

 **Curso de Políticas**
Programas para la Promoción de
Hábitos y Estilos de Vida Saludable

28 de septiembre al 1 de octubre de 2017. Bogotá, Colombia

Aspectos sociales y culturales de la investigación en actividad física en Latino América

Adriano Akira F. Hino
akira.hino@pucpr.br

AGENDA

- Las diferencias en el ambiente social y construido en América Latina
- Como las diferencias afectan las investigaciones sobre ambiente y actividad física
- Como tratamos las diferencias

Las diferencias

Físico

- Natural
- Contruido

Social

Rio de Janeiro-Brasil

Las diferencias



THE LANCET

Shaping cities for health: complexity and the planning of urban environments in the 21st century



Yvonne Rydin, Ana Bleahu, Michael Davies, Julio D Dávila, Sharon Friel, Giovanni De Grandis, Nora Groce, Pedro C Hallal, Ian Hamilton, Philippa Howden-Chapman, Ka-Man Lai, C J Lim, Juliana Martins, David Osrin, Ian Ridley, Ian Scott, Myfanwy Taylor, Paul Wilkinson, James Wilson

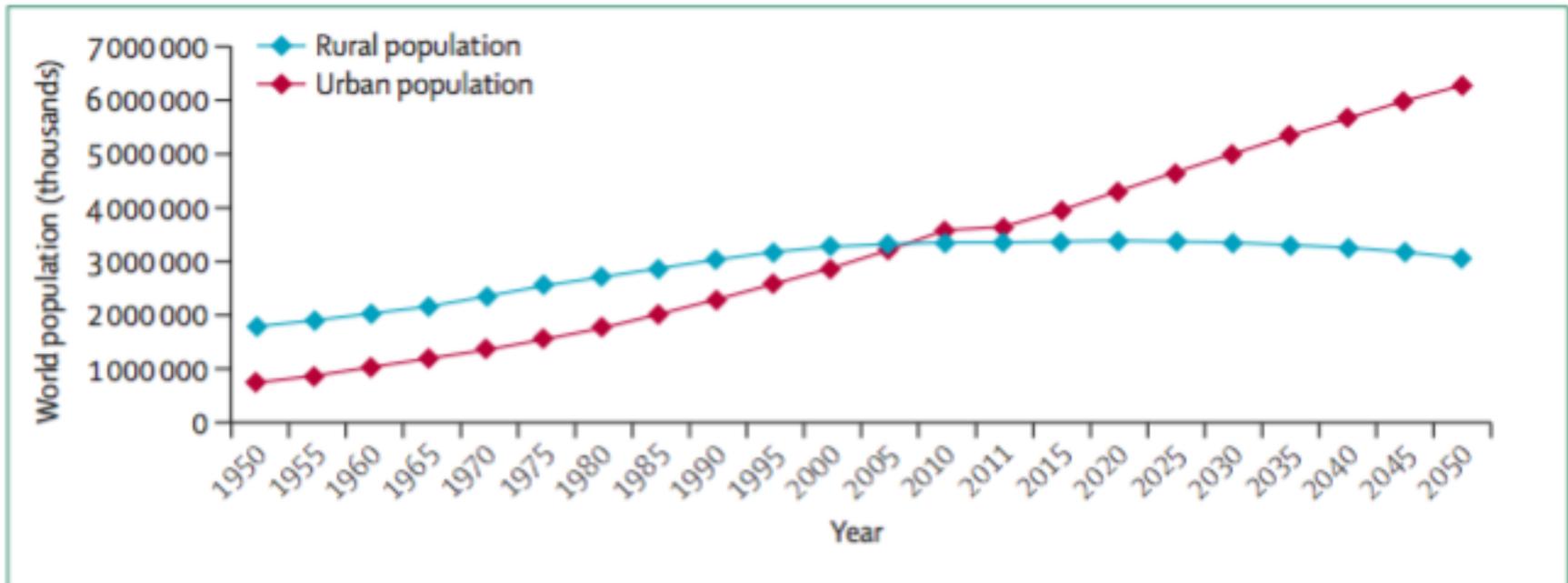
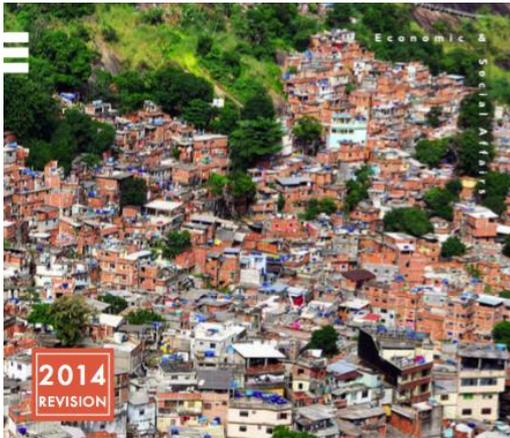


Figure 1: World population growth, 1950–2050

Data are from reference 3.

Las diferencias

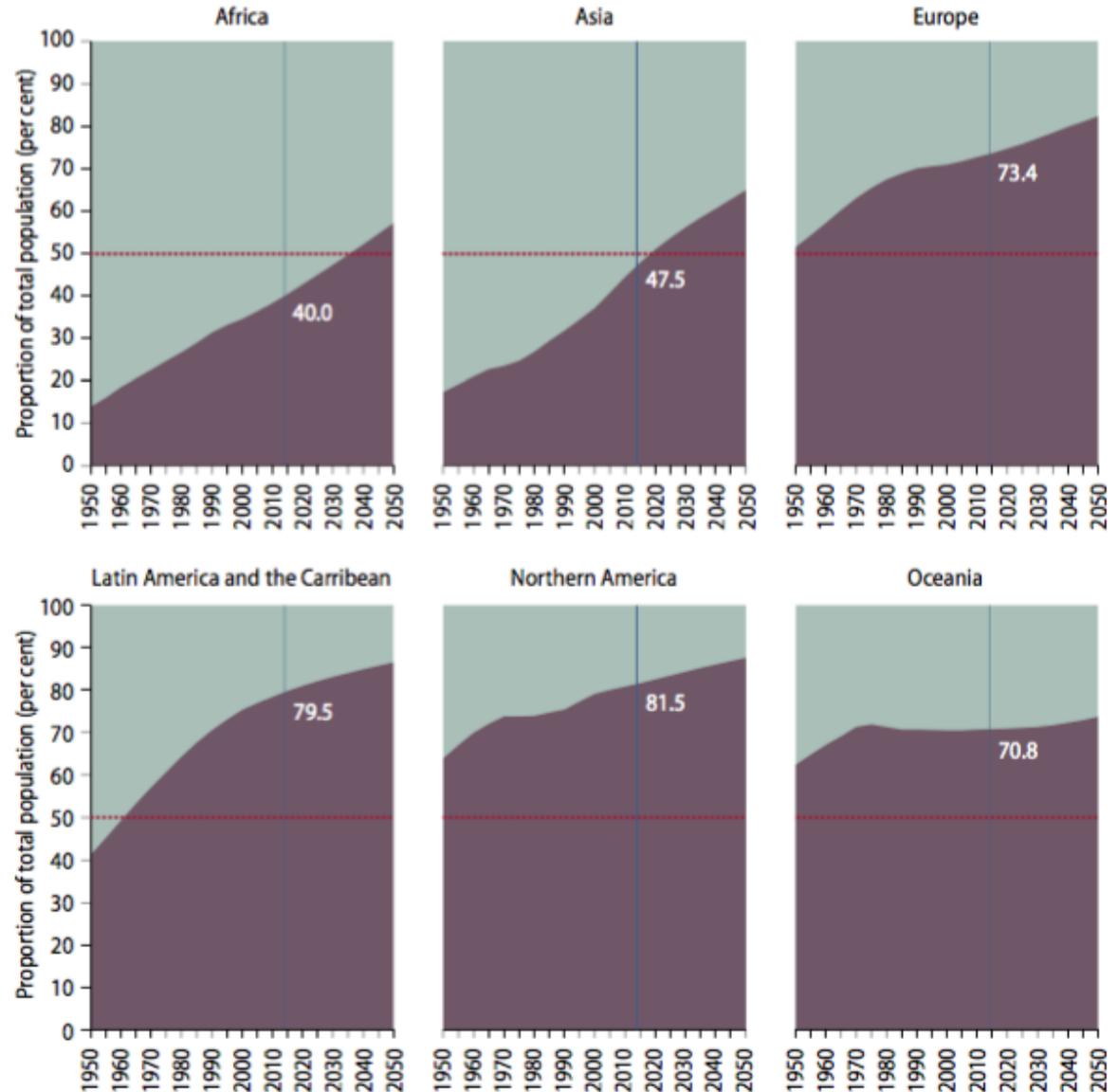


World Urbanization Prospects



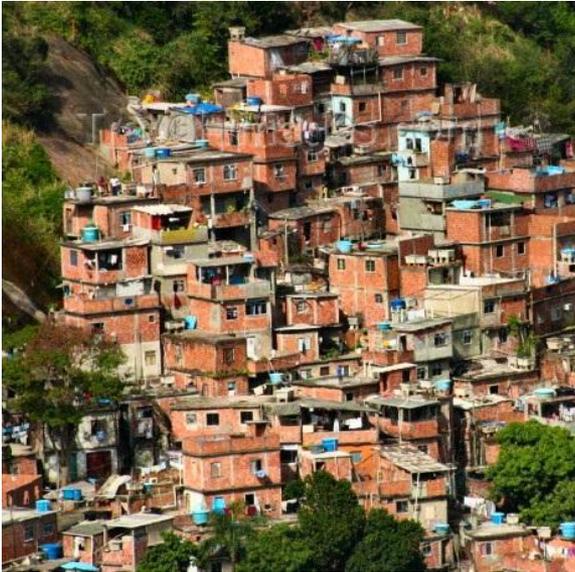
[highlights]

Urban population 
Rural population 



Las diferencias

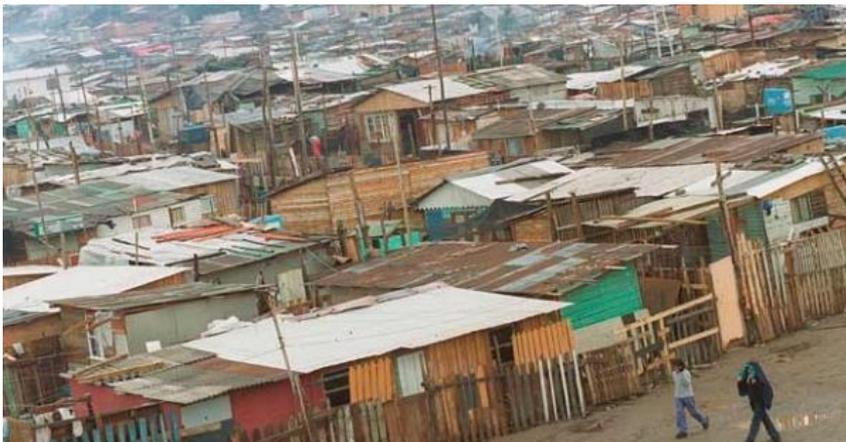
A



B



C



D



Las diferencias

Social Science & Medicine 131 (2015) 18–30



ELSEVIER

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Review

Urban environment interventions linked to the promotion of physical activity: A mixed methods study applied to the urban context of Latin America



Luis F. Gomez ^{a, *}, Rodrigo Sarmiento ^a, Maria Fernanda Ordoñez ^a, Carlos Felipe Pardo ^b, Thiago Hérick de Sá ^c, Christina H. Mallarino ^a, J. Jaime Miranda ^{d, e}, Janeth Mosquera ^f, Diana C. Parra ^{g, h}, Rodrigo Reis ⁱ, D. Alex Quistberg ^j

^a Departamento de Medicina Preventiva y Social, Facultad de Medicina, Pontificia Universidad Javeriana, Colombia

^b Fundación Despacio, Colombia

^c Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde, Faculdade de Saúde Pública, Universidade de São Paulo, Brazil

