

Matt Lowther

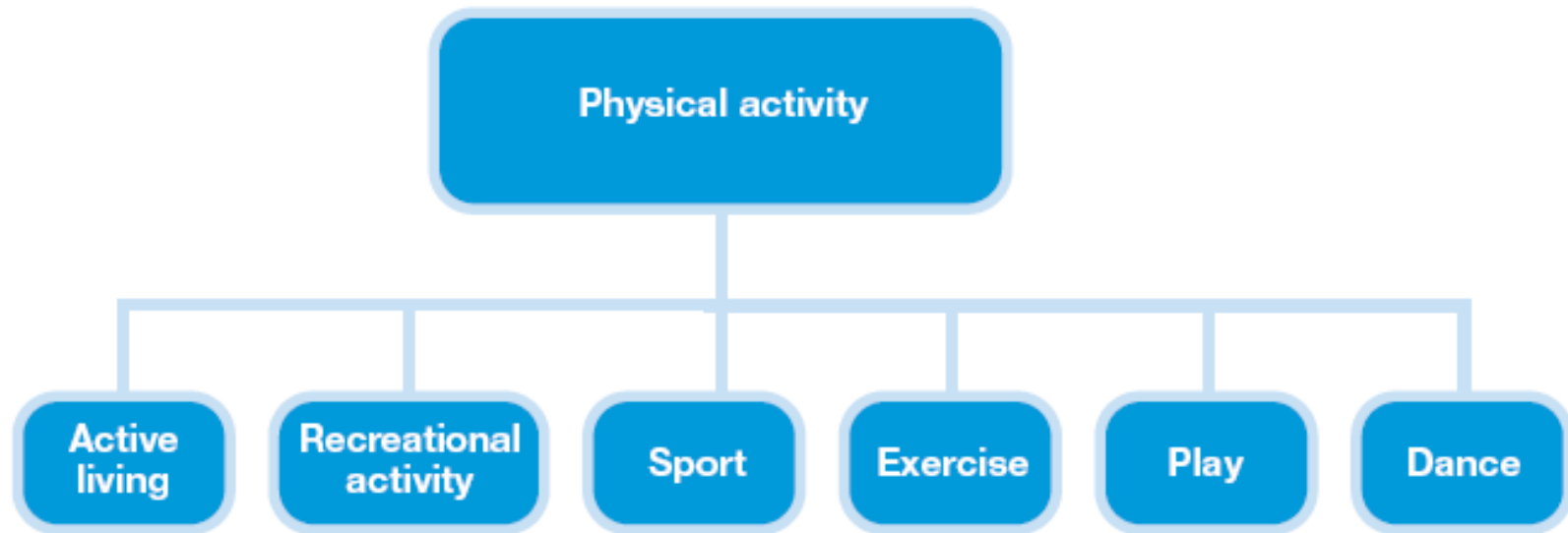
National Physical Activity
Policy Co-ordinator



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Definitions



National PA Strategy
National Sports Strategy



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PA and Sport

- Both sit within same Directorate (Public Health and Wellbeing) and same Ministerial Portfolio (Communities and Sport)
- But each has its own National Strategy and Policy Teams
- I have responsibility for PA (and not sport!)



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Outline

- Scotland's health
- Health benefits of physical activity (PA)
- Prevalence of PA in Scotland
- The national PA strategy
- Local Government contribution to PA



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Scotland's Health



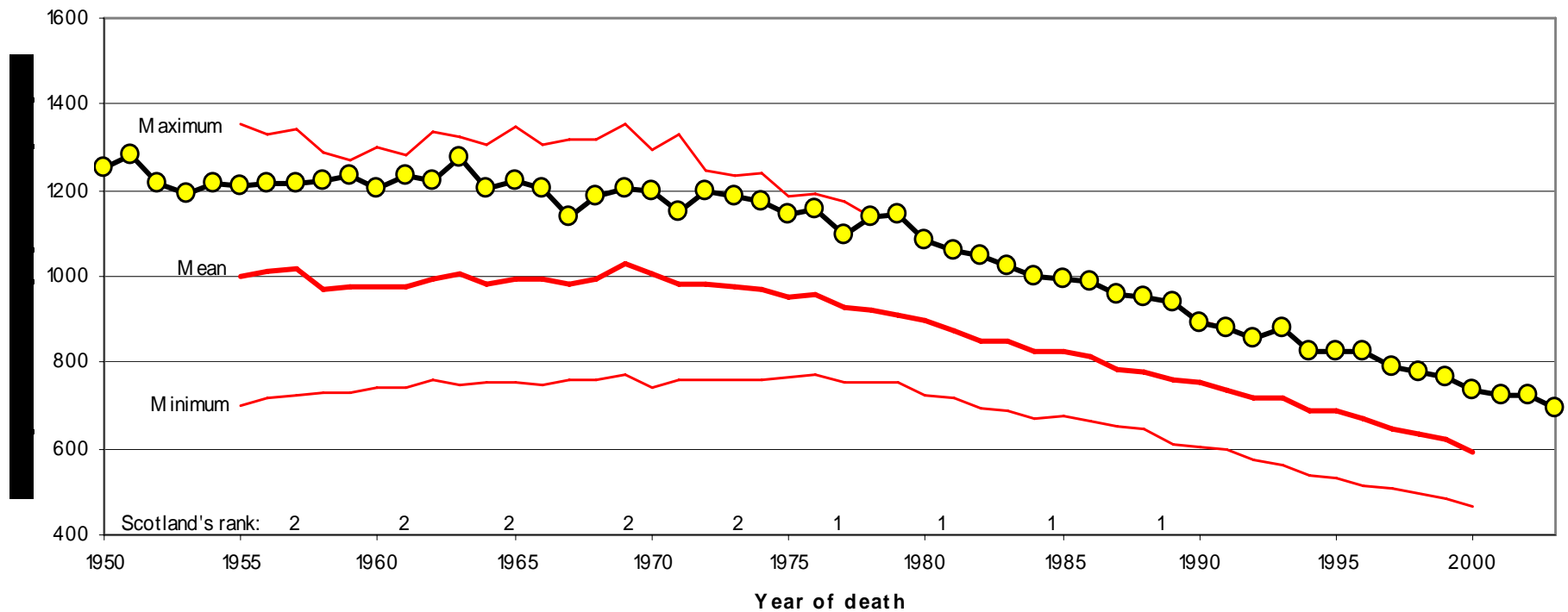
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All Cause Mortality (Men)

Figure C1M

All cause mortality age standardised rates among men aged 15-74 years
Scotland in context of maximum, minimum, and mean rates for 16 Western European countries

Compiled by Scot PHO. Source data: WHOSIS (Dec 2004) & GRO(S)

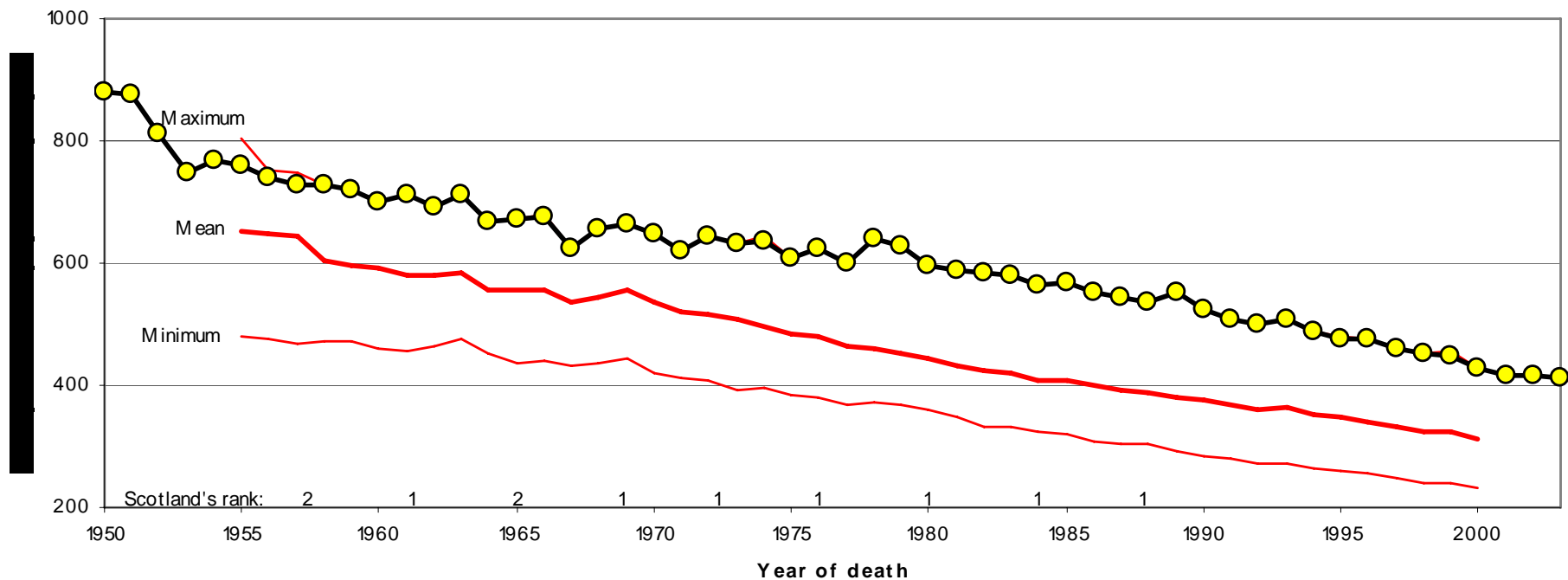


All Cause Mortality (Women)

