 2002, 2003b, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Sport Canada 2002a, Statistics Canada 1999

### ***Multiple strategies***

The Canadian Sport Policy as well as the Active Living policy include multiple strategies such as public education (e.g. community-wide campaigns, mass media strategies, physical activity programs and services), development of physical and social environments conducive to physical activity participation (e.g. active transportation, sport and recreation facilities, walking/cycling pathways), research and knowledge dissemination (e.g. through monitoring and surveillance systems, evaluation) and training of coaches and leaders in the community. The new *Pan-Canadian Physical Activity Strategy* (2003) should also include incentives for employers to adopt physical activity promoting policies at workplace as well as tax incentives to encourage physical activity among Canadians.

Canada's physical activity policy targets all Canadians, particularly children and youth, women, older adults, persons with disabilities and Aboriginals. Advocated settings are those where Canadians live, work, learn and play such as neighbourhoods, workplaces, schools and sporting organizations.

The *Canadian Sport Policy* (2002) mainly focus' on vigorous and competing exercise while the Active Living concept rather promotes physical activity which is integrated into all aspects of daily life. Both policy concepts emphasize the enjoyable component of physical activity and its ability to contribute to self-esteem and well-being.

Coalition for Active Living 2001, 2002, 2003a, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Ministry for Culture, Tourism and Recreation 1994, Sport Canada 19986, 1998, 2002a

### ***Different levels***

Canada's physical activity policy is to be implemented by federal, provincial/territorial and municipal governments and agencies. Particular emphasis is given to communities that facilitate people's choice to become physically active by providing an appropriate infrastructure (e.g. physical activity programs for all age groups, indoor/outdoor sporting and recreation facilities, active transportation).

Other multiple levels are addressed in terms of physical and social environment. For example, strategies also aim at removing barriers to physical activity from the physical and social environment. Main barriers are unaffordable fees, poorly maintained facilities, physical barriers for persons with disabilities, reduced physical activity schedules and programs, lack of time, lack of support from family and friends as well as linguistic and cultural barriers.

Coalition for Active Living 2002, 2003a, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Sport Canada 1998, 2002a, 2002b

### ***Coalitions/alliances/partnerships***

Canada's physical activity policy is implemented through intersectoral collaboration among partners within and outside the government. Sport Canada as well as Health Canada are the main governmental players at national level. The latter works in close cooperation with the Coalition for Active Living to initiate the new *Pan-Canadian Physical Activity Strategy* (2003). The Canadian Sports Policy as well as the Active

Living policy were initiated in collaboration between governments and the voluntary sector. Health Canada and Sport Canada partner with other federal departments (inter/intra-departmental partnerships), with provincial/territorial ministries responsible for fitness and recreation as well as with the private industry but there is sparse evidence to what extent this occurs. Current examples are Health Canada's annual *SummerActive Campaign*, the *Pan-Canadian Healthy Living Strategy* and the *Pan-Canadian Healthy Living Strategy*.

Coalition for Active Living 2002, 2003a, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Sport Canada 1998, 2002a, 2002b

### **Integration**

Within the new *Pan-Canadian Physical Activity Strategy* (2003) the Coalition for Active Living advocates links to the transport area. The coalition calls upon the Government of Canada to adopt recommendations for a *National Active Transportation Strategy*, made by the non profit organisation *Go for Green* in 2002. They include the creation of safe and accessible paths and networks for cycling, walking and wheeling.

Furthermore, physical activity is a prior action area within the *Pan-Canadian Healthy Living Strategy*.

Coalition for Active Living 2002, 2003a, Health Canada 2002, Go for Green 2002

### **Support**

Health Canada (Fitness and Active Living Program Unit), Sport Canada as well as the Coalition for Active Living provide the organisational structure to initiate and coordinate Canada's physical activity policy while the provincial/territory and municipal governments and agencies are responsible for its implementation.

Sport Canada provides funding to high performance athletes as well as to National Sport Organisations, Multi-sport/Service Organisations and National Sport Centres to deliver programs and services that increase sport participation among the population. The financial support is predominately related to high performance sport. There is sparse information on the amount of budget allocation. In 1998/99 Sport Canada's contributions budget was \$56.2 million dollar. Within the Canadian Sport Policy Sport Canada calls for the exploration of alternative approaches to the funding of sport, especially through private sector and corporate partnerships and sponsorship.

Besides other funding activities (e.g. for research, media development) under the umbrella of the Healthy Living initiative, Health Canada provides financial support to *Active Living* initiatives through its *Physical Activity Contribution Program: Supporting Healthy Living for Canadians*, a funding program targeting national voluntary not-for-profit organisations (e.g. sports associations) that wish to undertake physical activity enhancing initiatives. But there is sparse evidence on the amount of current budget allocation. Some findings reveal that in 2002-2003, the Health Canada budget allocated for Physical Activity was around \$6 million.

The Coalition for Active Living currently calls upon the Government of Canada to make a strategic investment of \$500 million dollars over five years (beginning in 2003) to implement the new *Pan-Canadian Physical Activity Strategy*.

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Coalition for Active Living 2002, Sport Canada 1998, 2002a, <http://www.activeliving.ca>

### **Identity**

Canada's Active Living concept as well as the Canadian Sport Policy include neither a specific logo, branding or slogan nor advocating leaders. Leading agencies are Health Canada (Fitness and Active Living Program Unit), Sport Canada and the Coalition for Active Living.

Health Canada advocates the Active Living concept within its annual *SummerActive Campaign*, a national, community-based campaign designed to increase awareness about the benefits of adopting an active lifestyle. Key components of the campaign are the distribution of print material and the provision of community-based opportunities to be physically active at home, at school and at work.

Health Canada 2001

### **Timeframe**

Canada's Active Living policy (initiated in the mid 1980s) is an on-going initiative without a defined timeframe. There is also no evidence on a concrete timeframe for the currently developed *Pan-Canadian Healthy Living Strategy* and the *Pan-Canadian Physical Activity Strategy* (2003). The latter contains the goal to increase the physical activity levels of all Canadians by 10% by 2010 in each province and territory.

The Canadian Sport Policy focus' the period 2002 to 2012.

Coalition for Active Living 2002, 2003a, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Health Canada 2002, Sport Canada 2002a

### **Evaluation**

A number of documents such as *Taking Action on Healthy Living: Background Information on the Integrated Pan-Canadian Healthy Living Strategy* (2002), *Canadian Strategy for Ethical Conduct in Sport – Policy Framework* (2002), *Sport Canada Policy on Women in Sport* (1986), *Physical Inactivity: A Framework for Action* as well as *Framework for a Pan-Canadian Physical Activity Strategy* (1997) contain postulations on evaluation and monitoring of programs, services and policy objectives. The new *Pan-Canadian Physical Activity Strategy* (2003) includes a concret demand for \$50 million dollar for research from national and provincial granting agencies to assess and evaluate programs and services. But there is insufficient evidence to what extent systematic evaluation of policies has been undertaken. Some evidence exists concerning initiatives within *Physical Inactivity: A Framework for Action* as described below.

Coalition for Active Living 2003a, Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation 1997, Health Canada 2002, Sport Canada 1986, 2002c

## **Surveillance**

The Canadian Fitness and Lifestyle Research Institute (CFLRI), a not-for-profit research institution, has build up a suitable surveillance structure to provide knowledge of physical activity (determinants, outcomes) for individuals, professionals and policy makers to take action. Among others things CFLRI monitors changes in the physical activity of Canadians (*Physical Activity Monitor*). Remarkable is its *Physical Activity Benchmark Program*, a joint venture with the Fitness and Active Living Program Unit of Health Canada and the Interprovincial Sport and Recreation Council. The program serves as a tool to measure progress in reducing population levels of physical inactivity and provides information for monitoring the results of implementation strategies and initiatives within *Physical Inactivity: A Framework for Action* (1997).

Canadian Fitness and Lifestyle Research Institute 2003 (<http://www.cflri.ca>)

## **National Physical Activity Guidelines**

Health Canada has widely distributed a number of national physical activity guidelines in collaboration with key stakeholders in the area of physical activity and health: the *Health Canada's Physical Activity Guide*, the *Physical Activity Guide for Older Adults*, *Canada's Physical Activity Guides for Children and Youth* and the internet-based template *Business Case for Active Living*.

Health Canada 1998, 1999, 2002, 2003

## **Brazil**

Only a few English documents have been identified that describe Brazil's efforts to enhance physical activity participation among the population. Thus, it is not possible to give an entire overview on Brazil's national physical activity policy by referring to strategic plans, governmental statements and national agendas. Some information exists concerning the most popular frameworks for action: *Agita São Paulo*, *Agita Brazil* and *Agita Mundo*.

Agita São Paulo is a multi-level, community-wide intervention program designed to increase knowledge and awareness on the benefits of an active lifestyle in São Paulo State, a metropolitan region of 37 million inhabitants in 645 municipalities. The program was launched in 1996 with financial support by the State's Health Department. It is coordinated by the Physical Fitness Research Center in São Caetano do Sul (CELAFISCS), an independent, non profit scientific institution. Due to its great impact Agita São Paulo has been taken as a model for similar programs across the country and worldwide. One significant strategic result was the establishment of a *National Program for Physical Activity Promotion*, implemented by the Brazilian Health Ministry in 2000 under the name Agita Brazil. Agita Brazil is primarily designed to promote health in the population by increasing their physical activity levels, and it is associated with the Federal Health Department's Plan for Reorganisation of Blood Hypertension and Diabetes Mellitus Care. Another remarkable outcome of Agita São Paulo was the international movement Agita Mundo – Move for Health, launched by the World Health Organisation (WHO) in 2002 as an annual initiative on the World Health Day. The purpose of Agita Mundo is to mobilise population-wide physical activity events to adopt an active lifestyle. The

*Declaration of São Paulo to Promote Physical Activity in the World*, a working paper published in 2002, outlines Agita Mundo objectives (e.g. advocacy of physical activity and health, dissemination of messages on the health and social benefits of moderate physical activity, stimulation of networks for physical activity promotion, promotion of alliances around the world, sharing good practices, effective strategies and programs), its future agenda as well as initial tasks. To implement all objectives a NGO named after the initiative, *Agita Mundo – Move for Health*, was established in 2002.

It can be anticipated that Agita São Paulo and Agita Brazil are Brazil's major initiatives defining physical activity as a priority area and providing objectives, targets, a vision as well as a framework for action. Due to the fact that there is sparse English information on Agita Brazil as well as on any other national physical activity policies the following assessment refers primarily to the state program Agita São Paulo that served as a model for Agita Brazil.

Some evidence indicates that the promotion of physical activity is also addressed within Brazil's *National Food and Nutrition Policy*, initiated by the Brazilian Ministry of Health in 1999. Part of this policy framework is to achieve increased physical activity patterns.

### **Consultation**

Agita São Paulo was established after consultation with the Pan American Health Organisation, the Centers for Disease Control and Prevention (CDC), the United Kingdoms Health Education Authority, the Institute for Aerobics Research in Dallas, and advisors from Brazil, the USA, Finland, England and Australia.

A number of studies on the high prevalence of physical inactivity in São Paulo State's population, particularly among the low socio-economic and undernourished groups, indicated that a physical activity promotion was needed. For example, data published in 1990 revealed that the prevalence of a sedentary lifestyle among men and women aged 18 to 70 was 69.3%. Physical activity has been considered as the "best buy" in public health, since sedentarianism has been attributed to increased risks of chronic disease, deaths and health care expenditures.