^d CRONICAS Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Lima, Peru

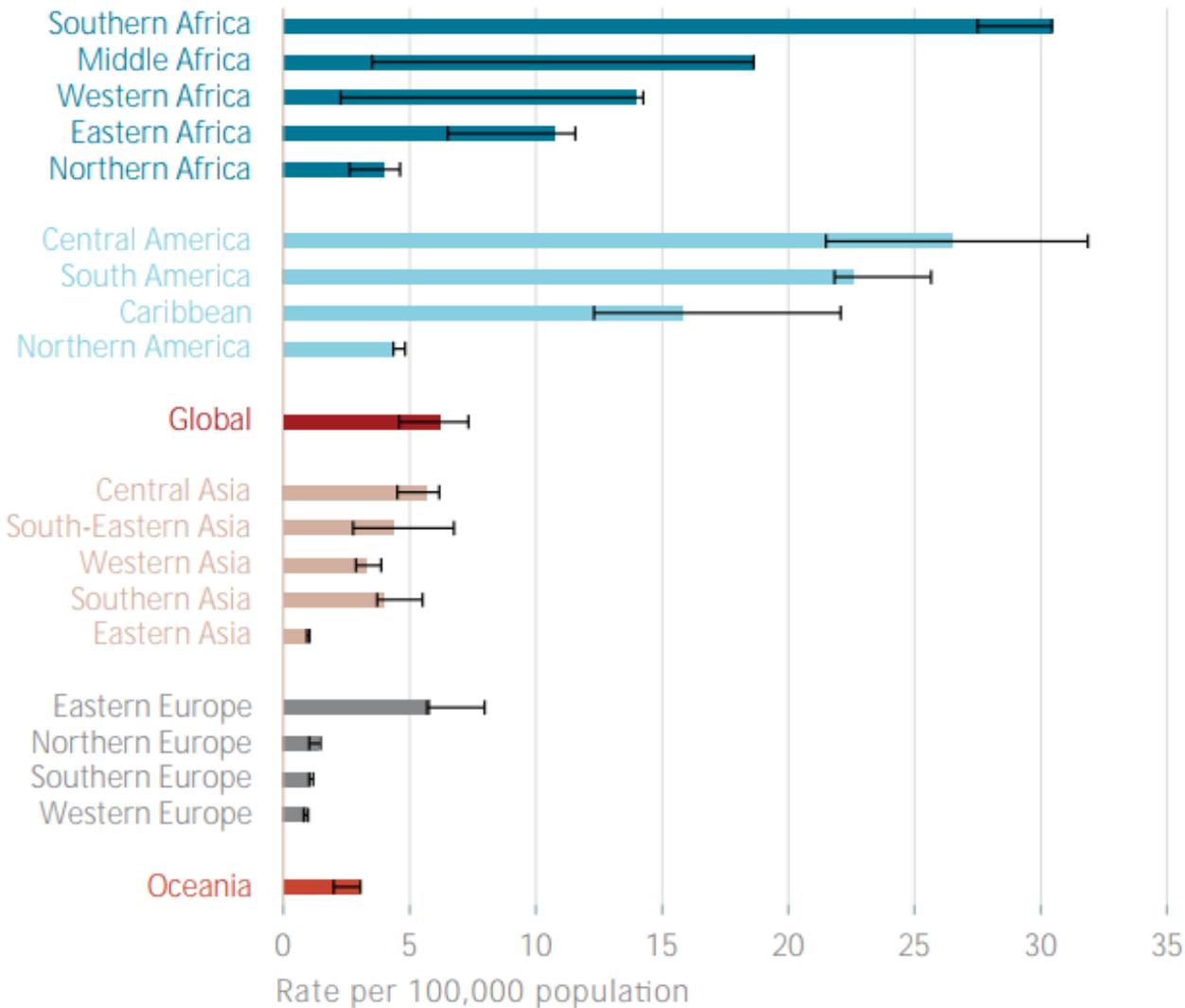
^e Department of Medicine, School of Medicine, Universidad Peruana Cayetano Heredia, Lima, Peru

^f Grupo de Epidemiología y Salud Poblacional (GESP), Escuela de Salud Pública Universidad del Valle, Colombia

^g Centro de Investigaciones Epidemiológicas en Nutrición y Salud, Departamento de Nutrición, Escuela e Salud Pública, Universidad de São Paulo, São Paulo, SP, Brazil

Las diferencias

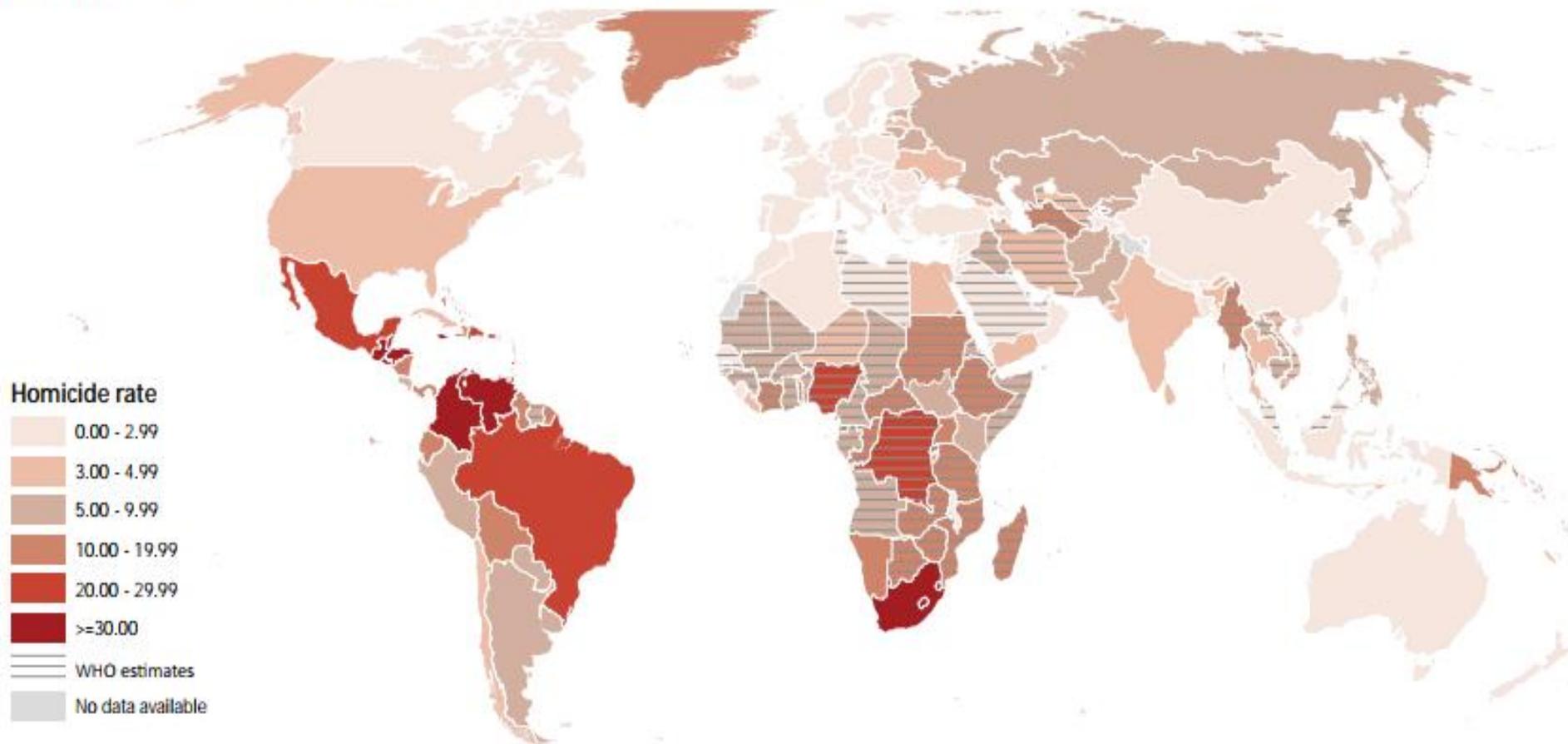
Fig. 1.3: Homicide rates, by sub-region (2012 or latest year)



Source: UNODC Homicide Statistics (2013).

Las diferencias

Map 1.1: Homicide rates, by country or territory (2012 or latest year)

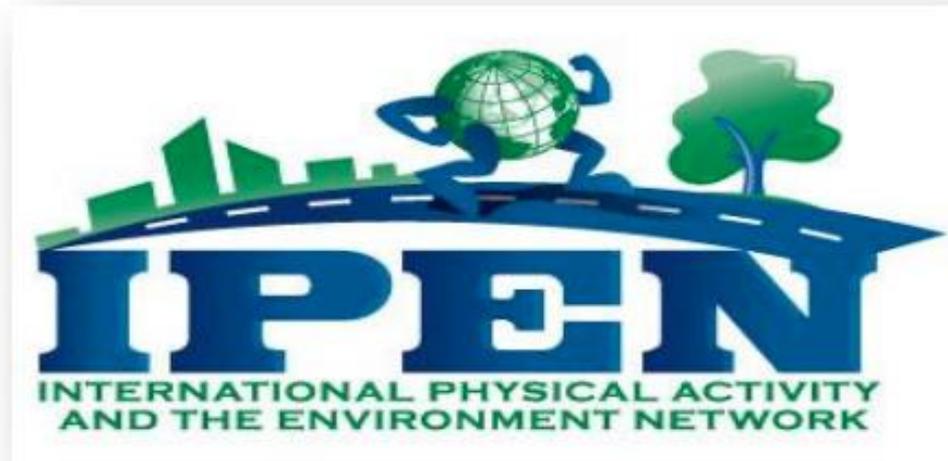


Source: UNODC Homicide Statistics (2013).

Las diferencias

Belgium Australia U.K.

Sweden



U.S.A

Canadá

New Zeland

Brazil

Spain

Colombia

México

Czech Republic

Hong
Kong

Denmark

OBJECTIVE: To accurately assess the effect of built environment variables upon physical activity using pooled data from all the studied countries

Las diferencias



Low Walkability



High Walkability

Las diferencias

METHODOLOGY

Open Access



International comparison of observation-specific spatial buffers: maximizing the ability to estimate physical activity

Lawrence D. Frank^{1,2*}, Eric H. Fox², Jared M. Ulmer², James E. Chapman², Suzanne E. Kershaw², James F. Sallis³, Terry L. Conway³, Ester Cerin^{4,5}, Kelli L. Cain³, Marc A. Adams⁶, Graham R. Smith⁷, Erica Hinckson⁸, Suzanne Mavoa^{9,10}, Lars B. Christiansen¹¹, Adriano Akira F. Hino¹², Adalberto A. S. Lopes¹³ and Jasper Schipperijn¹¹



Fig. 1 Land use parcels selected by three different neighborhood definition types. The *orange point* represents the participant's home; the street network is highlighted in *black*; and *gray polygons* symbolize land use parcels that intersect each neighborhood type. **a** Census tract boundary, **b** 1 km circular (crow-fly) buffer, **c** 1 km street network buffer

Las diferencias

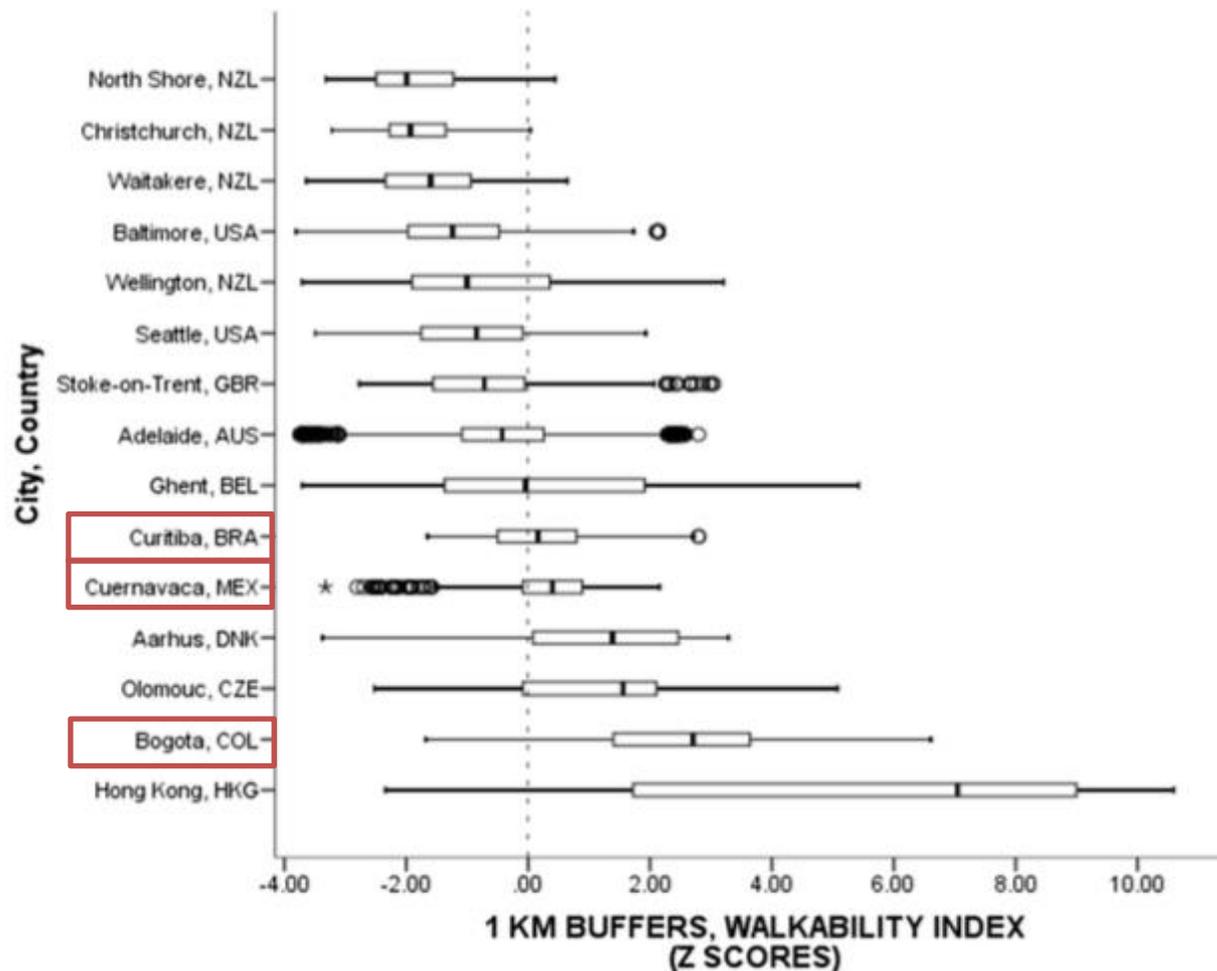


Figure 5 Walkability scores across cities and countries within participants' 1-km network buffer. ¹Circles are outliers that extend past the whiskers and asterisks represent extreme outliers defined as values greater than three times the length of the interquartile range. ²Walkability z-score equaled the sum of z-scores for residential density, land use mix, and intersection density. Z-scores allowed for standardized pooled standard deviations necessary for comparisons across countries.

