

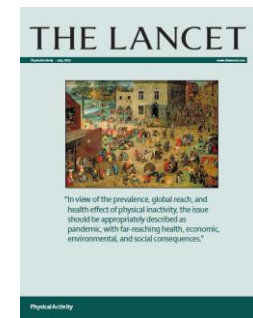
LA PANDEMIA DE LA INACTIVIDAD FISICA: ACCION GLOBAL PARA LA SALUD PUBLICA Y LA IMPORTANCIA DE LAS POLITICAS GUBERNAMENTALES

Diana C Parra, FT, MSP, PhD

IV CURSO DE POLITICAS Y PROGRAMA
PARA LA PROMOCION DE HABITOS Y
ESTILOS DE VIDA SALUDABLE

9 AL 10 DE SEPTIEMBRE DE 2015

PAIPA, BOYACA





Juegos de niños, Bruegel Pieter the Elder, 1560



Y hoy en día



**CHILDREN HAVE
LOST THE
FREEDOM TO ROAM**

¿Pandemia?

- “...una epidemia que ocurre a nivel mundial, o en un área extensa, cruzando fronteras internacionales y usualmente afecta a un numero grande de personas...”
- “...la ocurrencia en una comunidad o región de casos de enfermedad, **comportamiento de salud relacionados** o algún otro evento de salud que este claramente sucediendo por encima de lo esperado ...”

THE LANCET

Physical Activity - July, 2012

www.thelancet.com



"In view of the prevalence, global reach, and health effect of physical inactivity, the issue should be appropriately described as pandemic, with far-reaching health, economic, environmental, and social consequences."

Physical Activity

**Efecto de la inactividad física
sobre las enfermedades crónicas
no transmisibles
al rededor del mundo: Un analisis
de carga de enfermedad y
expectativa de vida**

I-Min Lee, Eric J. Shiroma,
Felipe Lobelo, Pekka Puska,
Steven N. Blair, Peter T. Katzmarzyk,
for the Lancet
Physical Activity Series Working Group

Carga de la enfermedad

~ 6-10% de las mayores ECNTs en el mundo son atribuibles a la inactividad física

6%
Enfermedad
coronaria

7%
Diabetes tipo 2

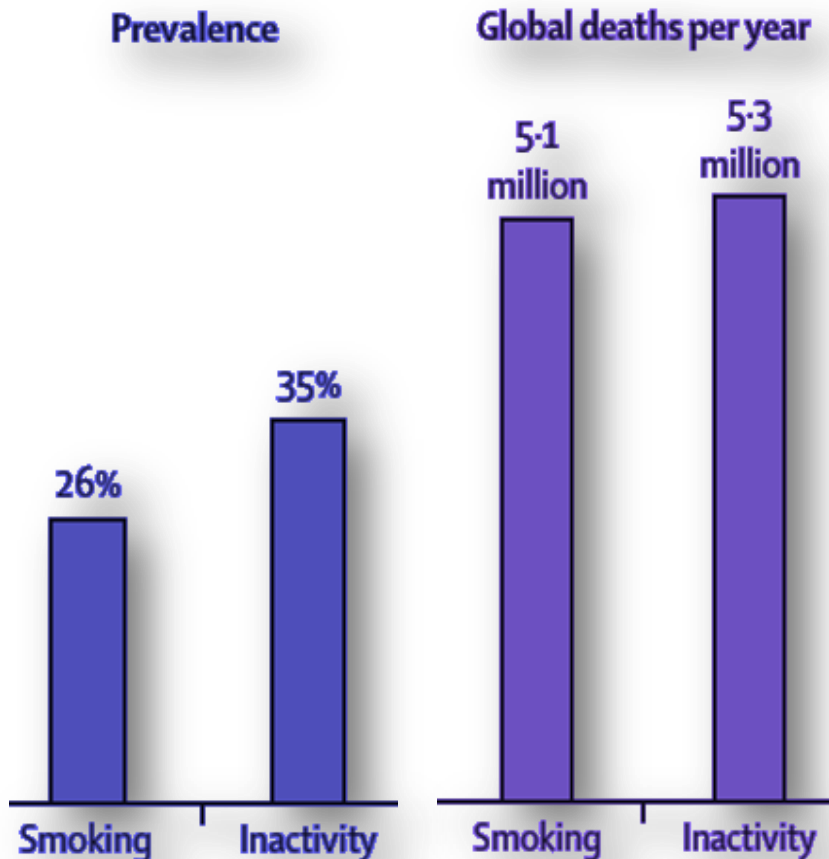
10%
Cancer de
seno

10%
Cancer de colon

9%
Mortalidad
prematura

	Coronary heart disease	Type 2 diabetes	Breast cancer*	Colon cancer	All-cause mortality
Prevalence of inactivity in population (%)†	35.2% (22.3–40.5)	35.2% (22.3–40.5)	38.8% (23.3–44.3)	35.2% (22.3–40.5)	35.2% (22.3–40.5)
Prevalence of inactivity in people eventually developing the outcome (%)†	42.2% (23.0–56.2)	43.2% (23.6–57.6)	40.7% (22.5–56.7)	42.9% (23.4–57.1)	42.9% (23.4–57.1)
RR, unadjusted‡	1.33 (1.18–1.49)	1.63 (1.27–2.11)	1.34 (1.25–1.43)	1.38 (1.31–1.45)	1.47 (1.38–1.57)
RR, adjusted‡	1.16 (1.04–1.30)	1.20 (1.10–1.33)	1.33 (1.26–1.42)	1.32 (1.23–1.39)	1.28 (1.21–1.36)
PAF with unadjusted RR (%)§	10.4% (7.2–13.4)	18.1% (10.8–22.8)	11.6% (6.8–15.5)	11.8% (6.8–15.1)	14.2% (8.3–18.0)
PAF with adjusted RR (%)§	5.8% (3.2–7.8)	7.2% (3.9–9.6)	10.1% (5.6–14.1)	10.4% (5.7–13.8)	9.4% (5.1–12.5)

Carga global de la Inactividad Física en Colombia

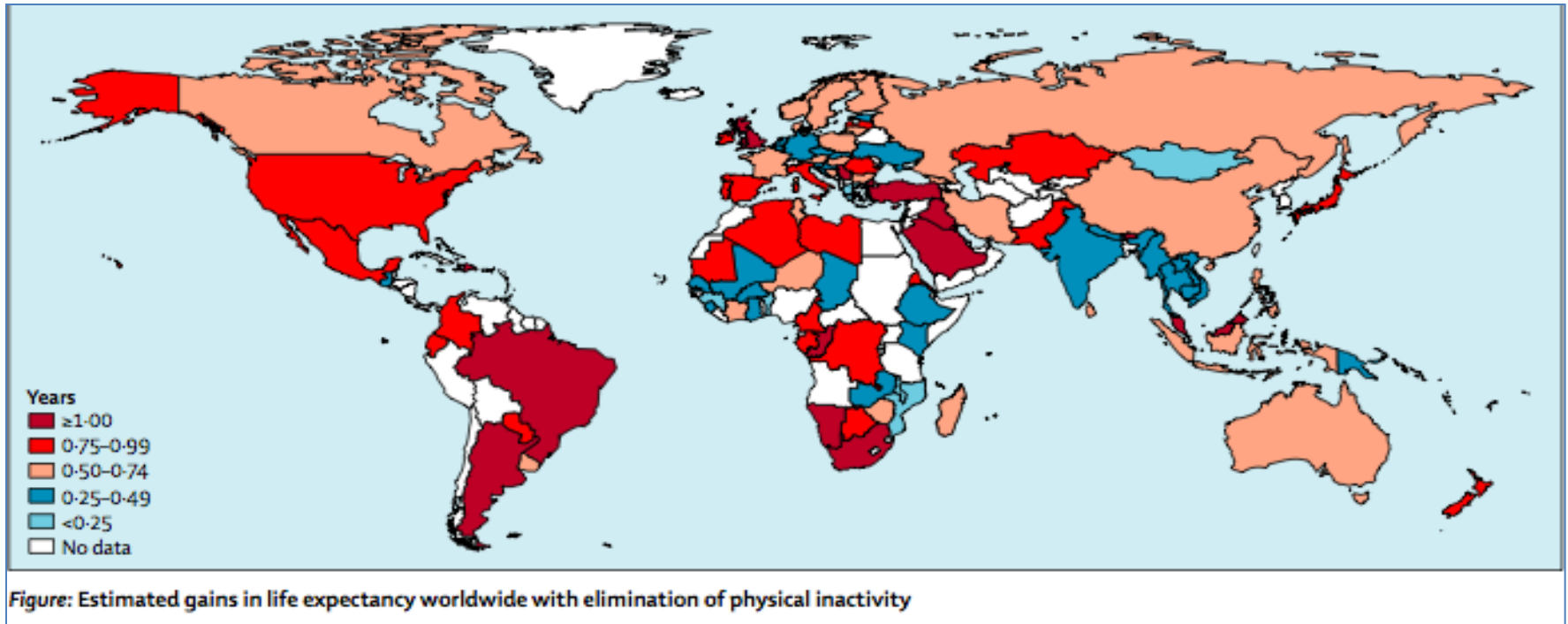


En Colombia la mortalidad atribuible a IF por todas las causas es 11.7%.

