

# AGITA SÃO PAULO: ENCOURAGING PHYSICAL ACTIVITY AS A WAY OF LIFE IN BRAZIL

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## BACKGROUND

The lack of regular physical activity, also known as a sedentary lifestyle, has been considered one of the most prevalent and worrisome public health problems in recent years. It is a risk factor associated with the development of the principal noncommunicable diseases. Various epidemiological studies have demonstrated very clearly that the risk physical inactivity poses to health is greater than that of known factors, such as tobacco use, high cholesterol levels, high blood pressure, and overweight (1, 2). In the United States, data on sedentary lifestyles disseminated in 2003 by the Centers for Disease Control and Prevention (CDC) (3) showed that the prevalence of physical inactivity between 2000 and 2001 in this country was 27%; in that period, the percentage of those who met physical activity and health recommendations increased from 26.2% to 45.4%.

In the Region of the Americas, the prevalence of this risk factor has not been clearly established because, until recently, there existed no single and universally accepted instrument for evaluating physical activity levels that would have made it possible to obtain regional figures of reference. However, data from different countries in the Americas show that more than 50% of the

population is irregularly active; in other words, this group does not engage in physical activity at the minimum recommended frequency of five days a week, 30 minutes per day (4). In some countries in the Region, the prevalence of sedentary lifestyles is nearly 60%. In Chile (5), according to the First National Survey on Quality of Life and Health of 2000, the percentage that engages in fewer than 30 minutes of physical activity three times per week (regarded as sedentary by this criterion) was a noteworthy 91% of the population.

Some of the studies analyzed by Jacoby, Bull, and Neiman (6) in Brazil, Chile, and Peru clearly show that more than two-thirds of the population of these countries do not meet the recommendations for the frequency of physical activity needed to obtain health benefits. Results from studies conducted in Bogotá, Colombia, place the rate of physical inactivity at 79% of the population, and only 5.25% of individuals regularly engage in physical activity (7). These studies also indicate that women practice physical activities less frequently than men and that physical

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activity decreases as chronological age increases (8). Another significant result is the fact that physical inactivity differs according to socioeconomic level. People at the lowest socioeconomic levels present the greatest risk of being physically inactive (9). Therefore, older adults, women, and individuals at lower socioeconomic and education levels are at greater risk of being physically inactive and, by extension, of developing noncommunicable diseases.

However, it should be pointed out that the problem of sedentary lifestyles is not exclusive to developing countries. Indeed, a recent study conducted by Vaz de Almeida (10) found that the risk for physical inactivity was greater in countries such as Portugal (9.15), Belgium (4.6), Italy (4.25), and Greece (4.21), and that the countries with the most physically active populations in Europe were Austria, Finland, and Sweden. According to this same study, the proportion of adults who engage in three hours or less of recreational physical activity is 57% in the United States and 83% in Portugal.

Scientific information from the last few decades clearly demonstrates the beneficial relationship between physical activity and health. Epidemiological data show that physical activity plays an important role in the prevention, control, treatment, and rehabilitation of the principal noncommunicable diseases, such as obesity in adults (11, 12) and in children and adolescents (13), hypertension (14), diabetes (15), stroke (16), cardiovascular disease (17, 18), myocardial infarction (19), osteoporosis and hip fracture (20), and cancer (21), in addition to the reduction of inflammatory markers for noncommunicable diseases (22) and of mortality from any cause (23, 24). The positive effects derived from regular physical activity may be categorized as follows:

- (1) Physiological/biological: weight and body fat control and loss, preservation of lean muscle mass, blood pressure control, improvement of blood lipid

profiles, blood glucose control, increase in cardiovascular and respiratory capacity, and either maintenance of or decreased loss of bone mass (1).

- (2) Psychosocial: increase in self-esteem and self-image; reduction of depression, stress, and insomnia; reduction in consumption of medicines; and greater socialization (25).
- (3) Cognitive: better results on attention, memory, and reaction time tests and overall cognitive performance (26); and decreased risk of Parkinson's disease (27), dementia (28), senile dementia, and Alzheimer's disease (29).
- (4) Industry and employment: reduction in labor turnover; improvement of institutional image; and reduction of medical care costs, job absenteeism, and work-associated stress (30).
- (5) School: improvement in academic performance and in relationships with parents and teachers; reduction in absenteeism and of behavioral disorder risks; prevention of juvenile delinquency, alcoholism, and substance abuse; and increase in sense of responsibility (31, 32).

