

Physical Activity Report Cards: Active Healthy Kids Global Alliance and the Lancet Physical Activity Observatory

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The importance of physical activity for health is unequivocal,^{1,2} making its monitoring and surveillance important.³ The harmonization or standardization of measurement and reporting methods is needed to allow for legitimate international comparisons, build research monitoring capacity, and further physical activity surveillance improvements. The development of global recommendations on physical activity for health,² internationally validated physical activity questionnaires,^{4,5} and large multicountry surveys^{6,7} are examples of international collaborations to facilitate global monitoring, surveillance, and comparison efforts. The recent development of “report cards”⁸ and “country cards”⁹ are additional examples of methods for international physical activity comparisons. Though well intended, the concurrent production of these new “cards” has created some confusion among physical activity researchers and leaders around the world. A short letter was published in *The Lancet*¹⁰ recently in an attempt to differentiate the “cards” and establish a coordination mechanism between the two initiatives. This brief commentary attempts to expand on this effort.

In the August 9, 2014 issue of *The Lancet*, a comment by Hallal and colleagues⁹ provided a follow-up to the important series published on the worldwide pandemic of physical inactivity, and the launch of The Lancet Physical Activity Observatory.¹¹ In the commentary the authors introduced the future preparation and release of “country cards” on the status of physical activity in each country of the world. The Observatory country cards are conceived as a single slide infographic containing country information (capital, population, life expectancy, GINI inequality index, Human Development Index, literacy rate, proportion of deaths by noncommunicable diseases), proportion of deaths related to physical inactivity, presence or absence of a national physical activity plan and national physical activity survey, prevalence of physical activity by sex for adults, and several measures of academic research productivity related to physical activity and health. Data to inform the country cards are drawn from public access sources (eg, World Bank, WHO Global

Health Observatory, United Nations sources, *The Lancet* series,¹¹ Pubmed). These data are then compiled, analyzed, and produced centrally by The Lancet Observatory before draft country cards are sent to a country contact to verify the accuracy of the reported findings. The cards are proposed to be cobranded from both The Observatory and the International Society for Physical Activity and Health (ISPAH).

The commentary by Hallal et al⁹ stated that the country cards would report, among other indicators, the “proportion of adolescents engaging in at least 60 min per day of moderate-to-vigorous intensity physical activity.” However, report cards on surveillance, policy, and research related to physical activity of children and youth are already available for some countries.⁸ For example, Active Healthy Kids Canada (www.activehealthykids.ca) has released evidence-informed report cards on the physical activity of Canadian children and youth annually for the past 10 years.¹² The Active Healthy Kids report cards represent a synthesis of the best available evidence across a series of indicators related to individual behaviors (overall physical activity, organized sport participation, active transportation, active play, sedentary behavior), sources of influence (family and peers, schools, and the built environment), and strategies and investments (government and nongovernment), and then interpreted by a national expert consensus panel which results in the assigning of a “grade.”¹³ The report card is presented in summary short-form (4–6 pages) and detailed long-form containing explanations for grades, data sources, recommendations for “improving the grade,” data gaps, and research needs. The report card is a public-facing advocacy instrument that serves to drive social action by stimulating debate, modifying behavior, and informing practice and policy changes regarding physical activity among children and youth.¹³ The extraordinary success of the report card in Canada has been documented¹⁴ and using a harmonized methodology and reporting process, the report card has already been replicated in 15 countries from 5 continents, creating a “Global Matrix” of grades⁸ that were released at the Global Summit on the Physical Activity of Children in Toronto in May 2014.¹⁵ Building on the success of the Global Summit (> 750 delegates from 32 countries; > 95% approval ratings; > 230 million global media impressions; Global Summit and Global Matrix trended on twitter), the *Active Healthy Kids Global Alliance* (www.activehealthykids.org) has been formed to facilitate the development of future “Global Matrices.” This exercise not only allows for crude international comparisons, but also provides mentorship for capacity development, empowers and supports key change agents within countries, and facilitates international cross-fertilization of ideas, talent, and networking. More than 40 countries from all regions of the world have already expressed interest in being a part of the “Global Matrix 2.0” set for release at the ISPAH conference in Bangkok, Thailand in November 2016.

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Not surprisingly, in many countries the same people leading the development of country report cards are being identified by The Lancet Physical Activity Observatory as the country contact to verify the data in the country card. This has led to some confusion and questions: Are the two initiatives related? How will conflicting findings be reconciled? Why are there different indicators/metrics being reported? In an effort to reduce confusion, exploit synergies, and maximize impact, The Lancet Physical Activity Observatory, the ISPAH, and the Active Healthy Kids Global Alliance have expressed interest in coordinating efforts.¹⁰ The Observatory will produce country cards focused on adults and based on routinely collected data, while the Active Healthy Kids Global Alliance will continue to focus exclusively on the best available evidence on children and youth. While the products and processes of each are quite different, the outputs of both have tremendous potential to serve as a public awareness mechanism and call to action, a capacity development catalyst, an accountability index, a surveillance synthesis mechanism, an advocacy tool, a policy driver, a process for identifying research and surveillance needs, a means for identifying strategies for improvement, a priority determination exercise, and a harmonized system for international comparisons. Going forward it is advised that the two processes stay in close communication to build on each other's strengths and collectively contribute to the effort to power the movement to get people moving!

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