Matsudo et al. 2002, Matsudo et al. 2003

### **Multiple strategies**

The Agita São Paulo program set its main strategy to change population's behaviour, placing emphasis on the promotion of activity and messages addressing lifestyles, targeted to each population group but particularly to students, workers and older adults. In contrast, Agita Brazil is directed to general population with a specific focus on people who are at risk of noncommunicable diseases. The message used within Agita São Paulo is the recommendation of accumulating at least 30 minutes of physical activity on most, preferably all, days of the week, in either a continuous or accumulated (in sessions of 10-15 minutes) way. People's home, workplace (including transport) and leisure places have been regarded as the most feasible settings.

The focus is rather on "active living" and physical activity for health" than on "Sport" and "fitness". Therefore, everyday and life-long physical activities such as walking, gardening, home chores and active transport are the most recommended. Particular

emphasis is given to the Brazilian's favourite leisure activity dancing. Furthermore, the program approaches to the "one-step-ahead-model" promoting messages asking the sedentary to become more active, the somewhat active to be regularly active and those who are already very active to remain active without injuries.

Agita São Paulo has been performed three types of strategies: (1) permanent actions by local organisations for promoting the physical activity message in the community (e.g. walk programs in hospitals, health centers, city halls), (2) supportive actions by other institutions (e.g. distribution of the message on electricity company bills, in a soccer stadium and at metro stations) and (3) mega-events to mobilise a large portion of the population (e.g. the annual Agita Galera Day, Active Community Day, Active Worker Day, Active Elderly Day).

There is some evidence that Agita Brazil has adopted Agita São Paulo's strategies for Brazil's entire population. Moreover, the national as well as the state program include a "Two-Hat Approach" under which either the governmental or the non governmental approaches are used.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002. WHO 2003

### ***Different levels***

Agita São Paulo is a multi-level program that focuses on the mega-population of São Paulo State as well as on communities. Furthermore, its concept provided the basis for similar programs across the country under Agita Brazil.

Within its annual mega-events (Agita Galera Day, Active Community Day, Active Worker Day, Active Elderly Day) and other community initiatives the program also works at intra as well as at inter personal levels (social environment). But there is insufficient (English) evidence whether and to what extent Agita São Paulo includes physical environmental and policy approaches to increase physical activity participation.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002

### ***Coalitions/alliances/partnerships***

Building partnerships is a key component of the Agita São Paulo concept. A coalition of partners to promote physical activity was established. Firstly, intellectual partnerships of national and international organisations were build to establish a scientific board whose experts made the case for changes and developed a framework for action. Secondly, institutional partnerships were initiated to involve more than 300 governmental and non governmental organisations as well as the private sector, and to form an intersectoral executive board. Thus, government departments as well as non governmental organisations, representing a range of sectors such health, education, sports and environment, may lead programs.

To implement Agita Brazil activities the Ministry of Health has established alliances with both state and local managers of the Single Health System (SUS), and with the Physical Fitness Research Center in São Caetano do Sul (CELAFISCS). Furthermore, the Pan-American Health Organisation (PAHO), the National Council of Health Secretaries (CONASS), the National Council of Municipal Health Secretaries (CONASEMS) are involved, and other federal and state departments, cities,

universities, the business sector as well as organisations from civil society have been regarded as potential partners.

There is no (English) evidence whether or to what extent resources are shared between the partners.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002, Matsudo et al. 2003

### **Integration**

Agita São Paulo's intersectoral executive board comprises more than 150 institutions from different sectors such as education, sport, health, industry, commerce and services and therefore it can be assumed that intersectoral action exists. But there is sparse (English) information to what extent the program integrates agendas and strategies from these sectors. Some cooperation exists in terms of nutritional issues. Because the Agita Model also addresses healthy nutrition joint efforts have been developed with groups for nutrition (Brazilian Multi-professional Society for Infancy and Maternal Nutrition), obesity (The Brazilian Association of the Studies on Obesity (ABESO)), diabetes (The National Association for Assistance of Diabetes (ANAD)) and hypertension (The Association of Protection and Friends of Hypertension).

The Agita Brazil program is associated with the Federal Health Department's Plan for Reorganisation of Blood Hypertension and Diabetes Mellitus Care, and there is some evidence that intersectoral action occurs towards health, education, sports and other related sector.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002

### **Support**

Agita São Paulo receives financial support from state departments (e.g. the State Secretariat of Health), non governmental organisations and the private sector but there is no (English) evidence on the amount of funding. The direct costs Agita São Paulo are mainly covered by the State Secretariat of Health, with a annual budget of about US\$ 152 000. 40% of that amount covers educational and marketing material, 35% human resources, 14% research, and 11% logistics materials and services (e.g. paper, postage, printing).

The Physical Fitness Research Center in São Caetano do Sul (CELAFISCS) provides the organisational structure to coordinate the program and numerous local organisations are involved in the implementation.

*Agita Brazil* is funded by the Federal Government but there is neither (English) information on the amount of funding nor on the organisational infrastructure.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002, Matsudo et al. 2003

### **Identity**

The name *Agita* was selected advisedly. It represents not only the desire for physical activity but also includes considerations of the mind, social health and citizenship. Another characteristic of Agita São Paulo is the "half-hour man", the mascot of the campaign, reflecting the attention to culture aspects, since fun is a crucial factor for

Brazilians. A “half-hour women“, a “half-hour cowboy“ and a “half-hour seashoreman“ were additionally created, attempting to adapt to regional cultures and genders. The leading agency is the Physical Fitness Research Center in São Caetano do Sul (CELAFISCS).

There is no (English) evidence whether Brazilian leaders or champions are involved in the program, and to what extent the government/health ministry contributes to the program except for the provision of financial support.

Annual mega-events such as Agita Galera Day, Active Community Day, Active Worker Day, Active Elderly Day are conducted to advocate an active lifestyle.

No (English) evidence exists in terms of specific identity of Agita Brazil. It can be assumed that some identification characteristics were adopted from Agita São Paulo such as the name Agita.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002

### **Timeframe**

Agita São Paulo, launched in 1996, as well as Agita Brazil, initiated in 2000, are ongoing initiatives without a defined timeframe.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002

### **Evaluation**

The evaluation process of Agita São Paulo includes surveillance by central office and outside groups and contains measurements of physical activity levels, physical activity knowledge, barriers, attitudes, behaviour stage as well as knowledge about the program. Several evaluation studies of community interventions and mega-events reveal that Agita São Paulo has been very successful in raising public awareness on the program, disseminating the program’s message and in encouraging people to become physically active. For example, in 2002 a survey in the city of São Paulo revealed that 52.9% of the people interviewed knew about Agita São Paulo. Other surveys (1999 and 2002) with representative samples of persons in the São Paulo Metropolitan Area showed that between 1999 and 2002 the proportion of persons who were walking at least 30 minutes on five or more days per week actually increased.

No (English) evidence exists in terms of evaluation of Agita Brazil.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002, Matsudo et al. 2003

### **Surveillance**

As described above the impact of Agita São Paulo has been well monitored but there is no detailed (English) information which organisations provide the structure for surveillance measures.

There is also no (English) information on surveillance structure to monitor Agita Brazil.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002, WHO 2003

### **National Physical Activity Guidelines**

There is no (English) evidence that National Physical Activity Guidelines have been developed but the Agita São Paulo message refers to the statement of the US Surgeon General 1996, recommending the accumulation of at least 30 minutes of moderate-intensity physical activity on most, preferably on all, days of the week.

<http://www.agitasp.com.br/english/>, Matsudo et al. 2002

### **Scotland**

Scotland's national physical activity policies are initiated by the Scottish Executive (including the Health Education Boards, HEBS) which is the main provider for policy funding. In 2001, the Scottish Ministers set up the National Physical Activity Task Force following a commitment in the Government's White Paper *Towards A Healthier Scotland* (1998). The Task Force prepared the draft strategy for physical activity *Let's make Scotland more active*, stating a vision ('People in Scotland will enjoy the benefits of having a physically active life.') and goals, and providing a broad framework of strategic objectives and priorities for increasing physical activity in Scotland in the next 20 years. A key demand is the establishment of a cross-cutting organisational structure responsible for physical activity at national level. A consultation process on the draft strategy took place in 2002, and the consultation responses were released in 2003. But to date there is no clear evidence on whether the Scottish ministers, the Scottish Executive and its agencies have committed to the implementation of *Let's make Scotland more active*, and whether there are specific plans for implementation including defined timeframes and roles of organisations involved.

In 2003, the Scottish Executive (Sport Policy Unit) launched *Sport 21 2003-2007 shaping Scotland's future*, an updated version of Scotland's national sport strategy *Sport 21* (1998), setting out visions and objectives to be delivered by 2020, measurable targets to be achieved by 2007 and beyond, as well as specific roles and responsibilities of involved partners. The new strategy will be carried forward by *Sport 21* National Implementation Groups that work in partnerships to develop specific action plans for implementing the targets. SportsScotland is the key agency at national level responsible for implementing *Sport 21*. Its task is to develop and conduct research for *Sport 21* as well as to coordinate, fund and monitor programs and initiatives relating to it. Its mandate as well as principles (promoting equality, social justice, social inclusion and ethics) investment priorities and targets are outlined in the *Corporate Plan 2003-2007* (2003). Priorities are, for example, to invest in

- employment and training of professionals and volunteers in active schools,
- sport facilities to increase participation in sport,
- training of coaches at local and national level,
- volunteer training offered by partner organisations,
- the implementation of a long-term player development model,
- sustained medal success at key sports events,
- and in the modernisation and professionalisation of Scottish Governing Bodies.

Some evidence indicates that SportsScotland committed to support the establishment of the Physical Activity Task Force, and that its findings and recommendations have

shaped the development of *Sport 21* (2003). but to date there is no information on to what extent *Sport 21* initiatives are intergrated in the implementation of *Let's make Scotland more active* (2003).

Other strategies such as *The National Cycling Strategy in Scotland* (1996) and *A Walking Strategy for Scotland* (2003) have been developed to enhance walking and cycling in the population. Moreover, Scotland's physical activity promotion is addressed in other cross-cutting agendas in the areas of health, culture, transport and environment (e.g. *Improving Health in Scotland – The Challenge* (2003), *Coronary Heart Disease and Stroke Strategy for Scotland* (2002), *National Cultural Strategy – Creating our Future: Minding our Past* (2000), *Scotland's Social Inclusion Strategy* (1999), *Building better Transport* (2003)).

### **Consultation**

A consultation process on *Let's make Scotland more active* (2003) with key stakeholders took place in 2002, and the responses revealed a high level of overall agreement with the draft strategy.

The updated version of *Sport 21* (2003) was also developed after extensive consultation of partners, organisations and bodies at national, regional and local level within and outside sport. It will be reviewed continually during the next years and re-launched again in 2007. The current strategy relies on the commitment of these various partners in Scottish sport.

Population-based surveys such as the 1998 Scottish Health Survey (as well as the 1998 Health Education Population Survey) underline the need for action in enhancing physical activity in Scotland, revealing that 72% of woman and 59% of men are not active enough for health. The Physical Activity Task Force itself conducted a study that shows the economic benefit associated with the number of saved lives due to preventing deaths caused by physical inactivity. These findings as well as the well-known potential of sport in promoting social inclusion, raising self-esteem, countering anti-social behaviour and widening horizons provide rationales for policy action at national level.