In Brazil, the first data on physical inactivity in the municipality of São Paulo showed a prevalence of sedentary lifestyles of some 60% in men and 80% in women (33). Data following the national census of 1996 and 1997, as analyzed by Monteiro and colleagues (9), showed that barely 13% of the population engaged in at least 30 minutes of physical activity in their leisure time on one or more days weekly, and that only 3.3% carried out the minimum daily recommended amount of at least 30 minutes five times per week.

Another important point with regard to physical activity and its impact on public health is the cost of sedentary lifestyles to health plans. Garrett and colleagues (34) estimated that nearly 12% of total medical expenditures related to depression and anxiety,

and 31% of expenditures related to colon cancer, osteoporosis, coronary disease, and stroke, are attributable to physical inactivity. The costs these diseases represented to one U.S. medical insurance company of over 1.5 million members were US\$ 35.3 million for cardiovascular diseases (the most costly), with the overall estimated cost of physical inactivity totaling US\$ 83.6 million; that is, US\$ 56 per member.

The Center for Physical Fitness Laboratory Studies (CELAFISCS), which receives advisory services from the CDC, calculated in 2002 the direct cost of physical inactivity to the public health care system of the state of São Paulo. The initial data indicated that the cost associated with physical inactivity between 2001 and 2002 was approximately US\$ 37 million. In light of this finding, as well as others regarding the high prevalence of noncommunicable diseases—with cardiovascular diseases being the leading cause of morbidity and mortality—the Ministry of Health sought to create an incentive program for the regular practice of physical activity as a way of maintaining, improving, recovering, and achieving the highest possible level of health for the residents of São Paulo.

The purpose of this chapter is to describe the experience of a pioneering program to promote physical activity in Latin America, Agita São Paulo, considered by some experts in this field (6) to be one of the most exemplary initiatives developed to date for the promotion of active lifestyles in the Region of the Americas.

First, this chapter details the emergence of the program, its structure and objectives, and the messages it has utilized, and then describes the new and innovative strategy proposed to combat sedentary lifestyles through the adoption of the so-called mobile ecological model (35), which takes into account individual and environmental factors in the promotion of physical activity. This chapter describes the educational materials developed by the program as well as a series of mega-events used to mobilize the population

and raise collective awareness regarding the importance to overall health and well-being of engaging in regular physical activity. It also includes a summary (Table 3) of the best practices selected by governmental entities, civil society, and private enterprises to promote physical activity. As will be seen, the inherent flexibility that characterizes the majority of the components of Agita São Paulo ensures their adaptability to a number of other communities throughout the Region and around the world. Finally, the chapter concludes with the presentation of a series of indicators regarding the impact of Agita São Paulo on the population's physical activity levels and on its knowledge of the health benefits accrued from observing a more active lifestyle. It also describes the formation of international networks to promote physical activity, such as the Physical Activity Network of the Americas (PANA) and Agita Mundo, which seek to spread the momentum and spirit of Agita São Paulo and other programs like it beyond state, national, and continental borders.

## CREATION AND STRUCTURE OF THE AGITA SÃO PAULO PROGRAM

In 1995, the leadership of CELAFISCS, an institution widely recognized within and outside Brazil for more than two decades of contributions in the field of sports and physical fitness, set out to discover new ways to promote physical activity. Taking into account the most recent paradigms of health promotion and a large body of scientific evidence indicating a strong link between the observance of physically active lifestyles and a reduction in the risk of morbidity and mortality from noncommunicable diseases—particularly cardiovascular diseases—CELAFISCS seized upon the idea of promoting physical activity as a cornerstone in the achievement, improvement or recovery, and maintenance of optimal levels of overall health and well-being among the population.

Existing data on the high prevalence (70%–80%) of physical inactivity in the state of São Paulo—and particularly among the lower income sectors—called attention to the need to implement interventions for individual behavior change and to reduce the prevalence of sedentary lifestyles. In this context, the minister of health of the state of São Paulo at the time asked CELAFISCS to develop a statewide program to promote physical activity.

