Published online ahead of print: November 1, 2019

https://doi.org/10.1123/jpah.2019-0450

https://journals.humankinetics.com/view/journals/jpah/16/11/article-p940.xml?tab=fullHtml

Early career professionals (researchers, practitioners and policy-makers)' role in advocating, disseminating and implementing The Global Action Plan on Physical Activity: ISPAH Early Career Network view

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Abstract

Increasing population levels of physical activity (PA) can assist in achieving the United Nations Sustainable Development Goals, benefiting multiple sectors and contributing to global prosperity. Practices and policies to increase PA levels exist at sub-national, national and international levels. In 2018, the World Health Organization launched the first Global Action Plan on Physical Activity (GAPPA). The GAPPA provides guidance, through a framework of effective and feasible policy actions, for increasing PA, and requires engagement and advocacy from a wide spectrum of stakeholders for successful implementation of the proposed actions. Early career professionals (ECPs), including researchers, practitioners and policy-makers, can play a major role with helping "*all people being regularly active*" by contributing to four overarching areas: a) generation - of evidence; b) dissemination - of key messages and evidence; c) implementation - of the evidence-based actions proposed in the GAPPA; and d) contributing to advocacy for robust national action plans on PA. The contribution of ECPs can be achieved through five pathways: (1) research; (2) workplace/practice; (3) business; (4) policy; and (5) professional and public opinion. Recommendations of how ECPs can contribute to the generation, dissemination and implementation of the evidence and actions proposed by the GAPPA are provided.

Keywords

policy, public health, public health practice, advocacy

Introduction

Insufficient physical activity (PA) is a key risk factor for non-communicable diseases (NCDs), morbidity and mortality globally [1], leading to large healthcare costs and productivity losses [2]. Despite the wealth of research on effective interventions (e.g. mass media campaigns, urban design, social support (for PA) in workplaces and communities) [3], and existing PA policies and plans [4], global PA levels are not improving [5]. Furthermore, the prevalence of insufficient PA is estimated to be twice as high in high-income countries compared to low-income (36.8% vs. 16.2%), which is important

given the fast transitions of the latter onto middle/high income economies, and its associated urbanisation and sedentary occupations, leading to possible declines in PA [6,7].

Although an abundance of information regarding the benefits, recommendations and promotion of PA are available, global efforts to increase PA have been unsatisfactory [5]. There is a clear need to make better use of the available evidence and mobilise advocacy to successfully translate knowledge into practice and policy [8], avoiding research waste and ultimately improving health [9]. Practices and policies to increase population levels of PA exist but need to be prioritised and scaled up in order to achieve the World Health Organization's (WHO) and United Nations' (UN) target to reduce physical inactivity levels by 15% by 2030 [10] and assist in achieving the 2030 Sustainable Development Goals (SDGs, Figure 1) [11].

Years of concerted advocacy and key documents - The Toronto Charter for Physical Activity [12], Investments that work for Physical Activity [13], the Lancet Physical Activity Series of 2012 and 2016, and the Bangkok Declaration on Physical Activity for Global Health and Sustainable Development [14] – led to widespread recognition of the inactivity problem. In response to requests from countries for updated guidance, the WHO launched the Global Action Plan on Physical Activity (GAPPA) 2018-2030 [15]. The GAPPA provides a framework of 20 effective and feasible policy actions, within four strategic objectives, to increase PA levels. Importantly, the recommended actions can contribute towards 13 of the SDGs (Figure 1). The GAPPA requires engagement from multiple stakeholders (e.g. health agencies, local and national governments, non-governmental agencies, city officials and planners, professional bodies, the media, academia, and civil society) [16] for successful implementation.