Physical Activity Task Force 2003, Scottish Executive 2003a, Scottish Executive Social Research 2003

### **Multiple strategies**

Scotland's policies include multiple strategies such as raising awareness on the benefits of physical activity, increasing physical activity participation particularly within organised sport, developing long-lasting supportive environments, providing advice to organisations involved in governmental policy and service delivery, as well as conducting research around physical activity and its determinants. *Sport 21* (2003) outlines 11 targets that must lead to strategic action. These targets include proposals for partners responsible to achieve the targets. But at present, there is no detailed information about specific roles and tasks of the facilitating partners related to specific targets. However roles and responsibilities are to be defined in the implementation plans of *Sport 21*.

Current programs are, for example, Play@home, The Active Primary School Program, the Arbroath High School's Sports Co-ordinator Program and the Basic Move Program. All policies and programs target all age groups including children and

young people, adults of working age as well as adults in later life, and they include diverse settings such as home, nurseries, schools, higher education institutions, workplaces, primary care, residential care, sporting organisations and communities.

The focus is on everyday physical activity as well as on sport and physical recreation, both maintained throughout the life span. *Let's make Scotland more active* (2003) particularly recommends moderate-intensity physical activity to get the most inactive people to be active, using the 30 minutes message of moderate activity. In *Sport 21* more emphasis is given to vigorous sport undertaken within Scotland's organised sporting infrastructure.

Physical Activity Task Force 2003, Scottish Executive 2003a

### ***Different levels***

Public, private and voluntary agencies at all governmental levels (e.g. governing bodies of sport, local sports councils, local authorities, schools, employers, voluntary organisations, health boards, commercial companies) are to be involved in action based on *Sport 21* (2003) and *Let's make Scotland more active* (2003). Local authorities are being regarded as vital for community recreation and sport at grass roots level. They are the main provider for sport and recreation (facilities, services) in Scotland, and therefore they should also contribute to wider aims such as in community development, relief of social deprivation, anti-poverty strategies, fitness and health, urban regeneration and economic development as well as community safety. SportsScotland recognises the vital role of local organisations and particularly invests in the local sporting infrastructure (e.g. clubs, communities).

Intra and inter personal as well as a physical environmental levels are addressed within single strategies as described above.

Physical Activity Task Force 2003, Scottish Executive 2003a, SportsScotland 2003

### ***Coalitions/alliances/partnerships***

To implement the strategies, partnerships across public, private and voluntary agencies at all governmental tiers (e.g. governing bodies of sport, local sports councils, local authorities, schools, employers, voluntary organisations, community groups, health boards, service users, commercial companies) are being/are to be build up.

Currently, SportsScotland plays a key role in providing advice as well as investments on partnerships and activities that deliver the objectives of the SportsScotland *Corporate Plan 2003-2007* (2003) and *Sport 21* (2003). For example, through its programs SportsScotland works closely with the Scottish Local Authorities, the Scottish Governing Bodies of Sport, the Scottish Institute of Sport, Area Institutes of Sport as well as Regional Sports Partnerships.

The strategic co-ordination frameworks at national and local level, as proposed *Let's make Scotland more active*, particularly state they must include include a range of departments and agencies that work in partnership on the implementation of the physical activity strategy.

Some evidence indicates that due to budgetary constraints on sport and leisure in recent years, local authorities have already been engaged in providing sporting

services in partnership with other local authorities and bodies (e.g. schools). Within the implementation of *Sport 21* this approach is to be further enhanced.

Physical Activity Task Force 2003, Scottish Executive 2003a, SportsScotland 2003

### **Integration**

Scotland's physical activity policies are also linked to other cross-cutting agendas in the areas of health, culture, transport and environment (e.g. *Improving Health in Scotland – The Challenge* (2003), *Coronary Heart Disease and Stroke Strategy for Scotland* (2002), *National Cultural Strategy – Creating our Future: Minding our Past* (2000), *Scotland's Social Inclusion Strategy* (1999), *Building better Transport* (2003)). Furthermore, *The National Cycling Strategy in Scotland* (1996) and *A Walking Strategy for Scotland* (2003) specifically contribute to enhancing walking and cycling in the population.

In addition, SportsScotland advocates for the impact of sport on the wider national policy agenda, particularly in the areas of social inclusion and health.

Physical Activity Task Force 2003, Scottish Executive 2003a, Scottish Executive 2003b, Scottish Executive Central Research Unit 2002, Scottish Walking Forum 2003

### **Support**

The Scottish Executive is the main provider for funding related to policies and programs on physical activity and sport. Through the Health Improvement Fund (set up with Scotland's tobacco tax allocation) £500,000 is provided for each of the next three years (2001-2004) to finance the Physical Activity Task Force. However, there is no evidence on the amount of funding for implementing the draft strategy *Let's make Scotland more active* (2003).

Some evidence exists in terms of funding for the sport sector. For example, SportsScotland receives annual grant-in-aid funding of around £13 million that is offered to the Scottish governing bodies of sport and local authority partnerships to develop the sporting infrastructure in Scotland. Moreover, through the SportsScotland's Lottery Fund National Lottery money (around £22 million per year) is distributed to the sporting infrastructure to support a variety of initiatives including talented athletes, schools, communities and sports facilities. According to the Scottish Budget for 2003-2006, announced in 2002, Scotland's sport sector will get continuous funding for *Sport 21*, and to support sport in schools.

Another funding source has been established through the Sportsmatch Scheme. The scheme is to provide incentives for businesses to sponsor sport in Scotland by matching sponsorship fees on a £ for £ basis (minimum award £500). Sportsmatch aims at supporting projects that demonstrate sports development at grass roots level (encouraging sport participation at community level, particularly among the youth).

Physical Activity Task Force 2003, Scottish Executive 2003

### **Identity**

The Physical Activity Task Force's draft strategy for physical activity (2003) is widely promoted using a specific identity by means of a logo (a body, star jumping),

presented with the slogan „*Let's make Scotland more active*“, as well as the chairman John Beattie, a former international rugby player. The Task Force took the lead for developing the draft strategy for physical activity. In terms of implementation of the strategy, the Task Force strongly recommends the establishment of a permanent, full-time ‚physical activity policy team‘ within the Scottish Executive with the responsibility of changing and monitoring physical activity levels in the population. Furthermore, it recommends advocacy initiatives that raise knowledge and awareness about the benefits of physical activity among the public (e.g. through education programs, community-wide campaigns) but to date the information on those initiatives is rare.

Sportscotland's identity is presented through its red and blue coloured branding 'sportscotland'. Sportscotland is Scotland's national agency responsible for the development of sport in Scotland at all levels. The organisation conducts research for *Sport 21* (2003) and is involved in the implementation of Scottish Executive policies and strategies.

Physical Activity Task Force 2003, Scottish Executive 2003a, Sportscotland 2001

### **Timeframe**

In *Let's make Scotland more active* (2003) the Physical Activity Task Force recognises that the implementation of its draft strategy will take 20 years, and therefore the Task Force calls for a longterm commitment from the Scottish ministers, the Scottish Executive and its agencies. However, to date there is no clear evidence on whether this commitment has actually been made.

*Sport 21 2003-2007 shaping Scotland's future* (2003) sets out visions and objectives to be delivered by 2020 as well as measurable targets to be achieved by 2007 and beyond.

Physical Activity Task Force 2003, Scottish Executive 2003a

### **Evaluation**

Both national strategies *Let's make Scotland more active* Scotland's (2003) as well as *Sport 21 2003-2007 shaping Scotland's future* (2003) include the aim of evaluating the implementation of objectives, targets and strategies. In *Let's make Scotland more active* the Physical Activity Task Force calls for the establishment of national and local strategic co-ordination frameworks that comprise main departments and agencies which are to be responsible for evaluating targets and actions (plans for evaluating progress). But to date there is sparse evidence to what extent evaluations have been undertaken.

Physical Activity Task Force 2003, Scottish Executive 2003a

### **Surveillance**

*Let's make Scotland more active* Scotland's (2003) as well as *Sport 21 2003-2007 shaping Scotland's future* (2003) include proposals of monitoring and evaluating the implementation of objectives, targets and strategies. There is no clear evidence on to what extent these proposals have been implemented.

In *Let's make Scotland more active* the Physical Activity Task Force calls for the establishment of strategic co-ordination frameworks at national and local level including main departments and agencies responsible for developing, implementing, evaluating and monitoring their actions (plans for evaluating and monitoring the progress). The progress of targets, outlined in *Sport 21 2003-2007 shaping Scotland's future*, must be measured within the Scottish Opinion Survey as well as several monitoring measures conducted by SportsScotland.

Some evidence indicates that monitoring of the impacts of Scotland's National Cycling Strategy has been undertaken at local level.

Physical Activity Task Force 2003, Scottish Executive 2003a

### **National Physical Activity Guidelines**

There is no evidence that National Physical Activity Guidelines have been developed but Scotland's sport policy as well as the draft strategy *Let's make Scotland more active* (2003) refer to the US Surgeon General's recommendations for adults of accumulating at least 30 minutes of moderate-intensity physical activity on most, preferably on all days of the week. Furthermore, for Children the duration of moderate physical activity should be extended to at least one hour on most days of the week.

Physical Activity Task Force 2003, Scottish Executive 2003a

## **Switzerland**

Switzerland's leading agencies responsible for the initiation and coordination of national physical activity policies are the Swiss Federal Department of Defence, Civil Protection and Sport (DDPS), the Swiss Federal Office of Public Health (SFOPH) and the Health Promotion Unit at the Swiss Federal Office of Sports (FOSPO). The latter is seen as a national centre of competence for health enhancing physical activity (HEPA). It hosts the Network HEPA Switzerland which aims at promoting

- half an hour a day moderate intensity physical activity among inactive people,
- sports training for sustainable health benefits among active people
- physical activity in areas of social integration, therapy and rehabilitation.

The FOSPO Health Promotion Unit engages in all these areas but priority is given to the promotion of daily physical activities among inactive people. Measures are undertaken in the field of (1) Networking (fostering the promotion of HEPA by the Network HEPA Switzerland and other national activities, international contacts, project support, teaching at universities), (2) HEPA Background (creating and disseminating HEPA background knowledge of physical activity behaviour, assessment of physical activity and evaluation tools) as well as (3) Intervention and Evaluation (development and evaluation of intervention models).

Two documents define physical activity as a priority area at national level and provide a vision, objectives as well as a plan for action: the *Swiss Federal Government's Concept for a National Sport Policy* and the strategy document *HEPA Promotion in Switzerland*, both published in 2000.

*HEPA Promotion in Switzerland*, developed by the Network HEPA Switzerland, contains the vision that the whole Swiss population participates in physical activity conducive to health and quality of life, and advocates objectives such as raising awareness on the benefits of physical activity, increasing physical activity participation among the population and decreasing physical activity related accidents.

The *Swiss Federal Government's Concept for a National Sport Policy*, launched by the Swiss Federal Department of Defence, Civil Protection and Sports (DDPS) in 2000, is the Federal Government's commitment to create a widespread culture of physical activity – a “spirit of sport” – which is to contribute to Switzerland's identity. It replaces the formerly *Swiss Sports Concept* from 1978. Both concepts refer to article 68 of the Federal Constitution giving the Federal Government the mandate: “ The Confederation shall promote sport, particularly sport education.”. The new concept's objectives address the areas

- Health (More physically active people.),
- Education (Making use of education opportunities.),
- Performance (Promoting young athletes and competitive sport.),
- Economy (Exploiting sport as an economic factor.)
- Sustainability (A learning environment for social development.).