Wen et al. Stressing harms of physical inactivity to promote exercise The Lancet physical activity series. The Lancet, Volume 380, Issue 9838, Pages 192 - 193, 21 July 2012.

Lee et al. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy . The Lancet, Volume 380, Issue 9838, Pages 219 - 229, 21 July 2012

Potencial ganancia en la expectativa de vida a través de la Actividad Física



**Promedio Mundial = 0.68
Años**

Muertes potencialmente prevenidas

>5.3 M de muertes/año en el mundo (basado en mortalidad del 2008) pueden ser evitadas al eliminar la inactividad física

Países, por región	Muertes potenciales prevenidas/año
Africa	638 000
America	679 000
Mediterraneo oriental	525 000
Europa	812 000
SE de Asia	739 000
Pacífico occidental	1.5 M

Países, por ingreso	Muertes potenciales prevenidas/año
Bajo	409 000
Bajo-medio	2 .5 M
Alto-medio	811 000
Alto	1.0 M

Si la inactividad física se redujera 25%, se podrían evitar >1.3 M de muertes en el mundo

Si la inactividad física se redujera 10%, se podrían evitar >533,000 muertes/año en el mundo

Limitaciones

- Actividad Física Auto reportada
- “factor de ajuste” y riesgos relativos basados en datos principalmente de América del Norte y Europa
- Riesgo relativo ajustado puede estar sobre ajustado
- No uso el rango de riesgo relativo para calcular relaciones de dosis respuesta
- Asume que la actividad física solo reduce mortalidad entre 40 y 79 años

La mayoría llevan a estimaciones conservadoras

Conclusiones

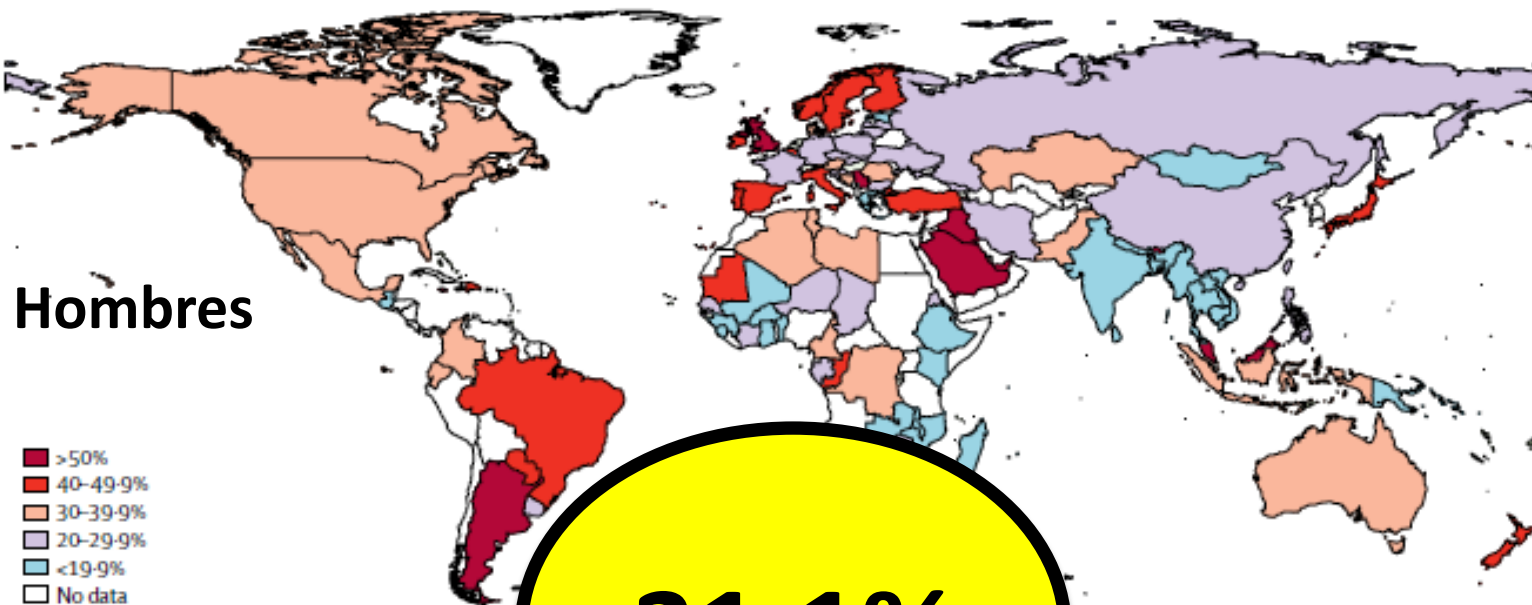
- La inactividad física tiene un efecto nocivo en la salud poblacional
- Su efecto es similar en magnitud a otros factores de riesgo establecidos como el tabaquismo y la obesidad.
- Disminuir la inactividad puede generar cambios positivos substanciales en la salud de la población mundial

FUENTES DE DATOS

- Actividad Física (AF) auto-reportada
 - Repositorio de datos del observatorio global de la OMS
 - IPAQ o GPAQ
 - 122 países (88.9% de la población mundial)
- AF auto-reportada en adolescentes
 - GSH y HBSC
 - 105 países
 - 13-15 años

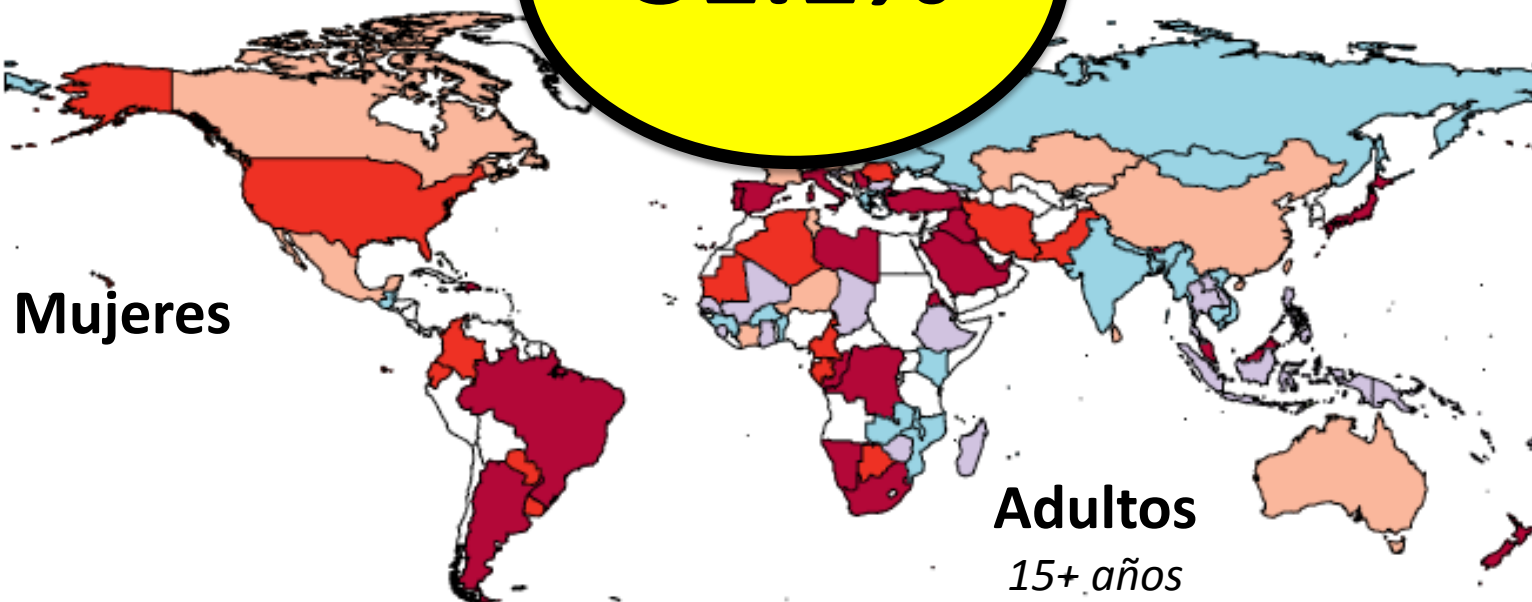


A



Hombres

B



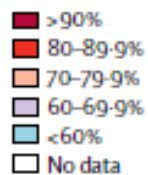
Mujeres

31.1%

Adultos
15+ años

A

Niños



80.3%

B

Niñas

Adolescentes

13-15 años

Physical inactivity

You have waked me too soon...