Las diferencias

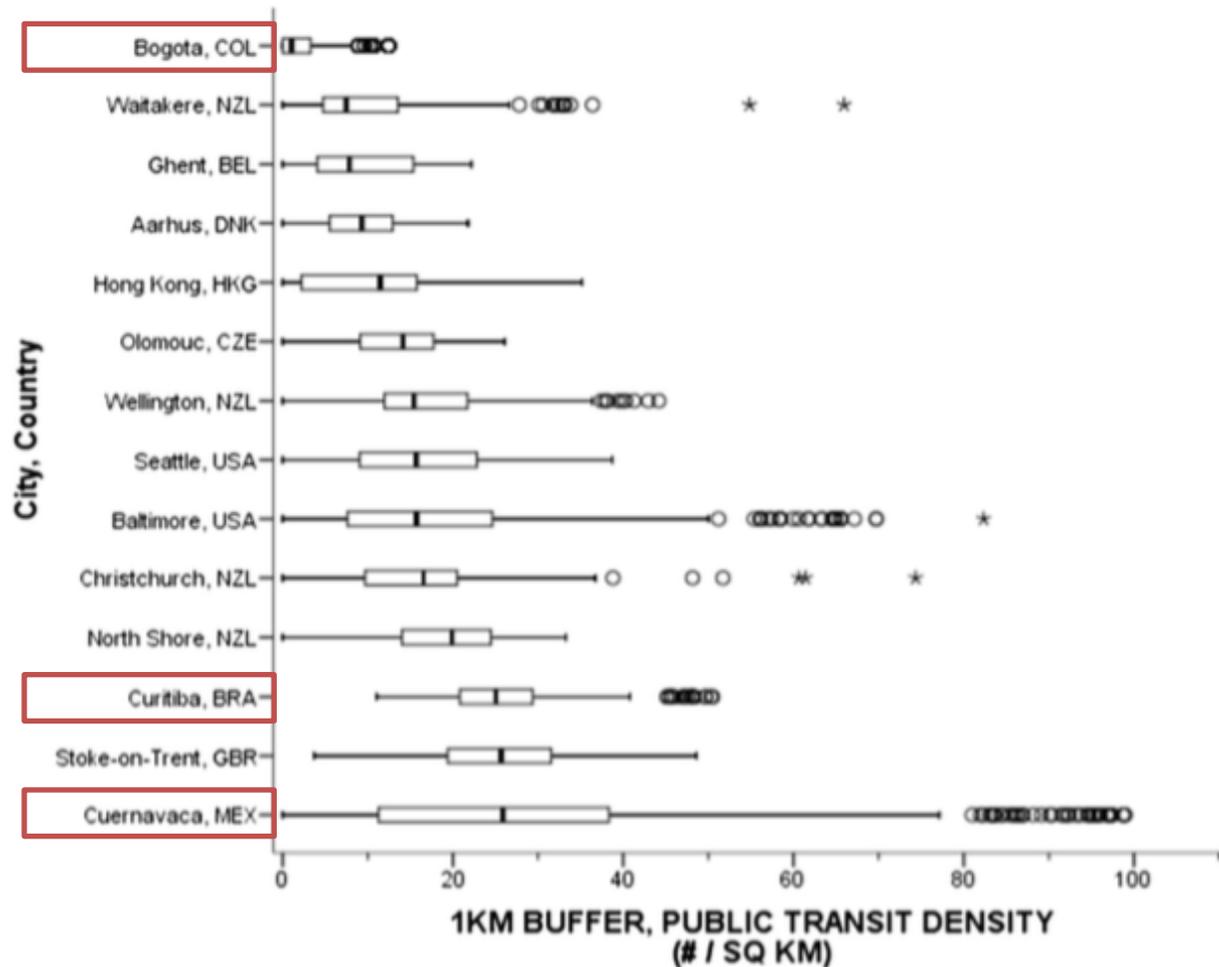
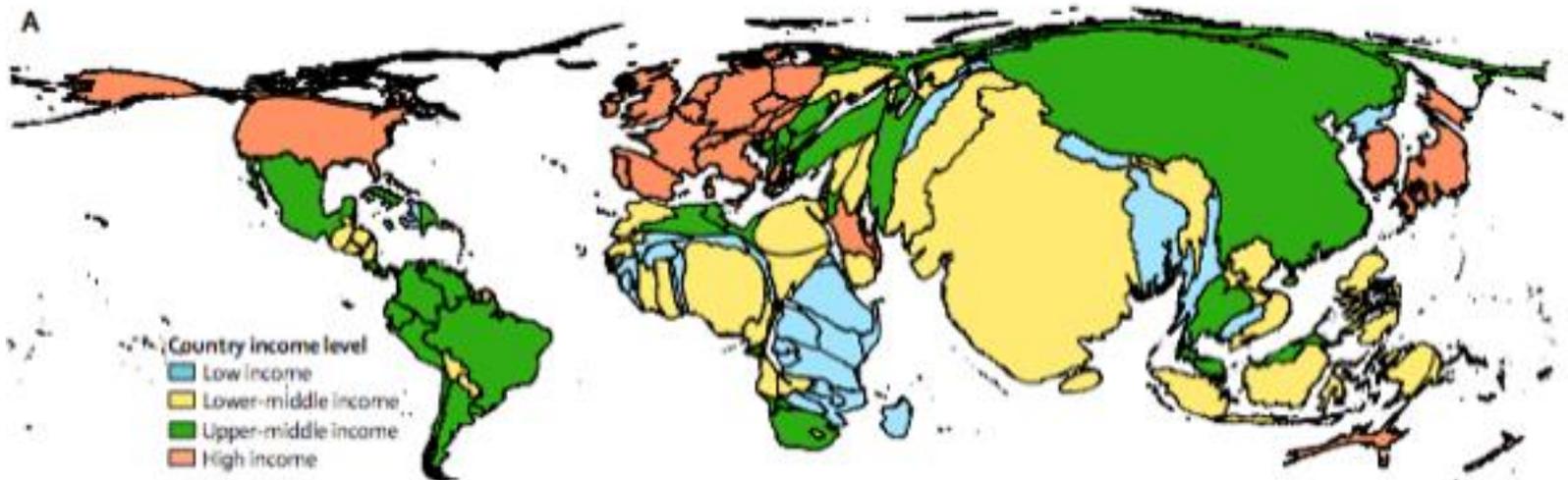


Figure 7 Public transportation stop density using participants' 1-km network buffers across cities and countries. Circles are outliers that extend past the whiskers and asterisks represent extreme outliers defined as values greater than three times the length of the interquartile range.

Las diferencias

A. Map showing country area by **population size**



B. Map showing country area by **publications on PA-interventions**



Las diferencias

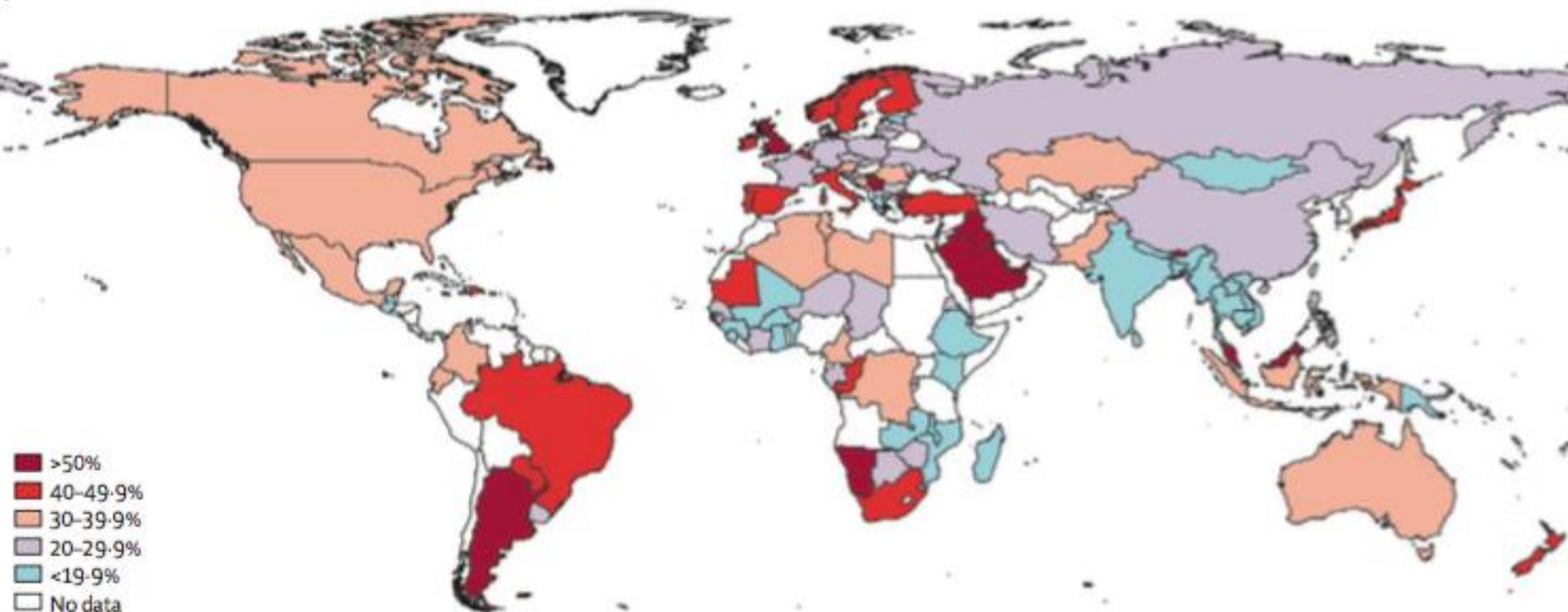
Physical Activity 1



Global physical activity levels: surveillance progress, pitfalls, and prospects

*Pedro C Hallal, Lars Bo Andersen, Fiona C Bull, Regina Guthold, William Haskell, Ulf Ekelund, for the Lancet Physical Activity Series Working Group**