An initiative of this scope faced two important challenges. First, only limited information was available on the promotion of physical activity in developed countries, and, second, the target population was enormous. The state of São Paulo has 34,752,225 inhabitants spread across 645 municipalities covering an area of 248,808 km<sup>2</sup>. The capital city, São Paulo, has more than 10 million inhabitants (with 16,446,000 inhabitants living in the metropolitan area) and constitutes one of the world's largest urban concentrations.

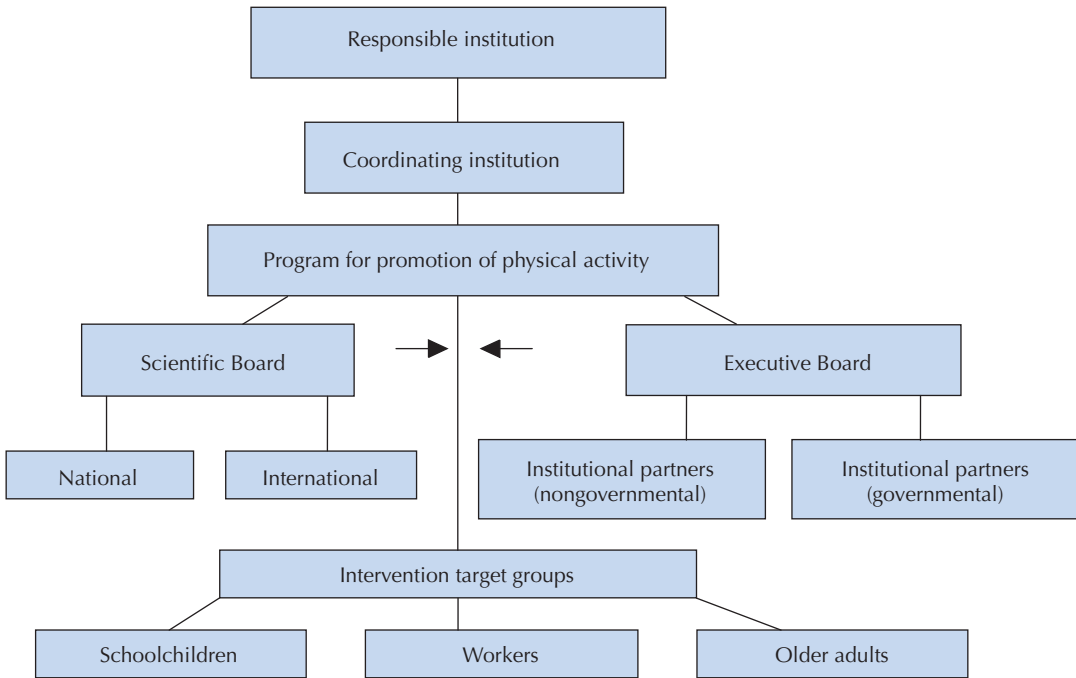
The program planning process lasted two years and included consultations with the Pan American Health Organization (PAHO), the CDC, the Department of Health Education of the United Kingdom, the Cooper Institute and Cooper Aerobics Center (Dallas, Texas), and a variety of other programs to promote physical activity from Australia, England, and Finland. CELAFISCS prepared the program's logical matrix, which outlined the scientific basis for the need to promote physical activity among the population, as well as the program's objectives, beneficiaries, overall strategy, actions, expected results, and means of evaluation. Following the preparatory phase, *Agita São Paulo* was launched in December 1996. The initiative had the support of various state governments, nongovernmental organizations, and the private sector, and was officially established by the state's governor in February 1997.

The name of the program was selected after two years of consideration and with the assistance of marketing consultants. *Agita* is a Portuguese word that means more than just

to move the body; it also suggests energizing the mind and seeking energy, movement, and motion during one's leisure time. Indeed, the program calls on its target audience to develop a mindset prioritizing the pursuit of active lifestyles to improve their overall health and sense of well-being. The program's logo consists of a clock in which the placement of its hands serves as a reminder of the need to undertake 30 minutes daily of moderately intense physical activity. The clock is called the *Meia-Horito* (Little Half Hour) and was incorporated into all the program's promotional and educational materials. Later on a female version—the *Meia-Horinha*—was introduced, as well as other family members—two children and a pet puppy.