Sedentary living has reached epidemic proportions

Sep 5th 2015 | From the print edition



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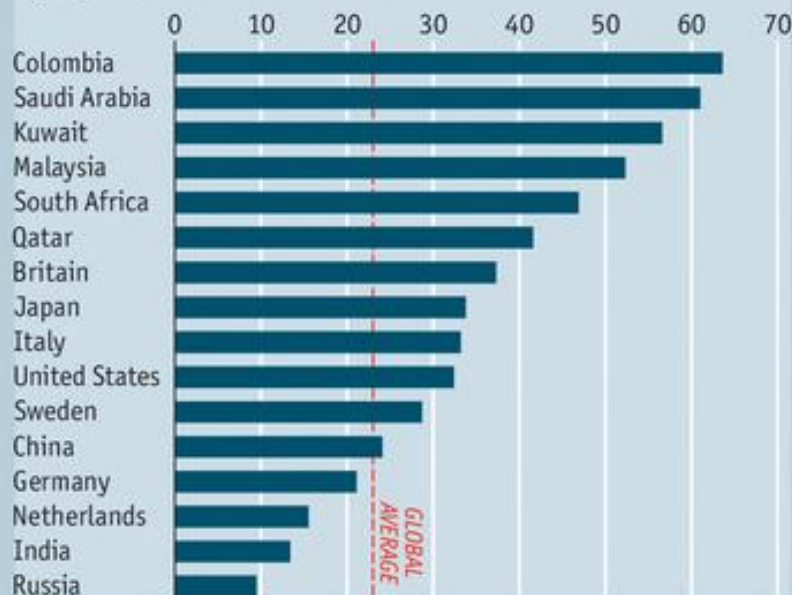


182

...I must slumber again!

% of adults who are physically inactive*

Age-adjusted, 2010, selected countries



% of adolescents who are physically inactive†

Sources: World Health Organisation;
European Journal of Public Health*Less than 150 minutes of moderate-intensity activity or 75 minutes of vigorous activity per week
†11-, 13- and 15-year-olds, less than an hour of moderate-to-vigorous activity per day

“EL ASESINO SILENCIOSO” O “EL NUEVO TABACO”

Cuarta causa de muerte global después de la hipertensión arterial, el tabaquismo y la diabetes.

Agosto 30th – Ulf Ekelund - caminar rápido por 25 minutos/día agrega de tres a siete años de vida

Cambridge University - 300,000 Europeos >12 años, 20-minutos de caminata rápida reduciría la tasa de muerte anual en personas de peso normal en un cuarto y en obesos 16%.

REPORTS & PUBLICATIONS

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Workshop
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Medicine](#)

Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities

Watch the Step It Up! Launch Event Webcast

Wednesday, September 9, 2015 at 10 a.m. ET

- [Call to Action](#)
- [Step it Up! Help Make Our Communities Walkable: Video](#)
- [Surgeon General's Walking Playlist on Pandora](#)
- [Partner Resources](#)
- [Join the Conversation on Social Media: #StepItUp](#)
- [Step It Up! Everyone Can Help Make Our Communities More Walkable: Every Sector Has a Role to Play](#)
- [Additional Resources](#)

Call to Action

- [Executive Summary](#)
- [Step It Up! The Surgeon General's Call to Action on Walking and Walkable Communities \[PDF - 1.27 MB\]](#)



Physical Activity 3



Evidence-based intervention in physical activity: lessons from around the world

*Gregory W Heath, Diana C Parra, Olga L Sarmiento, Lars Bo Andersen, Neville Owen, Shifalika Goenka, Felipe Montes, Ross C Brownson, for the Lancet Physical Activity Series Working Group**

Promotion of physical activity is a priority for health agencies. We searched for reviews of physical activity interventions, published between 2001 and 2011, and identified effective, promising, or emerging interventions from around the world. The informational approaches of community-wide and mass media campaigns, and short physical activity messages targeting key community sites are recommended. Behavioural and social approaches are effective, introducing social support for physical activity within communities and worksites, and school-based strategies that encompass physical education, classroom activities, after-school sports, and active transport. Recommended environmental and policy approaches include creation and improvement of access to places for physical activity with informational outreach activities, community-scale and street-scale urban design and land use, active transport policy and practices, and community-wide policies and planning. Thus, many approaches lead to acceptable increases in physical activity in people of various ages, and from different social groups, countries, and communities.

Published Online

July 17, 2012, 2012

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(12)60816-2)

[S0140-6736\(12\)60816-2](http://dx.doi.org/10.1016/S0140-6736(12)60816-2)

* Members listed at the end of the paper

This is the third in a [Series](#) of five papers about physical activity

University of Tennessee at Chattanooga and University of Tennessee College of Medicine, Chattanooga, TN, USA

Abordaje	Estrategia	Clasificación
Campanas e Información	Puntos de decisión	EFFECTIVA
	Campañas de la comunidad	EFFECTIVA/PROMETEDORA
	Campanas en medios masivos	PROMETEDORA
	Mensajes de información cortos	EMERGENTE
Sociales y de comportamientos	Estrategias basadas en la escuela	EFFECTIVA
	Soporte social en comunidades	EFFECTIVA
	Consejería de personal médico	PROMETEDORA
	Clases comunitarias de Actividad Física	PROMETEDORA
Política y ambientales	Diseño urbano de escala comunitario	EFFECTIVA
	Diseño urbano de escala de calle/Uso del suelo	EFFECTIVA
	Políticas y practicas de transporte	EMERGENTE
	Planeación y políticas a nivel de la comunidad	EMERGENTE

Academia da Cidade



Sirvió?

- 2007 Encuesta telefónica aleatoria
 - Muestra de 2,047 adultos
 - Variable dependiente, AF; variable independiente, exposición al programa; ajuste multivariado
- Mayor probabilidad de involucrarse en AF moderada y vigorosa
 - Personas que solían participar, OR = 2.0 (95% CI = 1.0, 3.9)
 - Personas que participan actualmente, OR = 11.3 (95% CI = 3.5, 35.9)
- Hallazgos paralelos basados en métodos de observación

Assessing Physical Activity in Public Parks in Brazil Using Systematic Observation

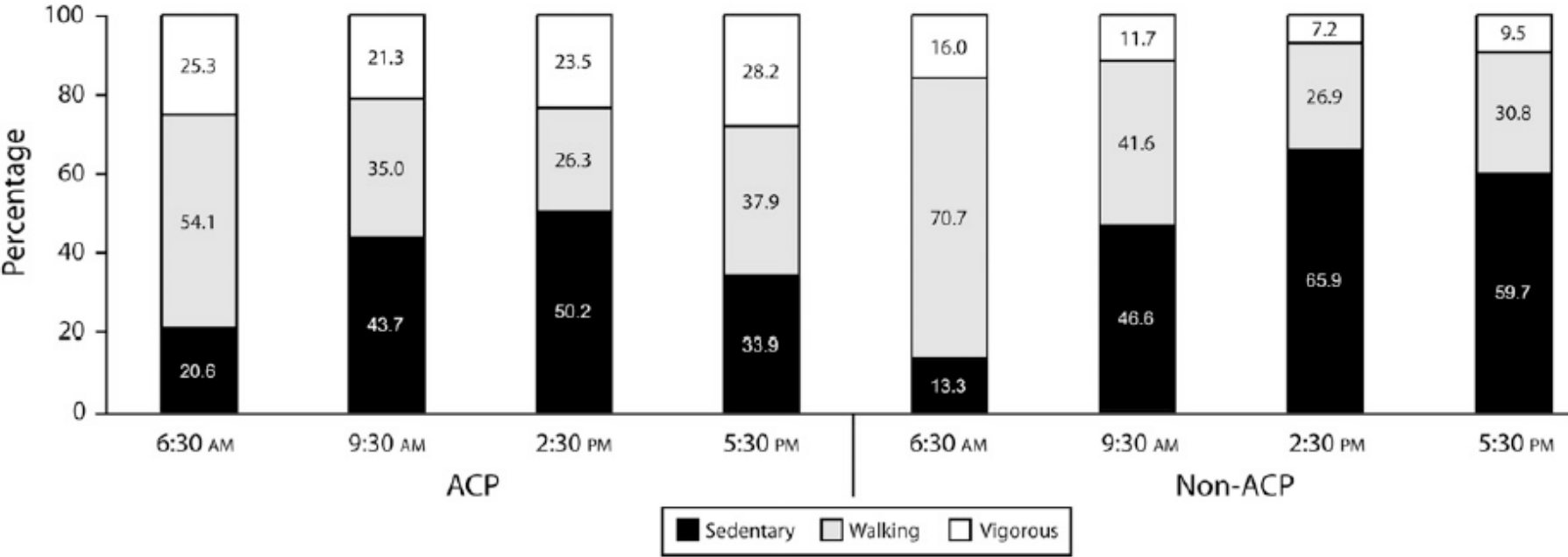
Diana C. Parra, MPH, Thomas L. McKenzie, PhD, MSc, Isabela C. Ribeiro, PhD, MSc, Adriano A. Ferreira Hino, BA, Mariah Dreisinger, MPH, Kathryn Coniglio, MPH, Marcia Munk, MSc, Ross C. Brownson, PhD, Michael Pratt, MD, PhD, Christine M. Hoehner, PhD, MSPH, and Eduardo J. Simoes, MD, MPH

Physical activity during leisure time has particular relevance for public health practitioners because of its important role in preventing chronic disease and improving mental health, perceived health status, and quality of life.^{1,2} Leisure-time physical activity can also contribute to increased social interactions and social support and promote a greater sense of community cohesion.¹ However, despite its well-known benefits, the prevalence of leisure-time physical activity continues to be low in many populations,

Objectives. We assessed park use in Recife, Brazil, and differences in physical activity and occupation rates in public parks with and without the Academia da Cidade Program (ACP), which provides cost-free, supervised physical activity classes.