Figure 1 – Links between action on physical activity and 13 United Nations sustainable development goals (SDGs). Adapted from World Health Organization (WHO).[15]

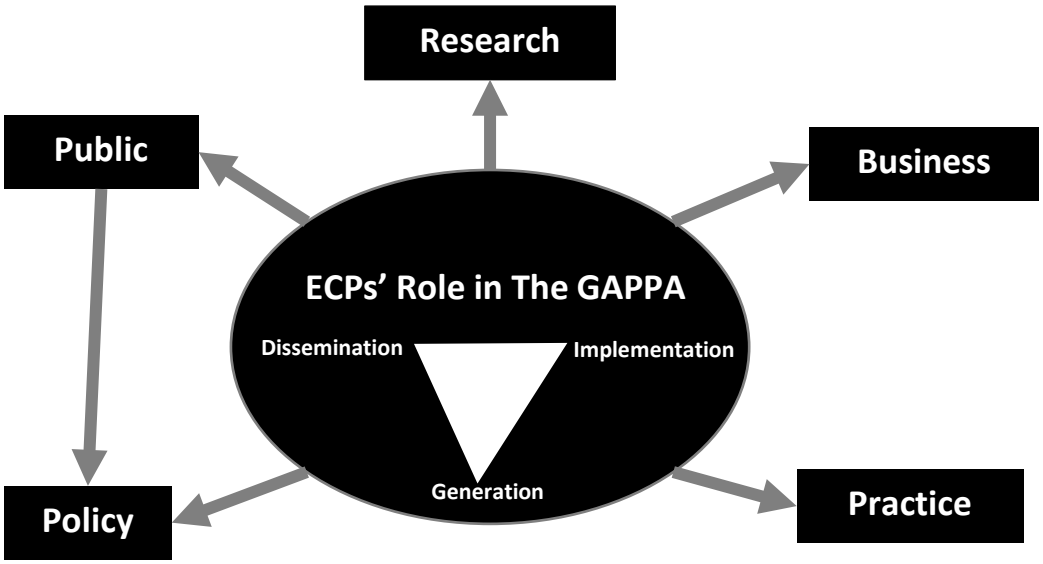
Early career professionals (ECPs), including researchers, practitioners and policy-makers, can play a vital role in advocacy for the GAPPA and with aspects of the implementation of the 20 recommended actions. There are four overarching areas where ECPs can play a major role to help with "*all people being regularly active*" [15]. These include a) generation – of evidence, (i.e. by supplying possible solutions for decision makers to consider); b) dissemination – of information, materials, and GAPPA resources [15]; c) implementation - by using strategies to adopt the evidence-based actions proposed in the GAPPA and change current practices; and d) contributing to advocacy for robust and funded national action plans on PA.

The actions within GAPPA each target different stakeholders and audiences, and make use of a variety of strategies and communication materials. As ECPs in this area, a starting point is to become familiar with the GAPPA and understanding the actions and pathways that are available. To

aid this understanding, this commentary offers suggestions and provides recommendations and examples of how ECPs can generate, disseminate, and implement the evidence and actions proposed by the GAPPA. Recommendations and examples are organised under five areas of focus: 1) Research, 2) Practice/Workforce, 3) Business, 4) Policy, and 5) Public, Professional, and Media Opinion (Figure 2). These areas of focus originate from the recent work of Sallis, who put forward a *Model of the Pathways to Research Translation* [17] and are informed by Shilton's model for noncommunicable disease (NCD) advocacy [18,19]. These models propose a variety of ways to mobilise political, media, professional, community and organisational dimensions of advocacy to achieve the ultimate goal of translating research to practice and policy while providing options for different actors becoming involved in research translation activities [17]. From Sallis' model our commentary provides recommendations and examples of how ECPs can generate, disseminate, and implement the evidence and actions proposed by the GAPPA. Shilton [19] outlines six imperatives for effective advocacy and presents these in a model to inform advocacy practice. These are, 1) Evidence – translating and presenting evidence as urgent, 2) Policy relevance – presenting PA as relevant to health and across sectors, 3) Solutions – mobilise global consensus around the key best investments, 4) Partnerships/Coalitions – mobilise agencies with common objectives, 5) Advocacy strategy – across political, media, professional, community and organizational dimensions and 6) Messaging - provide persuasive messages that capture the issue.

We suggest that ECPs choose their own generation, dissemination, advocacy and implementation efforts based on the suitability of these recommendations to their role, interests, skills, career aspirations and focus, and the timely political circumstances and opportunities in their jurisdiction.

