Physical Activity and Public Health in Latin America—Moving Forward
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Physical inactivity is a global health concern and, according to the World Health Organization (WHO), is the fourth leading contributor to deaths, ahead of those attributable to obesity and with greater contributions to deaths in middle- than high-income countries. Therefore, developing solutions to increasing activity rates is of international interest. Much of the evidence base for physical activity (PA) and health, and reporting interventions to decrease inactivity, come from the developed world, although the risks from noncommunicable disease (NCD) are increasing rapidly in many transitional nations. What is needed is an evidence base for action from population studies and public health interventions in developing countries.

This supplement provides excellent examples of the breadth and innovation in PA research being conducted in Colombia and Brazil, 2 large nations in Latin America. The funding provided through GUIA is unique, as it develops research capacity and fosters research partnerships that provide in-country opportunities to evaluate innovative and inspirational public health interventions. To major examples are the social movement that was catalyzed by the groundbreaking Project Agita in Brazil, and the unthinkable task of shifting a whole urban transport system toward a more sustainable and more active one in Bogota, Colombia. These projects are aspirational for PA advocates in developed countries, but in these Latin American settings innovation is partnered with technical expertise to attempt real public health change, using good population samples and research methods to develop the evidence base for action.

Encouragingly, many of the findings in this supplement are similar to those observed in developed countries. For example, the surveillance instrument, IPAQ, is widely used and has modest but acceptable measurement properties, but some problems remain with its administration. The observed relationships between the built environment, quality of life, and physical inactivity are reasonably similar to developed country observations, but some issues are locally relevant (eg, safe neighborhoods in some cities). Overall, the patterns are similar enough to suggest that we can move globally to develop solutions, not just further replicate cross-sectional findings in which the results are mostly already known.

Instead of small scale projects, many of the Latin American programs are community wide, requiring more complex modes of program evaluation. Further, a study in this series identified that ‘abstract reviews’ are not as strong as peer-reviewed papers, suggesting that ‘abstracts’ may provide insufficient evidence for full critical appraisal. However, we need vehicles for disseminating information about developing country programs and their critically appraised effects; one approach to this is the Boas Practicas document published through the Physical Activity Network of the Americas (RAFAPANA) network, and another is the WHO best-practice approaches for PA programs in developing countries. Ultimately, growth and development of the scientific and practice infrastructure in developing countries are what is needed to move the policy and practice needles.

Despite these observations, much is left to do. Advances in public health are often made with the realization of what is not visible rather than what is visible. The situation of GUIA is unique, with no counterparts in other developing regions. Even within Latin America, most resources have targeted Colombia and Brazil, two of the largest countries, but no examples here are presented from Mexico, Argentina, or Chile, countries that are also experiencing substantial increases in NCD risk. It is not likely coincidental that Brazil and Colombia have the largest in-country PA practitioner networks in the region.

In the remainder of the developed world, NCD risk is high in the Eastern Mediterranean WHO region and in large parts of the Southeast Asian and Western Pacific regions; preventive efforts, especially concerning PA, are less well-developed. There are no auspicing agencies partnering with local country-level researchers to fund ‘evidence generation’ in a systematic way. Developing nations with the double burden of transitioning between an abundance of communicable-disease morbidity and mortality to an abundance of noncommunicable-disease morbidity and mortality have a more complex public
health task, with the NCD problem and physical inactivity manifesting among wealthy subgroups and showing different socioeconomic and age-related patterns to many developed countries.14

International capacity in PA and public health has recently been on the upswing. The formation of the International Society for Physical Activity and Health (www.ispah.org) is responding to a vacuum of global leadership in research and practice. Regional networks (eg, those in Asia-Pacific, the Americas, Europe, and Africa) aim to become communication conduits for best practice, and publish program descriptions, provide commentaries, and work out ways of providing technical support to countries working to increase PA levels.

Lasting advances in public health will not fully be realized without infrastructure development in PA research and practice. The work represented by the publication of this supplement signifies the start of these advances in a region that is home to nearly 600 million people. Noncommunicable disease is a global problem, and the next steps are to translate and replicate this GUIA model elsewhere to improve the evidence base for action in developing countries. The challenge is made more difficult in developing countries, where there are strong socioeconomic pressures surrounding the transition from bicycles and walking and active occupations, toward motorized transport and sedentary occupations.15

Leisure-time PA is not on the agenda for many developing countries. The domains of work and transport-related inactivity are those critical to maintaining total PA levels, and the interventions that are required are more like those discussed in this supplement than those usually published, which describe small-scale controlled settings to increase leisure-time PA.

Publication of this supplement represents a major step forward for physical activity and health. Our vision is that in the future, supplements such as this will be unnecessary. We expect that research and practice in developing countries and regions will continue to mature, making advances in population-wide PA interventions from these areas the rule and not the exception.

References