Methods. We used the System for Observing Play and Recreation in Communities (SOPARC) in 128 targeted areas in 10 park sites (5 ACP sites, 5 non-ACP sites) to obtain data on the number of users and their physical activity levels and estimated age. Each area was assessed 4 times a day for 11 days over a 4-week period.

Results. A total of 32 974 people were observed during 5589 observation visits to target areas. People using ACP parks were more likely to be seen engaging in moderate-to-vigorous (64% vs 49%) and vigorous (25% vs 10%) physical activity.



Transferencia Paralela

- 184 ciudades en Pernambuco
- Expansión al programa Nacional de Salud “Academia da Saude”
- Implementación de un programa paralelo en San Diego California (CDC translational research grant)

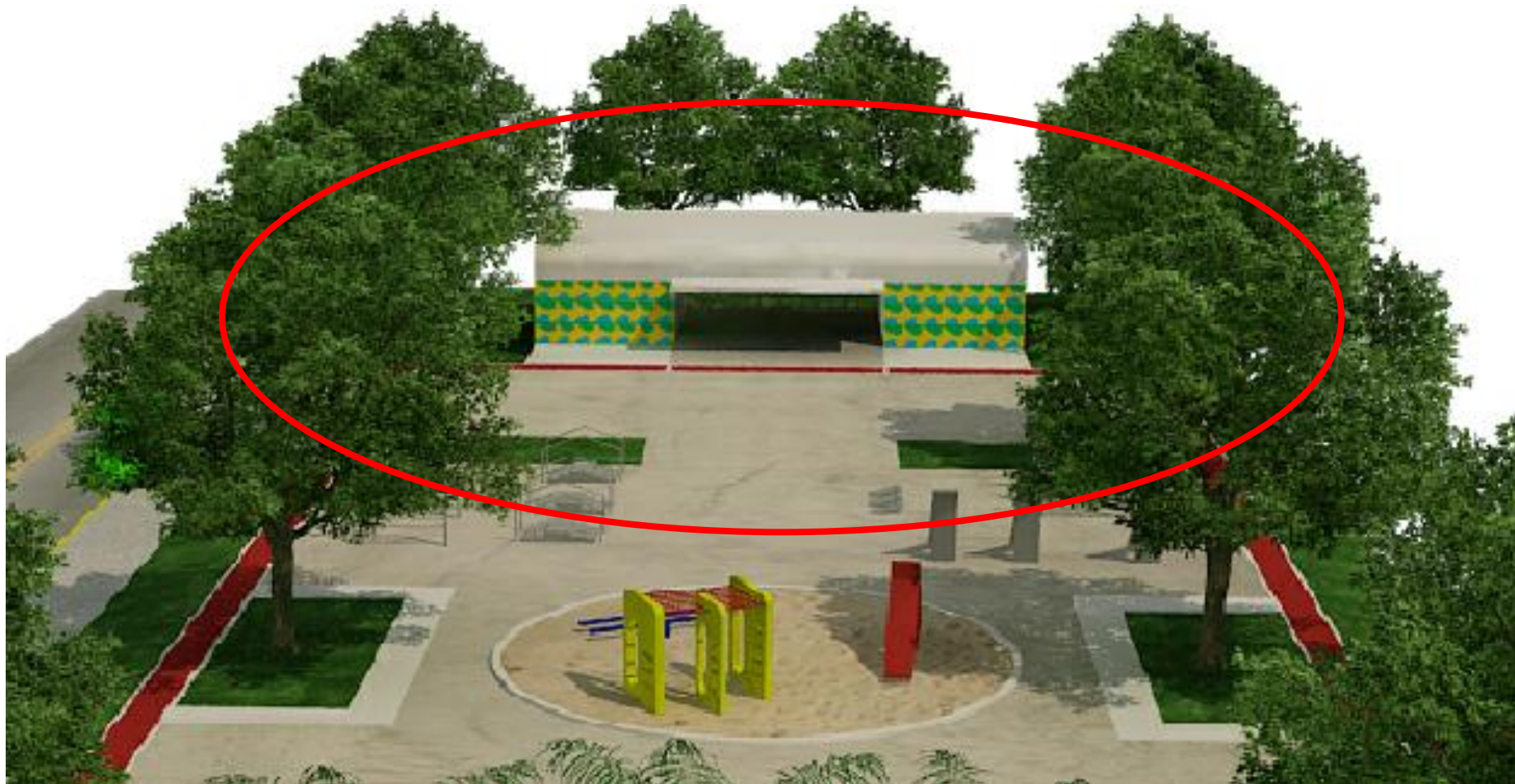


Programa nacional de Actividad Física

- 2012 – 2015
- 4000 ciudades en el país
- Unido al “sistema primario de Salud”
- Infraestructura
- Recursos Humanos
- Clases de AF



Ejemplo



Gimnasios al aire libre o plazas activas



La Alhambra, Granada

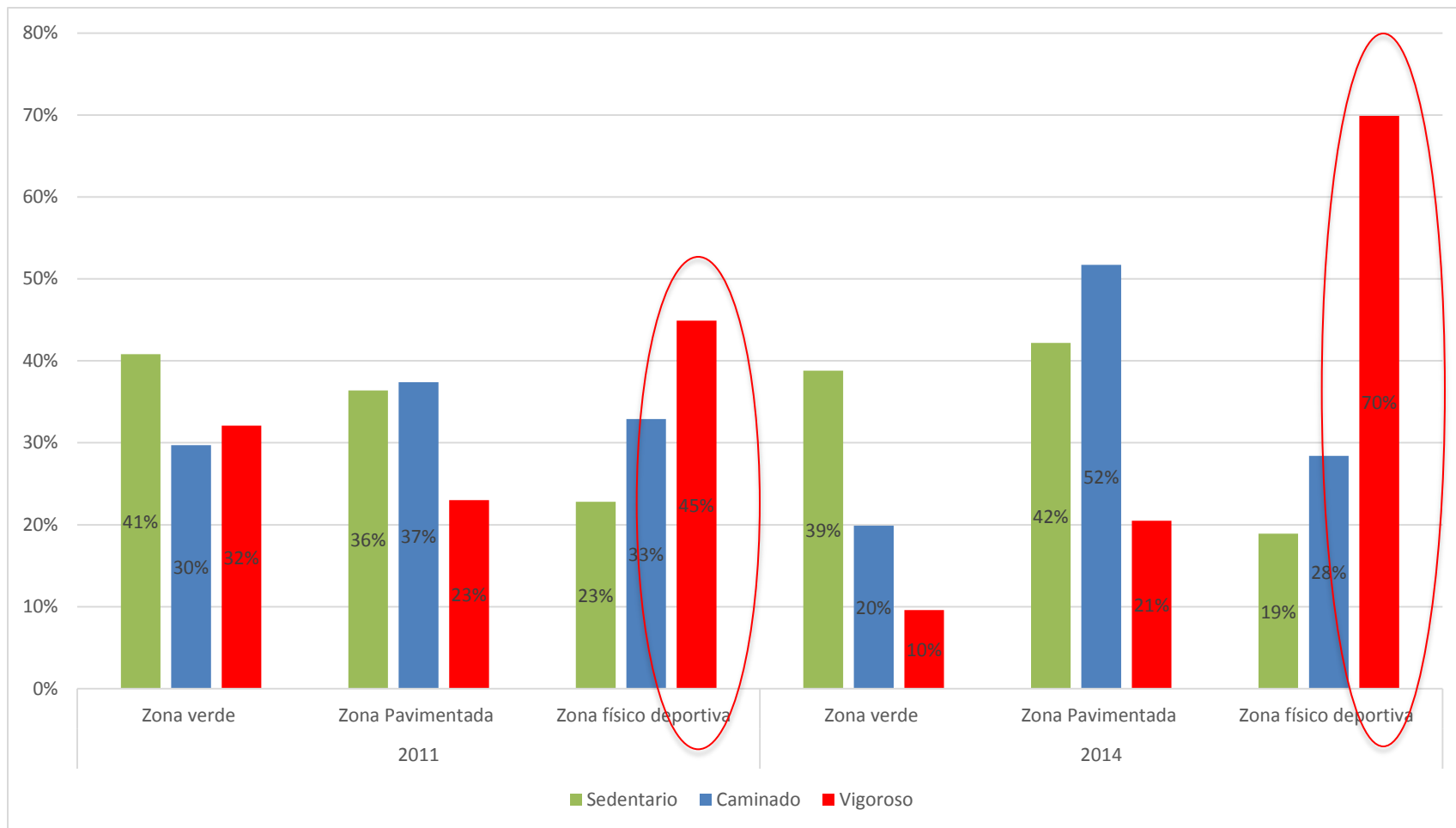




Gimnasios al Aire Libre en Uruguay



Plaza Liber Seregni - Uruguay



Ciclovia - Recreativa



Ciclovia y Actividad Física



- Mayor probabilidad de cumplir recomendaciones de AF (POR:1.7; 95% CI 1.1-2.4); (POR: 7.4; 95% CI 4.0-13.8).
- Mayor probabilidad de usar la bicicleta como medio de transporte durante la semana POR: 2.28 (1.32-3.94)
- Costo beneficioso 3.23-4.26
- Niveles Mayores de capital Social
- Diferencias de genero

Se a Paulista fosse NOSSA! - Projeto Paulista Aberta

No ar há 1 ano em [Esportes e Lazer](#)



Cozinheiro da mobilização
LETICIA SABINO



Envie um email para quem pode tomar essa decisão!

