



Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/161894/>

Version: Accepted Version

Article:

Direito, A., Murphy, J.J., Mclaughlin, M. et al. (2019) Early career professionals' (researchers, practitioners, and policymakers) role in advocating, disseminating, and implementing the global action plan on physical activity : ISPAH early career network view. *Journal of Physical Activity and Health*, 16 (11). pp. 940-944. ISSN: 1543-3080

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

© 2019 Human Kinetics, Inc. This is an author-produced version of a paper subsequently published in *Journal of Physical Activity and Health*. Uploaded in accordance with the publisher's self-archiving policy. See: <https://doi.org/10.1123/jpah.2019-0450>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

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

4

5 Abstract

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

22

23

24

25

26 Introduction

27 Insufficient physical activity (PA) is a key risk factor for non-communicable diseases
28 (NCDs), morbidity and mortality globally ¹, leading to large healthcare costs and productivity
29 losses ². Despite the wealth of research on effective interventions (e.g. mass media
30 campaigns, urban design, social support (for PA) in workplaces and communities) ³, and
31 existing PA policies and plans ⁴, global PA levels are not improving ⁵. Furthermore, the
32 prevalence of insufficient PA is estimated to be twice as high in high-income countries
33 compared to low-income (36.8% vs. 16.2%), which is important given the fast transitions of
34 the latter onto middle/high income economies, and its associated urbanisation and sedentary
35 occupations, leading to possible declines in PA ^{6,7}.

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

44 Years of concerted advocacy and key documents - The Toronto Charter for Physical
45 Activity ¹², Investments that work for Physical Activity ¹³, the Lancet Physical Activity
46 Series of 2012 and 2016, and the Bangkok Declaration on Physical Activity for Global
47 Health and Sustainable Development ¹⁴ – led to widespread recognition of the inactivity
48 problem. In response to requests from countries for updated guidance, the WHO launched the
49 Global Action Plan on Physical Activity (GAPPA) 2018-2030 ¹⁵. The GAPPA provides a
50 framework of 20 effective and feasible policy actions, within four strategic objectives, to

51 increase PA levels. Importantly, the recommended actions can contribute towards 13 of the
 52 SDGs (Figure 1). The GAPPA requires engagement from multiple stakeholders (e.g. health
 53 agencies, local and national governments, non-governmental agencies, city officials and
 54 planners, professional bodies, the media, academia, and civil society) ¹⁶ for successful
 55 implementation.
 56



57 Figure 1 – Links between action on physical activity and 13 UN Sustainable Development
 58 Goals (SDGs). Adapted from ¹⁵

59

60 Early career professionals (ECPs), including researchers, practitioners and policy-
61 makers, can play a vital role in advocacy for the GAPPa and with aspects of the
62 implementation of the 20 recommended actions. There are four overarching areas where
63 ECPs can play a major role to help with “*all people being regularly active*”¹⁵. These include
64 a) generation – of evidence, (i.e. by supplying possible solutions for decision makers to
65 consider); b) dissemination – of information, materials, and GAPPa resources¹⁵; c)
66 implementation - by using strategies to adopt the evidence-based actions proposed in the
67 GAPPa and change current practices; and d) contributing to advocacy for robust and funded
68 national action plans on PA.

69 The actions within GAPPa each target different stakeholders and audiences, and
70 make use of a variety of strategies and communication materials. As ECPs in this area, a
71 starting point is to become familiar with the GAPPa and understanding the actions and
72 pathways that are available. To aid this understanding, this commentary offers suggestions
73 and provides recommendations and examples of how ECPs can generate, disseminate, and
74 implement the evidence and actions proposed by the GAPPa. Recommendations and
75 examples are organised under five areas of focus: 1) Research, 2) Practice/Workforce, 3)
76 Business, 4) Policy, and 5) Public, Professional, and Media Opinion (Figure 2). These areas
77 of focus originate from the recent work of Sallis, who put forward a *Model of the Pathways to*
78 *Research Translation*¹⁷ and are informed by Shilton’s model for noncommunicable disease
79 (NCD) advocacy^{18,19}. These models propose a variety of ways to mobilise political, media,
80 professional, community and organisational dimensions of advocacy to achieve the ultimate
81 goal of translating research to practice and policy while providing options for different actors
82 becoming involved in research translation activities¹⁷. From Sallis’ model our commentary
83 provides recommendations and examples of how ECPs can generate, disseminate, and
84 implement the evidence and actions proposed by the GAPPa. Shilton¹⁹ outlines six

85 imperatives for effective advocacy and presents these in a model to inform advocacy practice.
 86 These are, 1) Evidence – translating and presenting evidence as urgent, 2) Policy relevance –
 87 presenting PA as relevant to health and across sectors, 3) Solutions – mobilise global
 88 consensus around the key best investments, 4) Partnerships/Coalitions – mobilise agencies
 89 with common objectives, 5) Advocacy strategy – across political, media, professional,
 90 community and organizational dimensions and 6) Messaging - provide persuasive messages
 91 that capture the issue.