Figure C1F

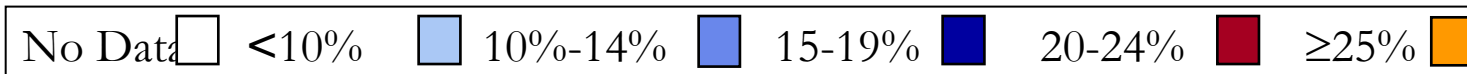
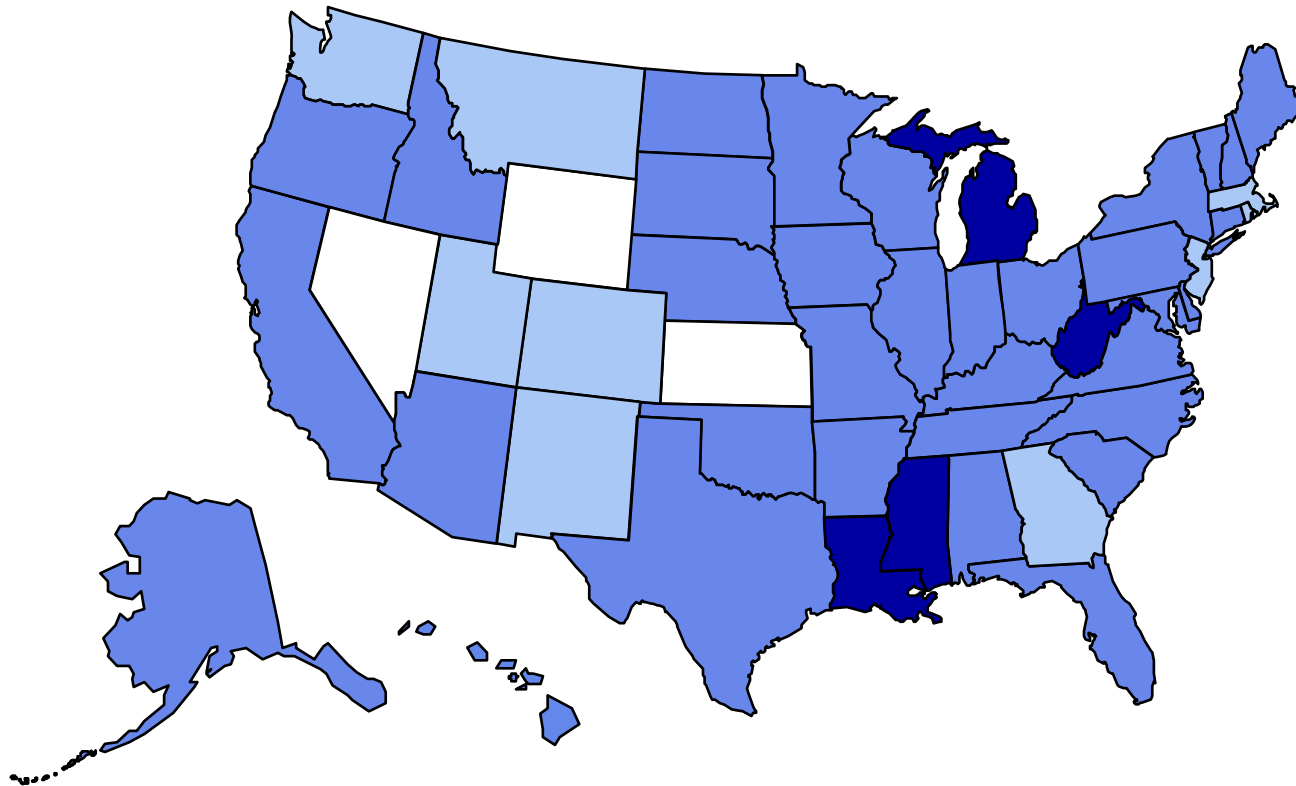
All cause mortality age standardised rates among women aged 15-74 years
Scotland in context of maximum, minimum, and mean rates for 16 Western European countries

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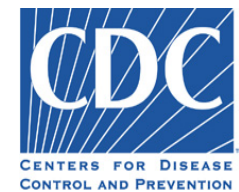
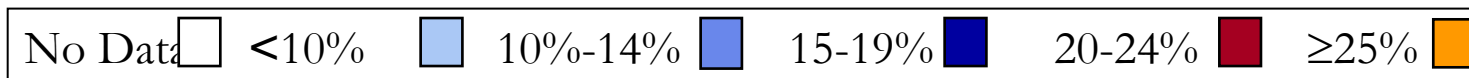
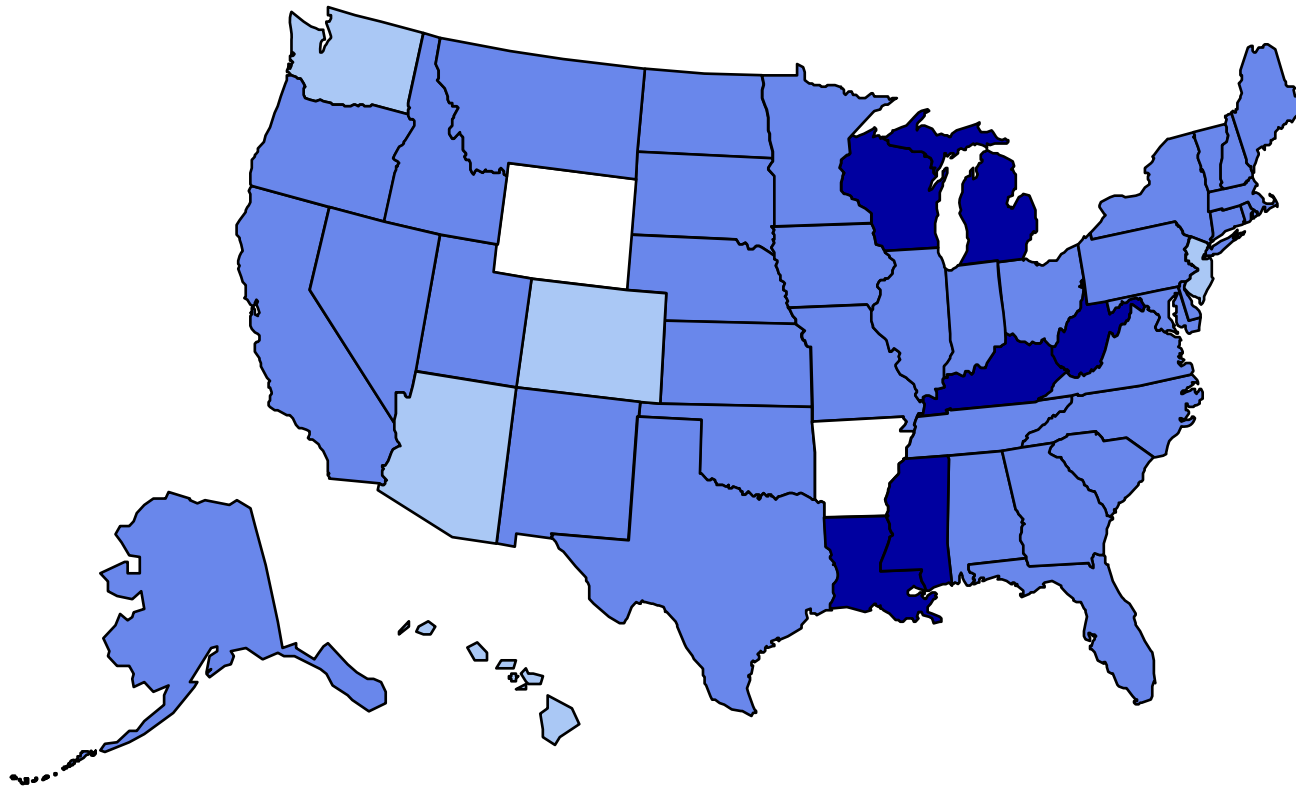
Obesity* Trends Among U.S. Adults BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" person)