Seu email:

Seu nome:

Seu sobrenome:

Email para: **1 Fernando Haddad**

1 Gabinete do Prefeito Haddad

2 Fernando Haddad

Assunto: **Se a Paulista fosse NOSSA! - Projeto Paulista Aberta**

Prezado Sr. Fernando Haddad, Srs. Secretários e Membros do
Ministério Público,

A falta de áreas públicas de lazer, atividades físicas e convivência
social é um grande problema da cidade de São Paulo.

Validez Externa de Academia da Cidade y Recreovía



< Previous Article

March 2013 Volume 44, Issue 3, Pages e31–e40

TBM

ORIGINAL RESEARCH

Physical Activity Interventions in Latin America

Expanding and Classifying the Evidence

Christine M. Hoehner, PhD^{1,2}, Isabela C. Ribeiro, PhD, Diana C. Parra, MPH, Rodrigo Azevedo, MSc, Adriano A. Hino, MSc, Jesus Soares, PhD, Pedro C. Hallal, PhD, Eduardo Ross C. Brownson, PhD

Open Access | Altmeter 1

DOI: <http://dx.doi.org/10.1016/j.amepre.2012.10.026>

Open access funded by Wellcome Trust

Article Info

Bridging the gap between research and practice: an assessment of external validity of community-based physical activity programs in Bogotá, Colombia, and Recife, Brazil

Diana C. Paez, MPH,^{1,2} Rodrigo S. Reis, PhD,^{3,4} Diana C. Parra, PhD,^{1,5,6} Christine M. Hoehner, PhD,^{7,8} Olga L. Samiento, PhD,² Mauro Barros, PhD,⁹ Ross C. Brownson, PhD

ABSTRACT

For more than a decade, physical activity classes have been offered in public places at no cost to the participants in some Latin American cities, however, internal and external validity evidence of these programs is limited. The goals of this study were to assess, report, and compare the external validity of the Recreovia program (RCP) in Colombia, and the Academia da Cidade program (ACP) in Brazil. Interviews to assess external validity of the RCP and ACP were conducted in 2012. The interview guide was developed based on the RE-AIM framework. Seventeen key informants were selected to participate in the study. Interviews were recorded and transcribed verbatim. Transcripts were analyzed using a constant comparative qualitative method and experts validated common themes. RCP and ACP key informants reported that both programs reach underserved population. There is no information available about effectiveness. Both programs take place in public spaces (e.g., parks and plazas), which are selected for adoption mainly based on

Implications

Research: Qualitative methods help to bridge the gap between research and practice for public health interventions that have the potential to be widely adopted and scaled up.

Practitioners: Physical activity community programs are sensitive to cultural context (e.g., regions of a country) and need political and community support to be maintained.

Policymakers: Evaluators of regional and national physical activity policies should assess a range of external validity elements to help determine how easily an effective intervention can be translated from one setting to another.

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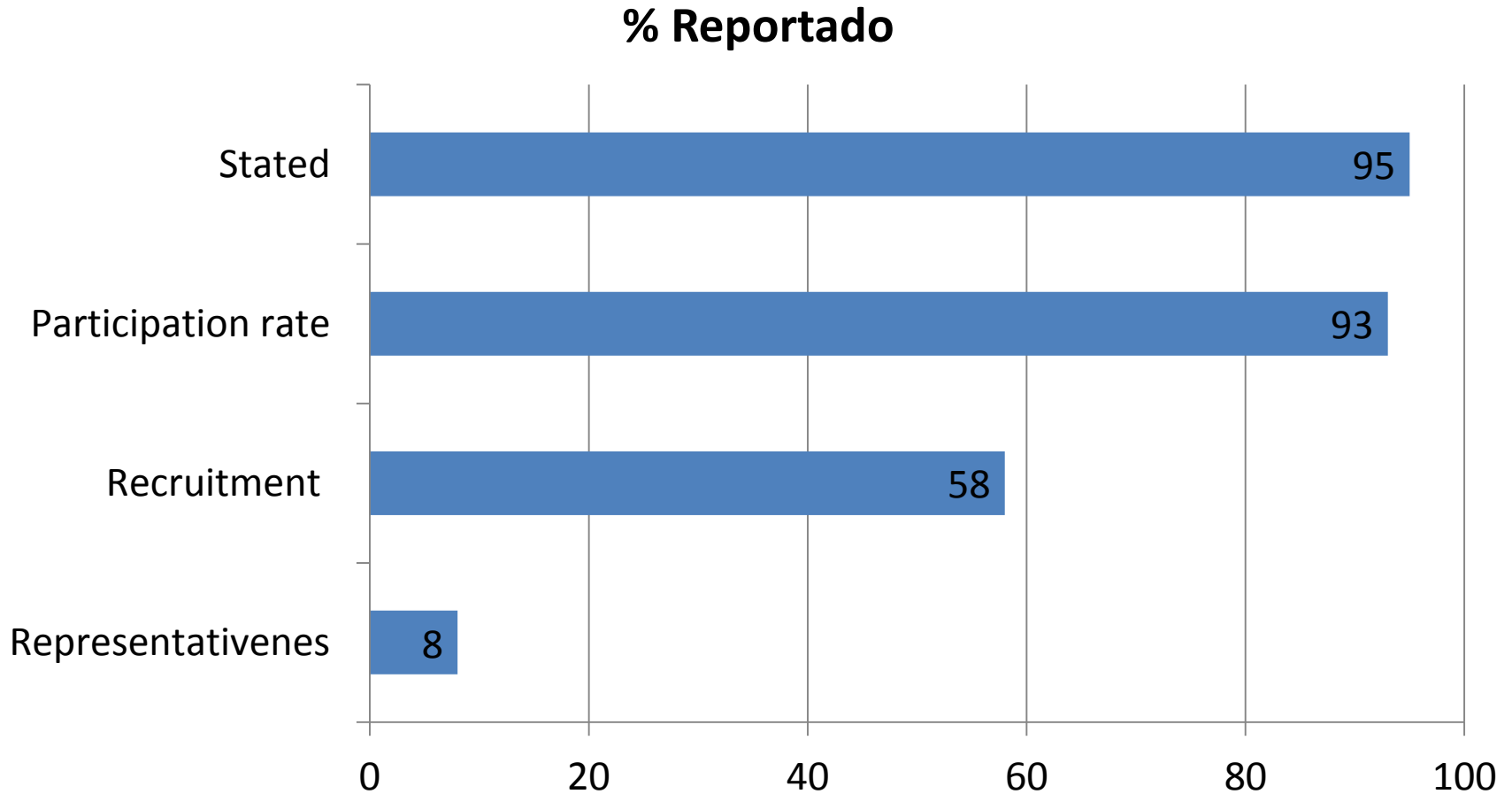
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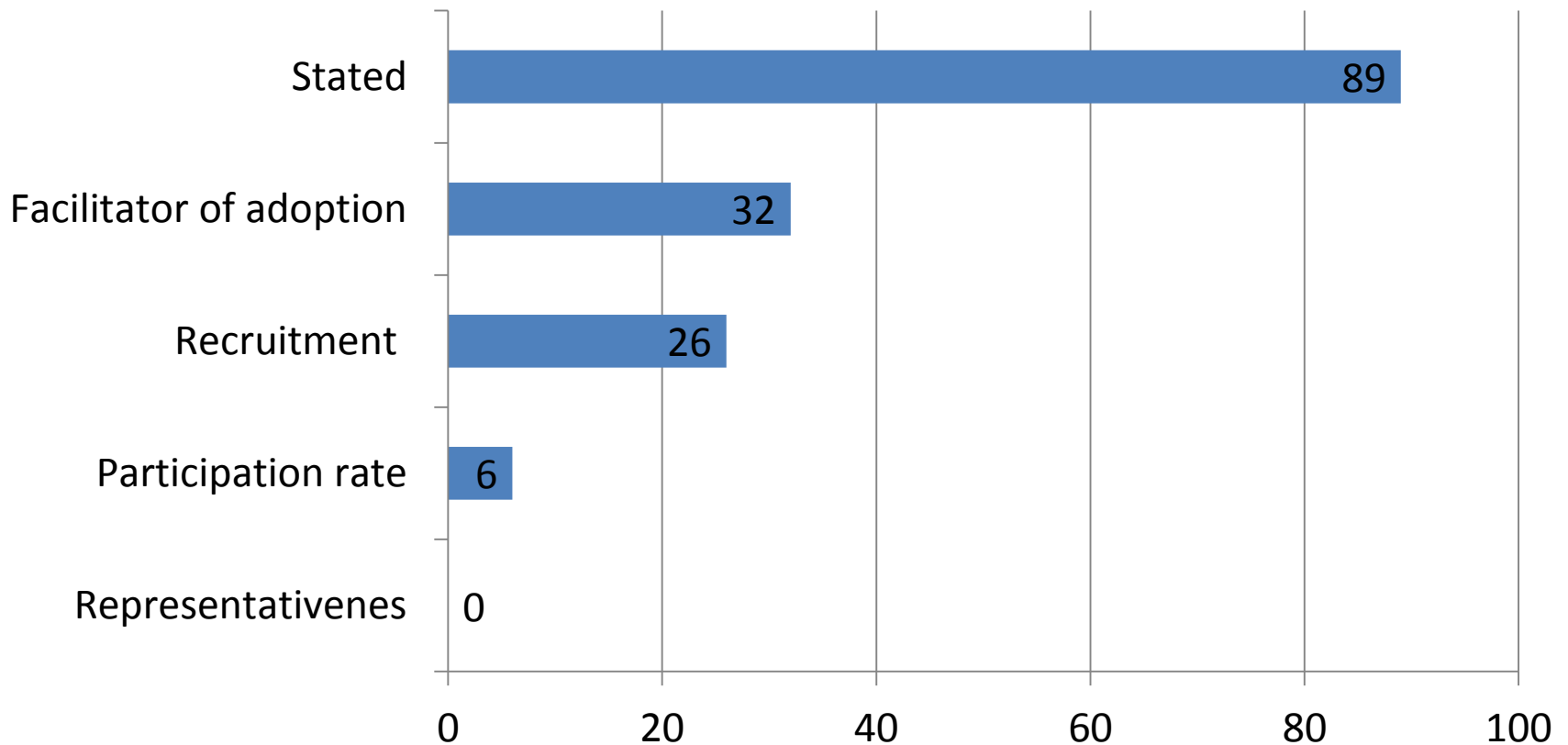
⁸Alvin J. Siteman Cancer Center,