From the beginning, *Agita São Paulo* sought to establish a unique identity distinguishing it from other efforts to encourage the practice of sports and physical activity in the country. It saw in the formula of partnership formation the possibility of consolidating its own identity and ensuring the program's sustainability and success over time. Figure 1 presents a diagram of *Agita São Paulo*'s functional organization. CELAFISCS, the program's central coordinating body, receives partial financial support from the Ministry of Health of the state of São Paulo, under which there are two committees or boards. The Executive Board consists of partnered governmental and nongovernmental institutions from civil society, while the Scientific Board is comprised of renowned national and international experts whose knowledge helps to ensure the theoretical soundness of the strategies and evaluation techniques adopted by the program.

Forging intellectual partnerships with other national and international initiatives was a key strategy in the program's development. This dynamic was further strengthened by close linkages with governmental, nongovernmental, and private sector agencies, who could then all work together on a single program with a common objective. In addition, a select group of Brazilian and non-

**FIGURE 1. Organizational structure of scientific and executive-level partnerships.**

Brazilian professionals with extensive expertise in the field of physical activity and its promotion were invited to meet with the organizers of Agita São Paulo and to become members of an international scientific board.

The Executive Board, overseeing the work of more than 300 partnered institutions, was given responsibility for analyzing the organization, execution, planning, and performance of the gamut of initiatives underway to disseminate Agita São Paulo's message. Various social sectors are represented on this Board, including education, health, sports, industry, trade, and services (36). Program actions are geared principally toward the three population groups at greatest risk of physical inactivity: schoolchildren (children and adolescents), workers (young economically active men and women), and older adults (those over 60 years of age).

Regular meetings of the Executive Board guarantee the continuity of program activities and are held on the first Tuesday of every

month (except in January), always at the same time (from 2:00 p.m. to 4:00 p.m.), and always in the same place (the Ministry of Health). Since 1997, between 45 and 60 representatives from the partner institutions have taken part in these meetings. During the meetings, actions and strategies to promote physical activity are presented and discussed, and activity schedules are exchanged to encourage the participation of and strengthen opportunities for linkages among the program partners. The Executive Board is also responsible for publishing *Agita News*, a monthly newsletter highlighting the activities of all the Board's partners carried out in the state capital of São Paulo and in other municipalities of São Paulo, as well as at the national and international levels (represented by the Physical Activity Network of the Americas [PANA] and *Agita Mundo*, to be discussed at the end of this chapter). *Agita News* is delivered in person to the representatives participating in the monthly meeting and is

sent by e-mail to the program's partner institutions and to the national scientific advisers. It is also available to all interested parties on the program's Web site ([www.agitasp.org.br](http://www.agitasp.org.br)).

With regard to program structure, it should be noted that the intersectoral balance between the Executive and Scientific Boards, and the intrasectoral balance, in particular, have yielded very positive results. For example, when backing was obtained from the Industrial Federation, it was clear that support should also be solicited from the Chamber of Commerce, and when support from the Lions Club was garnered, backing from the Rotary Club was also obtained. The same strategy was used in academic circles and consisted of encouraging federal, state, and private universities to become involved in the initiative.

Another innovative strategy was to strengthen existing programs by providing each community with sufficient autonomy to develop initiatives within the framework of its own unique social and cultural environment. In this way, all of Agita São Paulo's numerous entities shared a common objective and developed a solid sense of purpose, despite the diversity of actions in which each was involved. Table 1 summarizes the factors that were key to the successful promotion of physical activity, based on a qualitative analysis carried out by the program partners with special advisory support from PAHO.

The organizers of Agita São Paulo realized early on that the participation and collaboration of medical professionals would also be crucial to the program's success. A specially established Medical Committee concluded that physicians were not sufficiently aware of the benefits of physical activity and therefore did not "prescribe" it to their patients. Bearing in mind that traditional medical culture is heavily inclined to prescribe medication for nearly all types of health conditions, the idea of launching "Agitol, the formula for active living," was conceived. This mock prescription medication comes in a box whose appearance resembles other pharma-

