Health Select Committee Inquiry: *The impact of physical activity and diet on health*Additional information from Prof Nick Wareham on behalf of the MRC Epidemiology Unit and the Centre for Diet and Activity Research (CEDAR), University of Cambridge

What would be the most effective ways of promoting physical activity in young people?

As requested, we provide here an additional response to this question over and above that which was contained in our written submission

http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-physical-activity-and-diet-on-health/written/16782.html.

As we discussed in our verbal evidence to the Committee, we think that changing physical activity behaviours requires multiple policy and interventions that act at the individual, social, community and environmental levels and that there is no single magic bullet approach. Different influences will work in different contexts, and multiple barriers often need to be removed to achieve substantive change. Interventions need to be sustained rather than short term projects.

We have listed five key areas of intervention that we would wish to stress.

1. Ensure early years and family support

- Physical activity patterns are influenced from a very early age, so parents with young children are a promising target group for family-based interventions in order to set behaviours early in life. The early years' educational system is also a key area for intervention. The 'Nutrition and Physical Activity Self-Assessment for Child Care' (NAP SACC) programme in the USA, for example, provides education to staff and parent, and creates opportunities for play and physical activity. This increases physical activity levels among young children in early years' day-care centres. http://gonapsacc.org/
- The decline of physical activity in older children is particularly pronounced at weekends. Family support is important in changing this behaviour and is associated with a reduction in the weekend decline in physical activity. Family support is similarly effective across ethnicity groups, different ages and sexes.

2. Encourage walking and cycling in young people

- The broad range of interventions that effectively support walking and cycling in adults are also relevant to supporting these behaviours in children.
- Increasing the number and length of journeys children and young people take using an active mode of travel is an important and achievable public health target. This should include all journeys not just those to and from school.
- Within and around schools, interventions should encourage active travel by reducing the convenience of car parking close to school, improving support for active modes (e.g. bike parking), and improving road safety for cyclists and pedestrians.
- Interventions should encourage activity beyond active travel by promoting the provision of green spaces and safe street environments as places of play and physical activity.
- These environmental factors should be supported by interventions to help children and their parents manage perceived and actual risks associated with physical activities.

3. Promote activity beyond sport and exercise

- The public health target should be to promote physical activity, which is an inclusive term encompassing all forms of activity in different domains of life. Sport and exercise are an important part of this for many people, but it is possible to be physically active without engaging in sport. In addition to promoting sports and exercise for those who wish to and can participate, public health should identify forms of activities that appeal to groups not motivated by traditional sports.
- Barriers to physical activity may be social, cultural and emotional. It is important to identify
 if any of these specific barriers apply when intervening with different groups. This may be
 particularly important in encouraging girls to become active, and those who are overweight.
- Part of the decline in physical activity from childhood to adolescence is a natural part of growing up. Public health targets need to be realistic and aim at minimising the decline rather than aiming for an implausible increase in this age group.

4. Develop school-based approaches in and beyond PE

- We support evidence based approaches to promoting PE in schools see, for example, the recently published UNESCO guide *Quality Physical Education - Guidelines For Policy-Makers* http://unesdoc.unesco.org/images/0023/002311/231101E.pdf
- Children are more active if school grounds are more supportive of activity through
 playground markings, playground equipment, marked sports pitches and tracks and wildlife
 garden, for example. Teacher involvement and break-times which are structured to promote
 physical activity are also supportive.
- Re-engineer physical activity into the school day beyond PE: active lessons, regular breaks from sedentary behaviour etc.

5. Act on what we know. If we don't know, evaluate.

- Public health should apply existing evidence-based policy and guidance including NICE's
 Promoting physical activity for children and young people www.nice.org.uk/guidance/ph17, and PHE's *Everybody Active Every Day www.gov.uk/government/publications/everybody-* <u>active-every-day-a-framework-to-embed-physical-activity-into-daily-life.</u>
- Where comprehensive evidence is lacking, public health interventions should be based on
 existing evidence and theories of behaviour change. These interventions must then be
 properly evaluated so that best future practice and policy can be more readily identified.