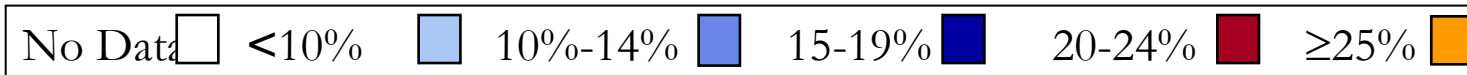
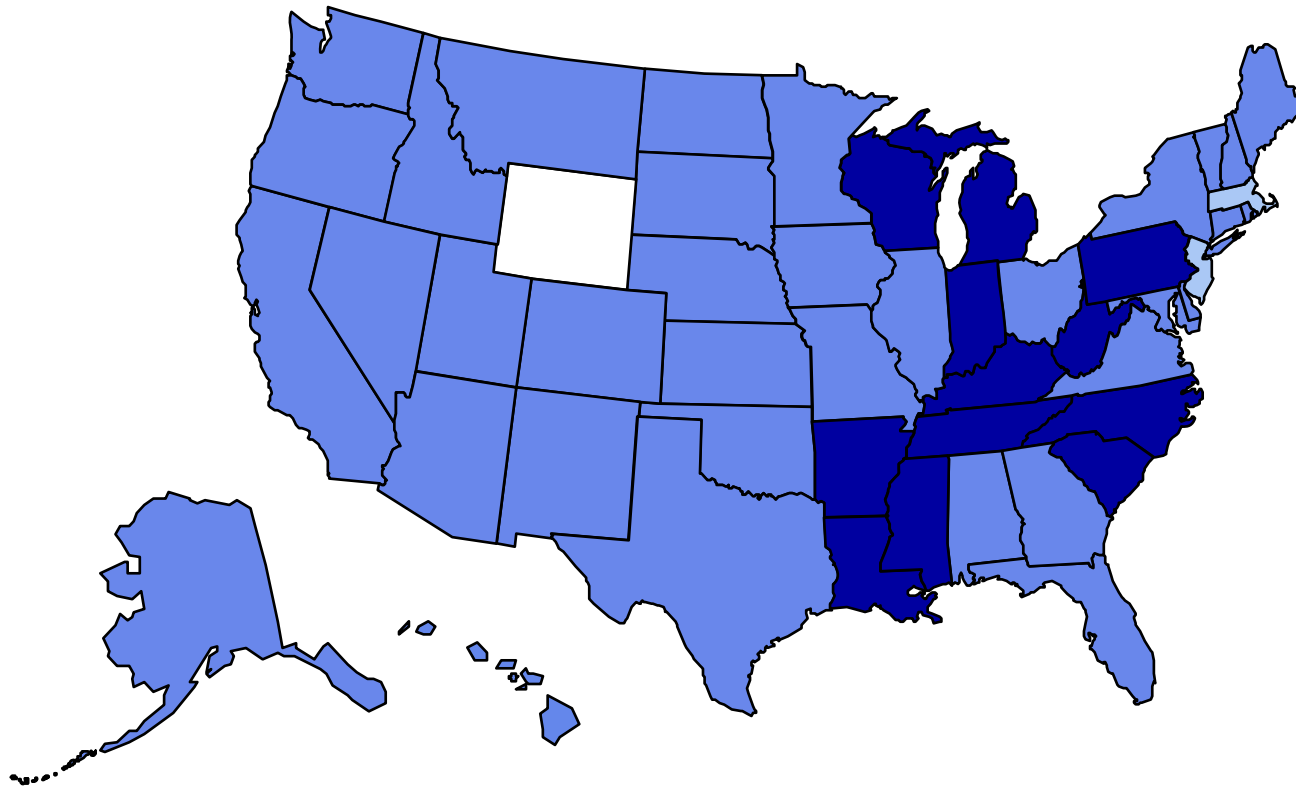
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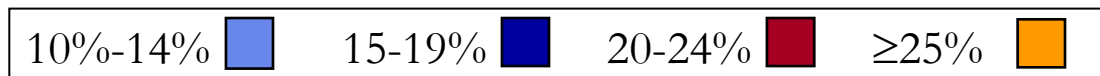
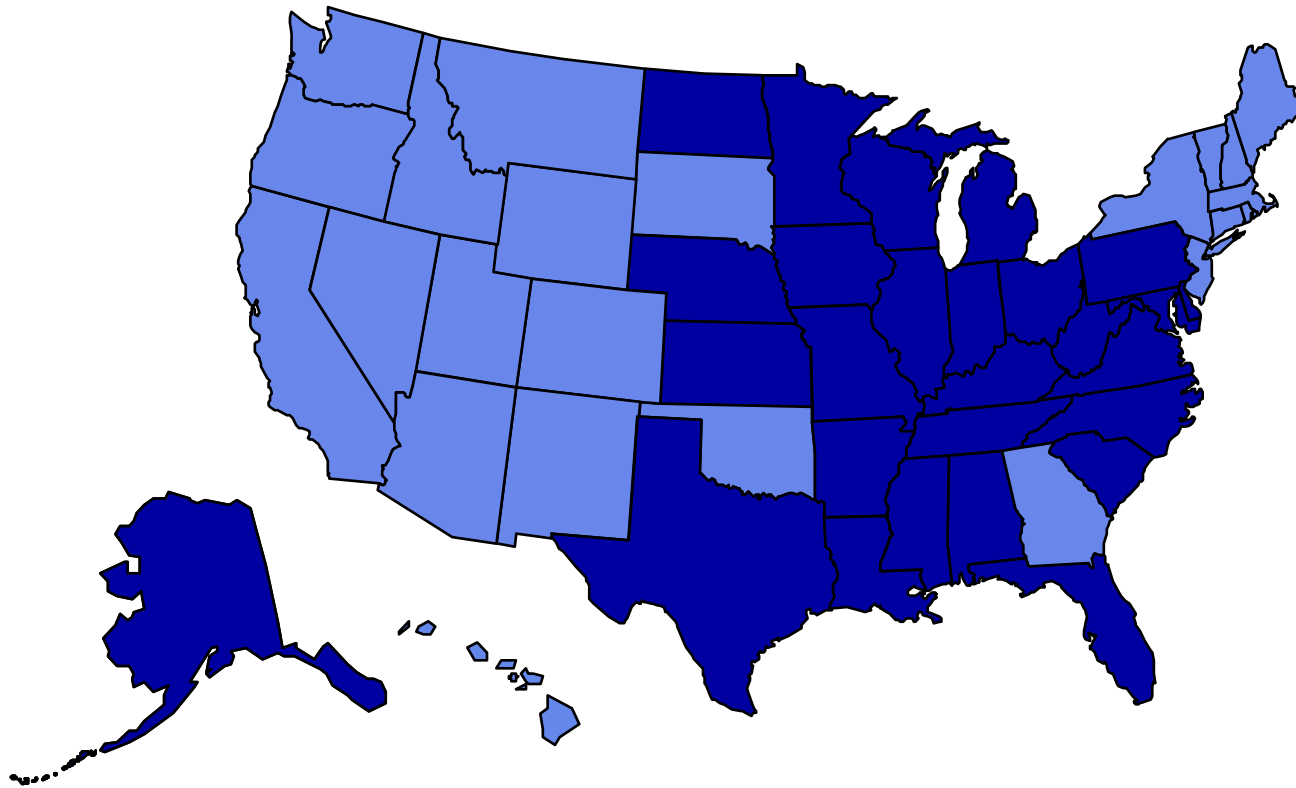
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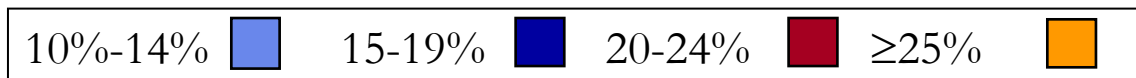
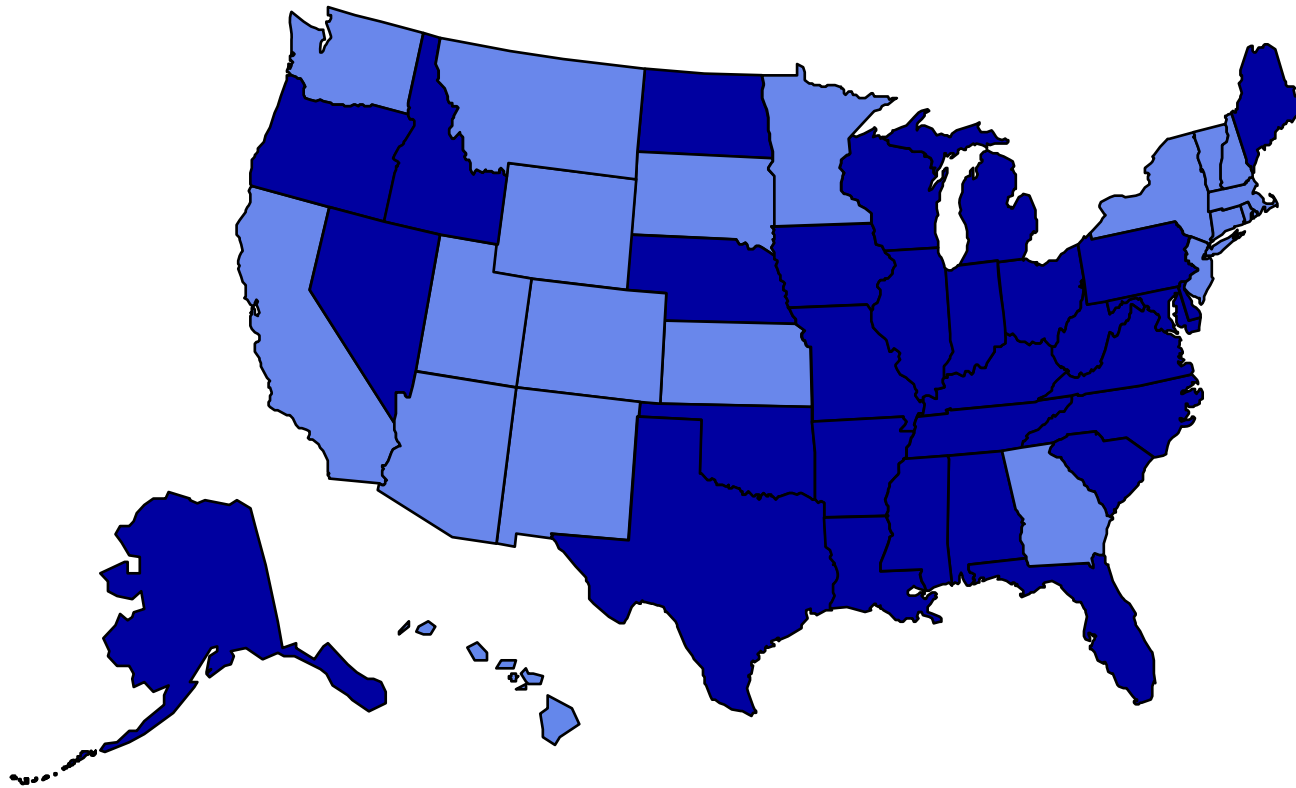
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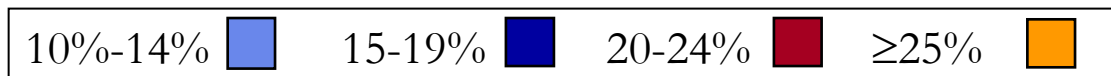
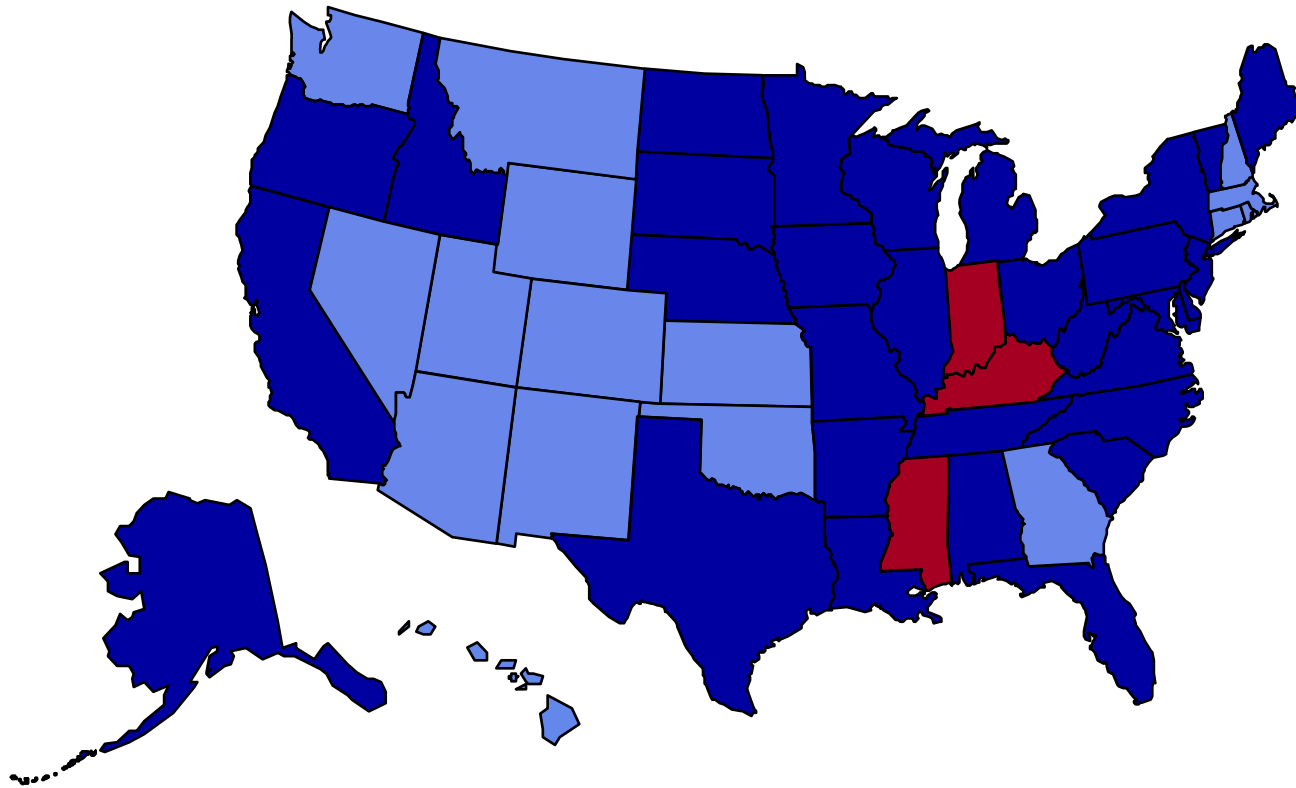
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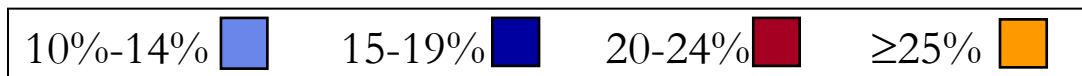
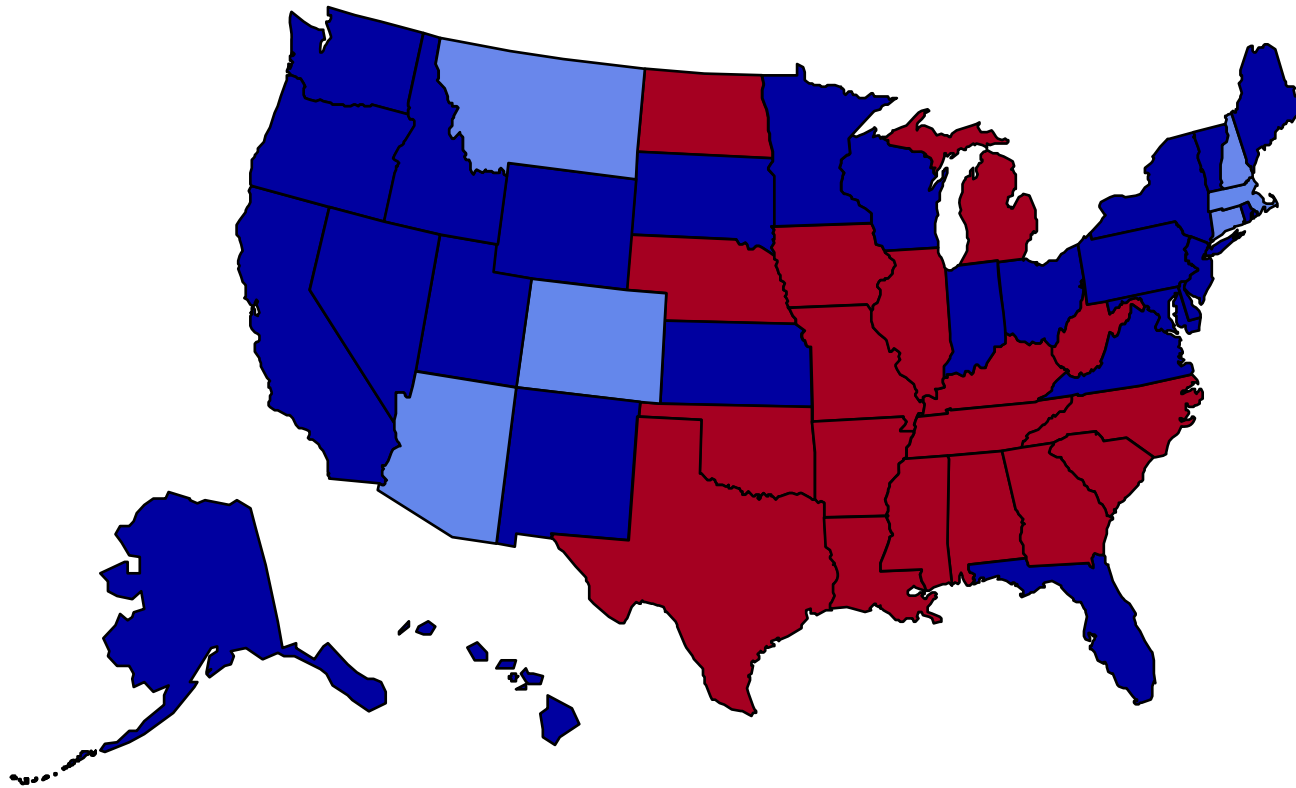
Obesity* Trends Among U.S. Adults BRFSS, 1997

