
Commentary on Active Living

From Research to Practice?

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There is longstanding scientific consensus on the health benefits of moderate amounts of physical activity, as well as consensus that greater amounts of activity have greater health benefits.¹ Emphasis on obesity prevention has highlighted the importance of increasing levels of physical activity and of messages that everyday activities (like walking to work) provide health benefits. From the public health point of view, the main challenge today is to have the inactive group in the population begin to engage in at least some moderate-intensity physical activity. The greatest public health impact comes from having inactive and insufficiently active people achieve the health benefits of moderate amounts of activity.

The current international political support to tackle physical inactivity relates to the growing obesity epidemic, but we must remember that the health impacts of physical activity go far beyond weight control. Physical activity helps prevent cardiovascular diseases through many mechanisms; it also helps prevent numerous other diseases and health problems, such as type 2 diabetes, musculoskeletal problems, and depression.

For effective interventions, we should consider both restrictions and positive incentives, with the right balance. For physical activity, it is often recommended to restrict TV watching, computer games, staying indoors, and motorized transport, for example, and increase outdoor playing, sports, school physical activities, daily walking, and bicycling. For diet, restrictions mean measures to reduce the pressures to consume energy-dense and unhealthy foods, while positive solutions mean measures to increase the consumption of healthy, less energy-dense foods and drinks at schools, public facilities, and homes.

When we discuss health-related lifestyles, we often encounter the question of whose responsibility healthy lifestyles are: individual or societal? Clearly, both individual responsibility and societal responsibility are needed. Thus, while we must always remind ourselves of the individual's own responsibility, we should emphasize the strong environmental influences on people's lifestyles. There is public responsibility that should lead to policy initiatives. To promote people's physical

activity—active living—a whole range of policy issues should be considered, from urban and transport planning to policies for parks, recreation, sports, and schools.

The experience in implementing successful health promotion, along with the economic issues, confirms the importance of policy interventions in promoting physical activity. It is through policy change that we can have the greatest impact.

Strong Global Influences: Actions Needed

Determinants of lifestyles and behaviors range from global to local influences, and there is close interaction between the different levels. In the current world there are strong and growing global influences on lifestyles.

On the global level, WHO should lead the action worldwide, in collaboration with other UN agencies and in interaction with other international organizations, industries, and the media. Concerning physical activity, WHO has developed its international instrument—the WHO Global Strategy on Diet, Physical Activity and Health²—which was developed in a comprehensive process based both on the latest scientific evidence and broad consulting of various stakeholders: international organizations, Member States, nongovernmental organizations (NGOs), and the private sector.

At the same time, national policies still have a major role in people's lives. Governments have a basic responsibility for public health. In addition to national and local governments, increasingly private sector and civil society have a great role. Governments need to find ways to effectively support and guide developments in a healthier direction.

Research and Theory Base

The research base on the health impacts of physical activity is very strong. Thus the public health challenge is—as is often said—not what to do but how to do it. What kinds of interventions are effective in promoting physical activity in the population? For this it is important to develop the theoretical base of physical activity interventions. We should always remember the old wisdom “nothing is so practical as good theory.”

In this respect, the work within the Active Living Research program is welcome. While earlier research

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and many physical activity health promotion programs have been based on dissemination of information and on motivation and other individual aspects, the current research emphasizes the strong environmental influences on our physical activity pattern. We better understand how our lifestyles are strongly influenced by our physical and social environments. What we need more is research on the theory and practice of successful societal and community-based interventions that create environments that support and encourage people to be active.

Finnish Example

In the historical perspective of the extremely high cardiovascular mortality in Finland in the early 1970s, and with the then-emerging research results on the central role of smoking, diet, and other lifestyles—through such biological risk factors as blood cholesterol, blood pressure, and obesity—attention was drawn to lifestyles and their determinants in the community. That led to the adoption of the community-based intervention approach. Thus the essence of the program—the North Karelia Project—was to change the social and physical environments of the Province of North Karelia.³

The results of the intervention have been very encouraging. Dietary habits and smoking have dramatically changed—and the annual heart disease mortality among the working-aged population is now some 85% lower—with ten added years in life expectancy.⁴ The experience supports the notion that comprehensive interventions with community-based and national activities, including policies to change physical and social environments, can lead to major lifestyle changes and improvements in public health.

Concerning the current strong emphasis on obesity prevention and physical activity, it is of interest to note that in the 1970s the North Karelian men who had extremely high rates of coronary heart disease were physically very active because of hard manual work, and were usually lean. The main problem was the quality of food, with very high blood cholesterol and blood pressure levels, and heavy smoking. Now the situation has changed: Occupations and modes of transportation have changed and body weights have tended to increase. Thus increases in physical activity and active daily living have become among the central targets in national public health work also in Finland, and we do see substantial increases in leisure-time physical activity of the population and big environmental changes, such as increases in bicycle roads in cities.

Emphasis on Implementation

While new research and increased understanding of effective theory-based interventions is always needed, a

major issue in successful health promotion is implementation. It is not enough to do the right thing, but we need also to do enough of it.

During the last few years we have seen a proliferation of global and national health initiatives, also in the field of health promotion and disease prevention. This is most positive, but there are great challenges concerning their implementation with needed resources, concerted actions, and the existence of sufficient public health infrastructures.

New evidence-based guidelines and strategies are always welcome, but we should move from identifying priorities to implementing them. Thus, clearly a stronger emphasis should be on support for sustainable interventions.

Economic issues are today important drivers of disease prevention and health promotion. Prevention is the most cost-effective way to promote public health. Resources for health promotion, like physical activity programs, should not be seen only as costs, but also as investments—investments for the labor force, for healthier elderly and ultimately for the national economy. For the private sector, health is also increasingly a business argument.

Historically, health promotion was based largely on health education for people to change their lifestyles. Later, this was criticized as a blame-the-victim approach. Currently, with the emphasis on environments and policies, many groups discuss what policymakers should do. This emphasis raises the question: Have we moved from “blame the patient” to “blame the politicians”?⁵ The real issue for both practice and research is how to influence policies.

Promoting Healthy Social Change: For Active Living

Should not the next phase in promotion of public health be the issue of how to influence policies—as well as the private sector? It could be argued that major lifestyle changes in the society are possible only as part of social change. Political decisions, as well as the actions of the private sector, are in a complex way interrelated with and dependent on social change. Thus the ultimate role of public health is one of driving social change for health and being change agents for diffusion of health innovations.

The key and the challenge here is to mobilize people for such social change that leads to effective policies and responses by industries that in turn support the needed changes. This is the challenge for research and for successful action—also in promotion of active living—a major issue in contemporary public health.

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