**TABLE 1. Key ingredients contributing to the success of Agita São Paulo.**

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⇨	Promotion of the inclusion principle among the governmental and private sectors and civil society
⇨	Establishment of intellectual and institutional partnerships
⇨	Intersectoral and intrasectoral balance
⇨	Mutual reinforcement and strengthening of agendas among partner institutions
⇨	One single objective lending itself to a diversity of actions
⇨	Collaboration with and high visibility in the mass media
⇨	Clear messages that are easy to understand and remember promoting strategies that are practical and feasible to achieve optimum levels of physical activity
⇨	Flexibility in adaptation of interventions to local sociocultural realities
⇨	Promotion of the concept of behavior change as a process involving the progression through a series of stages and culminating in the achievement of a more active and healthier lifestyle
⇨	Opportunities for social interaction, enjoyment, and mutual support among population segments at highest risk

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ceutical products but whose contents actually consist of educational material on the importance of physical activity to overall health and well-being that is geared specifically toward the medical community. By providing suggested dosages for physical activity—a single dose of 30 minutes, two of 15 minutes, or three of 10 minutes—the product's creators were able to inject a sense of humor into Agita São Paulo's messages and increase their popularity among health professionals while at the same time raising this group's awareness concerning the dangers of a sedentary lifestyle. All in all, Agitol provided a classical health promotion approach utilizing the strategy of disease prevention through behavior change.

## OBJECTIVES AND MESSAGES ON THE PROMOTION OF PHYSICAL ACTIVITY

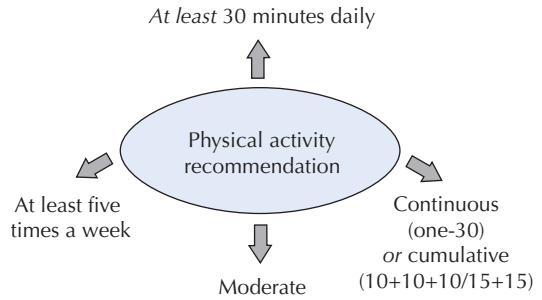
Essentially one objective, consisting of two parts, was established at the beginning of the Agita São Paulo Program: (1) to increase the population's knowledge about the

biological, psychological, and social benefits to health of physical activity and (2) to raise the population's level of moderate physical activity. The program's goal was to (1) increase the degree of knowledge about the benefits of physical activity by 50% and to increase physical activity by close to 20% within a period of 10 years (2% annually).

Various behavior change models were used as the basis for designing the program's intervention strategies. The first of these, the Transtheoretical Model (37), conceives behavior change as a process that involves a progression through a series of stages, beginning with pre-contemplation and moving through the contemplation, preparation, action, and maintenance stages. Adoption of this theoretical construct allowed the Agita São Paulo Program to develop carefully crafted messages targeted to individuals and groups at each of these stages and to provide the necessary incentive and support to help them to move forward to the next stage. The program stipulated that the proposed changes in attitude and behavior should take into account the different stages along the developmental continuum and aim to promote an increase in physical activity to at least the next-higher level (37). In other words, the objective of the gamut of interventions designed was to have sedentary individuals become at least irregularly active, those who were irregularly active to become at least regularly active, those who were regularly active to become even more active, and to ensure that the segment of the population which was already highly active maintained this optimum level without the risk of incurring injuries.

The quintessential message adopted by Agita São Paulo—that adults undertake at least 30 minutes of moderate intensity physical activity on most, if not all, days of the week—was first developed in 1995 by the CDC and American College of Sports Medicine (ACSM) and was based on numerous physiological, epidemiological, and clinical studies confirming the health benefits ac-

**FIGURE 2. Agita São Paulo physical activity recommendation.**



rued from this duration and intensity level of physical activity (38) (Figure 2).

This body of evidence has furthermore demonstrated that the physical activity recommendation may be completed in one continuous session lasting at least 30 minutes or achieved cumulatively through multiple sessions of at least 10 to 15 minutes each. Daily activities where activity can be accumulated include recreational hobbies (playing soccer, football, baseball, basketball, racquetball, etc.; running; walking; bicycling; dancing; swimming), domestic chores in the home (pushing a baby stroller, walking the dog, washing the car, vacuuming, cleaning windows, cutting the grass), and activities that may be incorporated into the working day (walking or bicycling to and from the workplace, getting off at an earlier bus or subway stop, climbing stairs instead of using the elevator, going to the gym during lunchtime).

