

The Value of Exercise in Health Promotion:

The Message is Clear, but Who's Listening?

"There is something infinitely sad about citizens cherishing the right to slowly kill themselves" said Minister for Health and Children, Mr Micheál Martin, on the 7th of March, 2000 in the course of a Dáil debate dealing with his proposal to introduce new anti-tobacco legislation. He was responding to claims by certain members of the Vintner's Federation of Ireland that his proposals were draconian and would neither be supported nor adhered to by them. One went so far to describe a smoky Irish pub as a national institution which could not and should not be threatened.

Yet despite all the odds, it appears that by the launch of this Journal the impossible may have actually happened. The smoking ban is due to come into effect on March 29th and at present threats of militant defiance by irate pub owners appear to be subsiding. Increasingly the outrage is being replaced by a gentle acceptance that the ban will come in and that life will go on.

The ban on smoking in the workplace represents not just the courage of one politician, but a major shift in our national approach to health and well-being. For historical and resource reasons our healthcare emphasis has in the past almost exclusively focused on reaction rather than action. We formerly prioritised last minute intervention; "fire-fighting" each crisis as it arose. By contrast, we now seem to be embracing in a meaningful way the merits of disease prevention and health promotion.

This shift in our focus hasn't come before time. Almost half of all premature deaths in developed countries such as Ireland are caused by lifestyle related problems. Changes in physical activity, diet and lifestyle following rapid globalisation and urbanisation pose increasing challenges. Largely preventable chronic diseases such as cardiovascular disease, stroke, diabetes and obesity and are now the major causes of death and disability worldwide. They are also now rapidly spreading throughout the developing world.

In 2003 the annual report of the World Health Organisation listed physical inactivity among the main risks contributing to global chronic disease morbidity and mortality. Physical inactivity was estimated to cause 1.9 million deaths in 2000 and 19 million disability adjusted life year losses annually. Inactivity was also implicated in about 15%-20% of cases of ischaemic heart disease, diabetes and some cancers. Worldwide, it is estimated that over 60% of adults are simply not active enough to benefit their health.

The benefits of physical activity and exercise have never been so clear. This edition of the *Trinity Student Medical Journal* comprehensively demonstrates the benefits of exercise in relation to diabetes, cholesterol and osteoporosis. It is clear that physical activity is a strong means by which individuals can prevent serious disease, and a cost-effective way by which societies can improve public health.

The need for us to exercise has never been greater. The encouragement from governments, public health organisations and voluntary organisations has never been so strong, yet despite both these factors, participation has never been so low.

It is one thing to know and understand the benefits of exercise. The question now becomes how we utilise that knowledge. How do we alter behaviour? Telling the public that exercise is good for them is not enough. Evidence demonstrates that knowledge of the benefits of exercise does not predict exercise behaviour. The evidence also suggests that scare tactics alone are generally ineffective. Individuals rarely change their behaviour in response to coercion or unduly paternalistic messages. Coercion, in fact, may lead to resistance. Marketing campaigns designed to influence lifestyle have been most successful in changing behaviour among people with higher levels of education and income. While these campaigns might be marginally successful, they have been least effective for the most disadvantaged populations. They may in fact have the unintended effect of increasing health inequality between socio-economic groups.

A review of available evidence does not provide a clear indication as to which health and exercise promotion strategies are most effective. We seem to have more information about what health behaviours need to be changed and what is not effective, than a clear picture as to how to proceed from here.

The battle to ban smoking in the workplace was hard fought. It may however pale by comparison with the task ahead. We know what health behaviours need to be changed. The real challenge will be to bring about that change.



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