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

96

97

98

99

100

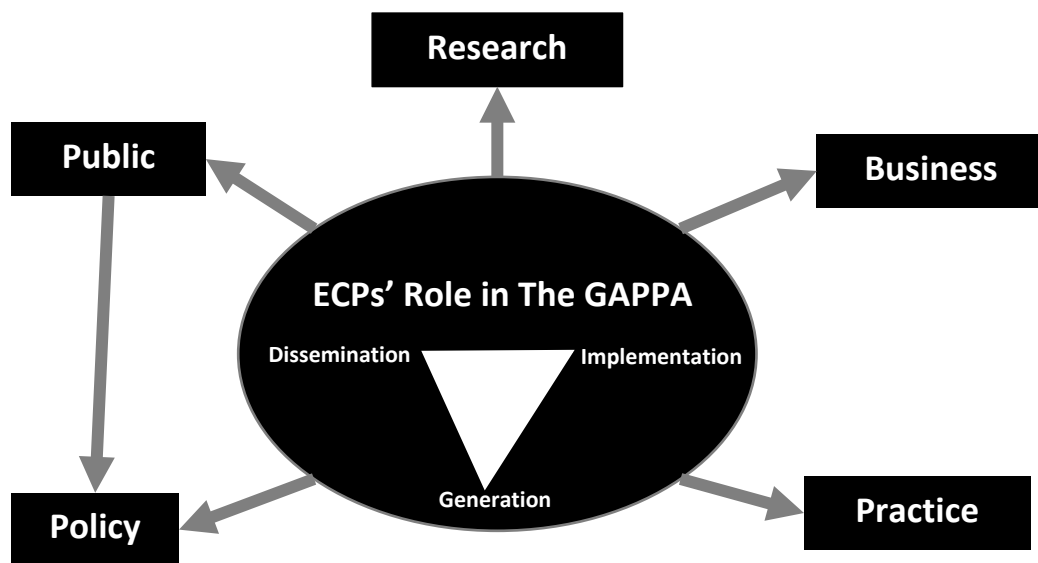
101

102

103

104

105



106 Figure 2 –. ECPs' role in the GAPP. Adapted from the Model of the Pathways for Research
 107 Translation ¹⁷

108

109

110 Focus Area 1 - Research

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

- 120 • **Publishing** research in the basic, clinical and applied sciences of PA and health.
- 121 • Conducting **trans-disciplinary** research with transport, education, urban planners and
122 other professionals (i.e. linking to the UN SDGs and making findings more **relevant to**
123 **decision markers**).
- 124 • **Evaluating** interventions **comprehensively** (i.e. including formative, process and
125 summative evaluation), along with examining the barriers and facilitators to
126 implementation, thereby identifying effective interventions and a clear understanding of
127 scalability²⁰.
- 128 • **Disseminating** research through national and international **conferences**, generating
129 awareness and building research networks. Consider **alternative avenues to traditional**
130 **academic journals** to communicate with stakeholders, decision makers and practitioners,
131 such as presentations, blogs or public engagement events.
- 132 • **Consider consumer research** to demonstrate public support for PA advocacy objectives.

133

134 Focus Area 2 - Practice/ Workforce

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

- 140 • **Joining and contributing** to the work of professional **societies** from the behavioural
141 medicine and/or PA and health related fields (i.e. encouraging a cross-pollination of
142 knowledge).
- 143 • Mobilizing consensus across sectors and a **common voice** around priority GAPPA
144 actions.
- 145 • Being open to **informing and being informed by practice** “beyond health
146 professionals”, such as transportation, education, urban planning, tourism, architecture,
147 politics and climate professionals.
- 148 • **Promoting and advocating PA for specific groups** with low levels of PA, with the aim
149 of reducing inequalities.
- 150 • **Helping to organise training** for professional bodies, practitioners, and programme
151 delivery personnel involved with the promotion of PA.
- 152 • Collaborating with key stakeholders for the **development of audience specific**
153 communication and dissemination **products** that summarise relevant PA evidence and
154 actions in a suitable manner (i.e. briefs).
- 155 • **Supporting the translation of the GAPPA** and/or other advocacy resources and
156 products into the language(s) appropriate for different countries or regions.

157

158

159 Focus Area 3 - Business

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

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

176 Focus Area 4 - Policy

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

- 180 • **Supporting the production of policy briefs** that summarise evidence for policy actions
 181 and provide information for decision makers. Multiple levels and agents need to be
 182 considered, including governments (e.g. local councils, regional, national), professional
 183 organisations, and corporations.

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

203

204 Focus Area 5 - Public, Professional and Media Opinion

205 It is important to disseminate findings of relevant work and advocate for the promotion of PA
206 among the general public, through our professional allies and through key influencers in the
207 media. Mobilising engagement with the public can help promote PA engagement though

208 another pathway, while previous focus operates at more distal levels (e.g. policy, business).

