The source code for implementing physical activity promotion—'7 best investments'

Karim M Khan

Exciting times in sports and exercise medicine. Better management of concussion (*see page 735*), fewer spinal cord injuries (*see page 692*), overhydration marketing being curbed,¹ and the football pitch may soon be the safest place to have a heart attack.² There are many other tremendous success stories—where teams of clinicians, researchers, policy makers and grass roots advocates have combined. I encourage you to email me similar 'success stories' to feature in *BJSM*'s various channels. Success stories are important—they influence and inspire.

Boksmart's nationwide success

BokSmart is a tremendous example of a nation-wide, readily accessible injury-prevention programme. South Africa's Rugby Safety Program is discussed in this month's lead editorial (*see page 692*). The leadership group acknowledges that they built on New Zealand 'Rugbysmart' and Australian 'Smartrugby' and adapted it for their own diverse community. Great idea. For more on head and neck injuries broadly, click back to June's *BJSM* via the handy 'archive' page (<http://bjsm.bmj.com/content/by/year>).

Usual rant—skip over this

Moving to 'exercise medicine' we see similar success stories. Cast your mind back to London's previous 'Austerity Olympics'. In 1948, physical inactivity—bed rest—was a key treatment for heart attacks. That year¹ Jeremy Morris began stalking London bus drivers and conductors and the field of physical activity epidemiology was born. Sixty-five years on, the evidence that physical activity provides public health benefits superior to any single drug or combination of drugs is incontrovertible. The scourge of physical inactivity is no longer in question—the WHO lists it among the top four global

non-communicable diseases. That physical activity is the best treatment for physical inactivity is axiomatic. Sorry Dr Pfizer, but 'Statins' is the wrong answer to the public health question. Let us march right past the 'Is exercise good?' distractor and focus on today's challenge. How must we all collaborate to implement physical activity opportunities?

'7 investments' answers the 'How?' question

The '7 investments' article (*see page 709*) is a key for rapidly advancing the physical activity agenda. It is a critical corollary to the Surgeon-General's reports and the US Physical Activity Plan.³ *BJSM* launches '7 investments' in a peer-reviewed journal format. If you are a parent, an employee, a policy maker at any level, a voter, a legislator, a health professional, someone with media access, a human being or various combinations of that list, the '7 investments' document gives you the universal password to be a physical activity activist.

'7 investments for Physical Activity' is the Magna Carta, the Declaration of Independence, the Gettysburg Address, the Million Man March, the Google source code, more valuable than 10 000 Apple shares. You thought I was keen on the Swedish Physical Activity book?⁴ Click on '7 investments' and feel the buzz. Bigger than Bieber. Just four pages—focused, concrete and credible. As the Global Advocacy for Physical Activity authors point out, 'there is no one single solution to increasing physical activity'. Good point. Thus, they share the wisdom that 'an effective comprehensive approach will require multiple concurrent strategies'. But rather than us, mere mortals, needing to figure this out in every city in the world, they list seven 'best investments' for physical activity. All are supported by good evidence of effectiveness and that have worldwide applicability. Among many examples, 7 Investments is already playing a huge part in shaping physical activity and sport policy in Scotland. Congratulations to Professor Fiona Bull (University of Western Australia) for leadership on this project and many efforts to

have the WHO acknowledge and help address the burden of physical inactivity.

I am going to leave it there as my gurus, the Heath Brothers,^{5 6} say that understated, subtle messaging work best.ⁱⁱ No need for polemics. I like that. You will find lots in this issue but we can highlight that via the *BJSM* Blog and Twitter. If you follow @BJSM_BMJ or *BJSM* on Facebook you can readily screen for updates—filter what is best for you. *BJSM*'s Twitter community is over 4500-strong and *BJSM* was ranked twice in Webinicia's top 10 Sports Medicine social media channels. But just to finish—did I mention the '7 investments'? To help shape your path, (*see page 709*).

ⁱJeremy Morris is credited with starting his work in 1949 but that would be a very clumsy link to the next sentence. <http://tiny.cc/Daa7fw>.

ⁱⁱThe Heath Brothers do not say anything about understated messages so apologies to Dan and Chip. You can see what they really say here http://en.wikipedia.org/wiki/Made_to_Stick

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

Accepted 21 June 2012

Br J Sports Med 2012;46:691.

doi:10.1136/bjsports-2012-091497

REFERENCES

1. Asplund CA, O'Connor FG, Noakes TD. Exercise-associated collapse: an evidence-based review and primer for clinicians. *Br J Sports Med* 2011;45:1157–62.
2. Kramer E, Dvorak J, Kloeck W. Review of the management of sudden cardiac arrest on the football field. *Br J Sports Med* 2010;44:540–5.
3. Office of Disease Prevention & Health Promotion. 2008 Physical activity guidelines for Americans. 2008. ODPHP Publication No. U0036 October 2008, Rockville, MD. www.health.gov/paguidelines.
4. Swedish Professional Associations for Physical Activity. Physical activity in the prevention and treatment of disease. Stockholm, Swedish Professional Associations for Physical Activity, 2011. <http://www.fhi.se/en/Publications/All-publications-in-english/Physical-Activity-in-the-Prevention-and-Treatment-of-Disease>.
5. Heath C, Heath D. *Switch: how to change things when change is hard*. New York: Broadway Books, 2010.
6. Heath C, Heath D. *Made to stick: why some ideas survive and others die*. New York: Random House, 2008.

Correspondence to Dr Karim M Khan, Department of Family Practice, University of British Columbia, Vancouver and Centre for Hip Health and Mobility, Vancouver, British Columbia, Canada V6T 1Z3; karim.khan@ubc.ca