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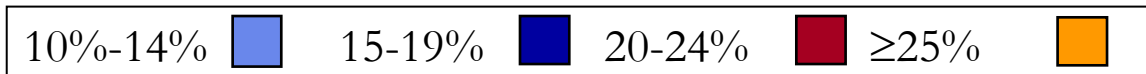
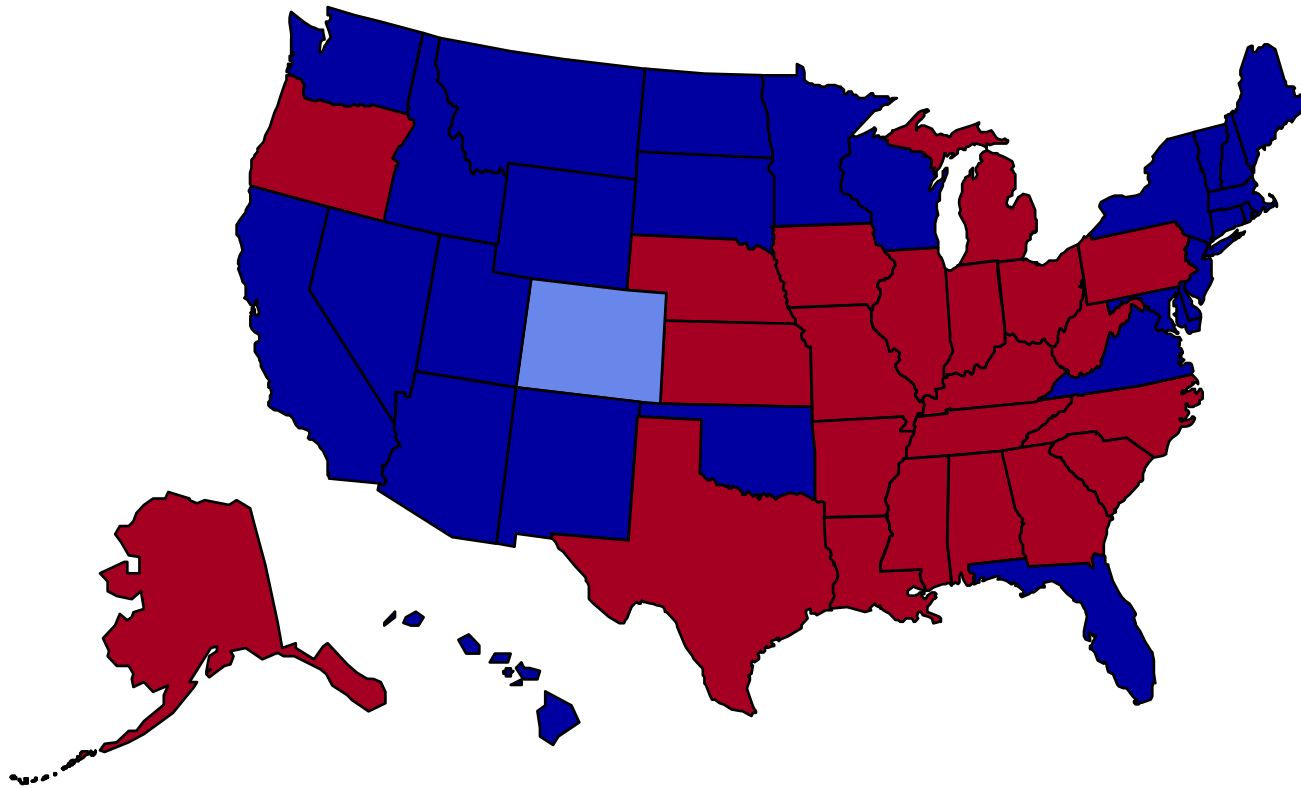
Obesity* Trends Among U.S. Adults BRFSS, 1999

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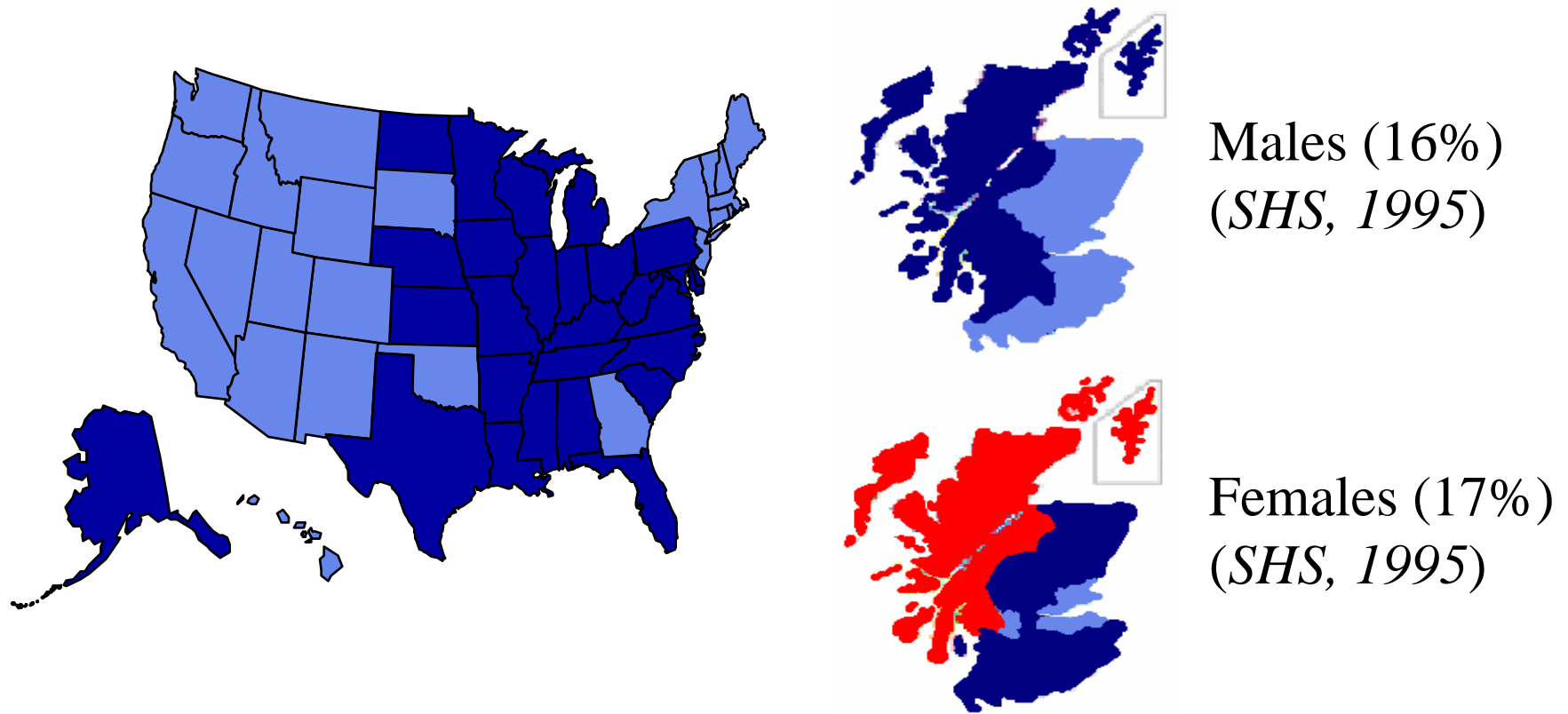
Obesity* Trends Among U.S. Adults BRFSS, 2000