Besides that, physical activity promotion is addressed in the *Action Plan Environment and Health* (2001) and the *Policy and Strategy Document for the Promotion of Cycling and Walking with a particular Focus on Children: Transport related Health Impacts – Costs and benefits with a particular focus on children* (2003).

The *Action Plan Environment and Health* was jointly formulated by the Swiss Federal Office of Public Health (SFOPH) and the Swiss Agency for the Environment, Forests and Landscape (SAEFL) in 1993 and updated in 2001. In its section “Mobility and Wellbeing” the plan aims at increasing non-motorized mobility, preliminary by facilitating bicycle and pedestrian traffic (human powered mobility) as well as public transport.

The *Policy and Strategy Document for the Promotion of Cycling and Walking with a particular Focus on Children: Transport related Health Impacts – Costs and benefits with a particular focus on children* (2003) was developed by the Swiss Federal Office of Sports with contributions from representatives of the Swiss Federal Office for Spatial Development, the Swiss Federal Office of Public Health and the Federal Roads Authority. The document recommends initiatives that enhance active transport, particularly those related to walking and cycling.

### **Consultation**

The *Government's Concept for a National Sport Policy* (2000) was developed through consultation of around 150 experts involved in sport, science, health care, politics, business and public administration under the aegis of the Swiss Federal Office of Sports (FOSPO).

The *Action Plan Environment and Health* (2001) was formulated by a working group including representatives from the Swiss Federal Office of Public Health (SFOPH), the Swiss Agency for the Environment, Forest and Landscape (SAEFL) and other Federal Offices (of Police Matters, Land-use Planning, Agriculture, Housing, Energy

Supply), as well as from cantons, local communities and various interest groups in the private, science and environmental health sectors.

Studies on knowledge, levels and impacts of physical activity such as the Swiss Health Surveys 1992 and 1997, the HEPA Surveys 1999 and 2001, and the transnational project “Transport related health impacts – costs and benefits with a particular focus on children” provide the rationale for physical activity promotion, revealing an increase in the proportion of physically inactive people and underlining the positive impact of non-motorized mobility on health and environment. Further rationales are the under-representation of women in leading sports-related positions, the inadequate exploitation of existing sports infrastructures and other problems such as increased sport-related accidents, doping, violence and racism.

FOSPO 2000, Martin 2002, Network HEPA Switzerland 2000

### ***Multiple strategies***

The *Government’s Concept for a National Sport Policy* (2000) outlines multiple strategies such as improving sports activities at schools, vocational colleges and sporting organisations, preventing doping and substance abuse, providing a local policy for the organisation of major sporting events, advocating sustainability in terms of sport (e.g. sustainable use of space and infrastructures for physical activity) as well as developing instruments for evaluating the sustainability of sport and sporting events.

The sport policy targets the whole Swiss population across the age span but particular emphasis is given to children, youth, women and senior citizens. Programs and projects are to promote physical activity in the everyday context (e.g. at work, on the way to work, at school, in human powered mobility).

*HEPA Promotion in Switzerland* (2000) recommends strategies such as dissemination of knowledge of physical activity, advocacy of sustainability as a basic principle within sports, development of a local sports network, provision of incentives and conditions conducive to physical activity participation in daily life (e.g. attractive walking trails and infrastructures), and support of research to explore the economic benefits of physical activity. In contrast to many other country policy and strategy documents, this document provides a defined timeframe for each strategy, and states specific accountabilities for implementation by the involved partners.

FOSPO 2000, Network HEPA Switzerland 2000

### ***Different levels***

The *Government’s Concept for a National Sport Policy* (2000) points out the importance of collaboration within local, cantonal, national and international networks. Particular emphasis is given to the creation of local sports networks in every larger municipality in Switzerland.

The concept’s strategies address the individual (e.g. through the provision of sports programs and services) as well as the social and physical environment (e.g. through the promotion of mobility within public transport, sporting events and sustainability of physical activity infrastructures).

According to *HEPA Promotion in Switzerland* (2000) a suitable approach is to implement physical activity enhancing interventions at regional and local level. Recommended local level interventions are, for example, the development of physical activity networks, the provision of physical activity facilities (e.g. in sports clubs, at schools, urban areas) as well as the design of non-motorized infrastructures to facilitate walking and cycling (e.g. to school/work).

FOSPO 2000, Network HEPA Switzerland 2000

### ***Coalitions/alliances/partnerships***

The *Government's Concept for a National Sport Policy* (2000) aims at working through active partnerships at local, cantonal, national and international level. A system of "shared responsibilities" under defined leadership is to be adopted, with private and public players cooperating for their mutual benefits. All players must work together to make efficient, sensible and sustainable use of existing resources (people, finance, infrastructure, information/knowledge).

Intersectoral cooperation and networking is also stated as necessary within the *Action Plan Environment and Health* (2001) and *HEPA Promotion in Switzerland* (2000). In terms of networking the latter fosters collaboration with the Swiss Federal Office of Sports (FOSPO) and the Swiss Foundation for Health Promotion.

SFOPH/SAEFL 2001, FOSPO 2000, Network HEPA Switzerland 2000

### ***Integration***

In Switzerland physical activity promotion is particularly addressed in strategies related to public transport and environment (described below). No evidence has been found on links to agendas in other fields such as health, nutrition and education.

The promotion of physical activity is embedded in the *Action Plan Environment and Health* (2001) within the section "Mobility and Wellbeing" that outlines strategies to increase non-motorized mobility such as

- promoting greater awareness of mobility-related issues of safety and health (e.g. schools, campaigns),
- improving road traffic flow to promote bicycle and pedestrian traffic (e.g. road safety, provision of non-motorized mobility facilities)
- and creating incentives to transfer commuter, shopping and leisure traffic to public transport and bicycle (e.g. safe parking, safe access to public transport, possibility of transporting bicycles in public transport).
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The *Policy and Strategy Document for the Promotion of Cycling and Walking with a particular Focus on Children: Transport related Health Impacts – Costs and benefits with a particular focus on children* (2003) recommends three strategies related to active transport:

- Increase walking and cycling within a sustainable transport policy.
- Enhance collaboration between sectors concerned with transport, land use, urban planning, environment, energy, health, sports as well as education.
- Consider the needs of vulnerable groups such as children and the elderly in decision making processes regarding transport infrastructure objectives.

A draft *Mission Statement for Human Powered Mobility*, developed by the Federal Department of Environment, Transport, Energy and Communications (UVEK), is to be discussed in parliament in 2004, and if adopted, implemented in 2005. The mission statement aims to strengthen the position of human powered mobility in traffic and land use planning related decisions within an integrated transport policy.

Besides that, the Federal Office of Spatial Development developed a draft *strategy related to leisure traffic* that is to reduce leisure traffic, particularly private motorized transport, and to encourage non-motorized transport, and to facilitate short distance commuting. The final strategy is planned to be adopted in 2004.

SFOPH 2001, FOSPO 2003, FOSD 2002, DETEC 2002

### **Support**

There is some evidence that the Federal Government provides specific funding to sports organisations that pursue effective regulations to control doping and general harmful developments in and around sport such as violence, racism and corruption. No information has been found in terms of the allocation and amount of regular governmental or non governmental funding to implement further strategies of the *National Sport Policy* (2000) as well as strategies recommended in *HEPA Promotion in Switzerland* (2000).

The Swiss Federal Department of Defence, Civil Protection and Sports (DDPS), the Federal Office of Sport (FOSPO) including the Network HEPA Switzerland are responsible for the implementation of the *Government's Concept for a National Sport Policy* in cooperation with local agencies.

FOSPO 2000, Network HEPA Switzerland 2000

### **Identity**

The *Government's Concept for a National Sport Policy* (2000) has no specific identity, neither by means of a logo, branding or slogan nor by provision of a leader or champion. The *Network HEPA Switzerland* provides an identity by means of a black and red coloured logo presenting the HEPA web-site.

Leading partner agencies are the Swiss Federal Department of Defence, Civil Protection and Sport (DDPS), the Swiss Federal Office of Public Health (SFOPH) and the Health Promotion Unit at the Swiss Federal Office of Sports (FOSPO) including the Network HEPA Switzerland.

Advocacy initiatives are undertaken within single programs and projects such as "Allez Hop!", SchweizMobil, Vita Parcours, bicycle promotion activities of the Swiss Bicycle Advocacy Association or "Life in motion" by the Physicians for the Protection of the Environment as well as within the WHO "Move for Health"/Agita Mundo initiative.

FOSPO 2000, Network HEPA Switzerland 2000, <http://www.baspo.ch/>, <http://www.hepa.ch/gf/>

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### **Timeframe**

There is no evidence of a stated timeframe for the *Government's Concept for a National Sport Policy* (2000).

The strategy document *HEPA Promotion in Switzerland* (2000) defines short-term (e.g. 1-2 years) as well as long-term (e.g. 7-8 years) timeframes for the implementation of single strategies but there is no evidence to what extent the strategies have been fulfilled within these timeframes.

The *Action plan Environment and Health* (2001) contains the goal that current adverse impacts of motorized mobility will be reduced by 2007.

SFOPH/SAEFL 2001, FOSPO 2000, Network HEPA Switzerland 2000

### **Evaluation**

The *Government's Concept for a National Sport Policy* (2000) contains a demand for the evaluation of its progress including the development of instruments for evaluating the sustainability of sport and sporting events but there is rare evidence to what extent this has been undertaken.

*HEPA Promotion in Switzerland* (2000) also recommends the evaluation of interventions for promoting physical activity and preventing sports accidents but there is also sparse evidence to what extent this has been proceeded.

The *Action Plan Environment and Health* (2001) includes two types of evaluations. A comprehensive evaluation is to be conducted by an independent institution after 10 years focusing on the assessment of target achievements, progress, and impact as well as on aspects of costs and benefits. Simultaneously "just-in-time" evaluations, carried out in 1998 and 2003, aim at evaluating single aspects of the implementation process, regarding principles of quality management. But there is also no evidence to what extent these evaluations have been undertaken.

Some measures for evaluation are planned within the currently developed Observatory "Sport und Bewegung Schweiz" (as described below). Within this project causes of physical activity trends and impacts of political interventions must be analysed and discussed.

SFOPH/SAEFL 2001, FOSPO 2000, 2003, Network HEPA Switzerland 2000

### **Surveillance**

The *Government's Concept for a National Sport Policy* (2000) contains a request of the Federal Government to receive periodically reports on developments in sport. According to the concept an "Observatory" is to be set up to identify positive and negative developments at an early stage. This is currently undertaken by the Swiss Federal Office of Sports (FOSPO) with financial support from the Swiss Federal Department of Defence, Civil Protection and Sports (DDPS). The observatory, called "Sport und Bewegung Schweiz", is to conduct systematic monitoring of Swiss sport. The project is planned for 2003-2006/2007, and aims to collect and analyse data on population levels of physical activity, trends in physical activity behaviour, developments concerning sport accidents and harms, as well as impacts of national

initiatives to promote physical activity with a particular focus on sustainability. For example, the observatory is to examine to what extent the involved partners contribute to increased population levels of physical activity. The evaluation concept of the *Action Plan Environment and Health* (2001) described above is implemented by the Institute for Social and Preventive Medicine at the University of Basel.