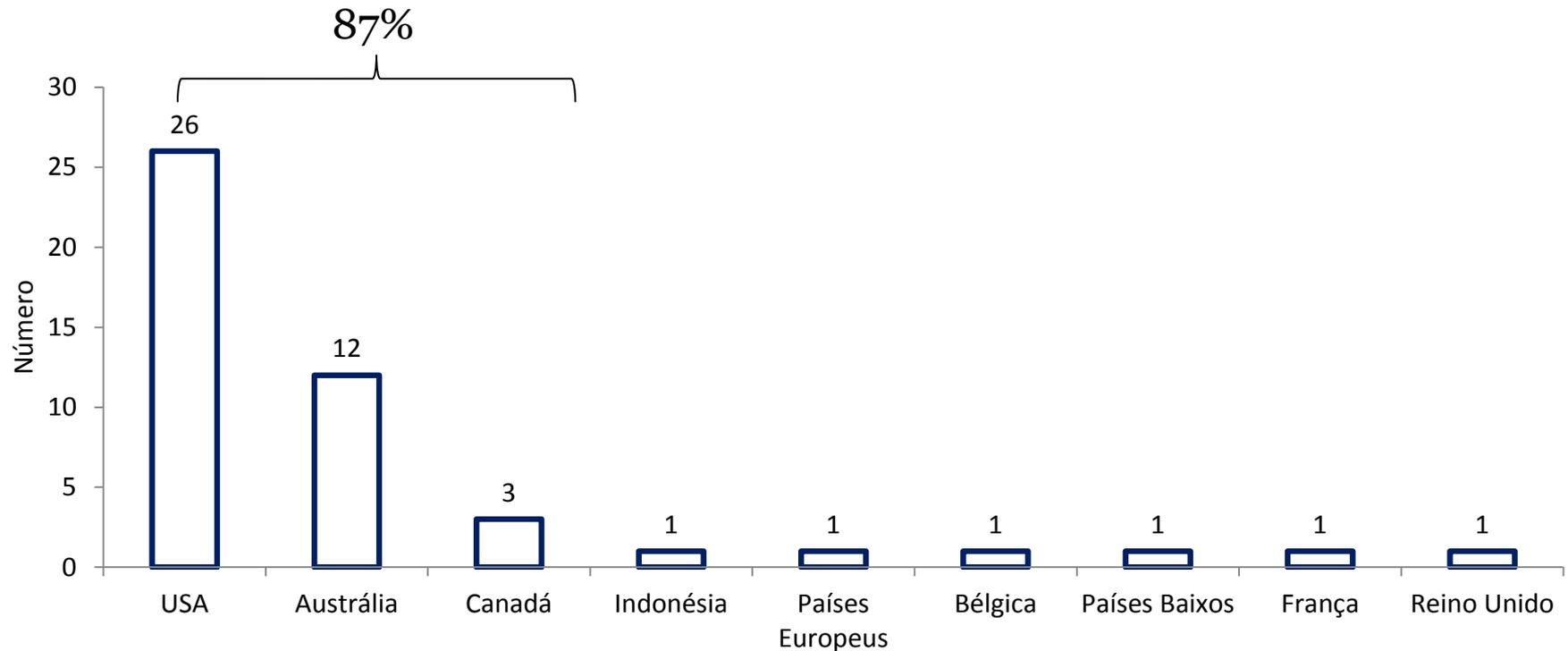
A



Las diferencias

Potential environmental determinants of physical activity in adults: a systematic review

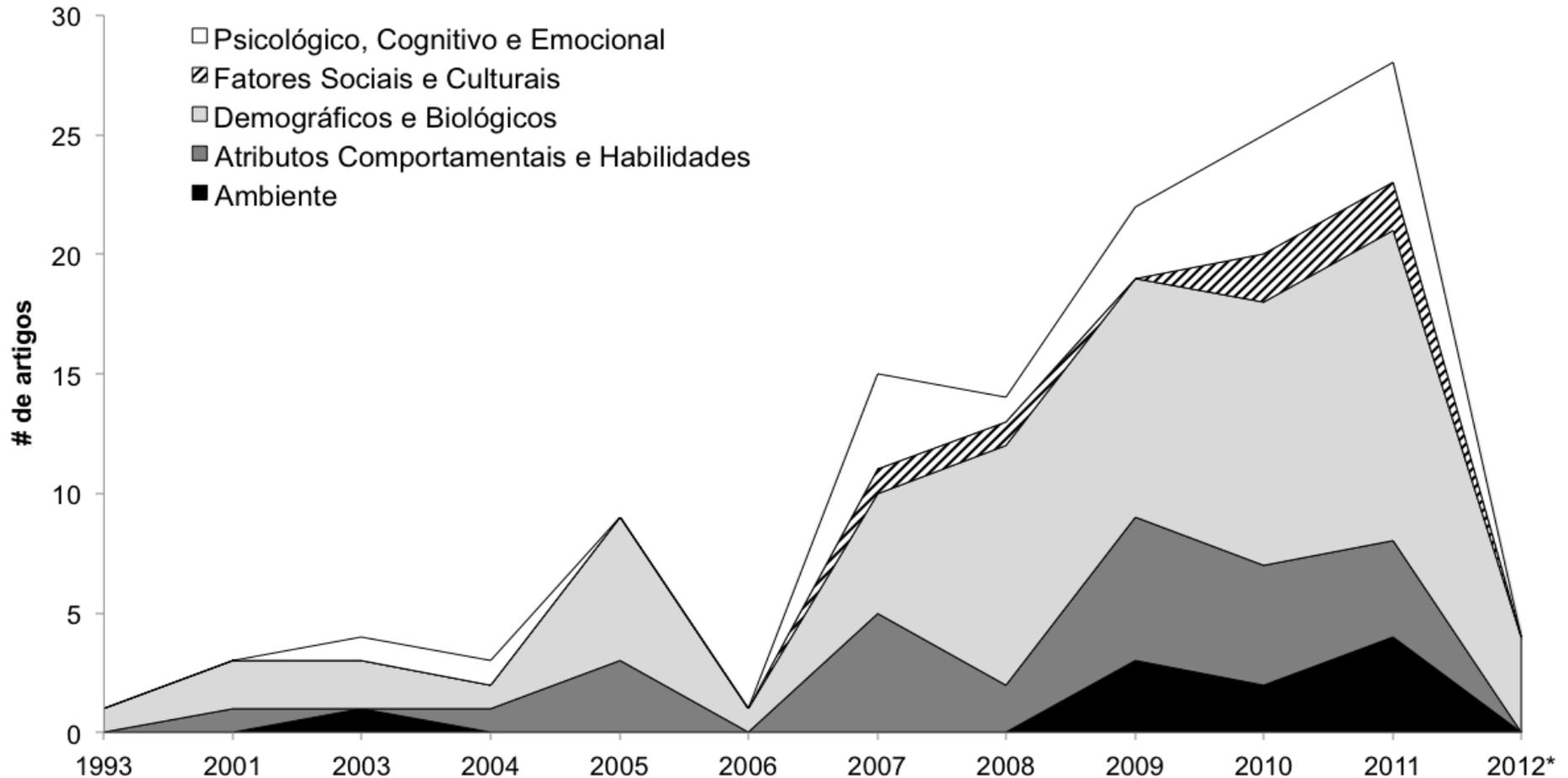
W. Wendel-Vos¹, M. Droomers¹, S. Kremers², J. Brug³ and F. van Lenthe³



Wendel-Vos W, Droomers M, Kremers S, Brug J, van Lenthe F. Potential environmental determinants of physical activity in adults: a systematic review. **Obes Rev** 2007;8(5):425-40.

Las diferencias

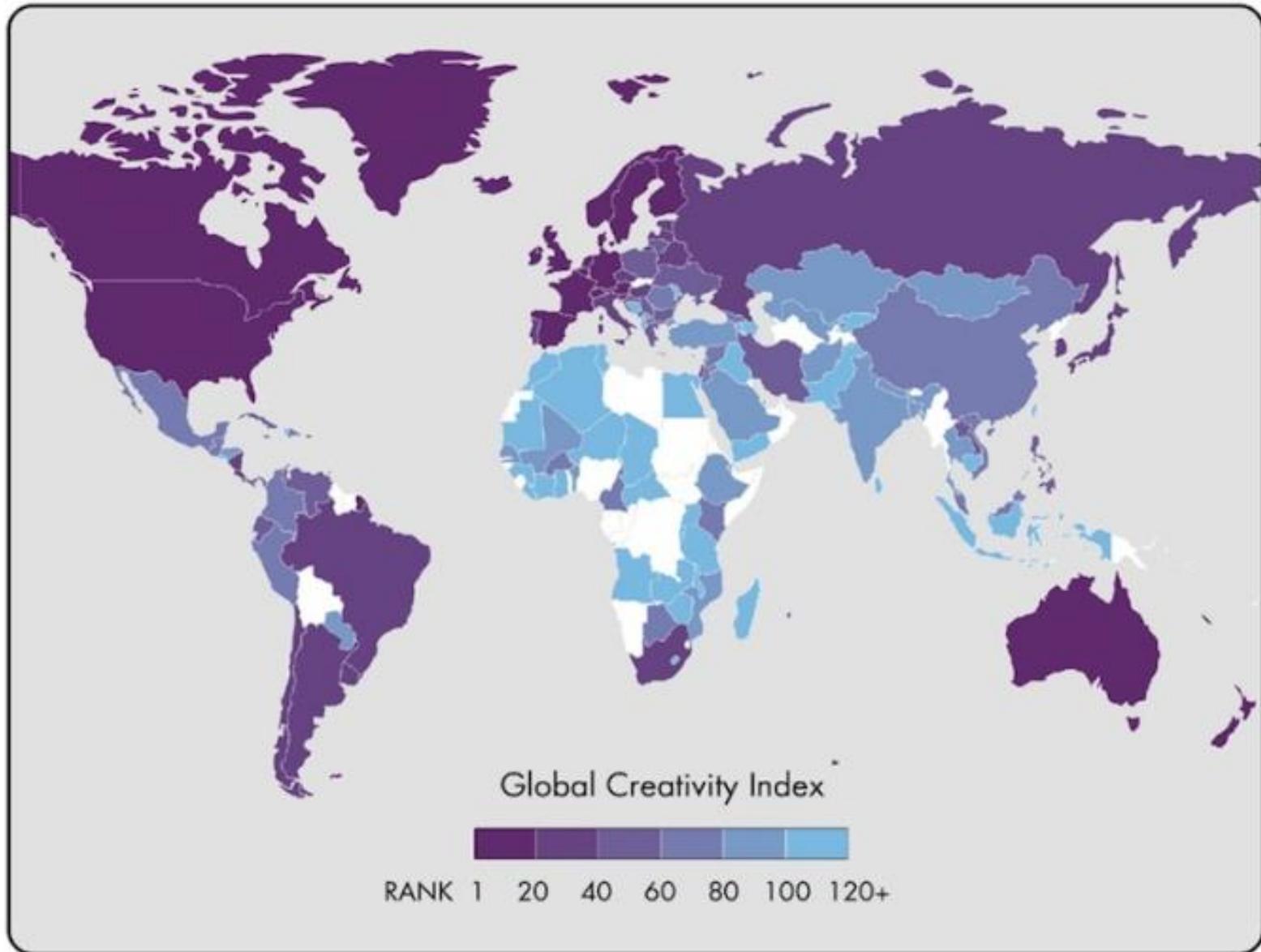
NÚMERO DE ARTIGOS PUBLICADOS SOBRE CORRELATOS DA ATIVIDADE FÍSICA ENTRE OS ANOS DE 1993 E 2012



Como las diferencias afectan

- Grandes centros urbanos
- Desarrollo desordenado
- Informalidad
- Pobreza
- Baja escolaridad
- Desigualdad Social
- Inseguridad

Como las diferencias afectan



Como las diferencias afectan



Como las diferencias afectan

Preventive Medicine 69 (2014) S86–S92



Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



Overcoming the challenges of conducting physical activity and built environment research in Latin America: IPEN Latin America



Deborah Salvo^{a,b,c,*}, Rodrigo S. Reis^{d,e}, Olga L. Sarmiento^f, Michael Pratt^{a,f}

^a Nutrition and Health Sciences, Graduate Division of Biological and Biomedical Sciences, Emory University, Atlanta, GA, USA

^b Nutrition and Health Research Center, National Institute of Public Health of Mexico, Mexico

^c Stanford Prevention Research Center, Stanford University School of Medicine, Stanford, CA, USA

^d Research Group of Physical Activity and Quality of Life (GPAQ), School of Health and Biosciences, Pontificia Universidade Católica do Paraná, Curitiba, Brazil

^e Department of Physical Education, Universidade Federal do Paraná, Curitiba, Brazil

^f Schools of Medicine and Government, Los Andes University, Bogota, Colombia

Como las diferencias afectan

- Experiencia académica
- Acceso, cantidad y calidad de los datos
- Especificidad sociopolítica y cultura
 - Selección de los participantes de las investigaciones
 - Bajo nivel de escolaridad
 - Reglamentación locales (cuestiones éticas)
 - Seguridad
- Apropiación de las medidas
- Seguridad

Como las diferencias afectan



Akira em Bogotá (2009)



Deborah Salvo (2010)