Various high-profile scientific organizations back this 30-minute recommendation, including—in addition to the CDC and ACSM—the World Health Organization (WHO) and the American Heart Association (39). The recommendation has been adopted by various large-scale health promotion programs in countries outside the Region of the Americas, including Australia and Great Britain. In the intervening decade since the recommendation was first developed, it has been reevaluated and its validity upheld in a cumulative body of scientific studies, the

more recent of which emphasize that the activity frequency should be at least five days a week (40).

The concept of *moderate* physical activity is particularly relevant for the cultural context of São Paulo. Indeed, the modern, fast urban pace that characterizes life in the metropolitan area has led many residents to report that a lack of time is a major barrier to developing an active lifestyle (41, 42). Thus, the idea of engaging in moderate physical activity in brief sessions is probably a more appealing alternative than single 30-minute periods of intense physical activity. Another factor perhaps influencing this tendency is the warm and tropical climate that is found in many parts of Brazil.

### THE “MOBILE” ECOLOGICAL INTERVENTION MODEL

One of the most innovative components of Agita São Paulo, which has garnered the program well-deserved national and international recognition, is the promotion of behavioral change to increase the population’s physical activity level. The “mobile” ecological intervention model utilizes as its basis a series of interacting determinants of physical activity, as proposed in the ecological model of Sallis and Owen in 1997. According to this proposal (43, 44), the intrapersonal and social and physical environmental factors form a three-dimensional, dynamic model, similar to that of a mobile. Intrapersonal factors include biological, affective, and demographic aspects (gender and age), knowledge, and behavior, which interact simultaneously with those of the social environment (cultural and social milieu, availability of supportive behaviors, public policies governing resources and incentives) and the physical environment (natural environment, including climate and geography; constructed environment, including the architecture of homes and work sites; public transportation infrastructure, availability of recreational

sources), thereby positing that behaviors are influenced by multiple levels of factors in constant interaction (Figure 3). This model makes it possible to develop behavioral change interventions, based on an identification of the specific variables involved and on an understanding of their relationship to one another and to the target population.

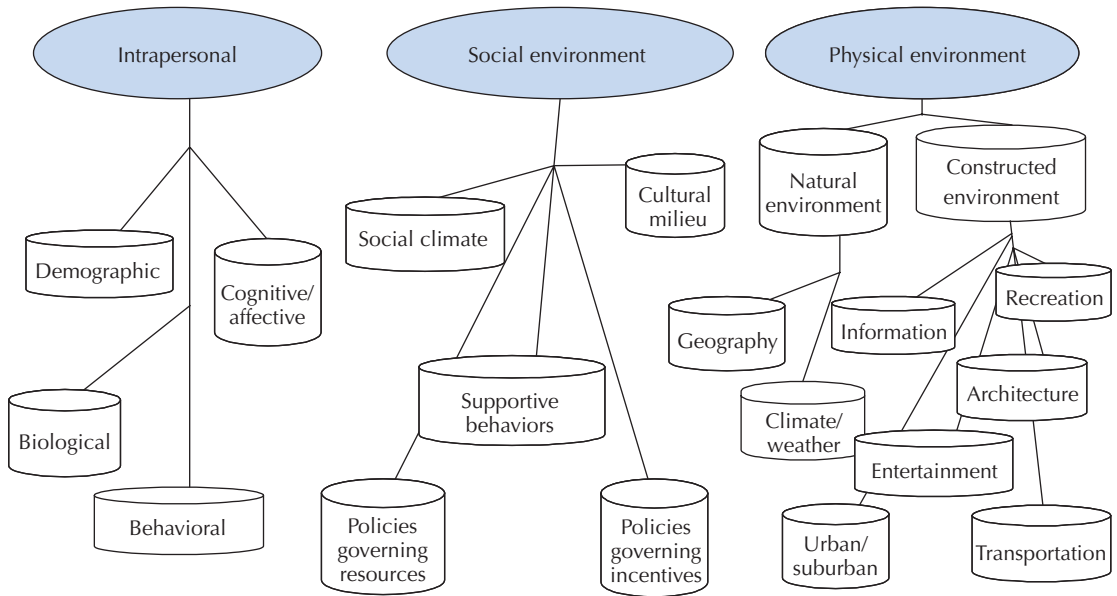
### DEVELOPMENT OF PROMOTIONAL PRINT MATERIALS AND PRODUCTS

The health benefits derived from an active lifestyle have been highlighted in all of the orientation manuals and guidelines prepared in relation to the Agita São Paulo Program (39, 45), but since these are long-term benefits which are accrued, in some cases, only gradually, they are not always immediately perceived by the population. Thus, both the physical and mental health benefits are emphasized in the program’s promotional materials (Table 2), taking into account that emphasis on the latter seems to be more effective when seeking behavioral change because people’s perception of increased mental well-being sometimes occurs more spontaneously. This strategy has been particularly effective in promoting the importance of physical activity in schools and the work environment, where the benefits may be demonstrated both on an individual and collective level.