Figure 2 – Early career professionals' (ECPs) role in the Global Action Plan on Physical Activity (GAPPA). Adapted from the model of the pathways for research translation. [17]



Focus Area 1 - Research

Research findings can be used to inform decision making for key stakeholders. While not all research should be translated to practice and/or policy, relevant evidence-based solutions to help "*all people being regularly active*" for decision makers to consider are compiled in the GAPPA. Research thus plays a key role in generating, updating and supplying feasible evidence-based solutions to aid the reduction in physical inactivity levels. The recommendations presented in this sub-section would resonate primarily with early career researchers. However, the list contains references to "decision-makers" and "stakeholders", deeming some of the recommendations relevant to early career practitioners and policy-makers. Ways for ECPs to contribute to the research focus include:

- Publishing research in the basic, clinical and applied sciences of PA and health.
- Conducting trans-disciplinary research with transport, education, urban planners and other professionals (i.e. linking to the UN SDGs and making findings more relevant to decision markers).
- Evaluating interventions comprehensively (i.e. including formative, process and summative evaluation), along with examining the barriers and facilitators to implementation, thereby identifying effective interventions and a clear understanding of scalability [20].

- Disseminating research through national and international conferences, generating awareness and building research networks. Consider alternative avenues to traditional academic journals to communicate with stakeholders, decision makers and practitioners, such as presentations, blogs or public engagement events.
- Consider consumer research to demonstrate public support for PA advocacy objectives.

Focus Area 2 - Practice/ Workforce

There is a clear need to work with and inform practice across multiple sectors. PA promotion can inform *and* be informed by a variety of other sectors, such as transportation, education, urban planning, tourism, architecture, climate, and academia. Moreover, there is a need to cover a range of levels of the workforce, from government to grassroots delivery. Early Career Professionals can contribute to the practice focus in multiple ways, such as:

- Joining and contributing to the work of professional societies from the behavioural medicine and/or PA and health related fields (i.e. encouraging a cross-pollination of knowledge).
- Mobilizing consensus across sectors and a common voice around priority GAPPA actions.
- Being open to informing and being informed by practice “beyond health professionals”, such as transportation, education, urban planning, tourism, architecture, politics and climate professionals.
- Promoting and advocating PA for specific groups with low levels of PA, with the aim of reducing inequalities.
- Helping to organise training for professional bodies, practitioners, and programme delivery personnel involved with the promotion of PA.
- Collaborating with key stakeholders for the development of audience specific communication and dissemination products that summarise relevant PA evidence and actions in a suitable manner (i.e. briefs).

- Supporting the translation of the GAPPA and/or other advocacy resources and products into the language(s) appropriate for different countries or regions.

Focus Area 3 - Business

In some instances, it can be useful for ECPs to have a business focus in order to generate, disseminate and implement important evidence and actions. Consider the actions provided and how they may help with the advocacy of the GAPPA in the area of research, practice or policy. Ways for ECPs to contribute to PA promotion within the business focus include:

- Assisting in changing business practices, promoting PA and increasing health awareness. For example, advocate for business policies that promote safe and affordable opportunities to be physically active, regardless of sex, age, socio-economic status or beliefs (SDG 10 “reduced inequalities”). Involving industry partners in PA promotion, especially where the opportunities (e.g. programmes, training/education, capital investment) are provided in business settings and the outcomes are relevant to the companies involved.
- Developing and using entrepreneurial skills to contribute to organisations where PA evidence drives effective PA promotion methods to populations.
- Seeking and applying for leadership training and roles in PA-related companies.
- Being alert to small business innovation research or knowledge transfer grants and opportunities for training, research and evaluation within companies.

Focus Area 4 - Policy

ECPs can play a role in the translation of evidence, knowledge, actions and goals of the GAPPA at the policy level in their localities, regions or countries. Early Career Professionals can aid and engage with the policy level through the following examples:

- Supporting the production of policy briefs that summarise evidence for policy actions and provide information for decision makers. Multiple levels and agents need to be

considered, including governments (e.g. local councils, regional, national), professional organisations, and corporations.