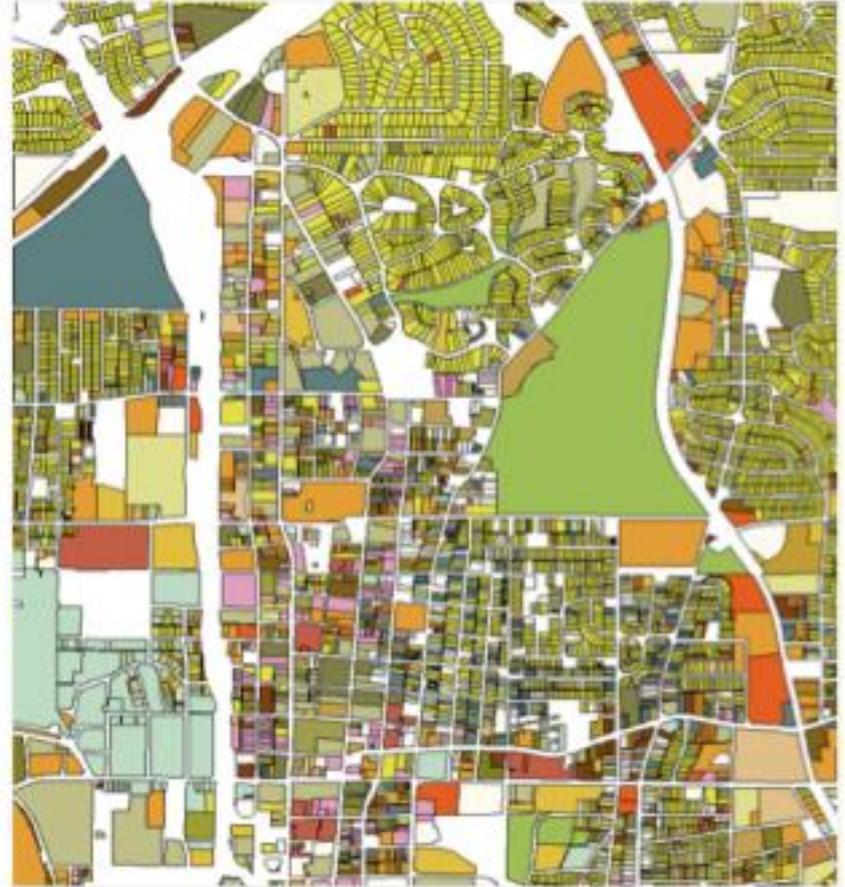


Andrea Ramírez (2011)

Acceso, cantidad y calidad



Acceso, cantidad y calidad



Especificidad, sociopolítica y cultural

Países mas desarrollados	Brasil, Colômbia y Mexico
Selección basada en sorteo de número de teléfono o código postal	Encuesta domiciliar
Envío del cuestionario y acelerómetro por correo	Entrega en la casa
Cuestionario autoreportado	Entrevista
Incentivos (\$) para participación	Reporte
Cultura de participar de investigaciones	Carisma y credibilidad

Especificidad, sociopolítica y cultural



Tudo o que você precisa é um desafio, mas você vai vencer se começar a fazer todos os dias de uma vez, e não tente fazer tudo de uma vez, porque não vai durar. Então, comece com um desafio e depois vá aumentando.

AQUI VÃO ALGUMAS DICAS PARA COMEÇAR:

1. Comece fazendo pelo menos 30 minutos de atividade física e se possível, de manhã cedo, antes de começar o dia. Isso aumenta o nível de energia e melhora o humor. Além disso, a atividade física ajuda a controlar o peso e a melhorar a saúde.
2. Tente se exercitar em locais que você gosta e que são seguros. Isso ajuda a manter a motivação e a fazer a atividade física se tornar um hábito.
3. Não se esqueça de beber água durante a atividade física. Isso ajuda a manter o corpo hidratado e a evitar a desidratação.
4. Se você estiver com problemas de saúde, consulte um médico antes de começar a fazer atividade física. Isso ajuda a garantir que a atividade física seja segura para você.
5. Procure fazer a atividade física regularmente. Isso ajuda a obter os benefícios da atividade física e a manter a saúde em dia.
6. Não se esqueça de descansar entre as atividades físicas. Isso ajuda a evitar lesões e a manter a saúde em dia.
7. A melhor atividade física para você é aquela que você gosta e que pode fazer regularmente.
8. Não se esqueça de se divertir durante a atividade física. Isso ajuda a manter a motivação e a fazer a atividade física se tornar um hábito.

RESULTADOS DO PROJETO
ESPAÇOS DE CURITIBA

SETOR DE ESPORTES PUCPR
3271-1613 | 3271-1593
www.pucpr.br/esportes
Aberta ao público. Só falta você!

CLÍNICA DE NUTRIÇÃO PUCPR
3271-1590 | 3271-2428
Atendimento gratuito!

GPAQ | DÚVIDAS E INFORMAÇÕES PUCPR
3271-2503 | www.gpaq.com.br

PROJETO E.S.P.A.Ç.O.S DE CURITIBA
ENTENDENDO AS PRÁTICAS DE ATIVIDADE FÍSICA NA COMUNIDADE

GPAQ
Grupo de Pesquisa em Atividade Física e Qualidade de Vida

PUCPR
Universidade Federal do Paraná

Rua Inocêncio Galvão Filho, 1553
Prado Velho | Curitiba - PR
www.pucpr.br



Apropriação de las medidas



Physical Activity Resource Assessment Instrument (PARA)
Instrumento para avaliação de estruturas para atividade física - Versão 1.2

1. Data: / / 2. Avaliador: 3. ID Local: 4a. Horário inicial:

Contato do coordenador de campo: 4b. Horário final:

5. Tipo de estrutura: (1) Parque/Bosque (2) Praça/Jardim

6. Horário de Funcionamento visível: Sim¹ Não² (pule para 8)

7a. Dia de semana Abre Fecha

7b. Fim de semana

8. É completamente cercado Sim¹ Não²

9. Sinalização de regras visível Sim¹ Não²

10. Módulo policial no local Sim¹ Não²

11. Estruturas presentes para atividade física:

	(-) Qualidade (+)
a	0 1 2 3
b	0 1 2 3
c	0 1 2 3
d	0 1 2 3
e	0 1 2 3
f	0 1 2 3
g	0 1 2 3
h	0 1 2 3
i	0 1 2 3
j	0 1 2 3
k	0 1 2 3
l	0 1 2 3
m	0 1 2 3
n	0 1 2 3
o	0 1 2 3
p	0 1 2 3
q	0 1 2 3
r	0 1 2 3
s	0 1 2 3
t	0 1 2 3
u	0 1 2 3
v	0 1 2 3
w	0 1 2 3
x	0 1 2 3
y	0 1 2 3
z	0 1 2 3

12. Estruturas para conforto do usuário:

	(-) Qualidade (+)
a	0 1 2 3
b	0 1 2 3
c	0 1 2 3
d	0 1 2 3
e	0 1 2 3
f	0 1 2 3
g	0 1 2 3
h	0 1 2 3
i	0 1 2 3

13. Condições de limpeza, estética e segurança:

	(-) Qualidade (+)
a	0 1 2 3
b	0 1 2 3
c	0 1 2 3
d	0 1 2 3
e	0 1 2 3
f	0 1 2 3
g	0 1 2 3
h	0 1 2 3

14. Serviços:

a	Sim ¹	Não ²
b	Sim ¹	Não ²
c	Sim ¹	Não ²
d	Sim ¹	Não ²
e	Sim ¹	Não ²
f	Sim ¹	Não ²

15. Acessibilidade:

a	Sim ¹	Não ²
b	Sim ¹	Não ²
c	Sim ¹	Não ²
d	Sim ¹	Não ²
e	Sim ¹	Não ²



Apropiación de las medidas



Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



Where Latin Americans are physically active, and why does it matter?
Findings from the IPEN-adult study in Bogota, Colombia; Cuernavaca,
Mexico; and Curitiba, Brazil

Deborah Salvo^{a,*}, Olga L. Sarmiento^b, Rodrigo S. Reis^{c,d}, Adriano A.F. Hino^c, Manuel A. Bolivar^{b,e},
Pablo D. Lemoine^b, Priscilla B. Gonçalves^{c,d}, Michael Pratt^f

^a Department of Epidemiology, Human Genetics and Environmental Sciences, University of Texas Health Science Center at

^b Schools of Medicine and Government, Universidad de los Andes, Bogotá, Colombia

^c School of Health and Biosciences, Pontifical Catholic University of Parana, Curitiba, Brazil

^d Federal University of Parana, Curitiba, Brazil

^e Center for Optimization and Applied Probability (COPA), Universidad de los Andes, Bogotá, Colombia

^f Institute of Public Health, Department of Family Medicine and Public Health, School of Medicine, University of California,

REVIEWS

Journal of Physical Activity and Health, 2010, 7(Suppl 2), S259-S264
© 2010 Human Kinetics, Inc.

Lessons Learned After 10 Years of IPAQ Use in Brazil and Colombia

Pedro C. Hallal, Luis Fernando Gomez, Diana C. Parra, Felipe Lobelo, Janeth Mosquera,
Alex A. Florindo, Rodrigo S. Reis, Michael Pratt, and Olga L. Sarmiento

Background: To describe the lessons learned after 10 years of use of the International Physical Activity Questionnaire (IPAQ) in Brazil and Colombia, with special emphasis on recommendations for future research in Latin America using this instrument. **Methods:** We present an analytical commentary, based on data from a review of the Latin American literature, as well as expert consultation and the authors' experience in administering IPAQ to over 43,000 individuals in Brazil and Colombia between 1998 and 2008. **Results:** Validation studies in Latin America suggest that the IPAQ has high reliability and moderate criteria validity in comparison with accelerometers. Cognitive interviews suggested that the occupational and housework sections of the long IPAQ lead to confusion among respondents, and there is evidence that these sections generate overestimated scores of physical activity. Because the short IPAQ considers the 4 physical activity domains altogether, people tend to provide inaccurate answers to it as well. **Conclusions:** Use of the leisure-time and transport sections of the long IPAQ is recommended for surveillance and studies aimed at documenting physical activity levels in Latin America. Use of the short IPAQ should be avoided, except for maintaining consistency in surveillance when it has already been used at baseline.

Las diferencias

Revista Brasileira de Cineantropometria & Desempenho Humano

ISSN 1415-8426



Artigo original

Leticia de Matos Malavasi¹
 Maria de Fátima da Silva Duarte²
 Jorge Both³
 Rodrigo Siqueira Reis⁴

ESCALA DE MOBILIDADE ATIVA NO AMBIENTE COMUNITÁRIO – NEWS BRASIL: RETRADUÇÃO E REPRODUTIBILIDADE

NEIGHBORHOOD WALKABILITY SCALE (NEWS - BRAZIL): BACK TRANSLATION AND RELIABILITY

RESUMO

Existem, no Brasil, poucos instrumentos para avaliar a relação entre o ambiente físico e a prática de atividades físicas. O objetivo do estudo foi analisar a tradução, a retradução e a reprodutibilidade do questionário NEWS (Neighborhood Environment Walkability Scale) para o português do Brasil. Os procedimentos metodológicos foram estruturados em duas etapas. Primeiramente, efetuou-se a tradução e a retradução do NEWS com o intuito de verificar a linguagem do instrumento. Em seguida, realizou-se a reprodutibilidade do questionário por meio de teste e re-teste. A amostra desta pesquisa teve a participação de 75 pessoas (45 mulheres e 30 homens, com média de 33 ± 15 anos). A correlação intraclass, a fidelidade para as dimensões, o teste de correlação de Spearman e a correlação intraclass para os indicadores de cada dimensão deste instrumento foram analisados com o auxílio do pacote estatístico SPSS (versão 11.0). O nível de significância adotado foi de $p < 0,05$. A análise dos resultados revelou que o valor α total do questionário (0,8042) pode ser considerado como um bom coeficiente de reprodutibilidade. As dimensões avaliadas pelo questionário apresentaram índices que foram considerados de forte correlação ($R = 0,98 - 1,00$) e de boa fidelidade ($0,655 < \alpha < 0,904$). Nos indicadores, obtiveram-se índices de moderado a forte de reprodutibilidade ($0,55 < r < 0,99$) e forte correlação ($0,98 < R < 1,00$). De acordo com os resultados, concluiu-se que a tradução, a retradução e a reprodutibilidade do questionário NEWS - Brasil apresentaram parâmetros aceitáveis. Portanto, o NEWS Brasil poderá ser utilizado para conhecer a relação entre ambiente/atividade física na comunidade.

Palavras-chaves: Barreiras ambientais; Mobilidade; Validação de questionário.