Alcance (Población Objetivo)



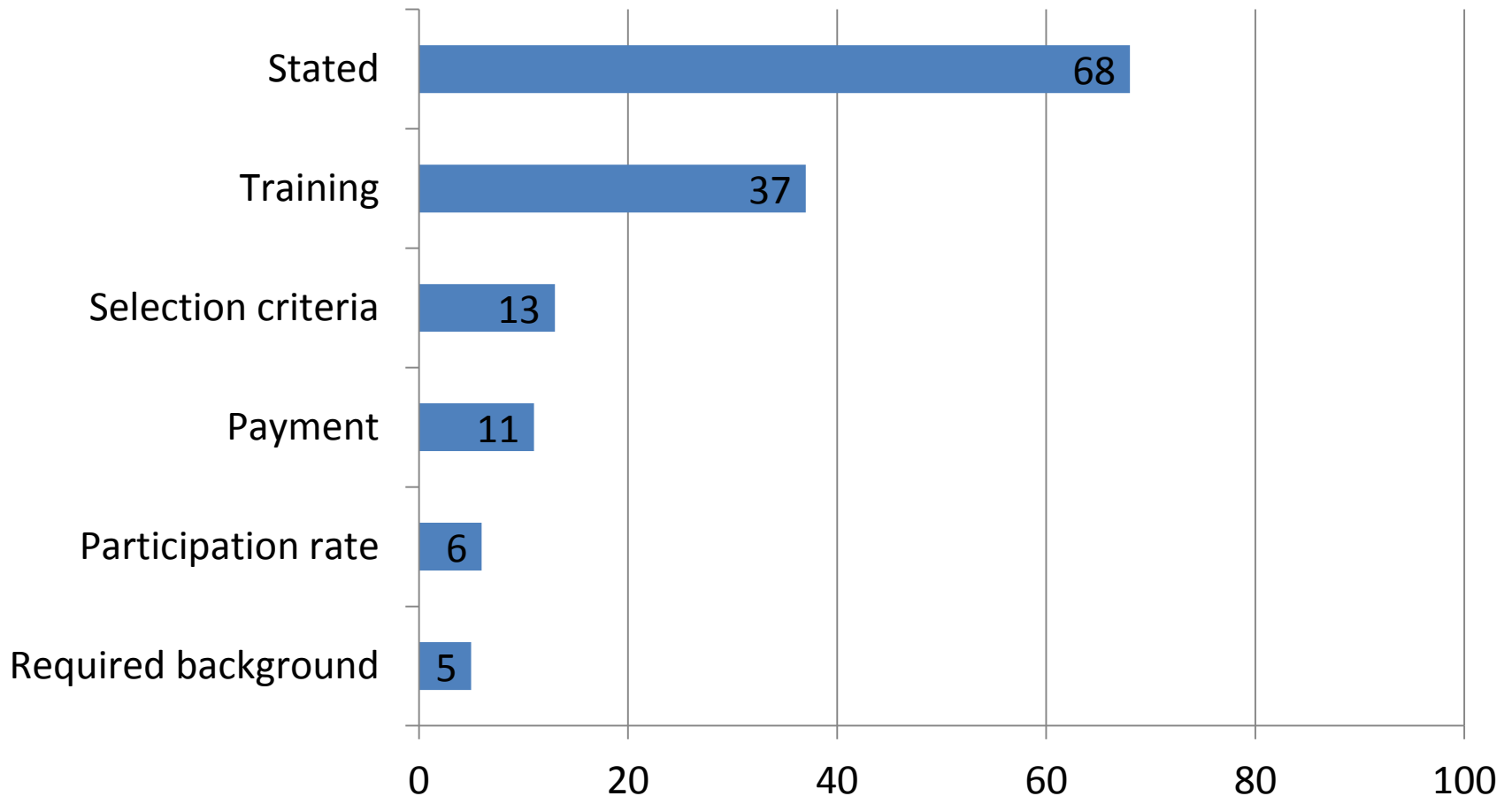
Adopción (Lugar Objetivo)