FOSPO 2000, 2003, Lamprecht, Stamm 2003, Network HEPA Switzerland 2000, SFOPH/SAEFL 2001

### **National Physical Activity Guidelines**

The Swiss Federal Office of Public Health (SFOPH), the Swiss Federal Office of Sports (FOSPO) and the Network HEPA Switzerland published guidelines for the developing and evaluating activities in the promotion of health enhancing physical activity (HEPA). They are summarized in the "The physical activity pyramid", recommending at least half an hour of moderate physical activity per day to inactive people and further vigorous sport activities to people already active to gain additional benefits for health and well-being. The guidelines target women and men of all ages.

SFOPH, FOSPO, Network HEPA Switzerland

## **Netherlands**

The Ministry of Health, Welfare and Sport published several documents that define physical activity as a priority area and provide objectives as well as a plan for action: *Towards an 'active' policy* (2003), *Sport for All incentive in the Netherlands* (2000), *Opportunities for Top-Class Sport. The Government's Policy on Top-Class Sport* (1999), *Sport and Sports Policy in the Netherlands* (1997) as well as *What sport sets in motion. Contours and priorities of central government policy on sport* (1996).

*Towards an 'active' policy* (2003) focuses on the relationship between sport, exercise and health and sets out action areas including single initiatives that underpin the sports policy to be pursued by the Ministry of Health, Welfare and Sport:

- an active lifestyle,
- safe sport and injury prevention,
- sports medicine,
- doping,
- research and monitoring.
- 

Targets have been partly quantified:

- increased level of physical activity among the Dutch population (from 40% in 1998 to 45% in 2005 and 50% in 2010)
- decreased inactivity among the Dutch population (from 12% in 1998 to 10% in 2005 and 8% in 2010)
- reduced risk of injury (per sportsperson/per year) in percentages (from 13% in 1998 to 11% in 2005 and 10% in 2010)
- promoting fair play and doping control
- monitoring of the impacts of exercise and exchange of information

*Sport for All incentive in the Netherlands* (2000) describes strategies to reinforce the local sports infrastructure because sport is seen as an important part of the social infrastructure and the Dutch society. Sport is believed to integrate people, to provide them a feeling of belonging as well as to improve physical and mental health. This document is to supplement the sport policy previously formulated in the memorandum *What moves sport* (1996). It aims at integrating sports policy within other policies (e.g. those related to youth, social coherence, health, big city problems, environment and green spaces). To implement the local *Sport for All incentive* policy, an incentive scheme has been developed. Local authorities that fit within criteria of this scheme can get financial support for the implementation of local sports programs.

*Opportunities for Top-Class Sport. The Government's Policy on Top-Class Sport* (1999) was launched with regard to top-class sport's significant gain to society: Sports stars serve as role models that inspire other people to take up some form of sport. The objective of is to promote positive aspects of top-class sport such as social integration, particularly of minority groups, and to counter negative aspects such as doping. The policy basically focuses on grant provision for talent development, scientific research as well as on measures to combat doping.

*Sport and Sports Policy in the Netherlands* (1997) describes the central government's action to promote different types of sport by allocation of financial resources. The document outlines action in the fields of competitive sport, recreational sport, top-class sport, sport facilities as well as sport injuries and drugs misuse. Furthermore, much attention is paid to the opportunities that sport offers in terms of integration, employment, community involvement, tolerance and fair play.

*What sport sets in motion. Contours and priorities of central government policy on sport* (1996) also sets out the sport policy of the central government basing on the assumption that sport is of great benefit of the society as a whole (e.g. in the areas of health, social participation, socioeconomic development). The government's central aim is to make optimal use of the positive social value of sport taking into account its intrinsic value by

- safeguarding and improving the quality of participation in sport,
- improving the quality of the sport infrastructure
- improving the coherence of other policies connected with sport.

This sports policy is closely linked to the general policy of the Dutch government including the policy on social welfare formulated in the Social Welfare Policy Paper 1995-1998. It aims at strengthening stability, social cohesion and solidarity in the Dutch society.

Besides that, the Ministry of Health, Welfare and Sport as well as the Ministry of Housing, Physical Planning and the Environment launched (in cooperation with other ministries) the *Sport and Environment Policy Framework 1999-2002 Gold for Green* (1999). *Gold for Green* aims at improving the coordination between sports and environmental policy. It indicates how sports and environmental aspects are related to one another and sets priorities for action with regard to the following objectives:

- Improve coordination between environmental and sport policy at national level,

- Promote an area-oriented approach at local level from the perspective of the living environment,
- Increase environmental performances and reduce pollution by sport,
- Develop sustainable forms of the practice of sport (e.g. production of environmentally friendly products and services),
- Exploit the social significance of sport for environmental policy.

The Ministry of Health, Welfare and Sport is the leading agency for Netherlands' sport policy. It promotes and finances sport activities and combats negative aspects of sport such as injuries and doping.

All policy documents described above aim at promoting social integration in particular. This marks a trend of Netherlands' sport policy, shifting from the intrinsic to the social value of sport which includes the social integration value, the education value as well as the health value of sport (sport as a means).

### **Consultation**

*Sport for All incentive in the Netherlands* (2000) was developed after consultation of relevant policy partners within the framework of the Broad Interdepartmental Sports Consultation, the Nijkerk Forum, the Netherlands Olympic Committee\* Dutch Sports Federation (NOC \*NSF), the Association of Dutch Local Authorities (VNG), the National Contact Council as well as several partners at provincial level.

*Gold for Green* (1999) was developed in cooperation with other ministries at national level (Ministry of Economic Affairs, Ministry of Transport, Public Works and Water Management, Ministry of Agriculture, Conservation and Fishing).

Beyond the social value associated with sport the fact that in the Netherlands one third of Dutch adults are physically inactive, and that eight-thousands people die each year because they do not get enough exercise, provides a rationale for Netherlands' sports policy. Furthermore, the central government has recognised the organisational and financial problems (decreased sports club memberships/voluntary work) caused by the fact that more people prefer to practice sport outside a sport club.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **Multiple strategies**

Strategies include behavioral as well as environmental approaches:

- Increase awareness of sports injuries (injury-free sport awareness campaign, safety guidelines, material on healthy and safe exercise)
- Promote sports participation within the local sports infrastructure (school, community, sports clubs)
- Provide general practitioners with training and advice to enhance their knowledge of sports medicine
- Support sports organisations to set the conditions for an anti-doping policy
- Upgrade the quality of case law on doping (Towards an 'active' policy)

- Initiate and support sport activities that aim at keeping potentially early school-leavers at school, providing out-of-school care, neighbourhood development, economic growth
- Reconstruct neighbourhoods, parks, squares, sports and recreational facilities as well as school and community facilities in big cities conducive to physical activity.
- Increase coverage of sport on radio and television
- Governmental support by easing the statutory restrictions on advertising in broadcasts of sporting events
- Educational measures to counter the misuse of drugs in sport

*Towards an “active” policy* (2003) points out the importance of an active lifestyle by participating in organised sport as well as in everyday activities such as walking, cycling, gardening and housework while the other policy documents rather focus on strategies within the organised sports infrastructure. Messages distributed are: “Sport is relaxing and fun, inspires people, brings people together, leads to longlasting friendships, contributes to people’s self-development and promotes a healthy lifestyle” as well as “children must engage in intensive exercise for at least one hour a day, and adults in moderate intensive exercise for at least half an hour a day on at least five days a week”.

Netherlands’ sport policy targets Dutch people at all ages but specific groups such as chronically ill people, disabled people, young people, elderly people, ethnic groups as well as people with work-related complaints in particular. Moreover, the Sport for All initiative outlined in *Sport for All incentive in the Netherlands* (2000) comprises many forms of sport such as recreational sport in the organised as well as unorganised sporting infrastructure within and outside the sports sector, and many competitive forms of sport that often occur under the responsibility of national sports organisations.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### ***Different levels***

The central government plays a supplementary and supporting role. Action at national level includes monitoring and identifying trends, promoting new policies, initiating projects, arranging international collaboration as well as providing national infrastructures.

In contrast, the local level forms the basis for the practice of sport. Local authorities play an important role in reinforcing the local sports infrastructure. While national (mainly the Ministry of Health, Welfare and Sport), regional and provincial authorities provide financial support and advice, local authorities (e.g. sports clubs, communities) are primarily responsible for implementing Netherlands’ sports policy, for example, for providing sports and recreation facilities as well as for stimulating and monitoring their accessibility, or for providing high quality sports activities, preventing negative side effects such as discrimination and doping, as well as for promoting positive effects such as social integration, education and health promotion. The national and regional sports support structure is, among other things, formed within the framework of the *SPIN*-project (*Sports Infrastructure in the Netherlands*), a joint initiative between the Ministry of Health, Welfare and Sport (VWS), NOC\*NSF,

Association of Provinces of the Netherlands (IPO), LC and Association of Netherlands Municipalities (VNG) to support local pilot projects within the local sport for all development. Furthermore, local authorities can get support if they fulfil the criteria of the incentive scheme, developed within *Sport for All incentive in the Netherlands* (2000).

Intra and inter personal as well as a physical environmental approaches occur within single strategies as described above.

Ministry of Health, Welfare and Sport 2000, 1999, 1997 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### ***Coalitions/alliances/partnerships***

The Dutch government pursues an interministerial sports policy involving not only the Ministry of Health, Welfare and Sport but also other ministries from Education, Culture and Science, Social Affairs, Economic Affairs, as well as Agriculture and Nature Management. But there is sparse evidence to what extent this cross government involvement occurs except for the close collaboration with the Ministry of Housing, Physical Planning and the Environment (VROM) within the *Gold for Green* policy (1999) framework.

The central government calls for cooperation between different sectors at all governmental levels. For example, local sports authorities are to develop local frameworks (e.g. networks of sports facilities) with organisations in the fields of health care, welfare, recreation, education and sports management including those within the private sector.

The objectives outlined in *Towards an ,active' policy* (2003) are shared by other authorities, sports associations, health care, employers, health insurers, schools and private stakeholders.

Ministry of Health, Welfare and Sport 2003, 2000, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### ***Integration***

Netherlands' sports policy is to be integrated within policy plans of other areas of government policy relating to youth, social coherence, health, big city problems, environment and green spaces. For example, physical activity promotion has been integrated within initiatives such as the

- Environmental policy (Environmental Management Act 1993, *Gold for Green* – Sport and Environment Policy Framework 1999-2002, Environment, Tourism and recreation Policy Agenda 1998, Order on environmental management in hotel and catering, sports and recreation facilities 1998)
- Ministries of Health, Welfare and Sport's anti-doping policy
- Groen Impuls – Green Space Incentive (initiatives aiming at recreation close to home and green spaces)
- National cycling policy (Bicycle Master Plan)
- Social welfare policy (Social Welfare Policy Paper 1995-1998)
- Local Agenda 21

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Ministry of Health, Welfare and Sport 2003, 2000, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **Support**

In general, sports activities are funded by memberships fees of sports organisations as well as by local, provincial, regional and national authorities and the private sector. The Ministry of Health, Welfare and Sport is the main source for funding related to the implementation of Netherlands' sport policy primarily undertaken by local sports authorities. For example, within the Sport for all policy (*Sport for All incentive in the Netherlands* 2000) local authorities can be funded by the Ministry of Health, Welfare and Sport if their application fit within the criteria of the Sport for all incentive scheme.