(*BMI \geq 30, or \sim 30 lbs overweight for 5'4" person)



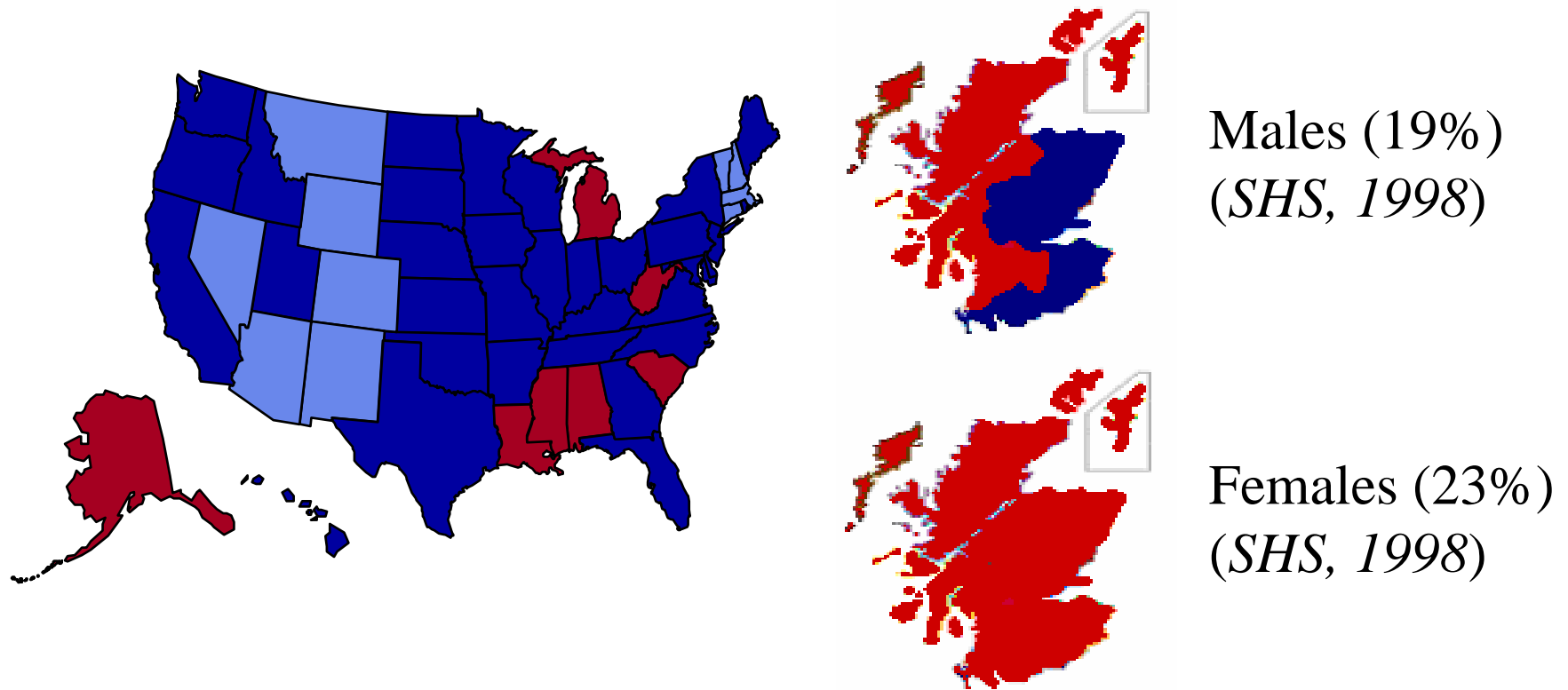
Obesity* Among U.S. and Scottish Adults 1995

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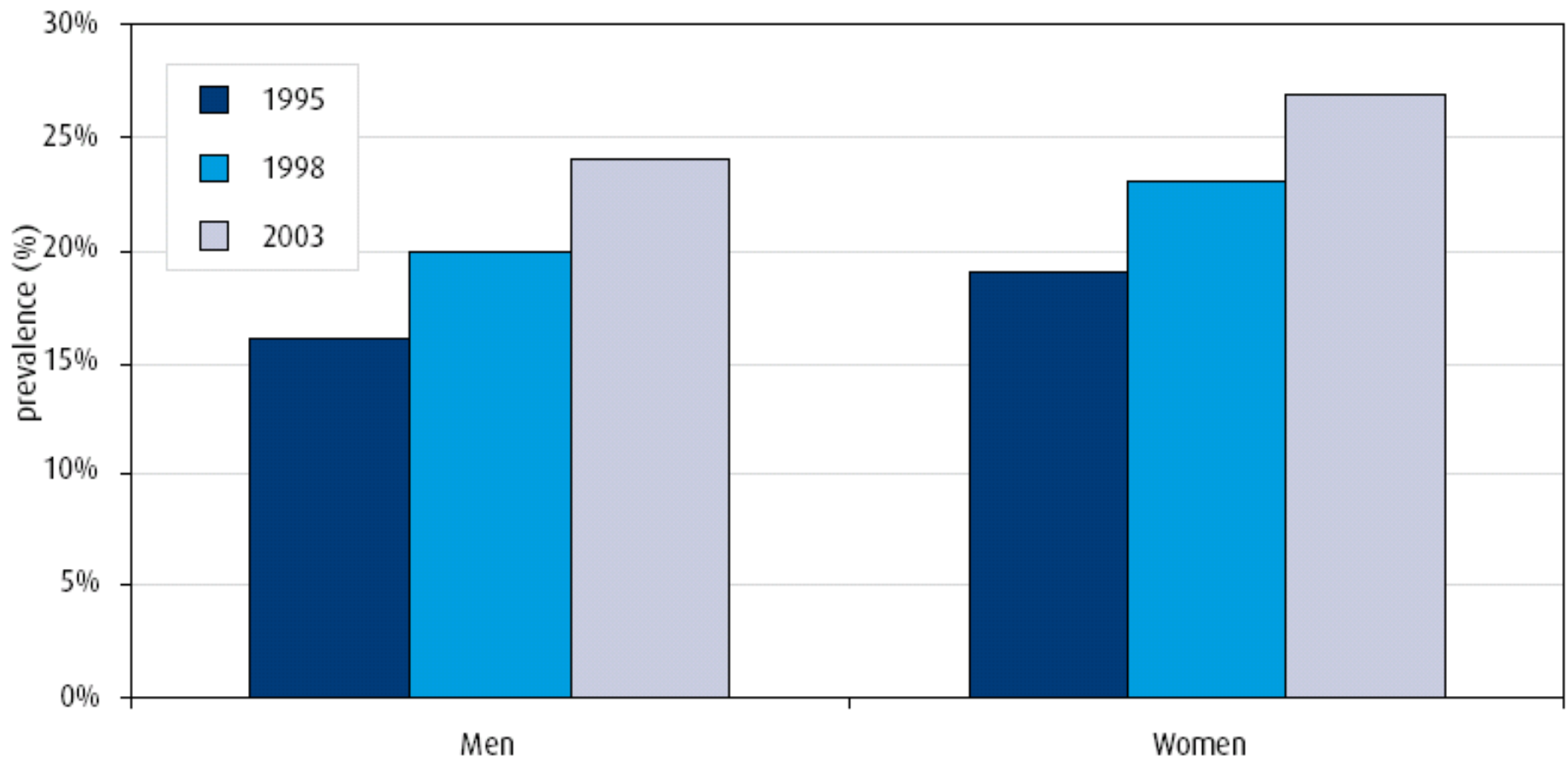


Obesity* Among U.S. and Scottish Adults 1998

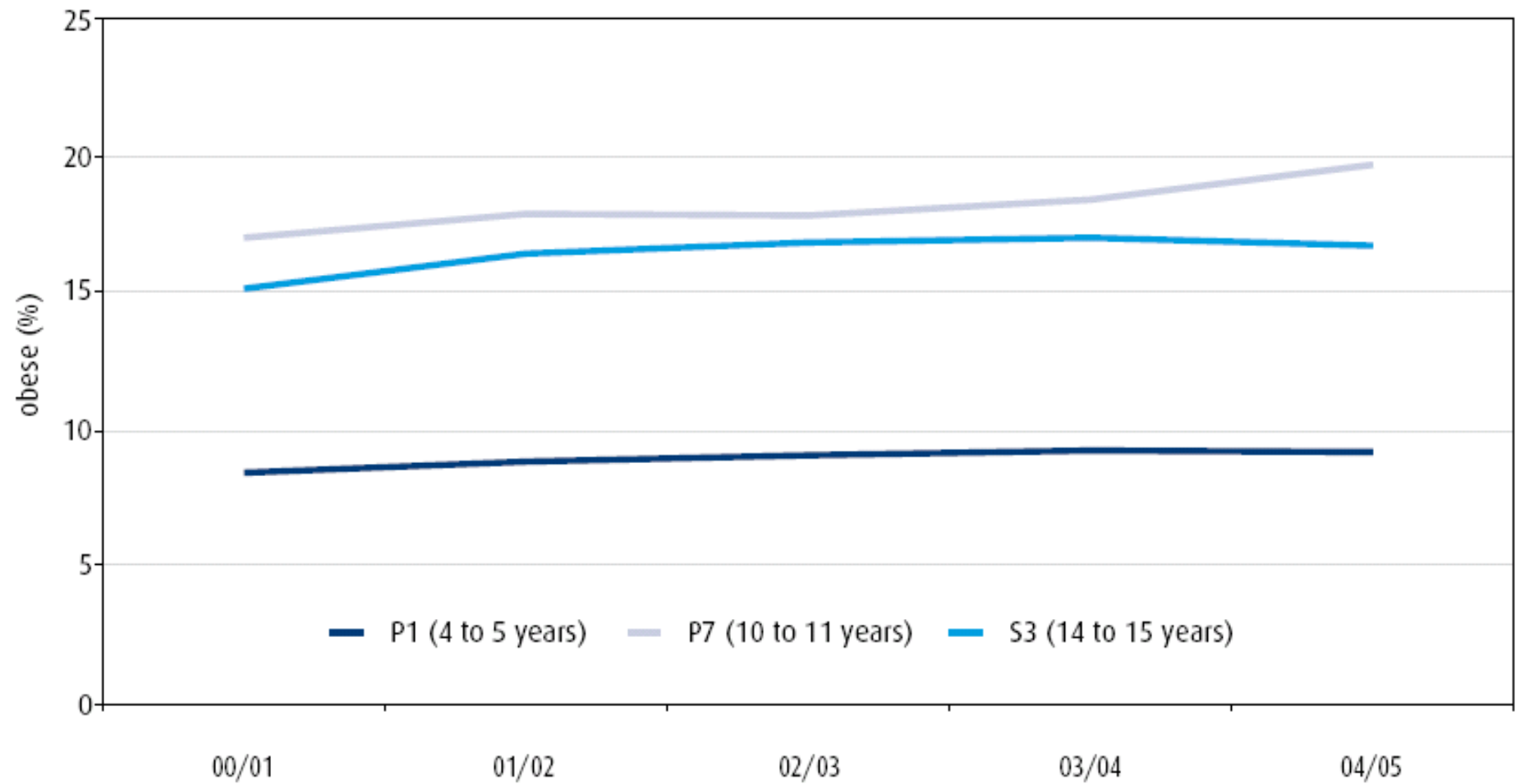
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Adult Trends Obesity 1995-2003



