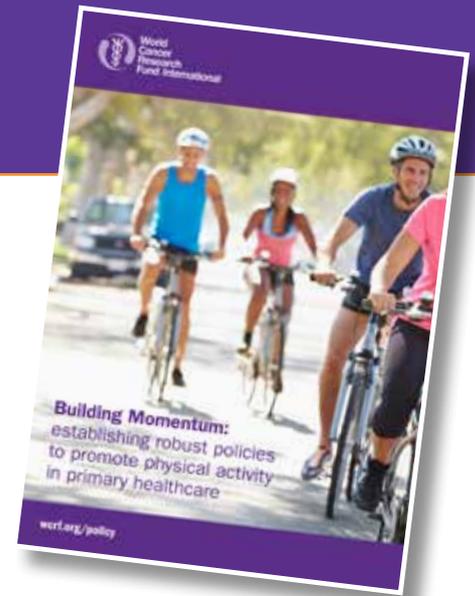


Building Momentum: establishing robust policies to promote physical activity in primary healthcare



Promoting physical activity is beneficial for health and economies

- Physical activity plays a vital role in promoting and maintaining good physical and mental health, helping to prevent many non-communicable diseases (NCDs) – including many cancers.
 - There is strong evidence that physical activity reduces the risks of bladder, breast, colon, endometrial, oesophageal, renal and gastric cancers.^{1,2}
 - Of all the cancers prevented by physical activity, the largest effect is on colon cancer: around 10% of deaths from colon cancer could be prevented if everyone were to be active.^{3,4}
- Physical activity can also play an important role for people living with NCDs in preventing disease progression and improving quality of life.
- Increasing population physical activity can have impressive cost savings by increasing productivity and reducing the burden of NCDs on health services.

The benefits of physical activity

Brain health

Delaying the onset of dementia, improving cognitive function

Better sleep

Cardiovascular health

Preventing and managing heart disease, stroke, type 2 diabetes, chronic lung disease and high blood pressure

Bone and musculoskeletal health

Maintaining physical function, preventing falls



Weight management

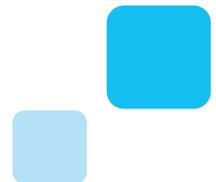
Protecting against weight gain, overweight and obesity

Cancer prevention

Reducing the risk of cancer, in particular bladder, breast, colon, endometrial, oesophageal, renal and gastric cancers

Mental health

Reducing symptoms of anxiety and depression, boosting self-esteem and confidence



How can primary healthcare (PHC) help get people more active?

- Promoting physical activity in PHC is a cost-effective way to increase population levels of physical activity, which can help to prevent and manage NCDs, including many cancers.
- PHC professionals are ideally positioned to promote comprehensive interventions to prevent and manage NCDs⁵ – including advocating for physical activity across the whole population and life course.⁶
- Currently, many countries do not have policies on delivering physical activity interventions in primary care, despite the evidence for effectiveness and its inclusion in international policy instruments, such as the WHO's 'NCD best buys'.^{7 8}
- This Building Momentum Report outlines why physical activity promotion in PHC is an important component of the comprehensive, cross-sectoral, systems-wide approach required to increase physical activity levels.



Methods

A literature review (including peer-reviewed articles and grey literature) identified national and international reports, research articles and policies from around the world related to the promotion of physical activity in PHC settings. Search terms included “physical activity”, “primary health”, “prescription” and “policy”. This report also draws heavily on reports and documents provided or highlighted by members of WCRF International’s Policy Advisory Group and experts interviewed as part of the research.

A total of 14 semi-structured interviews were conducted with experts who were selected for their knowledge and experience of the topic, either internationally or nationally. Most also have personal experience of the policy process in countries that have implemented policies for physical activity promotion in PHC settings, providing valuable insight into policy enablers and constraints.

The report includes case studies of how four countries are introducing physical activity promotion into PHC.

Key findings

It is important to recognise that different approaches will work within different health systems, income settings and cultures. There is no one route to success – but there are some **foundational policy processes that are necessary for successful policy development**:

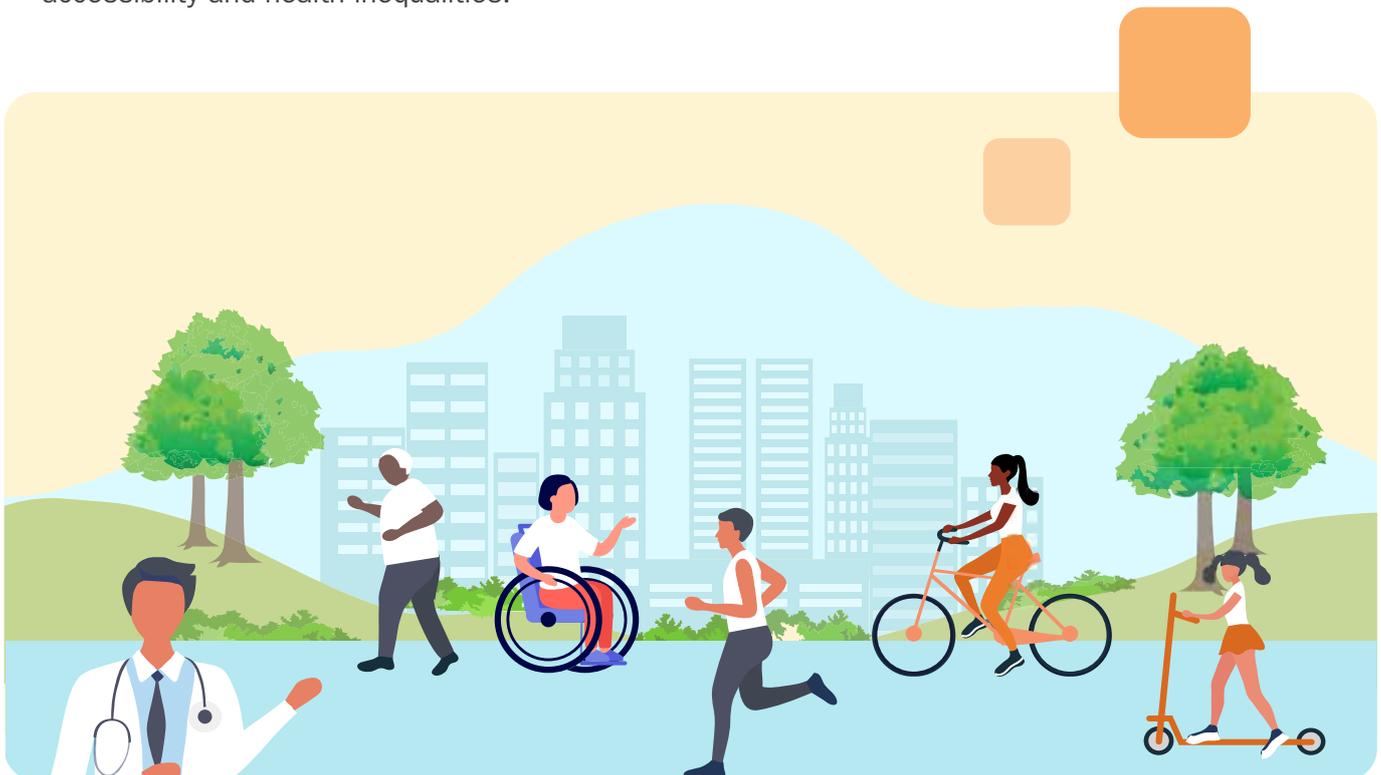
- **Use the evidence:** Evidence is fundamental to good policy design. Policymakers should use evidence to design and implement physical activity promotion policies in PHC settings, and ensure sustained take-up. This includes collecting evidence from people with lived experience, as the perspectives of patients and population groups being targeted by the policies are particularly valuable.
- **Build shared policy understanding and objectives:** Ensuring a cross-governmental understanding of the benefits of physical activity promotion in PHC will foster broad political support for policy across government departments. Do not underestimate the role that policy champions can play in driving policy progress forward!



- **Context matters:** Approaches must be context-specific if policy is to be successfully introduced and implemented; consideration should be given to healthcare system models, political contexts, and social and cultural realities. Time needed to account for short and long-term impacts, sustainability and evaluation should also be factored in.
- **Equity:** Advancing equity should be a consideration at every stage of all policymaking. If designed well, physical activity policy can contribute to tackling health inequities.

Additionally, **policies should integrate components that enable physical activity promotion to be effectively implemented in PHC settings:**

- **PHC professional training, capacity and confidence-building:** government policy must ensure that all healthcare professionals have adequate levels of training and awareness of physical activity opportunities in the local community to give them the knowledge and confidence to deliver behavioural advice and counselling.
- **Health systems capacity:** any policy to promote physical activity within primary care settings must be fully resourced. Health systems should provide healthcare professionals with the time, tools and incentives to provide patients with preventative, rather than reactive, care. Monitoring capacity should also be built in, to demonstrate the impact on patients' physical activity levels and lives.
- **Incentives:** incentivisation for PHC professionals to incorporate physical activity promotion into their routine practice will help to increase rates of delivery and uptake among patients.
- **Communication and collaboration:** communication between key stakeholders and collaborative approaches in policy development, execution and monitoring/evaluation are needed to ensure that policies are applicable and relevant to PHC practitioners, their practice, and the patients for whom they are providing care. Establishing a coordinator role to act as liaison between PHC practitioners and community physical activity services is especially beneficial.
- **Supportive environments for patients:** to fully enable a whole-systems approach to physical activity promotion, policies must extend beyond PHC settings and to include the environments in which patients live, work and play. This should include supportive built environments with considerations for safety, accessibility and health inequalities.



Conclusions

- Well-designed policy on physical activity promotion in primary healthcare is a key opportunity to improve the short- and long-term health and wellbeing of the population in every country.
- Policies are important tools that governments can use to encourage physical activity. Action is needed across a wide range of areas such as health, sport, education, transport and urban design, to target where we live, learn, work and play.
- While the number of countries with national protocols on physical activity in primary care has increased in some regions, others have seen a decrease. There need to be more policies to help reach global targets on increasing population physical activity.
- With NCDs currently accounting for 41 million deaths globally each year⁹, there is no time to waste to bring in policies to help people to be more active – and physical activity promotion in PHC is an important tool in achieving this.

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Do you have any questions?

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