209 There are a number of ways for achieving this, such as:

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

230

231 What are the next steps?

232 It is advised that ECPs use available professional development opportunities to help
233 understand the GAPP and how best to advocate it through multiple areas of focus. This
234 might include identifying an advocacy mentor through relevant societies, such as the
235 International Society for Physical Activity and Health (ISPAH). The suggestions provided in
236 this commentary can be utilised by ECPs, depending on their role, experience and area of
237 focus, to support effective advocacy, dissemination, and implementation of the GAPP
238 actions. There is a role for everyone in advocacy processes.

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

248 Conclusions

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

255

256 Acknowledgments

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

259 Funding source

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

262 References

- 263 1. Lee IM, Shiroma EJ, Lobelo F, et al. Effect of physical inactivity on major non-
264 communicable diseases worldwide: an analysis of burden of disease and life
265 expectancy. *Lancet*. 2012;380(9838):219-229.
- 266 2. Ding D, Lawson KD, Kolbe-Alexander TL, et al. The economic burden of physical
267 inactivity: a global analysis of major non-communicable diseases. *Lancet*.
268 2016;388(10051):1311-1324.
- 269 3. Heath GW, Parra DC, Sarmiento OL, et al. Evidence-based intervention in physical
270 activity: lessons from around the world. *Lancet*. 2012;380(9838):272-281.
- 271 4. Klepac Pogrmilovic B, O'Sullivan G, Milton K, et al. A global systematic scoping review
272 of studies analysing indicators, development, and content of national-level physical
273 activity and sedentary behaviour policies. *Int J Behav Nutr Phys Act*. 2018;15(1):123.
- 274 5. Sallis JF, Bull F, Guthold R, et al. Progress in physical activity over the Olympic
275 quadrennium. *Lancet*. 2016;388(10051):1325-1336.
- 276 6. Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical
277 activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with
278 1.9 million participants. *Lancet Glob Health*. 2018;6(10):E1077-E1086.
- 279 7. Ng SW, Popkin BM. Time use and physical activity: a shift away from movement
280 across the globe. *Obes Rev*. 2012;13(8):659-680.

- 281 8. Brownson RC, Royer C, Ewing R, McBride TD. Researchers and policymakers:
282 travelers in parallel universes. *American Journal of Preventive Medicine*.
283 2006;30(2):164-172.
- 284 9. Chalmers I, Bracken MB, Djulbegovic B, et al. How to increase value and reduce
285 waste when research priorities are set. *The Lancet*. 2014;383(9912):156-165.
- 286 10. Foster C, Shilton T, Westerman L, Varney J, Bull F. World Health Organisation to
287 develop global action plan to promote physical activity: time for action. *Br J Sports*
288 *Med*. 2018;52(8):484-485.
- 289 11. United Nations. Transforming our World: The 2030 Agenda for Sustainable
290 Development. 2015; A/RES/70/71. Available at:
291 [https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%](https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf)
292 [20for%20Sustainable%20Development%20web.pdf](https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).
- 293 12. Global Advocacy Council for Physical Activity, International Society for Physical
294 Activity and Health. The Toronto Charter for Physical Activity: A Global Call to Action.
295 2010; <http://www.webcitation.org/6mWsgnY8k>. Accessed 01/12/2016, 2016.
- 296 13. Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the
297 International Society for Physical Activity and Health (ISPAH). NCD Prevention:
298 Investments that Work for Physical Activity. 2012;
299 <http://www.webcitation.org/6mWsmXldP>. Accessed 01/12/2016, 2016.
- 300 14. International Society for Physical Activity and Health. The Bangkok Declaration on
301 Physical Activity for Global Health and Sustainable Development. 2016;
302 <http://www.webcitation.org/6mWsbWh5W>. Accessed 02/12/2016, 2016.
- 303 15. World Health Organisation (WHO). Global Action Plan for Physical Activity: More
304 Active People for a Healthier World. 2018.

- 305 16. Murray A, Foster C, Stamatakis E. Let's share, help deliver and sustain the WHO
306 global action plan on physical activity. *Br J Sports Med.* 2019;bjsports-2018-100099.
- 307 17. Sallis JF. Pathways for translating behavioral medicine research to practice and
308 policy. *Transl Behav Med.* 2018:iby103-iby103.
- 309 18. Shilton T. Creating and making the case: global advocacy for physical activity. *J Phys
310 Act Health.* 2008;5(6):765-776.
- 311 19. Shilton T. Advocacy for non-communicable disease prevention - Building capacity in
312 Japan. *Japanese Journal of Health Education and Promotion.* 2016;24(2):102-117.
- 313 20. Indig D, Lee K, Grunseit A, Milat A, Bauman A. Pathways for scaling up public health
314 interventions. *BMC Public Health.* 2017;18(1):68.