Children Trends 2000-2005



Condition
Cardiovascular disease
Coronary heart disease
Stroke - occlusive - haemorrhagic
Peripheral vascular disease
Obesity and overweight
Type 2 diabetes
Musculoskeletal disease
Osteoporosis
Osteoarthritis
Low back pain
Psychological well-being
Clinical depression
Other mental illness
Mental well-being
Mental function
Social well-being
Cancer
Overall
Colon
Rectal
Breast
Lung
Prostate
Endometrial
Others

At least five a week

Evidence on the impact of physical activity
and its relationship to health

A report from the Chief Medical Officer



Therapeutic effects	
Condition	Strength of effect
Cardiovascular disease	Moderate
Stroke - occlusive - haemorrhagic	Weak Weak
Peripheral vascular disease	Moderate
Obesity and overweight	Moderate
Type 2 diabetes	Weak
Musculoskeletal disease	
Osteoporosis	Weak
Osteoarthritis	Moderate
Low back pain	Moderate
Psychological well-being	
Clinical depression	Moderate
Other mental illness	Weak
Mental well-being	Moderate
Mental function	Weak
Social well-being	Weak
Cancer	
Overall	
Colon	
Rectal	
Breast	
Lung	
Prostate	
Endometrial	
Others	

Specific PA Benefits

- 20-30% reduced risk of premature death
- 50% reduced risk of major chronic disease such as coronary heart disease, stroke, diabetes and cancers

“there are few public health initiatives that have greater potential for improving health and well-being than increasing the activity levels of the population”

Chief Medical Officer, 2004

active people,

- Women with higher levels of physical activity have about a 30% lower risk of breast cancer than the least active.



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Social benefits

- encourages family/ community connectedness
- improves social skills/ networks
- prolongs independent living for older people
- reduces isolation, loneliness
- enhances self-esteem, confidence

Physical & mental benefits

- improves quality of life
- reduces risk of chronic diseases
- manages weight
- improves sleep
- reduces stress, depression
- develops motor skills
- improves concentration, enhances memory and learning

physical
activity
participation

Environmental benefits

- reduces traffic congestion
- reduces air pollution
- reduces greenhouse emissions
- reduces noise pollution
- creates safer places with people out and about

Economic benefits

- creates employment
- draws tourism
- becomes a means of transport
- supports local businesses
- reduces absenteeism
- reduces crime
- produces health savings

Recommended Levels

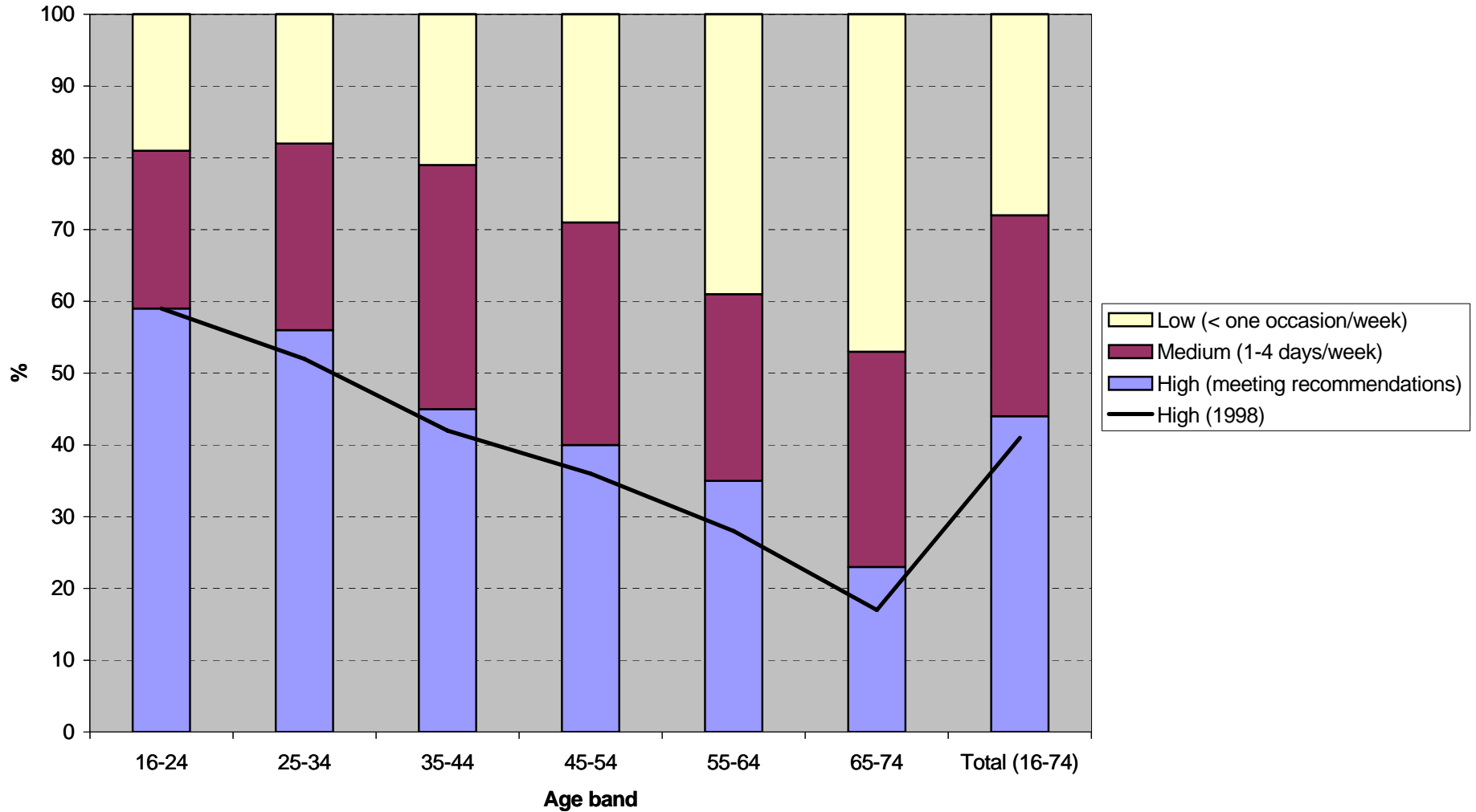
Adults should accumulate at least thirty minutes of moderate activity on most days of the week.

Children should accumulate at least one hour of moderate activity on most days of the week.



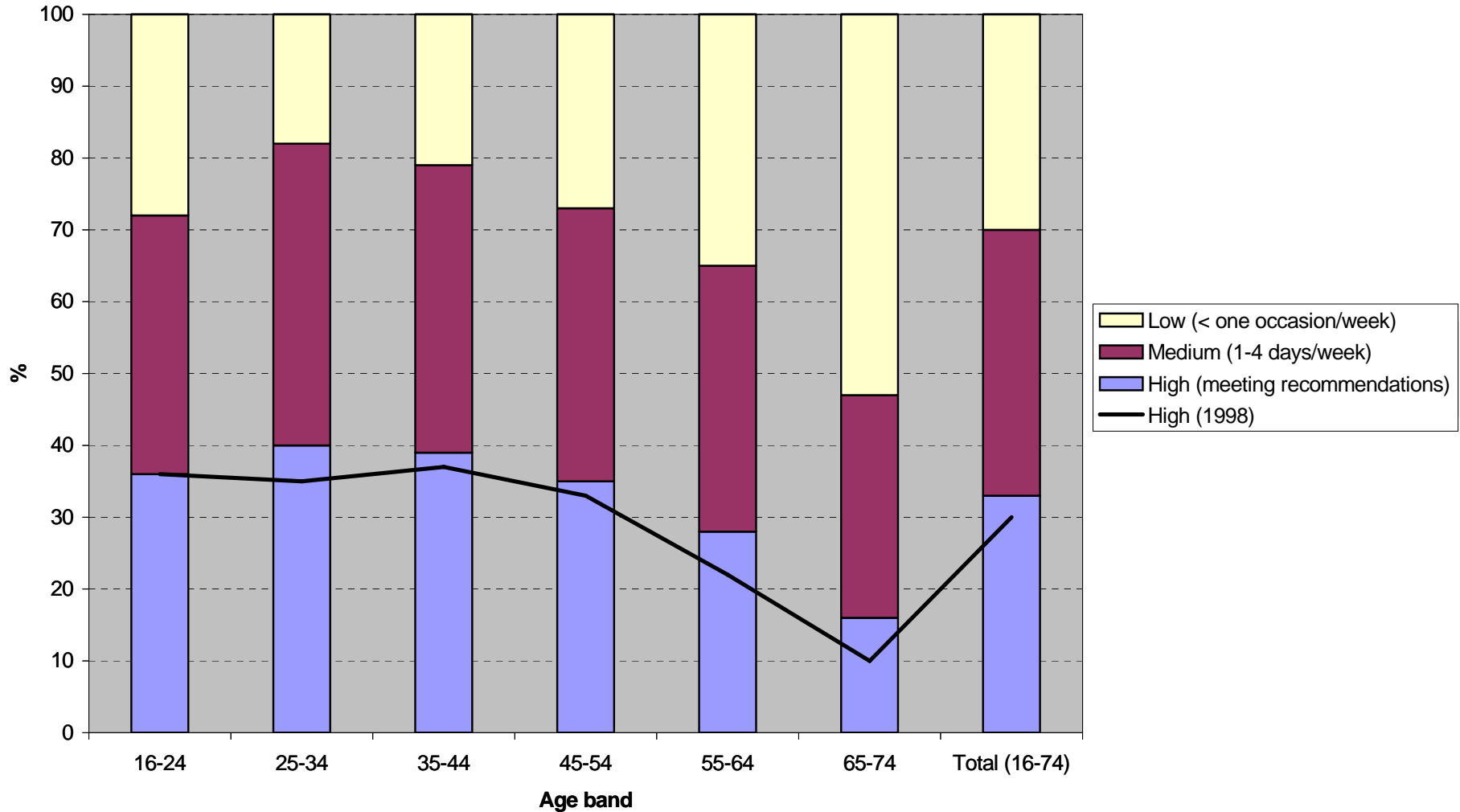
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Adult Males (SHS, 2003)