In 2002 41.3 million Guilders/18.741.122,92 Euro were spent on the Sport for all policy and 13.7 million Guilders/6.216.788,96 Euro on the top-class sport policy. But there is no precise evidence on the support provider.

In 1998 approximately 25 million Guilders of the sports budget of the Ministry of Health, Welfare and Sport was allocated for supporting activities at national, regional and local level, classified as Sport for all. Besides that, Sport for all at local level is also funded by member contributions of local sport organisations (an amount of approx. 1.5 million guilders per year). In 1999 additional resources became available for the funding of local sports programs via the SPIN project.

Ministry of Health, Welfare and Sport 2000, 1997

### **Identity**

Netherlands' sports policy is not characterised by a specific identity, neither by means of a logo, branding or slogan nor by provision of a leader or champion.

The leading agency at national level is the Ministry of Health, Welfare and Sport. It initiates policies related to physical activity and provides funding for their implementation.

Advocacy initiatives are undertaken within mass media campaigns and single programs such as *Sports Infrastructure in the Netherlands (SPIN)*, *Netherlands on the Move*, *Youth on the Move* as well as within numerous local sports initiatives.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **Timeframe**

Some policy documents define a timeframe (*What sport sets in motion. Contours and priorities of central government policy on sport: 1996-2000*, *Gold for Green: 1999-2002*) while others do not (*Opportunities for Top-Class Sport. The Government's Policy on Top-Class Sport, Sport and Sports Policy in the Netherlands*).

Targets set out in *Towards an 'active' policy* (2003) are to be achieved in 2005 and 2010. This indicates that this recently launched policy must be pursued until 2010.

The incentive scheme for financial support, developed within the policy *Sport for All incentive in the Netherlands*, was introduced in 1999 and is to be used in the next 8 years.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **Evaluation**

The implementation of the incentive scheme for financial support, developed within the policy *Sport for All incentive in the Netherlands (2000)*, is to be evaluated to make clear whether it must be adjusted during the timeframe (8 years).

According to *What sport sets in motion. Contours and priorities of central government policy on sport (1996)* the government calls for systematic process and outcome evaluation of sports policy programs as well as of legislation on sport but there is no (English) evidence to what extent this has been undertaken. Some evidence shows that governmental support was/is provided for periodic reports to evaluate the amount of physical activity in relation to injuries and other health aspects and to identify factors that motivate people to become physically active. Involved agencies are the Netherlands Organisation for Applied Scientific Research (TNO) and the Netherlands Institute of Working Conditions. Furthermore, some evidence indicates that process evaluation of projects conducted in various large municipalities has been undertaken, for example, in terms of the degree of involvement of local residents and their ability to organise themselves.

*Gold for Green (1999)* also contains a demand for setting up evaluation and monitoring structures but there is no (English) evidence to what extent this has been undertaken.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **Surveillance**

In the document *Towards an 'active' policy (2003)* the Dutch government calls for more research and monitoring related to physical activity. This includes monitoring of the positive and negative impacts of exercise as well as of the effectiveness and efficiency of measures aimed at promoting exercise. Research is to be undertaken to disseminate up-to-date information on physical activity which provides a basis for the implementation of policy priorities and proposals. To realise this, a research program will be set up and implemented in the coming years to advise the Health Research Council (RGO).

Some evidence indicates that there exist national as well as local monitoring systems related to the implementation of the incentive scheme for financial support, developed within the policy *Sport for All incentive in the Netherlands (2000)*. According to this policy document national sports and support organisations are involved in the monitoring of the policy, and local authorities are, for example, responsible for monitoring of the accessibility of local sports facilities.

According to *What sport sets in motion. Contours and priorities of central government policy on sport* (1996) the national government is responsible for monitoring and identifying trends in society including those related to physical activity.

Ministry of Health, Welfare and Sport 2003, 2000, 1999, 1997, 1996; Ministry of Health, Welfare and Sport/ Ministry of Housing, Physical Planning and the Environment 1999

### **National Physical Activity Guidelines**

There is no (English) evidence that National Physical Activity Guidelines have been developed but physical activity messages refer to the statement of the US Surgeon General 1996, recommending the accumulation of at least 30 minutes of moderate-intensity exercise on at least five days a week for adults as well as intensive exercise at least one hour a day for children.

## **Finland**

English documents on Finland's national physical activity policy are rare. However, Finland's population levels of physical activity are considered as relatively high, and some evidence indicates that this is a result of successful efforts to progress physical activity policies and programs during the past 30 years, and thereby to increase Finn's opportunities to become physically active. National population-based surveys actually reveal an increase of leisure time physical activity until the mid 1990s but over the last eight years both leisure time activity as well as activity for commuting have been stable. The following evidence is mainly based on a recently published paper describing Finland's physical activity policy and program development in the last three decades (Vuori et al. 2004).

In Finland, health has been a key social value of sports for more than 150 years, and national physical activity policy particularly focuses on sports within the organised sporting infrastructure. A systematic national policy on sport started in the 1960s, shifting away from competitive sports to sports for physical fitness, health and well-being. Today the Ministry of Education (Sports Division) is the key agency responsible for physical activity policy but the Ministry of Social Affairs and Health as well as the Ministry of Transport and Communication either include physical activity in their policies.

Emphasizing 'sports for all for fitness and health' the *Sports Act* of 1980, released by the Ministry of Education, was the first key policy document that directed state subsidies to municipalities for the construction of sports sites, as well as to local sports associations, national sports organisations and research. The *revised Sports Act*, released in 1999 by the same ministry, also emphasises the value of health by promoting physical activity as well as related civic activity to increase population health and well-being, and to support young people's growth and development. Besides that, it seeks to promote equality, tolerance and sustainable development in the use of the natural environment. On the basis of the Sports Act the Ministry of Education directs state funding for the construction and maintenance of physical activity sites in the natural environment (e.g. parks, playgrounds, cycling paths) and thereby increases people's opportunity to become active in their living environment.

In 1995, the Ministry of Education changed its criteria for funding of sports organisations by focusing particularly on sporting activities for youth and health as

well as fitness-related sports. This stimulated sports organisation's efforts to promote non-competitive sports and physical activity for young and adult people.

The latest governmental policy statement is the *Government Resolution on Health-Enhancing Physical Activity*, released in 2002. The Ministry of Social Affairs and Health had a principal role in the development process. The resolution expresses the commitment of all ministries to promote physical activity for health including cross governmental collaboration. It suggests to consider physical activity in land use and environmental planning, include physical activity in municipal wellness policy, and increase education and research on health enhancing physical activity. An advisory committee was established to steer and monitor the resolution. As a result of the resolution the Finnish Government is currently planning a national strategy for the promotion of health-enhancing physical activity in Finland.

Physical activity is also considered as an action area in two health sector policy statements: in the *Action Plan for Promoting Finnish Heart Health* (1997) and the *Government Resolution on the Health-2015 National Public Health Program* (2001). Besides that, there is some evidence showing that the Ministry of Transport and Communication recently renewed a *cycling as well as a walking policy* with a research program aiming at investigating measures to increase walking and cycling. Moreover, policies to increase opportunities particularly for disabled people were developed in 1981, and renewed in 1996. But due to the language barrier there is no further information on the content of these policies available.

### **Consultation**

Due to limited english information on the policy documents described above it is not possible to reveal whether and to what extent consultation with key stakeholders was undertaken during the policy development process. But with regard to the multisectoral approach used within the Government Resolution on Health-Enhancing Physical Activity (2002) it can be anticipated that consultation occurred.

Some evidence indicates that the cumulative amount of research evidence on the social and health benefits of physical activity enhanced key policy and decision makers' readiness to put physical activity on the political agenda.

Vuori et al. 2004

### **Multiple strategies**

All Finnish policies contain measures to foster education, training, research as well as services and infrastructures related to physical activity at local level. Beyond great efforts to construct and maintain sports sites three major national physical activity promotion programs have been launched during the last decade: Finland on the Move 1991-1994, Fit for Life 1995-1999 and Fit for Life 2000-2004.

*Finland on the Move 1991-1994* aimed to develop, improve and increase people's opportunities to engage in sports at local level within local projects jointly initiated by civic organisations and municipal (sport, health, school) authorities. These projects were based on local ideas and resources. Under the umbrella of Finland on the Move they received support in form of funding, training and consultation concerning physical activity promotion as well as information (materials, news, experiences of other projects).

*Fit for Life 1995-1999* was jointly launched by the ministries of Education and of Social Affairs and Health to increase the number of middle-aged people being

regularly active by 10% over the period of five years. It was based on a similar approach than Finland on the Move: funding local projects that encourage sedentary people to become regularly active. Project partners were, for example, municipal sports and health authorities, sports clubs, employers, occupational health services, private enterprises in the fields of fitness and health, associations of unemployed persons or the mass media.

Due to its success *Fit for Life* was extended for another five years (2000-2004). The Ministry of Transport and Communication, the Ministry of the Environment as well as the Board of Forestry either provided program funding. The program now targets all people over 40 years of age and uses the same approach with a particular emphasis on measures that improve the conditions for “lifestyle” physical activity (e.g. active transport, domestic chores).

Some evidences indicates that a corresponding program to Fit for Life 2000-2004, *Young Finland*, has been initiated to enhance non-competitive sports among children and adolescents. Besides that, the *Moving Prescription Project* has been initiated to encourage physicians to prescribe health-enhancing physical activity to their patients. This project idea has been adopted from the successful “Green Prescription” project in New Zealand.

Finland’s national physical activity policies including the physical activity programs outlined above focuses on all age groups and thereby takes the whole lifecourse into account. Some evidence suggests that it also targets specific population groups such as children and adolescents, disabled people as well as socially disadvantaged people.

Vuori et al. 2004

### ***Different levels***

Finland’s national physical activity policies are initiated and coordinated at national level but the focus is on supporting sporting infrastructures and facilitating physical activity projects at local level. On the basis of the Sports Acts (1980, 1999) the national government strengthened the municipal sports sector by investing in the construction of sports cites and supporting local sports organisations.

An outcome of the Action Plan for Promoting Finnish Heart Health (1997) was a set of recommendations specifically for the promotion of health-enhancing physical activity at local level.

The national programs Finland on the Move 1991-1994, Fit for Life 1995-1999 and Fit for Life 2000-2004 also work at local level by providing funding to local physical activity promotion projects.

Vuori et al. 2004, Ståhl et al. 2002

### ***Coalitions/alliances/partnerships***

The multisectorally developed Government Resolution on Health-Enhancing Physical Activity (2002) emphasises cross-governmental collaboration. But there is no english evidence on to what extent this currently occurs.

As mentioned above, under the umbrella of Finland on the Move 1991-1994, Fit for Life 1995-1999 as well as Fit for Life 2000-2004 civic organisations and municipal authorities including private sector organisations jointly initiated projects (e.g. in the

fields of sports, work sites, health, education, transport) for enhancing physical activity participation in the community.

Some evidence suggests that Finland's physical activity policies and programs fostered relationships between sports organisations and politicians both at national and local level.

Vuori et al. 2004

### **Integration**

The *Government Resolution on Health-Enhancing Physical Activity*(2002) is a multisectoral policy statement expressing the commitment of all ministries to promote physical activity for health with cross governmental collaboration. It proposes to consider physical activity in land use and environmental planning, integrate physical activity in municipal wellness policy, and foster education and research on health enhancing physical activity.