ABSTRACT

In Brazil, there are few validated scales that establish the relationship between environmental barriers and physical activity. Therefore, the aim of this study was to analyze the translation, back translation and reliability of the Neighborhood Environment Walkability Scale (NEWS) into Brazilian Portuguese. The methodological procedures were structured in two phases. The first phase was to translate and back translate NEWS to verify the instrument language. The second phase was the test and re-test reliability of the questionnaire. The sample was composed of 75 people (45 women and 30 men, mean age of 33 ± 15 years). The statistical analyses to verify the Brazilian NEWS were performed with the SPSS program (version 11.0) for intra-class correlation and reliability for the dimensions; Spearman correlation test and intra-class correlation for all indicators from this questionnaire. The significance level adopted in this survey was $p < 0,05$. The results in this study demonstrated that the α value of the questionnaire (0.8042) could be considered as a good reliability coefficient. The dimensions evaluated by this instrument presented a strong correlation ($R = 0.98 - 1.00$) and good credibility ($0.655 < \alpha < 0.904$). The indicators exhibited moderate to strong values for reliability ($0.55 < r < 0.99$), and a strong correlation ($0.98 < R < 1.00$). According to these results, the Brazilian NEWS questionnaire had acceptable linguistic validity and reliability. Therefore, the Brazilian NEWS questionnaire can be used as an instrument to evaluate the relationship between environmental barriers and physical activity in communities.

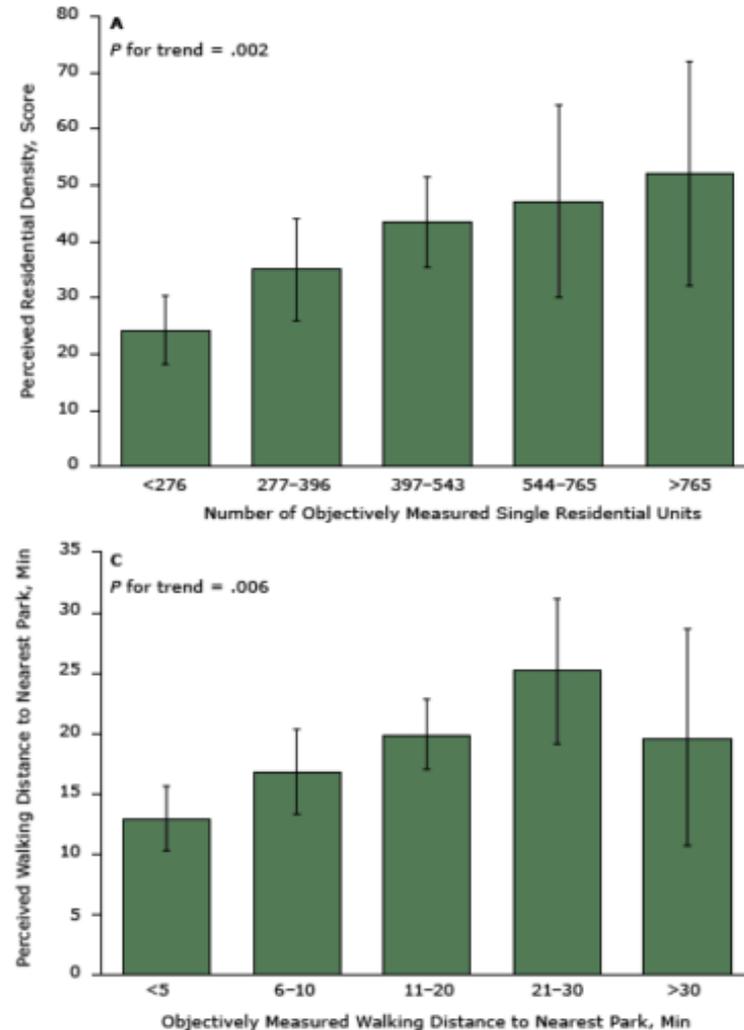
Key words: Environment barriers; Walkability; Questionnaire validation.

¹ Doutoranda em Educação Física da UIUC – University of Illinois/Urbanda-Champaign – USA.

² Programa de Pós-Graduação em Educação Física. Universidade Federal de Santa Catarina/Florianópolis/Santa Catarina/Brasil

³ Mestrando em Educação Física do PPGEF/UFSC – Universidade Federal de Santa Catarina/Florianópolis/Santa Catarina/Brasil

⁴ Professor Doutor da PUC – Pontifícia Universidade Católica do Paraná/Curitiba/Paraná/Brasil



Seguridad

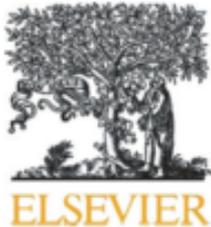
- Para los entrevistadores:
 - Trabajar en pares
 - Celular
 - No ir en ciertos barrios/sitios
 - Comunicar las autoridades locales
- Para los entrevistados:
 - Uniforme
 - Divulgación
 - Contacto (universidad, grupo de investigación, website)
 - Acelerómetro no rastrea la posición

Ventajas

- Tener certeza de la comprensión
- Medidas objetivas
 - Peso y estatura
- Demostración de utilización
- "Bajo" rechazo



Ventajas



Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



Where Latin Americans are physically active, and why does it matter?
Findings from the IPEN-adult study in Bogota, Colombia; Cuernavaca,
Mexico; and Curitiba, Brazil

Deborah Salvo ^{a,*}, Olga L. Sarmiento ^b, Rodrigo S. Reis ^{c,d}, Adriano A.F. Hino ^c, Manuel A. Bolivar ^{b,e},
Pablo D. Lemoine ^b, Priscilla B. Gonçalves ^{c,d}, Michael Pratt ^f

^a Department of Epidemiology, Human Genetics and Environmental Sciences, University of Texas Health Science Center at Houston (UTHealth), School of Public Health, Austin, TX, USA

^b Schools of Medicine and Government, Universidad de los Andes, Bogotá, Colombia

^c School of Health and Biosciences, Pontifical Catholic University of Parana, Curitiba, Brazil

^d Federal University of Parana, Curitiba, Brazil

^e Center for Optimization and Applied Probability (COPA), Universidad de los Andes, Bogotá, Colombia

^f Institute of Public Health, Department of Family Medicine and Public Health, School of Medicine, University of California, San Diego, San Diego, CA, USA

Vantajas



Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed



The built environment and recreational physical activity among adults in Curitiba, Brazil

Adriano A.F. Hino ^{a,b,*}, Rodrigo S. Reis ^{a,b}, Olga L. Sarmiento ^c, Diana C. Parra ^d, Ross C. Brownson ^{d,e}

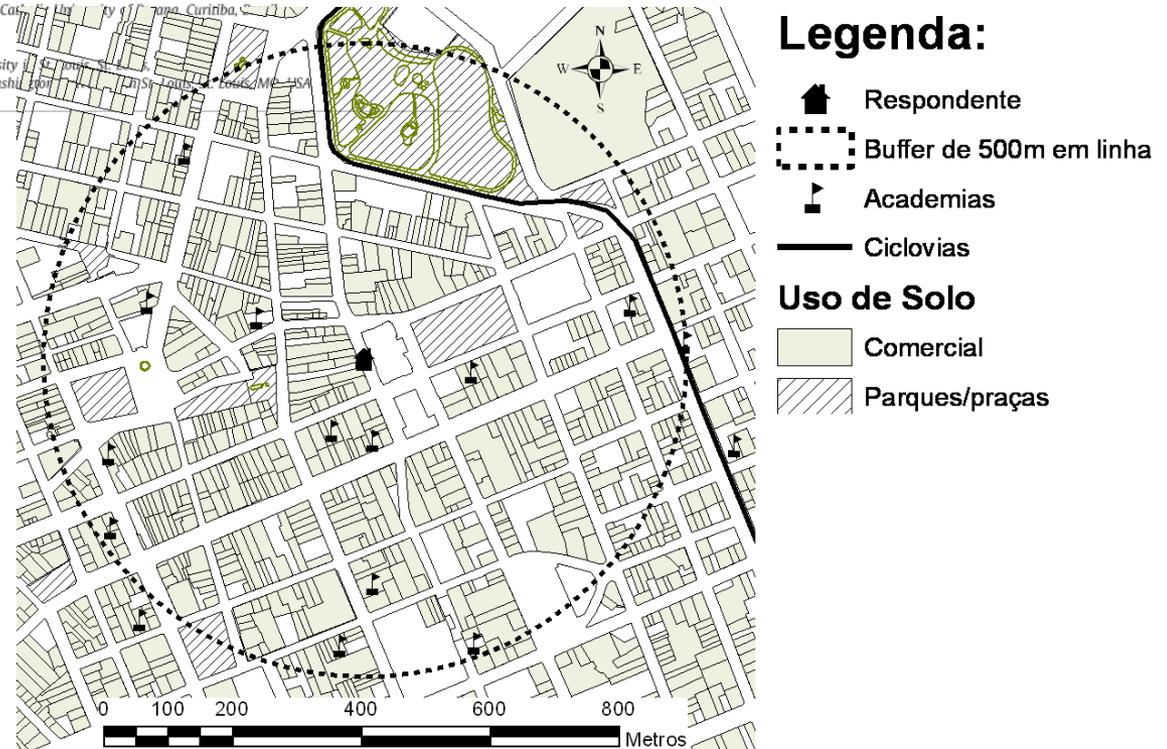
^a Research Group of Physical Activity and Quality of Life (GPAQ), Department of Physical Education, Pontifical Catholic University of Paraná, Curitiba, Brazil

^b Department of Physical Education, Federal University of Paraná, Curitiba, Brazil

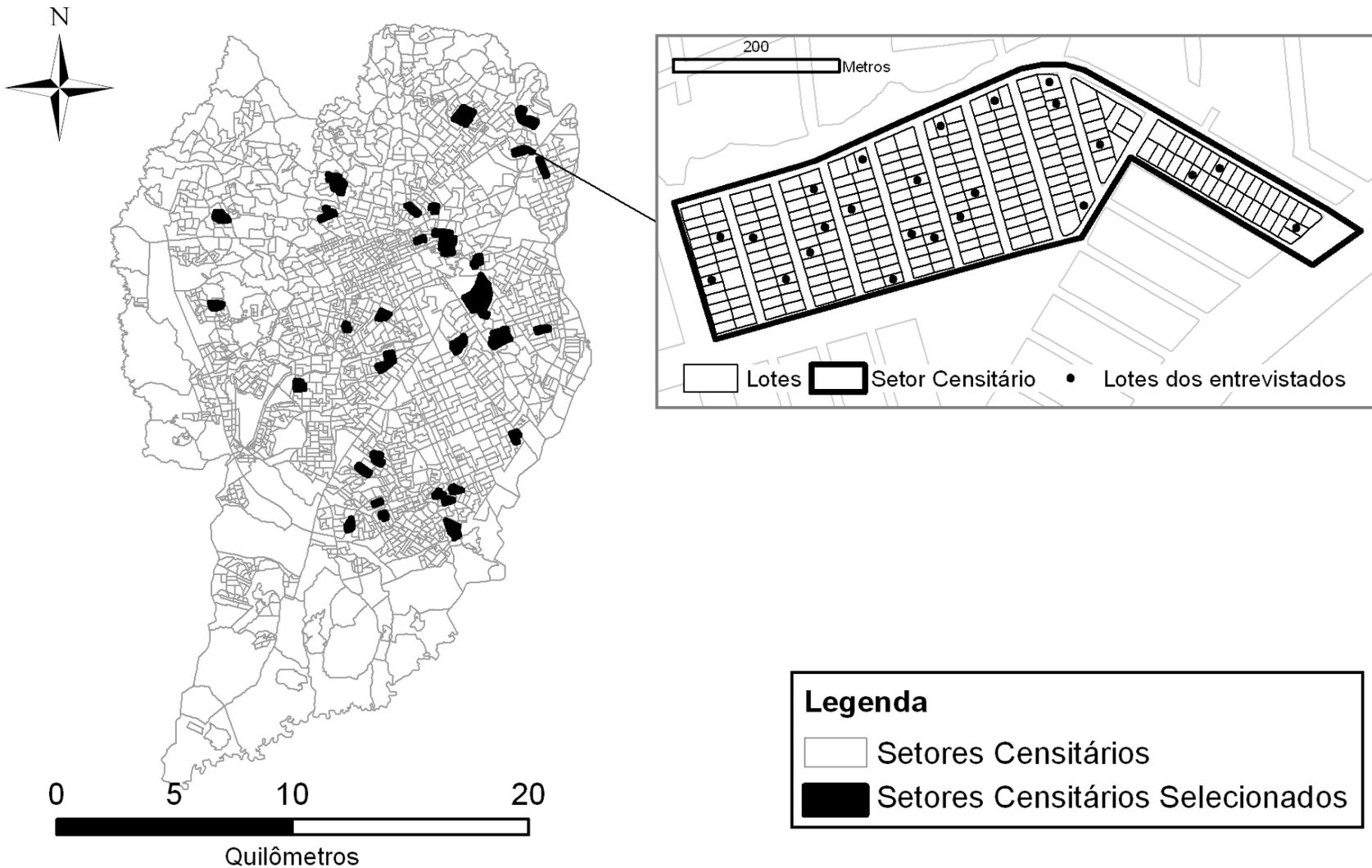
^c Department of Public Health, School of Medicine, Universidad de los Andes, Bogota, Colombia

