2012

COURSE ON POLICIES AND PROGRAMS

to prevent chronic diseases through

PHYSICAL ACTIVITY

September 11-13, 2012 - Bogotá, Colombia

Capacity building

Health promotion and chronic-diseases prevention have been part of the global health agenda for more than two decades. However, chronic diseases are still on the rise as one of the main causes of morbidity and mortality in the world and in Colombia. Still, the levels of physical activity (PA) have not increased proportionally¹.

Participation in leisure time physical activity (PA) among Colombian adults has decreased from 22.7% to 19.9% based on data from ENSIN 2005 and 2010. Women, people living in low socioeconomic strata (SES) and those with less education have a lower prevalence of compliance with PA recommendations: leisure time PA is 13.8% for women vs. 28.2% for men; SES 1 is 16.1%, SES 2 is 19.7%, SES 3 is 19.8%, and SES 4-6 are 22.5%; walking for transport is 31.2% for women vs. 37.4% for men.

Nevertheless, there is an encouraging situation in Colombia. Programs that promote PA and healthy lifestyles constitute innovative and promising interventions that have been replicated in other parts of the world². However, most of these programs have not been thoroughly evaluated yet. Researchers are catching up with practitioners and learning how to face the challenge of producing useful information for everyday scenarios.

Coldeportes, the Instituto Nacional de Salud (INS) (National Health Institute), Universidad de los Andes Schools of Medicine and Government, the International Union for Health Promotion and Education (IUHPE) and the Centers for Disease Control and Prevention (CDC) carried out a course in Bogotá, Colombia, on September 11-13, 2012, aimed at strengthening competences and skills in the implementation and evaluation of policies and interventions to promote health through PA.

Participants included mainly practitioners that included coordinators and promoters of the "Hábitos y Estilos de Vida Saludable" (Healthy lifestyles and habits) program. Participants also included representatives from the Ministry of Health, professors, students and members of academia.

This fact sheet summarizes the main contents of the course.



Decision-making should be based on evidence from local contexts. As a result the evaluation of programs that promote PA contributes to the construction of responsible public policies.

1 See Acosta Ramírez, N.; Peñaloza, R.E.; Rodríguez García, J. Carga de enfermedad Colombia 2005: resultados alcanzados. Documento técnico ASS/1502-08. Available at: http://www.cendex.org.co/GPES/informes/PresentacionCarga Informe.pdf. Accessed: 25 Jan. 2012; Instituto Colombiano de Bienestar Familiar. Encuesta Nacional de Salud Nutricional en Colombia, 2005. Bogotá: Panamericana Formas e Impresos 2006; Instituto Colombiano de Bienestar Familiar. Encuesta Nacional de Salud Nutricional en Colombia, 2010; Ministerio de la Protección Social, Universidad de Antioquia, FNdSP. Análisis de la situación de salud en Colombia 2002-2007. 2010; Pan-American Health Organization. Regional strategy and plan of action on an integrated approach to the prevention and control of chronic diseases. Available at: http://www.paho.org/english/ad/dpc/nc/reg-strat-cncds.pdf. Accessed: 5 Jan. 2011.

2 See: Hoehner, C.M.; Soares, J.; Perez, D.P.; Ribeiro, I.C.; Joshu, C.E.; Pratt, M.; Legetic, B.D.; Malta, D.C.; Matsudo, V.R.; Ramos, L.R.; Simoes, E.J.; Brownson, R.C. Physical activity interventions in Latin America: a systematic review. Am J Prev Med 2008;34(3):224-233.; Sarmiento, O.L.; Torres, A.; Jacoby, E.; Pratt, M.; Schmid, T.; Stierling, G. The Ciclovía-recreativa: a mass recreational program with public health potential. J Phys Act Health 2010;7(Suppl 2):S163-S180.

Where to begin?

Review the existing policies. Learn about the different competences of the sectors that you want to involve in your program. As a result, you can plan your proposal as a means to help strengthen one of the government's lines of action.

Moment of opportunity

In the following months, 10-year plan of Public Health is going to be constructed in Colombia. Including the topic of interest in this plan allows for an initiative to be made visible and guarantees its continuance.

How to influence decision makers? The art of advocacy

Defining Advocacy

The use of **tools** by the **civil society** to participate in policy processes and **influence decision making**. It requires **strategic and systematic planning, understanding problems** and how they are perceived by decision makers and the community, **having knowledge of national and local policies** and development plans, and **using media strategically**.

Which steps should be considered when planning advocacy?

- 1. Identify priorities and goals
- 2. Map the political scenario: identify who is an ally, who opposes the program/policy/intervention and who is neutral. It is strategic to begin with neutral actors and to maintain the allies.
- 3. Get to know the regulations
- 4. Consider the target audience
- 5. Work on a communication strategy
- 6. Mobilize professionals
- 7. Mobilize the civil society
- 8. Design a plan of action
- 9. Monitor and evaluate



An attractive message includes relevant, evidence-based and easy-to-understand figures, is resonant and simple, has cultural and political sensitivity, and is repeated as many times as needed. An advocacy strategy is effective and sustainable if it involves the civil society, the media and public officers, and if it becomes part of communities, local plans and policies. The programs' objectives must be realistic. For example, a feasible goal is maintaining the percentage of adults who meet PA recommendations or a moderate increase of 15 minutes per week.