Moreover, physical activity is an action area in the *Action Plan for Promoting Finnish Heart Health* (1997) and the *Government Resolution on the Health-2015 National Public Health Program* (2001), provided by the health sector. The Ministry of Transport and Communication also acknowledges the importance of physical activity within its recently renewed *cycling and walking policies*.

Vuori et al. 2004

### **Support**

There is no detailed information on the amount of funding of Finland's national physical activity policies. Some evidence indicates that the total resources for sports at national as well as local level have decreased since the early 1990s. As stated above, the Ministry of Education is the key provider of state funding for the construction and maintenance of sports sites under the Sports Acts of 1980 and 1999. It can be anticipated that beyond the Ministry of Education the Ministry of Social Affairs and Health as well as the Ministry of Transport and Communication are main providers of financial support for Finland's sports policies and programs but english information on that is scarce. Moreover, the sports sector receives support through the national sports lottery funds.

Some evidence exists concerning the funding of the national physical activity promotion programs Finland on the Move 1991-1994 and Fit for Life 1995-1999. According to this the total costs of Finland on the Move 1991-1994 were about \$2 million U.S. dollars, with about \$1.2 million granted to 94 projects throughout Finland. Fit for Life 1995-1999 supported more than 400 local projects nationwide with average project expenditures between \$1.500 and \$3.000 U.S. dollars.

Vuori et al. 2004, Ståhl et al. 2002

### **Identity**

There is no evidence on the existence of an identity of Finland's national physical activity policies, expressed by means of a logo, branding or slogan.

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Leading agencies for national policies and programs related to physical activity are the Ministry of Education (Sports Division), the Ministry of Social Affairs and Health and the Ministry of Transport and Communication.

Some evidence indicates that mass media campaigns have been initiated to advocate for physical activity and raise awareness on its benefits among the population but detailed english information on these or any other advocacy measures is not available.

Vuori et al. 2004

### ***Timeframe***

Due to limited english information no timeframe could be identified concerning the physical activity policy statements/commitments described in the Sports Acts (1980, 1999), the Government Resolution on Health-Enhancing Physical Activity (2002), the Action Plan for Promoting Finnish Heart Health (1997), the Government Resolution on the Health-2015 National Public Health Program (2001) as well as Finland's walking and cycling policies.

Vuori et al. 2004

### ***Evaluation***

Evidence suggests that Finland's national physical activity policies and programs have been evaluated within several studies. But detailed (english) information on these studies is rare. Available evidence indicates that an impact evaluation of the first Sports Act (1980) shows positive effects such as a strengthened status and stability of sports organisations, improved planning as well as increased resources in the municipal sports sector.

A key strategy of Finland's national physical activity policy has been the construction and maintenance of sports cites. An evaluation study of the availability of Finnish sports cites suggests that this strategy has been quite successful in terms of availability, accessibility, acceptability, and affordability of sports cites to various population groups. Moreover, findings of an evaluation of the quantity and quality of sites for outdoor exercise and recreation shows that there is a sufficient number of sports cites but the conditions, quality, information and marketing of outdoor recreation cites has to be improved.

An evaluation of the transport sector's policy and action program to promote cycling shows that cycling has increased in municipalities that improved conditions for cycling.

Evaluations of Finland's national physical activity promotion programs Finland on the Move 1991-1994 and Fit for Life 1995-1999 also show positive experiences. For example, Fit for Life 1995-1999 revealed that collaborative local projects based on local ideas and knowledge of local needs, possibilities and limitations were most successful, and that motivated individuals responsible for the projects were a key factor for success.

Vuori et al. 2004

### **Surveillance**

As stated above, some national activity policies and programs have been evaluated but there is no detailed english information on whether this has been undertaken regularly in form of systematic monitoring of policy and program implementation.

Available information indicates that a number of national populaion-based surveys have been conducted targeting children as well as young, working aged and elderly people. For example, annual surveys, conducted by the National Public Health Institute, as well as other surveys reveal an increase in leisure-time physical activity among both woman and men from about 40% to 60% between the late 1970s and mid 1990s. But they also show that both leisure-time activity as well as activity for commuting (walking, cycling) has been stable over the last eight years.

Hämäläinen et al. 2000, Helakorpi et al. 2002, Vuori et al. 2004

### **National Physical Activity Guidelines**

There is no english evidence on the existence of national physical activity guidelines but Finland has adpoted the US Surgeon General recommendation (1996) of accumulating at least 30 minutes of moderate-intensity physical activity on most, preferably on all, days of the week.

Vuori et al. 2004

## **Summary and conclusions**

The use of the term „**policy**“ is somewhat diffuse, and thus its meaning may differ among polititians, researchers and health professsionals working in different public health fields and other research areas such as urban planning and transportation engineering. In general, policy describes procedures of governmental, non governmental or private sector organisations to achieve desired outcomes, mostly in the political arena. At best, because it provides a guide for action and makes policy more obvious to the public, it is based on a formal statement (written document) that defines priorities for action, goals and strategies, as well as accountabilities of the involved partners and allocation of resources. Often a number of documents such as strategic plans and agendas reveal an overall government policy over a certain time period.

Policy making is highly influenced by people's assumptions, beliefs, knowledge, interests and power positions. These stakeholders try to maintain their organisational survival within a domain such as public health. To satisfy the sometimes competing interests among stakeholders, policy development as well as implementation require negotiation between all involved parties. An analysis of the diverse interests of the involved players as well as of their potential for influence promise to be concucive to the effectiveness of negogiation and policy implementation. Particularly the individual component as well as the fact that policy often occurs in response to current matters of concern make the development and implementation of policy less rational and systematic.

It is important to assess the health impacts of policies in a range of sectors, and particularly their potential to reduce health inequalities.

Public policy highly affects people's lifestyle because it creates the options and boundaries for individual choices and therefore for health. It is important that policy makers in all sectors are aware of the health consequences of their decisions as well as of their accountability for health impacts. Health impact assessment (HIA) can be an appropriate tool to identify the paths through which health is benefited or harmed within public policy, and to estimate the balance of harm and benefit. It is a structured method for assessing the health consequences of projects and policies in the non-health sector, combining a range of research activities such as evaluation, partnership working, public consultation, and reviewing the available evidence.

Understanding the nature of policy in general leads to a better awareness of policy impacts on population levels of physical activity because policy creates the environments that influence people's decision to become active. With regard to the ecological model of physical activity, according to this the social and physical environment restricts people's choices by facilitating as well as by discouraging behaviour, it becomes even more obvious that broad **physical activity policies** addressing individual behaviour as well as social and physical environments are needed to bring about gain in population levels of physical activity.

Physical activity promotion must become part of public policies in diverse sectors such as those concerned with recreation, education, transport, urban safety as well as urban planning and environment. The increasing number of studies on environmental factors influencing people's readiness for being active has shown that physical activity interventions are not merely about individual behaviour change. Because physical inactivity is also a societal problem, integrated, evidence-based, population-focused, equity-oriented and multisectoral **national physical activity policies**, supported by a clear political commitment at all governmental levels, is necessary. They must be based on framework for action including a clear strategic plan that states goals and defines roles and tasks of the involved partners as well as accountabilities related to these tasks.

The assessed countries fit widely in the definition of physical activity policy as well as in the criteria regarded as elements of successful national physical activity policies, presented in chapter three. In the following key aspects are outlined revealing to what extent the countries fulfil the criteria.

### **Consultation**

All countries developed physical activity policies after broad consultation with key stakeholders within and outside the government, at all governmental levels, coming from science, business and politics and working in diverse sectors such as those concerned with health care, sport and recreation, education as well as transport and environment (bottom up approach).

Furthermore, the assessed countries have been undertaken several needs assessments by conducting population-based surveys on levels of physical activity as well as on knowledge, attitudes, health impacts and health care costs associated with physical (in)activity. These studies as well as other values of sport (e.g. sport promotes well-being, social, personal as well as economic development, and strengthens identity and social cohesion) provide a rationale for national policies and programs to enhance physical activity participation across the whole population.

Besides that, governments are concerned about issues of doping, violence and racism in sport as well as about the dramatic increase of overweight and obesity, particularly among children and adolescents, and attempt to tackle these problems through the promotion of physical activity.

### **Multiple strategies**

All countries have been developed multiple strategies including comprehensive public education strategies (e.g. community-wide campaigns, mass media strategies, physical activity programs and services) as well as initial concerns about supportive environments (e.g. improving access to physical activity facilities, services, information; enhancing active transportation; providing walking/cycling trails, training physical activity coaches and leaders in the community, promoting sustainable sports infrastructures). The strategies target the general population with particular emphasis on specific population groups such as children and adolescents, women, older people, indigenous people as well as people with disabilities. Furthermore, strategies aim at lifelong participation in physical activity and advocate daily moderate-intensity physical activity as well as vigorous exercise. The focus is on “active living” and “physical activity for health” as well as on (competitive) “sport” and “fitness” aiming at enjoyment and social integration. All countries are aware of the need to get the most sedentary to become at least moderately active and to promote those already active to gain further health benefits. To achieve the goal of moderate-intensity population levels of physical activity, all countries disseminate the message of accumulating at least 30 minutes of physical activity on most, preferably all, days of the week. Moreover, messages emphasis the positive aspects of physical activity such as enjoyment, health and well-being as well as social integration. The most advocated settings are schools, workplaces, neighbourhoods, sporting organisations as well as general practice.

The findings indicate that all countries use a combination of individual-oriented and environmental approaches to increase population levels of physical activity. But there is a lack of accountability related to single tasks. National governments in all assessed countries propose a number of objectives and strategies within policy documents but they do not define precisely which organisation is responsible for their funding and implementation.

### **Different levels**

All countries work at different levels (national, state, local) to coordinate and implement national physical activity policies. While organisations at national and state level (e.g. health /sport/recreation departments, sports associations, foundations) primarily initiate, coordinate, and support physical activity policies and programs, the role of organisations at local level (e.g. agencies, sports clubs within the community) is to provide the appropriate infrastructure (e.g. physical activity programs, initiatives, facilities as well as active transport) that facilitates people’s choice to become active. Therefore emphasis is given particularly to action from local governments and agencies.

Moreover, individual-oriented approaches (e.g. dissemination of physical activity guidelines; initiation of community-wide campaigns, events and programs; creation of nation pride in physical activity) and environmental approaches (e.g. improvement of access to physical activity facilities, maintainance of the sports infrastructure,

promotion of public transport) address multiple levels in terms of intra personal, inter personal (social) as well as physical environment.

### ***Coalitions/alliances/partnerships***

Coalitions, alliances and partnerships exist among as well as between governmental, non governmental and private sector organisations in all countries, basically to share funding for physical activity policies and programs, to use existing resources (e.g. people, finance, infrastructures) efficiently, to exchange information and knowledge, and to promote physical activity participation within the community (e.g. by supporting local sports clubs, community-wide campaigns and initiatives).

### ***Integration***

All countries attempt to link their physical activity policies to other agendas in the areas of health, nutrition, education, anti-doping as well as transport, urban planning, environment. For example, Australia, Canada, Switzerland as well as the Netherlands theoretically integrate physical activity promotion within policies directed to the physical environment (e.g. Australia's *National Greenhouse Strategy*, Switzerland's *Action Plan Environment and Health*, Netherlands' *Environmental Management Act*), encouraging use of public transport as well as walking and cycling infrastructures as an aim of limiting environmental pollution. Furthermore, efforts are undertaken to link physical activity promotion to policies related to healthy nutrition and the increasing problem of obesity.