% Reportado

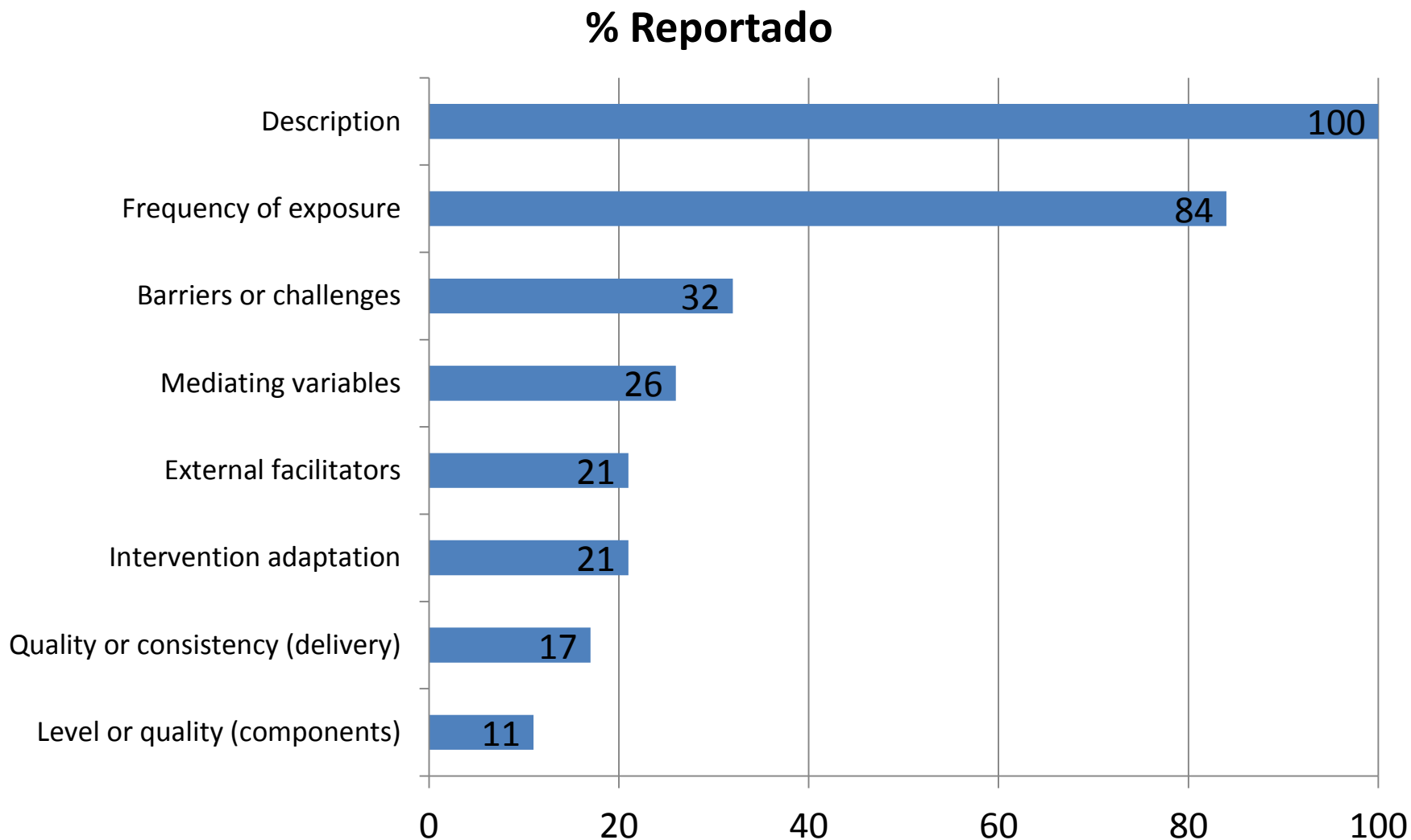


Implementación (Agentes)

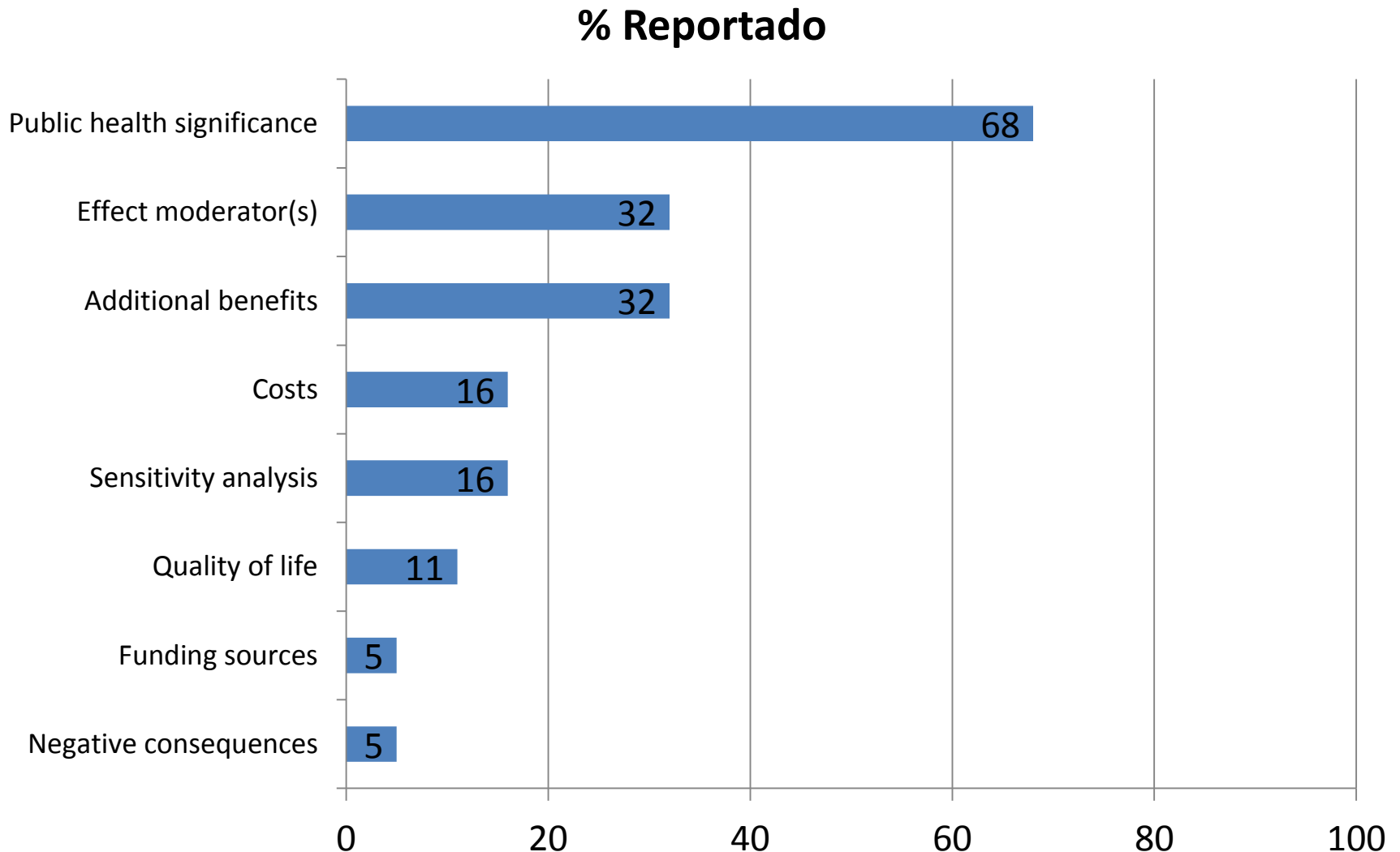
% Reportado



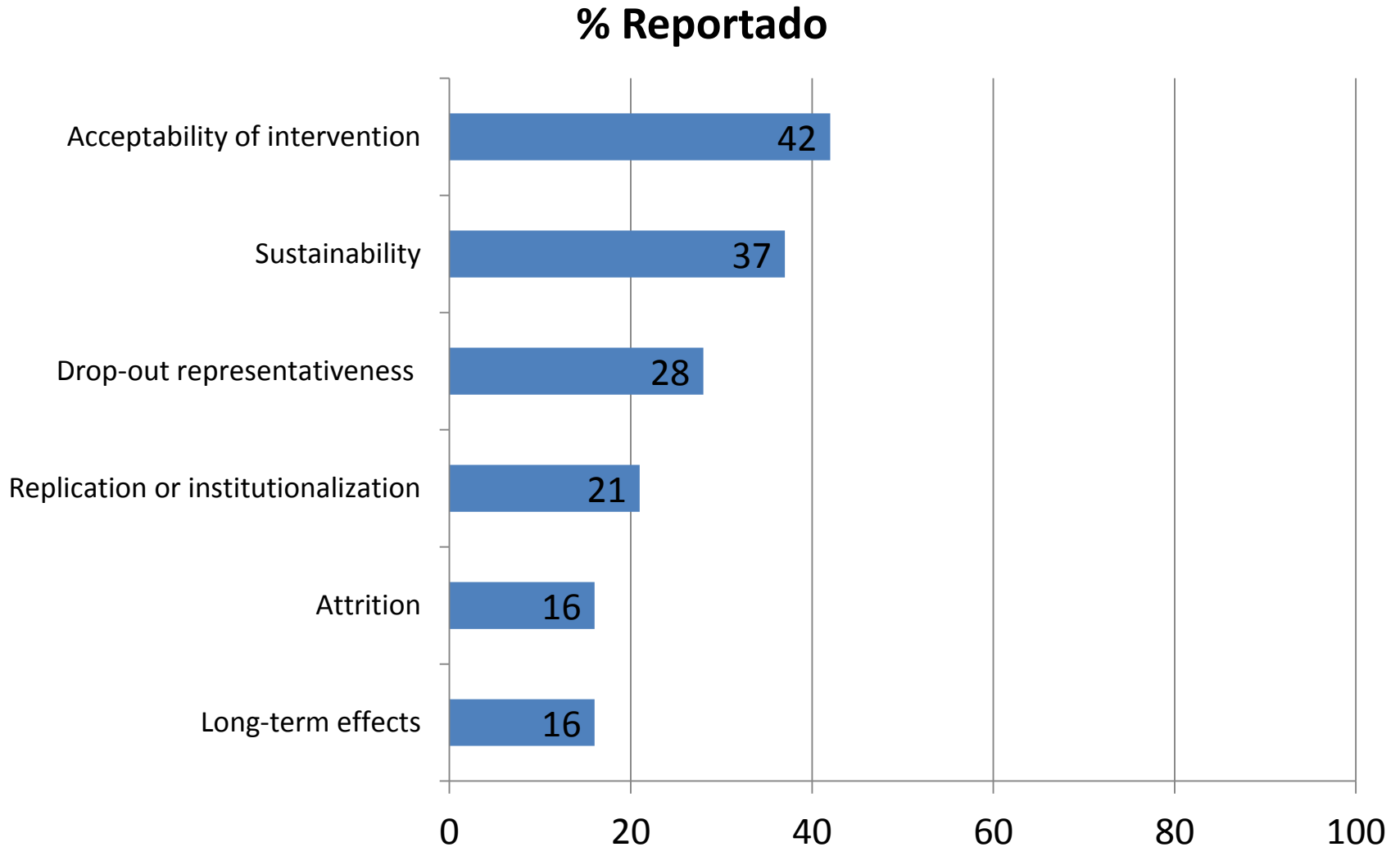
Implementación (Intervención)