How to evaluate and what to evaluate? Some tools

Defining evaluation

Systematic collection of information about the activities, characteristics and results of a program in order to improve processes, effectiveness, efficiency, quality, utility or cost; inform future decision making; or provide evidence for its replication.

Evaluating programs in real-life scenarios means that there are no perfect studies. What is important is to have optimal studies that can be carried out with the available resources, programs and logistics.

Which methodologies are available?

Logic models

Allow for answering the following questions: Where is the program heading? How to get there? How to show that your results were what you hypothesized?

Concept maps

Show how ideas connect and illustrate individuals' knowledge. They help ideas to be organized, consensus to be built and bases for collaboration to be strengthened, prioritizing actions and facilitating discussions with stakeholders.

External validity studies

External validity refers to the question whether results are generalizable to communities other than the study population. The RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework provides a practical means of evaluating community interventions.

Case studies

Study the particularities of a program in context, in depth and using multiple sources. Allow for reconstructing histories, documenting processes, illustrating successful cases or failures, and identifying key or unforeseen factors.

Effectiveness studies

Measure the benefit resulting from an intervention under usual conditions of a community program.

Pre-experimental studies:

One group: only post-test.

Measurements: pre-test and post-test.

Post-test measurements with a

Post-test measurements with a comparison group.

Can be the first evaluation to consider. Are less expensive than others, but it is not possible to tell whether the outcomes are effects of the program or of other factors.

Quasi-experimental studies:

Pre-test and post-test with control group.

This type of study is ideal and feasible for community programs in Colombia. In contrast to experimental studies, control groups are not randomized, but they do include baseline measurements.

Network analysis

Allow for the characterization of a network's structure, for understanding how actors are connected inside the network, and for identifying the actors' roles and subgroups (among other things).

How to measure PA?

If we combined multiple measurements of PA we will have more valid measurements. It is crucial to include questionnaires and objective measurements. Including objective measurements, at least in sub-samples, is recommended. Instruments: IPAQ (International Physical Activity Questionnaire), accelerometers, podometers, SOPARC (System for Observing Play and Recreation in Communities). It is important to differentiate between the PA dimensions: during leisure time, or walking or biking for transport.

Where to begin?

If you are working on a logic model, in the planning phase at the national or state level, start by defining long-term objectives. If you work at the local level, start by defining mid- and short-term objectives.

Moment of opportunity

More often than not, programs experience interruptions or changes. Those are suitable opportunities for conducting natural experiments.













Useful links

Ciclovías Recreativas Implementation and Advocacy Manual: http://cicloviarecreativa.uniandes.edu.co

Red Colombiana de Vías Activas y Saludables - Recovías:

http://recovias.com/public/home/index/index

"Programa Estilos de vida saludable" from the Colombian Ministry of Health:

http://www.minsalud.gov.co/salud/Paginas/Estilos-de-Vida-Saludable.aspx

Exercise is medicine:

http://exerciseismedicine.org/

Free software for network analysis: https://gephi.org/

Physical Activity Evaluation Handbook:

http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf

Regional management and PA technical document: http://www.coldeportes.gov.co/coldeportes/index.php?idcategoria=54146

Grupo de Epidemiología - Universidad de los Andes http://epiandes.uniandes.edu.co/

Project GUIA (Guide for Useful Interventions for Activity in Brazil and Latin America) http://www.projectguia.org/en/index.html

Policy and research recommendations Steps to follow

- → Some of the tools available to integrate PA promotion actions in real scenarios (e.g. schools, universities, public spaces, homes and companies) include the operational health plans, the sports administrative and institutional improving plans, and the 10-year plans (in the case of Colombia). These all have important potential and capacity for expansion. A key next step is to obtain information about them in order to participate in their construction and influence decision making.
- → Advocacy actions can facilitate environmental changes and impact the population and structural levels. They allow for going beyond information, education and communication strategies. A step to begin with is to include context and structure in the programs' logic models.
- → Health promotion is a political and social process and a responsibility of all sectors. Multi-sectoral work at the national and regional levels is essential to strengthen PA initiatives. A crucial next step is to continue working in consolidating and integrating inter-sectoral actions and listening to communities.
- → The world must learn about Colombian's healthy lifestyles and habits programs (Programas de hábitos y estilos de vida saludables), as they are creative, innovative, cost-beneficial and promising interventions. A step to begin with is to understand which outcomes can result from evaluation processes and not be afraid of taking part in them. More research on community interventions proper of Latin America is recommended.
- → A successful evaluation of PA promotion programs should be carried out by a multidisciplinary team. A step to follow is to actively promote collaborations and alliances between the programs' promoters, experts in evaluating and measuring PA, and experts in data analysis.

If you want to have good health, you must do at least 150 minutes of physical activity, eat five portions of fruits and vegetables and protect smoke-free spaces.

(COLDEPORTES)

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