### ***Stable support***

All countries have received some financial support to physical activity over recent years. But there is sparse information on concrete timeframes as well as on amounts of budget allocation for implementing national policies and programs. Therefore, it is not possible to make comparisons between countries or to identify trends in terms of national funding which provide information on whether financial support has been stable over years.

The reviewed national physical activity policies are primarily governmentally funded. Other funding sources are, for example, lottery grants, membership fees in sporting organisations as well as private industry sponsoring. All countries provide some degree of organisational structure to coordinate and implement national physical activity policies but the implementation predominantly focuses on the local level.

### ***Identity***

Some countries (Australia, New Zealand, Brazil and Scotland) operate their physical activity policies under a specific logo or slogan, providing an identity of their initiative. All countries have build up leading agencies to coordinate and implement policies and programs. Furthermore, several advocacy initiatives have been undertaken to raise awareness on the benefits of an active lifestyle among the population, for example, through initiating national and state wide media campaigns (e.g. PUSH PLAY, SummerActive Campaign), annual mega-events (e.g. Active Australia Day, Agita Galera Day, Move for Health Day) as well as local initiatives and projects. Less efforts have been pursued to include societal/political leaders or champions from the fields of health, sports, education in those initiatives.

**Timeframe**

Many national physical activity policies include timeframes for (funding) commitment for the implementation of national physical activity policies, ranging from 3 until 10 years. Active Australia and Canada's Active Living policy, for example, are ongoing overall initiatives without specific timeframes, but nonetheless they operate on the basis of specific strategic plans defining a period for funding and implementation of strategies. In general, governmentally driven national physical activity policies include timeframes for the implementation of an overall physical activity policy, but there are no short-term and long-term timeframes defined for the implementation of single strategies.

**Evaluation**

All assessed countries emphasize the importance of evaluating the implementation and sustainability of national physical activity policies, and therefore demand to establish systems to facilitate particularly process evaluation of policies and programs. But there is no evidence to what extent this has actually been undertaken. Some evidence exists in terms of the evaluation of single interventions such as media campaigns, mega-events, community-wide programs and services as well as local projects, while information on systematic evaluations of the implementation of all proposed strategies as well as of the development of functional coalitions and initiatives, is rare, particularly on those directed to the physical and social environment. Within the initiative Agita São Paulo, for example, evaluations have been conducted to explore whether programs have been successful in disseminating messages (e.g. being active at least 30 minutes per day on most days of the week) and in encouraging people to become active.

**Surveillance**

There are also insufficient approaches in terms of monitoring of physical activity policies in all assessed countries. Current surveillance structures measure the diffusion of physical activity policies by monitoring population levels of physical activity, basically within population-based physical activity and health surveys using different research methods. Some countries (e.g. Canada, Brazil, Switzerland) also collect and monitor data on knowledge, attitudes, behaviour, determinants, barriers as well as on outcomes related to physical activity. But regular data collection on the progress of strategies as well as on physical activity trends is scarce. Furthermore, there is limited information on which organisations are responsible for monitoring. Current findings indicate that diverse agencies within and outside the government are involved in monitoring but it remains unclear to what extent these infrastructures are coordinated to provide a regular, intersectoral and comprehensive surveillance system.

**National physical activity guidelines**

Australia, Canada, New Zealand and Switzerland have developed national physical activity guidelines targeted to the general population. Canada also distributes guidelines for specific population groups such as older adults as well as children and youths while Australia's national physical activity guidelines for children

and adolescents are in progress. Brazil, Finland, Scotland and the Netherlands have not been produced own guidelines but disseminate the 30 minutes message of physical activity recommended by the US Surgeon General.

### ***Future directions***

Fulfilling most of the criteria all countries appear to provide some evidence of elements of good practice. There are great similarities in the methods and approaches being adopted around the world in the development of national physical activity policy. Most of the countries are adopting an intersectoral approach with intersectoral consultation and partnership as part of the development process. The need for action across the lifespan is recognised as well as the need for a variety of strategies across different settings. Leadership for developing and coordinating physical activity policies is most often located within a formal government department in the health or/and sport sector.

However, insufficient approaches exist in terms of funding, evaluating and monitoring of national physical activity policies as well as concerning the specification of roles and accountabilities of the involved organisations, and the determination of concrete timeframes for strategy implementation.

*Funding* sources including the amount of budget allocation for physical activity policies should become more transparent because amounts and allocations of resources indicate the degree of governmental commitment to physical activity policy. To bring about successful physical activity policies commitment for funding has to be clear and sustainable. Due to the fact that in general governmental support is limited, other funding sources from non governmental organisations, particularly from the private industry, need to be better explored to assure stable and consistent support.

Beyond regular population-based physical activity surveys as a tool for outcome evaluation, more process *evaluation* of national physical activity policies is needed to identify which elements of physical activity policies are being implemented effectively or ineffectively. This certainly requires the development and use of appropriate research methods (e.g. interviews, focus groups, environmental observation). Process evaluation may occur internal by organisations responsible for single strategies (e.g. governmental departments, sports associations) as well as by external bodies (e.g. research centres, universities).

To *monitor* the diffusion of national physical activity policies as well as their short-term and long-term effects, comprehensive surveillance structures need to be build up providing routinely information on population levels of physical activity, physical activity trends, progress of strategies as well as of knowledge, attitudes, behaviour and social and environmental determinants related to physical activity.

There is a lack of role delineation and leadership/accountability among partners related to the implementation of single strategies. But *accountability* is extremely important for the implementation of physical activity policies. If individuals/organisations do not have a concrete mandate for single strategies it is less likely that a physical activity policy will actually be implemented because there is no binding character. Furthermore, a mandate should be defined for individuals/organisations working at all governmental levels, and the higher the level the more likely is physical activity policy to be implemented at all governmental tiers. A suitable approach is to place the responsibility for specific strategies (e.g.

community-wide campaigns; setting-oriented physical activity programs; provision of parks, recreation areas, walking/cycling paths, road safety, active transportation) on capable organisations but to remain it in their competence how to design and implement it.

Identifying *leadership* tasks is important. As the review revealed leadership for developing and coordinating physical activity policy at national level is usually located in the health and/or sport/recreation ministries. Clear leadership in the health sector as well as in other sectors such as those concerned with the environment, active transport and urban design is necessary. Besides that, more involvement of the private industry, NGOs, and professional groups is needed.

Besides that, effective physical activity policy needs to be underpinned by sustainable multi-sectoral public health policy. Successful public policy on physical activity will require effective communication, collaboration and coordination, occurring at all governmental levels, across agencies, and among key stakeholders. This is only achievable with support from relevant stakeholders based on a long-term commitment. The *multi-sectoral approach* as well as *sustainable political commitment* must be articulated explicitly in future physical activity policy development.

These findings provide a first insight into current national physical activity policies from a number of countries. Many other countries have even less in terms of physical activity policy development. But referring solely to literature evidence in this review, a number of questions remain unanswered that give an in-depth insight into the patterns and effects of national physical activity policies. To learn from the experiences that countries have been made, more qualitative data as well as knowledge of governmental and non governmental infrastructures (political system, legislation, organisational structures) from all countries is needed to specify to what extent these countries actually fulfil the criteria and moreover, to identify reasons why national physical activity policies are effective or ineffective. Particular emphasis is to be given on the diverse factors influencing the development and implementation of policies that eventually lead to successful national physical activity policies. Burning questions are, for example

- To what extent have strategies (individual-oriented behaviour change as well as environmental focused interventions) been implemented?
- What barriers/facilitating factors exist in terms of the implementation of strategies?
- What are specific tasks and roles/accountabilities of agencies at national, state and local level regarding the implementation of nationally initiated physical activity policy and action plans?
- To what extent does intersectoral collaboration occur between governmental, non governmental and private sector organisations?
- How far are physical activity policies linked to other governmental policies and agendas?
- What amounts of financial resources have been provided over the last decades? Are there trends in terms of budget allocation?
- Have national physical activity policies eventually increased population levels of physical activity?

Some findings indicate that Canada, New Zealand and Finland were able to increase physical activity across the population (Craig et al. 2004, WHO 2003e). Thus it appears that these countries may have been successful in tackling the problem of physical inactivity through physical activity policies. But present data on national

trends in physical activity is rare, and there are diverse methodological approaches for measuring physical activity and data collection across countries. Thus it is difficult to compare population levels of physical activity between countries and to identify international trends. The currently conducted International Physical Activity Survey addresses this issue by assessing population levels of physical activity in several countries using an uniform instrument (International Physical Activity Questionnaire, IPAQ) (Craig et al. 2003).

As policy making in general, the development and implementation of national physical activity policies highly depend on people's beliefs, knowledge, interests and power positions and therefore are likely to be based on informal relationships between the involved partners. To bring about effective physical activity policies, frameworks for action need to be based on shared information, shared values, understanding of organisational structures as well as on mutual respect among stakeholders to keep informal relationships alive.

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### **International web-sites:**

#### ***World Health Organisation (WHO)***

<http://www.who.int/hpr/gs.process.document.shtml>

<http://www.who.int/archives/world-health-day/globalinitiative.act.liv.pdf>

<http://www.who.int/hpr/physactiv/mfh.partners.shtml>

<http://www.who.int/hpr/globalforum/regional.networks.shtml>

#### ***Pan American Health Organisation (PAHO)***

<http://www.paho.org/English/PAHO/ncd.htm>

#### ***Physical Activity Network of the Americas (PANA)/La Red de Actividad Física de las Américas (RAFA)***

<http://www.agitasp.com.br/agitamundo/rafaingles.asp>

<http://www.rafa-pana.org/> (web-site is currently being developed)

#### ***European Network for the Promotion of Health-Enhancing Physical Activity (HEPA)***

<http://www.ukkinstituutti.fi/>

### **National web-sites:**

#### ***Australia***

<http://www.activeaustralia.org/>

<http://www.ausport.gov.au/>

<http://www.nphp.gov.au/workprog/sigpah>

<http://www.health.gov.au/>

#### ***New Zealand***

<http://www.sparc.org.nz/>

<http://www.nhc.govt.nz/>

<http://www.pushplay.org.nz/>

#### ***Canada***

<http://www.activeliving.ca/>

<http://www.hc-sc.gc.ca/>

<http://www.pch.gc.ca/>

<http://www.cflri.ca/>

#### ***Brazil***

<http://www.celafiscs.com.br/>  
<http://www.agitasp.com.br/>  
<http://www.iotf.org/publications/bulletin/issue2/extra.htm>

**Scotland**

<http://www.show.scot.nhs.uk/>  
<http://www.scotland.gov.uk/>  
<http://www.scotland.gov.uk/library5/culture/lmsa-00.asp>  
<http://www.show.scot.nhs.uk/sehd/PATF/Index.htm>

**Switzerland**

<http://www.baspo.ch/>  
<http://www.hepa.ch/>  
<http://www.gesundheitsfoerderung.ch/>

**Netherlands**

<http://www.minvws.nl/>  
<http://www.rivm.nl/>  
<http://www.sport.nl/>

**Finland**

<http://www.minedu.fi/minedu/>  
<http://www.stm.fi/Resource.phx/eng/index.htx>  
<http://www.valtioneuvosto.fi/vn/liston/base.lsp?k=en>  
<http://www.ktl.fi/portal/english/>