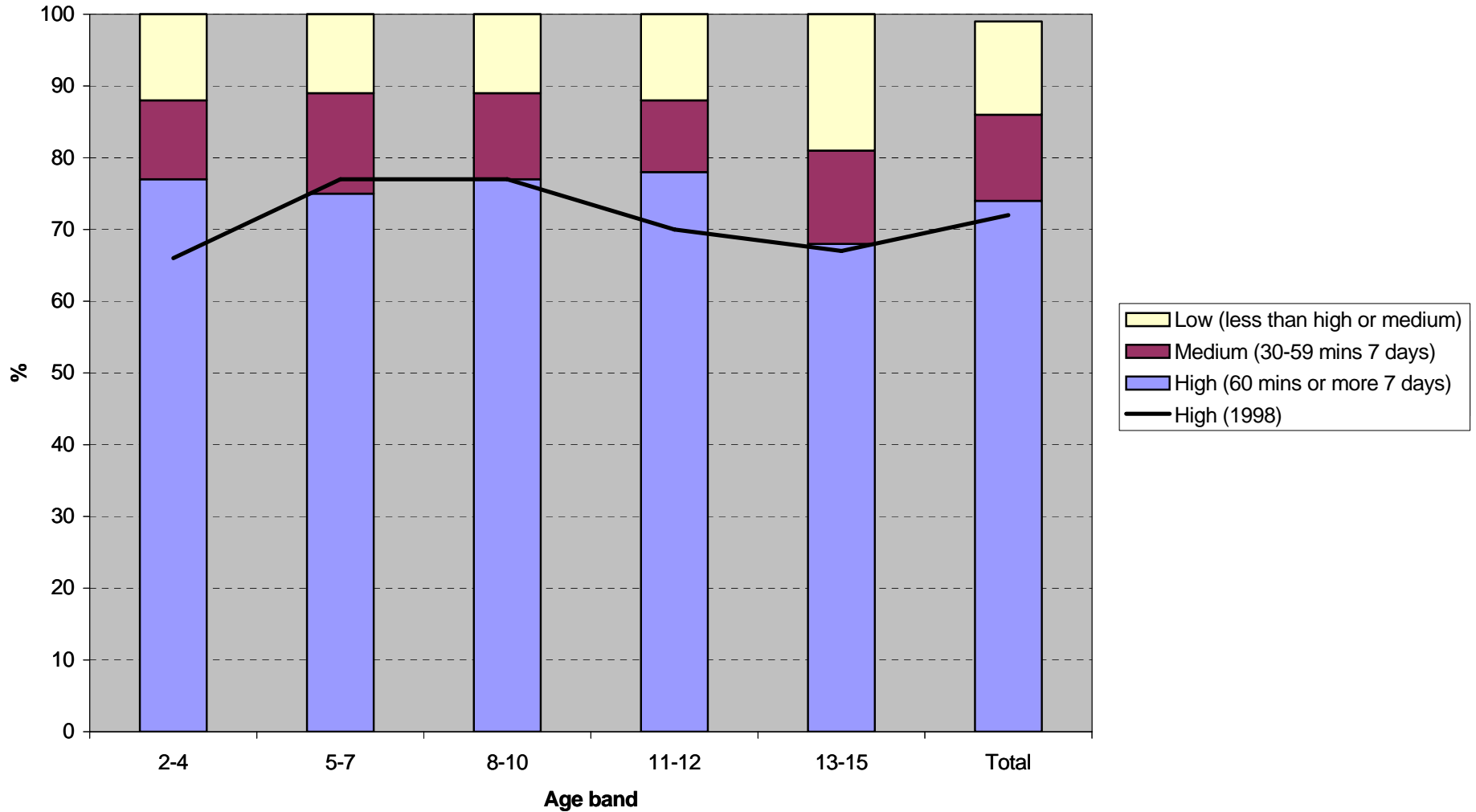
Proportion of men (aged 16-74) meeting recommendations increased significantly from 41% in 1998 to 44% in 2003

Adult Females (SHS, 2003)



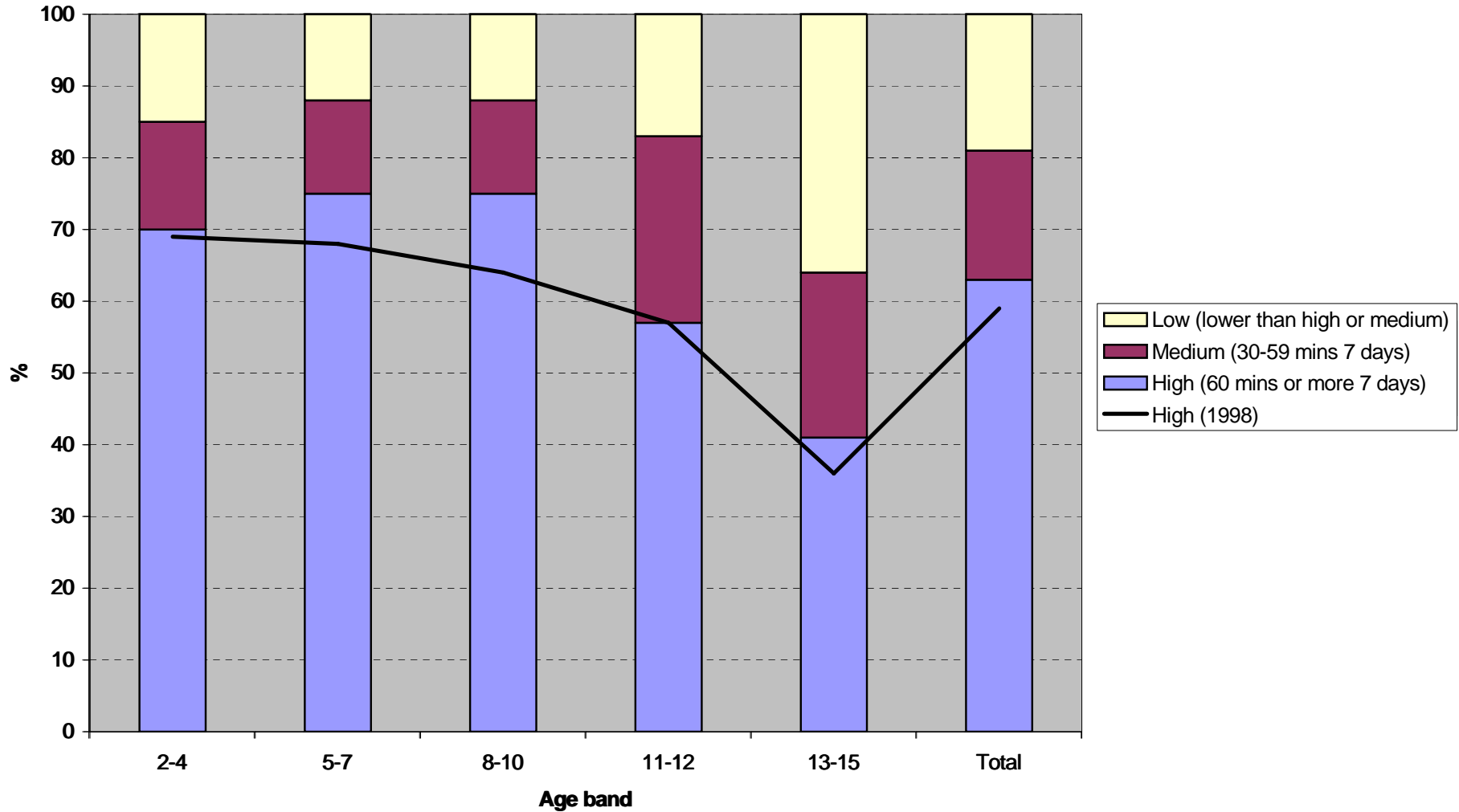
Proportion of females (aged 16-74) meeting current recommendations increased significantly from 30% in 1998 to 33% in 2003

Boys (SHS, 2003)



Proportion of boys (aged 2-15) meeting recommendations increased from 72% in 1998 to 74% in 2003

Girls (SHS, 2003)



Proportion of girls (aged 2-15) meeting current recommendations increased from 59% in 1998 to 63% in 2003

Scottish Government's Physical Activity Strategy



"Scotland's physical activity strategy is an excellent example of how policymakers can adopt an integrated and multi-sectoral approach to improve public health and reduce chronic disease"

Dr Pekka Puska, Director, Noncommunicable Disease Prevention and Health Promotion, World Health Organization



Scottish Government's Physical Activity Strategy

Vision

“People in Scotland will enjoy the benefits of having a physically active life”

Goal

“To increase and maintain the proportion of physically active people in Scotland”

Recommendations

22 recommendations under the headings “strategic objectives”, “strategic priorities” and “coordination framework”



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Targets

50% of all adults over 16 and 80% of all children under 16 meeting the minimum recommended levels of physical activity by 2022.

To meet this goal will need average increases of 1% per year across the population



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Micro and Macro Intervention



Dahlgren G. The need for intersectoral action for health.

Policy, guidance and research

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> [Sustainable travel](#)

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Sustainable travel demonstration towns

Print 



The 5 year project aims to demonstrate the effect a sustained package of 'Smarter Choice' measures can have when coupled with infrastructure improvements. Darlington, Peterborough and Worcester were selected from more than 50 local authorities in England who expressed an interest in becoming 'showcase' demonstration towns. The 3 towns will share £10m of revenue funding during the project with building and improvement works funded LTP) capital funding.