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

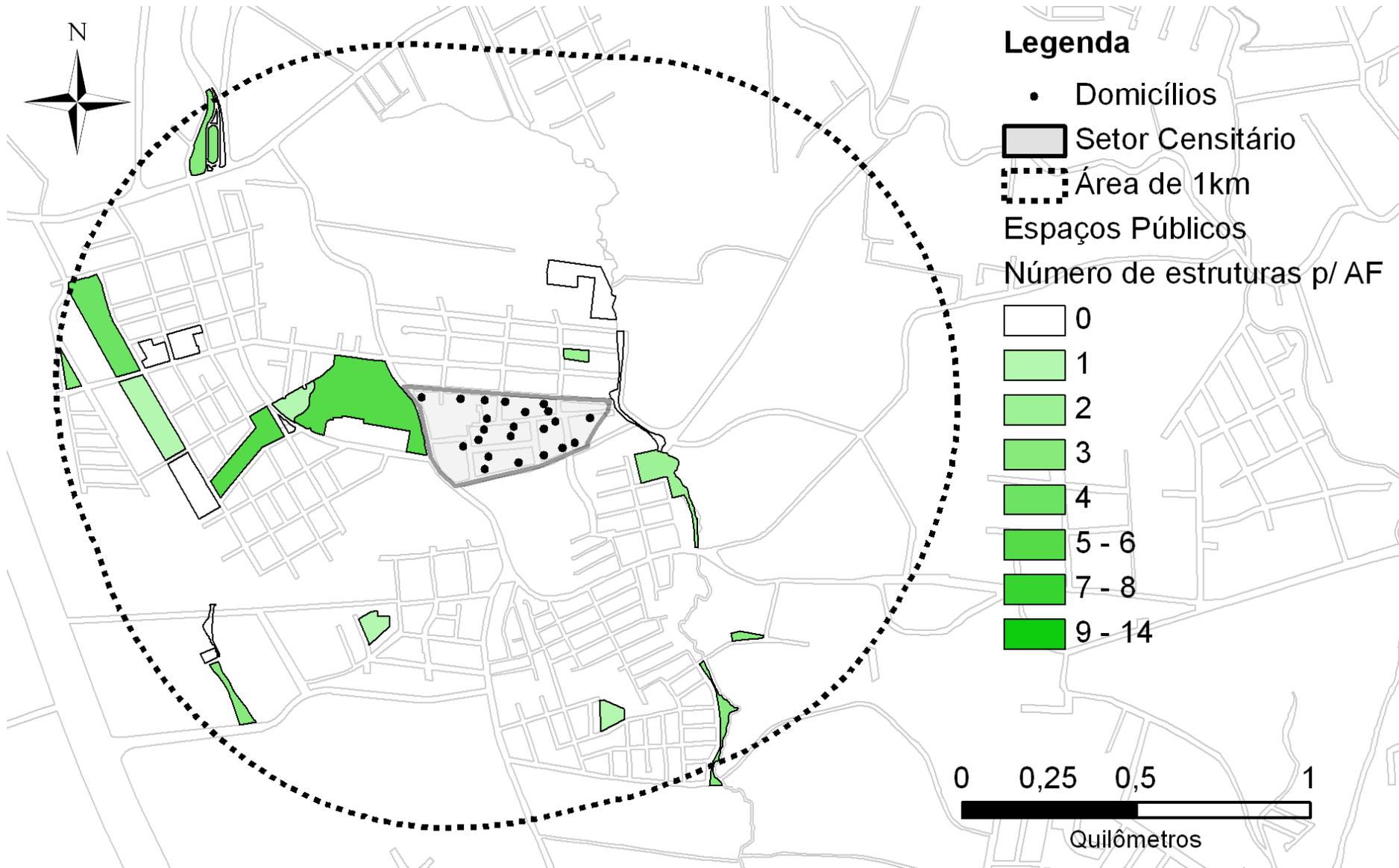
^e Department of Surgery and Alvin J. Siteman Cancer Center, Washington University School of Medicine, Washington University in St. Louis, St. Louis, MO, USA



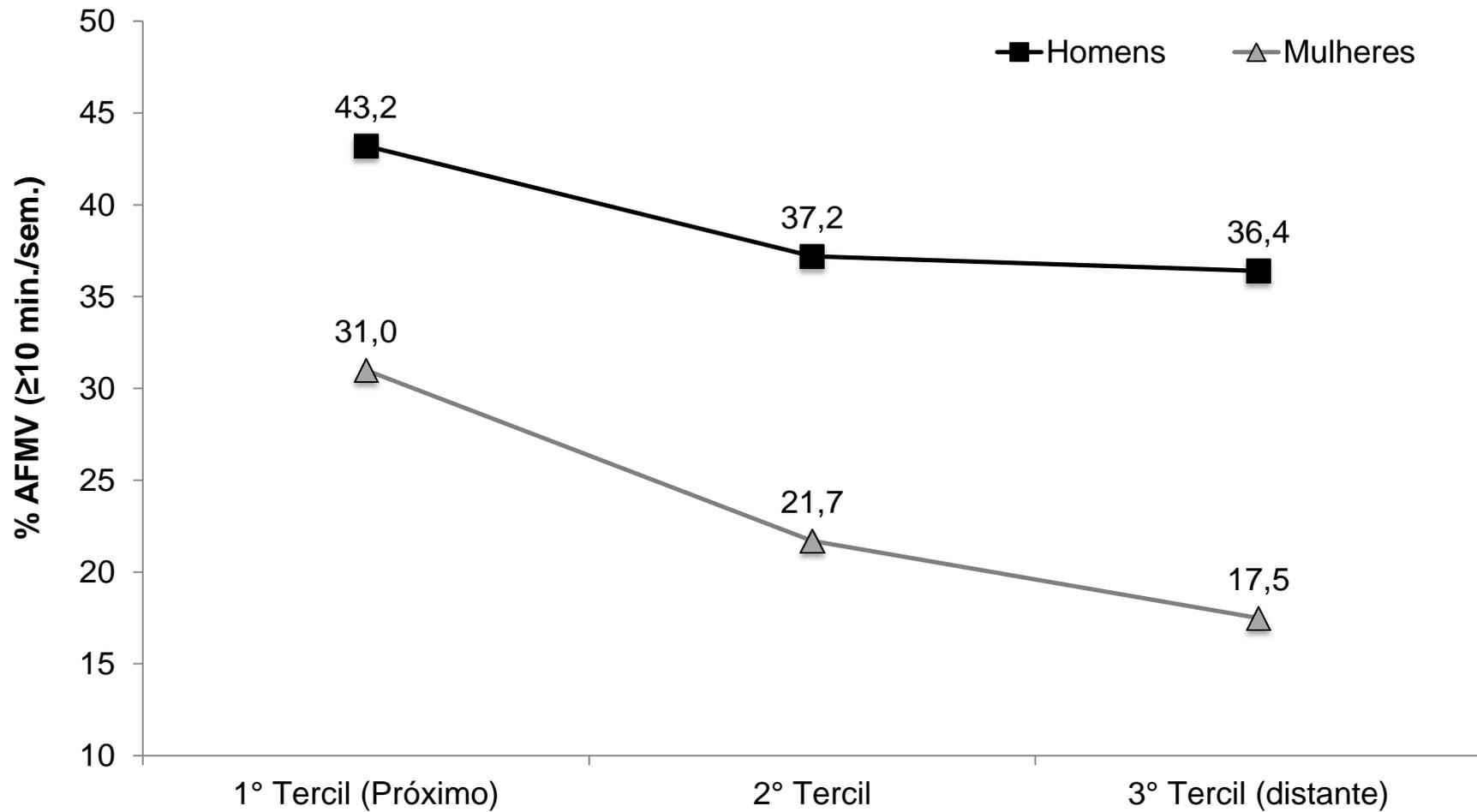
Vantajas



Vantajas

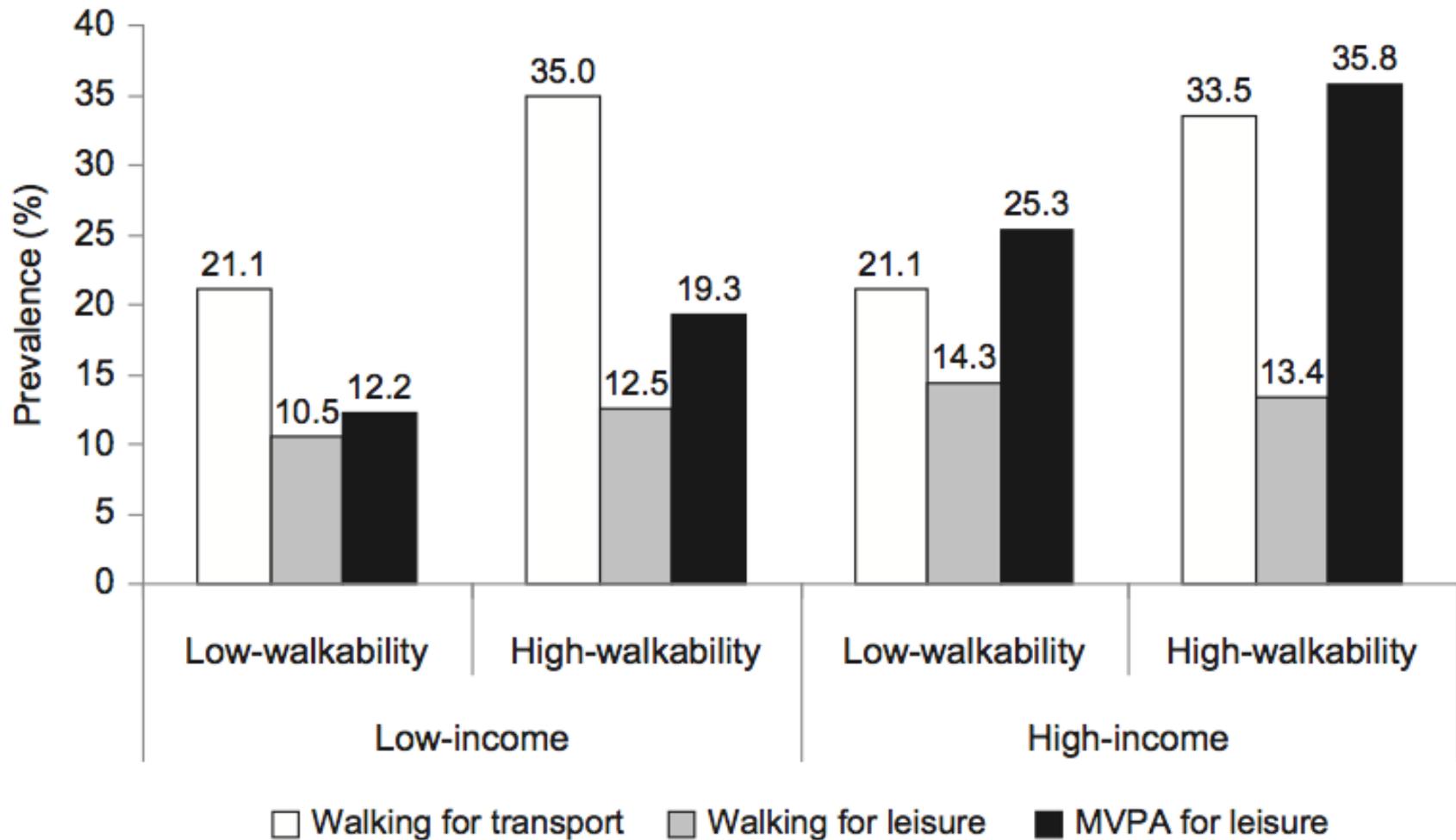


Vantajas



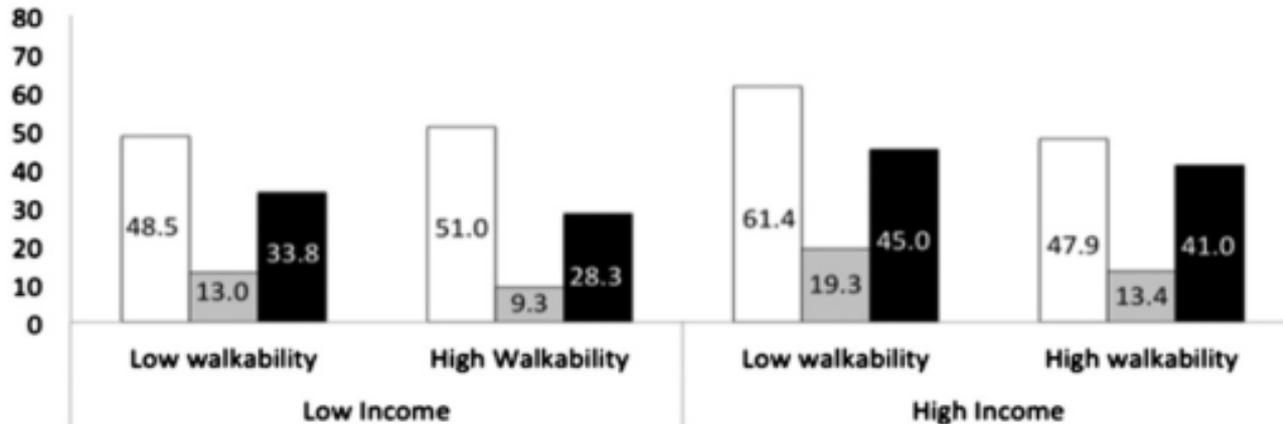
Distância até o EPL con ≥ 3 estruturas para AF mas próximo