- Acknowledging policies published by a range of government sectors (e.g. education, health, urban planning, and transport) and supporting other sectors to develop policies that support PA. For instance, developing urban and transport planning policies to provide equitable access to open spaces and places, recreational facilities, and safe infrastructure to walking and cycling. This can contribute towards sustainable transport systems for all, achieving universal access to green and public spaces, and reducing the environmental impact of cities; which in turn contributes towards SDG 11 “sustainable cities and communities”
- Ensuring to specify the policy relevance of your work, highlighting the important and politically relevant co-benefits of actions to increase PA. Examples of this are the inclusion of cost effectiveness evaluations of relevant work to inform policy or the advocacy of the GAPPA actions, which can directly contribute to the UN 2030 SDGs).
- Seeking opportunities to present findings, products and tools of your work to the relevant stakeholders at the policy level. This could be through government led academic engagement seminars or attendance and contribution at public health conferences.
- Working collectively and engaging policy makers when selecting and designing research questions (i.e. co-creation) to ensure the relevance and feasibility for real world application.

<u>Focus Area 5 - Public, Professional and Media Opinion</u>

It is important to disseminate findings of relevant work and advocate for the promotion of PA among the general public, through our professional allies and through key influencers in the media. Mobilising engagement with the public can help promote PA engagement though another pathway, while previous focus operates at more distal levels (e.g. policy, business). There are a number of ways for achieving this, such as:

- Communicating findings or general information directly to the public through press releases, media events, social media platforms with the goal of indirectly affecting future policy decisions. Public opinion may have a powerful impact on policy decisions.
- Mobilizing professional consensus for advocacy actions through conferences, webinars, electronic direct mail, journals, websites and other 'owned media', Twitter, LinkedIn and other relevant platforms.
- Undertaking training to enhance the communication and media skills for disseminating your work via widely viewed media/press outlets.
- Building relationships with media/PR/communication experts (e.g. health journalists and writers, commentators and marketing departments within organisations) to help communicate your findings in ways that the media and public find compelling.
- Communicating findings, outputs and tools in "layman's terms" through alternative methods (e.g. social media, news outlets, blogs) with the goal of building support for specific policies.
- Seeking partnership with advocacy organisations and individuals that have expertise in communicating research-based or health promotion messages across diverse channels (e.g. NCD Alliance, IUHPE, Sustrans).
- Mobilizing the public to advocate for programs, supportive environments and environmental changes in their communities through petitions, Facebook, mass participation events and meetings with their local political representatives.

What are the next steps?

It is advised that ECPs use available professional development opportunities to help understand the GAPPA and how best to advocate it through multiple areas of focus. This might include identifying an advocacy mentor through relevant societies, such as the International Society for Physical Activity and Health (ISPAH). The suggestions provided in this commentary can be utilised by ECPs,

depending on their role, experience and area of focus, to support effective advocacy, dissemination, and implementation of the GAPPA actions. There is a role for everyone in advocacy processes.

To support this professional community development, the Early Career Network of ISPAH will undertake an assessment of ECPs needs to better understand the GAPPA and what support and models may be necessary to facilitate its advocacy. This will be followed by a workshop that will address the queries derived from the needs assessment. As a network with the capacity to provide professional community development, we aim for these future activities to increase understanding, in turn leading to effective advocacy, dissemination and implementation of the GAPPA actions in robust and funded national PA action plans across the world. Our collective advocacy can deliver substantial return on investment in achieving the goal of "*more active people for a healthier world*".

Conclusions

Action is needed from multiple stakeholders operating at multiple levels; with ECPs having a critical role in supporting the implementation of the GAPPA at the national and local level. The actions highlighted in this commentary can support ECPs in advocating for PA and translating the GAPPA into practice. Through our collective action, let's ensure ECPs play their role in contributing to the achievement of the WHO target for reducing physical inactivity by 15% by 2030.

Acknowledgments

Our thanks to Dr Fiona Bull and Dr Karen Milton for their input on earlier drafts of this commentary.

Funding source

The open access publication fee of this commentary was supported by the International Society for Physical Activity and Health.

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