Resultados para toma de decisiones



Mantenimiento e Institucionalización



En Conclusión

- Mas frecuentemente reportados:
 - Alcance (población objetivo)
 - Adopción (lugar)
 - Implementación (descripción de la intervención)
- Menor frecuentemente reportados:
 - Alcance (comparando participantes versus no participantes)
 - Adopción (reclutamiento de lugares)
 - Implementación (agentes, barreras/desafíos, facilitadores)
 - Resultados para toma de decisiones (calidad de vida, consecuencias negativas, modificadores del efecto, costos)
 - Mantenimiento e institucionalización (efecto a largo plazo)



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SOCIAL
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Short report

How does network structure affect partnerships for promoting physical activity? Evidence from Brazil and Colombia

Diana C. Parra^{a,*}, Marsela Dauti^a, Jenine K. Harris^b, Lissette Reyes^c, Deborah C. Malta^d,
Ross C. Brownson^{a,e}, Mario A. Quintero^f, Michael Pratt^g

^a Prevention Research Center in St. Louis, George Warren Brown School of Social Work, Washington University in St. Louis, St. Louis, Missouri, USA

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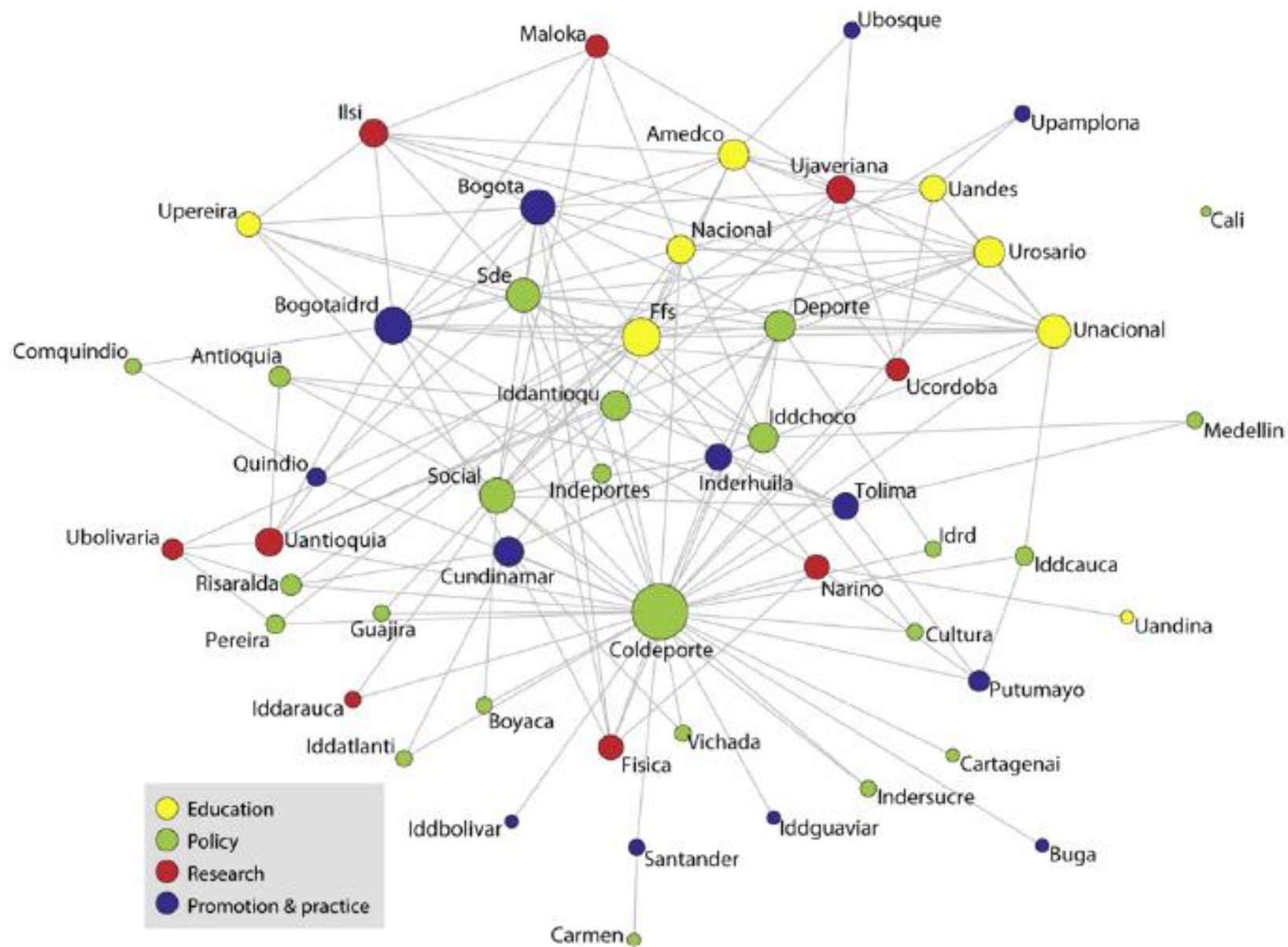
^c Ministerio de la Protección Social, Bogotá, Colombia

^d Coordenação Geral de Vigilância de Doenças e Agravos Não Transmissíveis, Secretaria de Vigilância em Saúde, Ministério da Saúde, Brasília, Brazil

^e Division of Public Health Sciences and Alvin J. Siteman Cancer Center, School of Medicine, Washington University in St. Louis, St. Louis, Missouri, USA

^f Indeportes Antioquia, Medellín, Colombia

^g National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia, USA



Resultados

- La red de Colombia es centralizada y la decisión de colaborar es influenciada por la importancia percibida de la organización.
- El 77% de las organizaciones en Colombia son del sector gubernamental
- Las organizaciones de la red de Colombia reportaron mas barreras para la colaboración comparada con la de Brasil.
- Mas del 50% de las organizaciones identificaron la burocracia como la principal barrera.

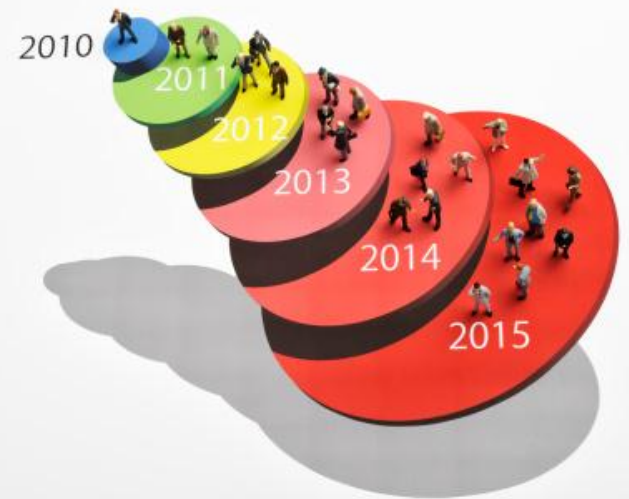
Conclusiones

- Inversiones costo beneficiosas para la comunidad y la salud publica
- Deben estar acompañadas de orientación y educación en salud, además de campañas cultura ciudadana.
- Alianzas entre organizaciones gubernamentales y grupos de la sociedad civil facilitaran la implementación, evaluación, y mantenimiento de programas.

Conclusiones

RECONOCER Y HACER VALER EL ROL CENTRAL DEL GOBIERNO, DISPONIENDO MAYORES RECURSOS PARA LA ACTIVIDAD FISICA, Y NO SOLO DESTINADO AL DEPORTE DE ALTO RENDIMIENTO, QUE GARANTICE A LOS CIUDADANOS LAS CONDICIONES NECESARIAS PARA LA PRACTICA SEGURA Y PLACENTERA DE LA ACTIVIDAD FISICA, ASI COMO LA CONTINUIDAD DE PROGRAMAS COMUNITARIOS

“Gobiernos, tomadores de decisiones y la comunidad científica deben contribuir en la construcción de sociedades en las que la opción de ser activo físicamente no sea solo la opción saludable, sino también la mas conveniente, divertida, factible, segura, y valorada”



EDITORIAL 31 JUL 2015 - 11:40 PM

Impuesto a las bebidas azucaradas

EL SISTEMA DE SALUD TIENE UN hueco de \$3 billones, cifra que tiene al sector en crisis y pone en riesgo el ejercicio del derecho fundamental a la salud que tienen todos los colombianos.

Según la ENSIN 2010, una de cada cinco personas consume, por lo menos, una bebida azucarada al día, y la mitad de los colombianos consumen por lo menos una a la semana.

Muchas Gracias!