Ventajas

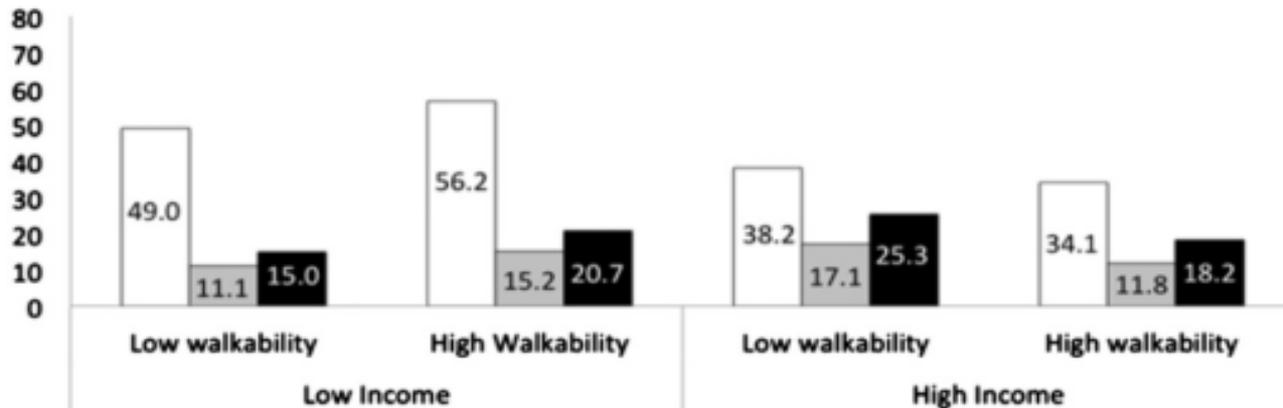


Ventajas

B) Bogotá, Colombia



C) Cuernavaca, México

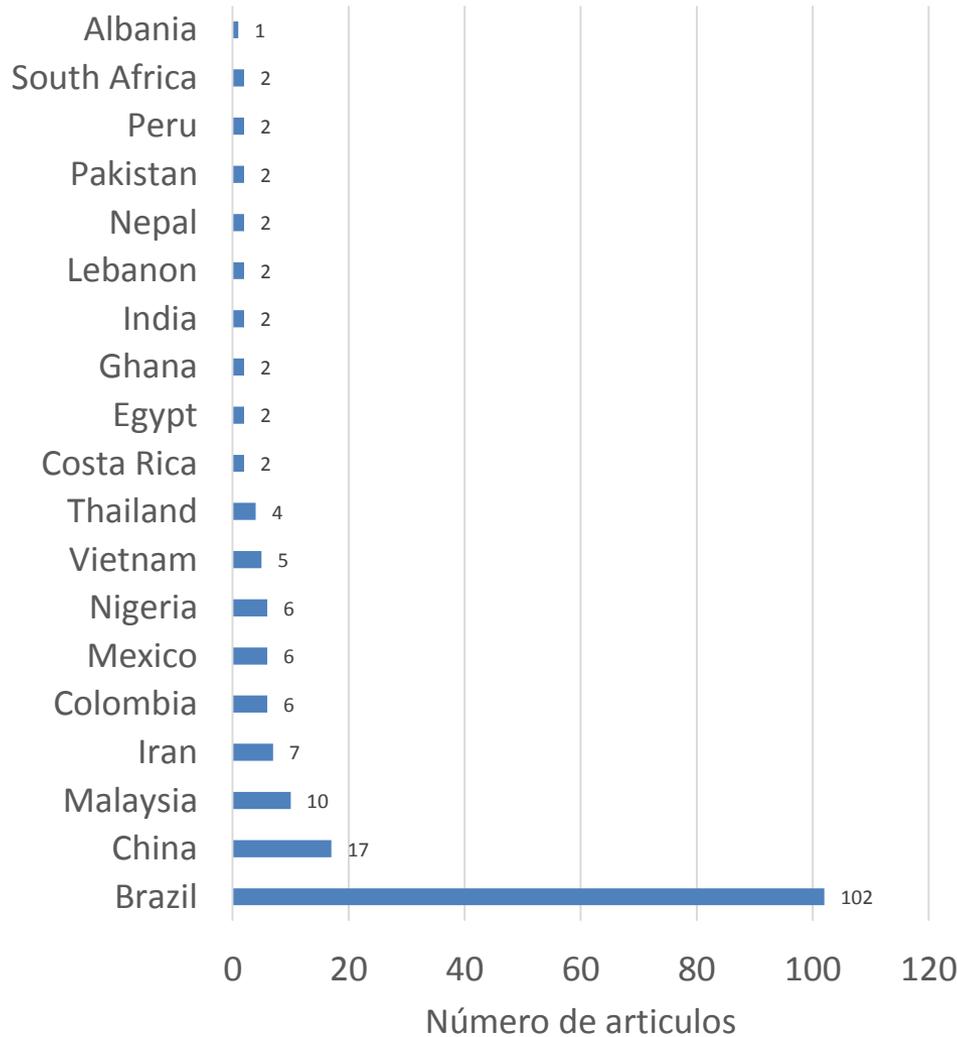


□ Walking for Transport ■ Walking for Leisure ■ MVPA for Leisure

Conclusiones

- Tenemos muchos problemas
 - Social
 - Construido
- Resiliencia
- Criatividad
- Baja escolaridad → capacitación académica
- Evidencias científicas

Conclusiones



Physical Activity 2016: Progress and Challenges

Progress in physical activity over the Olympic quadrennium

James F Sallis, Fiona Bull, Regina Gethold, Gregory W Heath, Shigeru Inoue, Paul Kelly, Adebowale Oyejemi, Lilian G Perez, Justin Kirkham, Pedro C Hallal (for the Lancet Physical Activity Series 2 Executive Committee)*

On the eve of the 2012 summer Olympic Games, the first Lancet Series on physical activity established that physical inactivity was a global pandemic, and global public health action was urgently needed. The present paper summarises progress on the topics covered in the first Series. In the past 4 years, more countries have been monitoring the prevalence of physical inactivity, although evidence of any improvements in prevalence is still scarce. According to emerging evidence on brain health, physical inactivity accounts for about 8.9% of cases of dementia worldwide. An increase in research on the correlates of physical activity in low-income and middle-income countries (LMICs) is providing a better evidence base for development of context-relevant interventions. A finding specific to LMICs was that physical inactivity was higher in urban (vs rural) residents, which is a cause for concern because of the global trends toward urbanisation. A small but increasing number of intervention studies from LMICs provide initial evidence that community-based interventions can be effective. Although about 80% of countries reported having national physical activity policies or plans, such policies were operational in only about 56% of countries. There are important barriers to policy implementation that must be overcome before progress in increasing physical activity can be expected. Despite signs of progress, efforts to improve physical activity surveillance, research, capacity for intervention, and policy implementation are needed, especially among LMICs.

Introduction

Every 4 years, the summer Olympic Games divert much of the world's attention from the conflicts and tragedy that regularly dominate the news. The sight of talented athletes pushing their bodies to the limits inspires some viewers to greater achievements in sport and life. Health professionals hope that 2 weeks of exposure to images and stories of athletics will lead viewers to make increased efforts to be physically active in their own lives, even if at a much lower level than the athletes. Although no evidence has shown that the Olympics impact physical activity in the host country or elsewhere, the Olympic Games aim a powerful media spotlight on human movement.

As the London Olympic Games were poised to open in July, 2012, the first Lancet Series on physical activity identified physical inactivity as a global pandemic and urgent public health priority. A wide variety of interventions have been shown to be effective, but they have not been widely implemented, so public health agencies were called upon to collaborate with sectors such as transportation, health care, and sport to mount a stronger response to this health challenge.¹ The 2012 Series was widely covered in media worldwide, and the Series papers have been heavily cited. With the imminent inauguration of the 2016 summer Olympic Games in Rio de Janeiro, we ask how much progress has been made during the Olympic quadrennium in research, practice, and policy regarding physical activity.

This first paper in this second Lancet physical activity Series provides a progress report on the topics covered in the 2012 Series. Different approaches to identifying progress were taken that were deemed appropriate to each topic. The progress reports on physical activity

surveillance and national policies to promote physical activity have strong continuity with papers in the first physical activity Series. Rather than provide an update on deaths from physical-inactivity-related non-communicable diseases (NCDs), the present section on health effects summarises new evidence on the link between physical activity and dementia. To complement the papers in the first Series, the sections on correlates of physical activity and intervention studies focus specifically on progress in low-income and middle-income countries (LMICs). Authors of each section used different methods because of the diverse nature of the topics.

Progress on surveillance of physical inactivity worldwide

We used comparable country estimates for physical inactivity from WHO to analyse the evolution of physical activity surveillance over the Olympic quadrennium (panel 1). In 2012, we obtained adult physical inactivity surveillance data from 122 countries representing 88.9% of the world's population.² For the present analyses, data were available for 146 countries, representing 93.3% of the world's population (figure 1). The increased global population coverage was mainly due to the addition of populous nations such as Nigeria, Egypt, and Tanzania. Data were available from 82% (41 of 51) of high-income countries (HICs), 75% (41 of 55) of upper-middle-income countries (U-MICs), 69% (38 of 55) of lower-middle-income countries (LMICs), and 77% (27 of 35) of low-income countries (LICs). The proportion of countries contributing surveillance data among adult populations increased in all regions, except southeast Asia: Africa (72–87%), Americas (43–57%), eastern Mediterranean (43–57%), Europe (68–75%), southeast Asia (82%, no change), and western Pacific (70–89%).

Series



Published Online
July 22, 2016
[http://dx.doi.org/10.1016/S0140-6736\(16\)01610-5](http://dx.doi.org/10.1016/S0140-6736(16)01610-5)
This paper forms part of the Physical Activity 2016 Series
*Names listed at end of the report

See Online Comment
[http://dx.doi.org/10.1016/S0140-6736\(16\)13019-4](http://dx.doi.org/10.1016/S0140-6736(16)13019-4)
[http://dx.doi.org/10.1016/S0140-6736\(16\)13018-0](http://dx.doi.org/10.1016/S0140-6736(16)13018-0)
[http://dx.doi.org/10.1016/S0140-6736\(16\)13017-1](http://dx.doi.org/10.1016/S0140-6736(16)13017-1)
[http://dx.doi.org/10.1016/S0140-6736\(16\)13016-2](http://dx.doi.org/10.1016/S0140-6736(16)13016-2)

See Online Article
[http://dx.doi.org/10.1016/S0140-6736\(16\)13019-4](http://dx.doi.org/10.1016/S0140-6736(16)13019-4)
[http://dx.doi.org/10.1016/S0140-6736\(16\)13018-0](http://dx.doi.org/10.1016/S0140-6736(16)13018-0)
[http://dx.doi.org/10.1016/S0140-6736\(16\)13017-1](http://dx.doi.org/10.1016/S0140-6736(16)13017-1)

Department of Family Medicine and Public Health, University of California, San Diego, CA, USA
First J Sallis PhD, Center for Built Environment and Health, The University of Western Australia, Perth, WA, Australia

J Bull PhD, Prevention of Non-communicable Disease Department, World Health Organization, Geneva, Switzerland
R Gethold PhD, Department of Health, Human Performance and Medicine, University of Tennessee, Chattanooga, TN, USA

G W Heath PhD, Department of Medicine and Public Health, York University, Toronto, Ontario, Canada
L G Perez PhD, Physical Activity for Health Research Center, University of Edinburgh, Edinburgh, UK

J Kirkham PhD, Department of Physiotherapy, College of Allied Sciences, University of Malawi, Malawi
P Kelly PhD, Physical Activity, Sport and Recreation Research Institute, Faculty of Health Sciences, North-West University, Potchefstroom, South Africa