Further Information on the Sustainable Travel Demonstration Towns

You can find more information about each town's specific projects by visiting their dedicated websites. These contain details information and are regularly updated:



Quick and Dirty Summary!

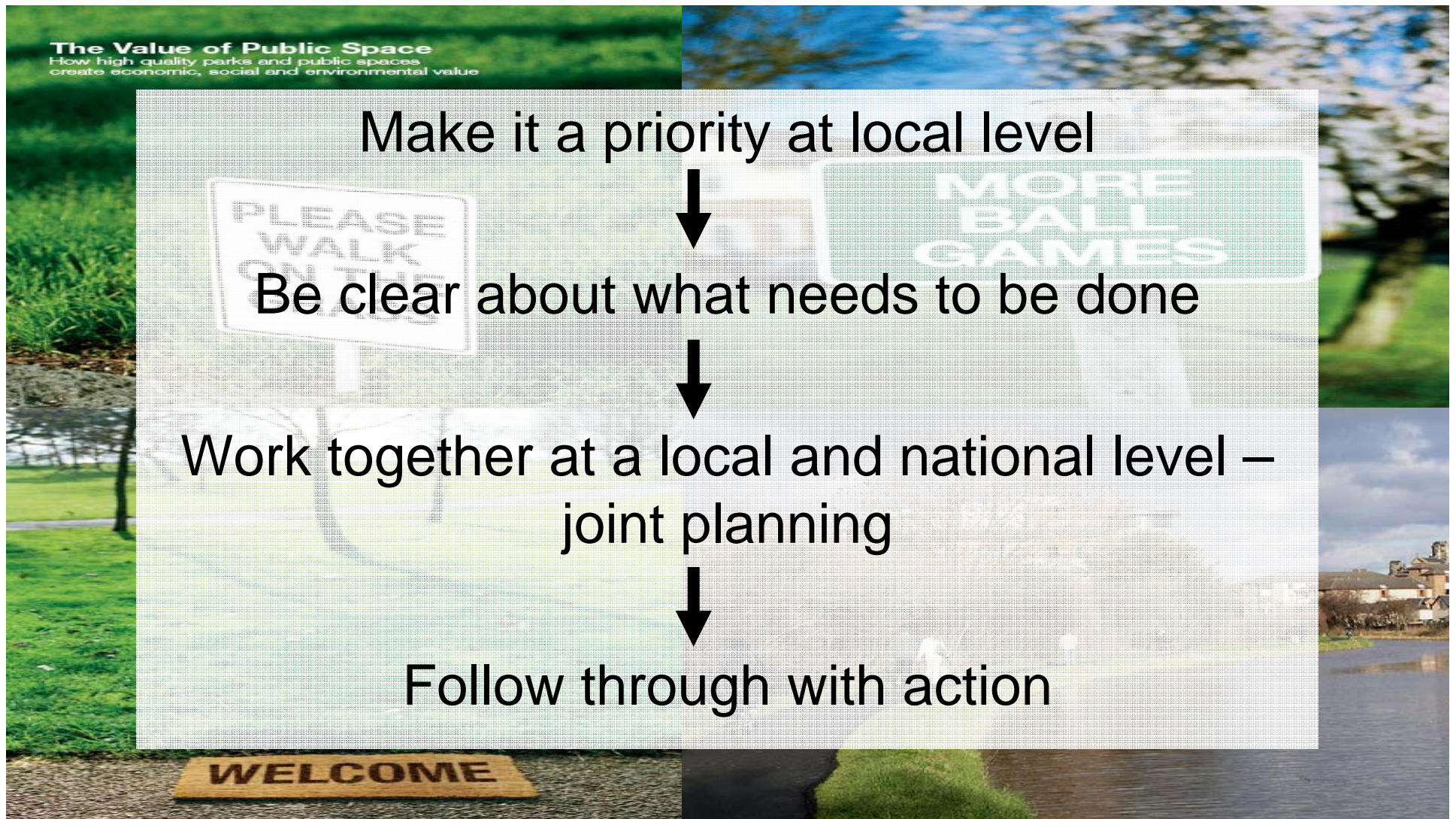
Transport engineering should embrace transport planning, and should recognise the promotion of active travel as a key goal.

When considering planning applications for urban and residential developments ensure the development is designed in such a way as to maximise opportunities for physical activity

Provide a high quality network of inter-linked green and open spaces that are safe accessible to all



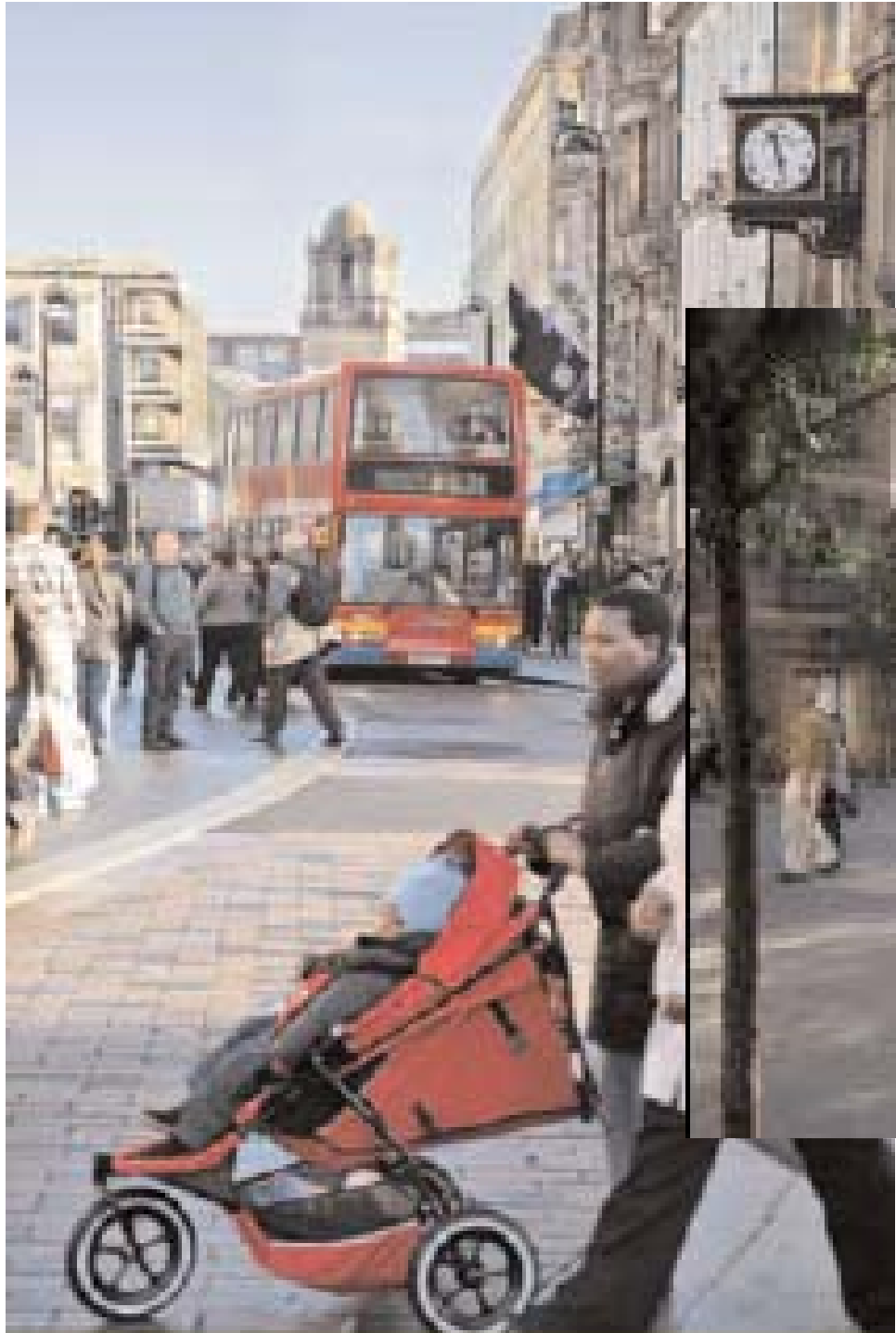
How Do We Make it Happen?











SPOTLIGHT: YORK, UNITED KINGDOM

Designing cities around people not cars

The City of York has won numerous awards for developing an integrated transport network that does not rely on private cars and meets local air quality objectives. An integral part of that strategy promotes sustainable active alternatives to the private car that are both convenient and reliable by using public transport, walking and cycling. York was one of the first local authorities to adopt a hierarchy of transport users when making decisions related to land use and transport and in implementing transport measures. The order of priority is:

1. Pedestrians
2. People with mobility problems
3. Cyclists
4. Public transport users (includes bus, coach, water, taxi and rail)
5. Powered two-wheelers
6. Commercial or business users (includes deliveries and heavy goods vehicles)
7. Carborne shoppers and visitors
8. Carborne commuters (29)



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The Glasgow and Clyde Valley Green Network

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» What is The Green Network?

The Glasgow and Clyde Valley Green Network is a 25-year initiative to improve significantly the scale, quality and value of greenspace across the whole of the Glasgow metropolitan area.

Identified as a strategic priority within the Glasgow and Clyde Valley Joint Structure Plan, the initiative is designed to help develop and sustain a high quality Green Network that will transform the living and working environment for nearly 2 million people and improve significantly the competitiveness of Glasgow city region as a location for investment.

» Where is it?

The Green Network spans all eight of the local authority areas that comprise the Glasgow and Clyde Valley Joint Structure Plan area. The Network will encompass a wide variety of sites including public parks, woodlands, transport corridors, river corridors, private gardens, wildlife sites, sports grounds, institutional greenspace associated for example with schools, hospitals, allotments and cemeteries, and amenity ground associated with housing and business locations. There will also be temporary greening of development sites.

» Our Specific objectives are:

- To improve the competitive position of the Glasgow metropolitan area as a place in which to live, work and invest.
- To promote the Government's environmental justice agenda, improving access to green and open space for local communities, helping to secure improved health and quality of life - especially for people experiencing disadvantage, and encouraging social



SCOTTISH EXECUTIVE

Local Policy



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let's make Glasgow
MORE ACTIVE

A physical activity strategy for Glasgow

EXECUTIVE SUMMARY
CONSULTATION DOCUMENT

west lothian
on the
move

health enhancing physical activity

consultation document

“Beyond the School Gates”

- Build a “conceptual model”
- Test this out with LAs
- Work with APSE and LAs to flesh out models with good practice and assess baseline of activity
- Get consensus agreement within LAs
- Develop performance bench marking system with APSE



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Legacy?



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