The program employs a variety of materials (Figure 4) to encourage increased physical activity. These include:

- Pamphlets, posters, and flyers aimed at the general public and at specific population groups (schoolchildren, workers, and older adults)
- Posters promoting mega-events (e.g., Agita Galera, Agita Mundo, Agita Older Adult)
- Posters for specific campaigns (e.g., dengue prevention and control) or related to special commemorative events, anniversaries, and other celebrations

**FIGURE 3. Mobile ecological model to promote physical activity developed by the Agita São Paulo Program showing multiple dimensions of influence on behavior.**



**Source:** Matsudo VKR, Andrade DR, Matsudo SMM, Araújo TL, Andrade E, Oliveira LC, et al. “Construindo” saúde por meio da atividade física em escolas. *Revista Brasileira de Ciência e Movimento* 2003;11(4):111–118.

- Orientation manuals for general program implementation and activities development for public schools
- Physical activity and nutrition pyramids
- “Manufacturing” and promotion of Agitol, “the formula for active living”
- Promotional material tied to special occasions (e.g., Carnival, the summer vacation period)
- General information books highlighting Agita São Paulo activities and best practices and describing the program’s impact and the role of partner institutions
- Promotional give-away products (e.g., key rings, t-shirts, baseball caps, fans, stickers, mouse pads, bookmarks, compact disc cases).

Much of the material just described is produced with financial support from the Min-

**TABLE 2. The benefits of physical activity.**

Physiological	Psychological
Lowers blood pressure	Increases self-esteem
Helps control body weight	Reduces depression
Improves joint mobility	Helps maintain independence and self-sufficiency
Improves blood lipid profile	Reduces social isolation
Improves physical resistance	Increases well-being
Increases bone density	Improves self-image
Increases muscular strength	Reduces stress
Improves insulin resistance	

istry of Health in as-needed quantities for specific program activities and also to provide information about events sponsored in conjunction with the Ministry. The governmental institutions and private entities that participate in the program have been granted permission to freely reproduce this material, incorporating their own logos and otherwise personalizing it as deemed necessary, as long as the basic message remains unchanged.

**FIGURE 4. Educational and promotional materials: Agita São Paulo.**



### MOBILIZATION OF MEGA-EVENTS

In order to increase public awareness of the benefits of regular physical activity, the overall program strategy includes the organization of mega-events designed to attract high visibility in the mass media and among the general population. Large-scale promotion and coverage is presented in all the major media, including television, radio, newspapers, and magazines. Three mega-events are organized per year, one for every targeted population group: Agita Galera (Get Moving Everyone) or Active Community Day, which is geared toward schools; Active Worker Day; and Active Older Adult Day.

#### Agita Galera: Active Community Day

Beginning in 1997, Agita Galera has been held on the last Friday of August of each year. Organization of this event requires major logistical preparation involving the training and support of tens of thousands of

health and education professionals in the 640 cities of the state of São Paulo. The participants include more than 6,000 public and private schools, 250,000 teachers, and 6 million students who come together to discuss the positive effects of a more active lifestyle and how to create permanent mechanisms that promote health and physical activity in the school environment. To facilitate this process, a manual has been developed and distributed at the primary and secondary school levels to teachers, health service providers, and the mass media. Each year, a teleconference is broadcast via cable whose overriding message is that creating a culture based on regular physical activity is not solely the responsibility of physical education teachers, but also of their colleagues in all academic disciplines—including the life sciences, mathematics, history, and languages—to highlight as part of the course material the relationship of physical activity to their particular field of knowledge. Collective and individual activities of 15 to 20 minutes, including dances, and art,

photography, and writing contests, are also incorporated into the regular class period in order to reinforce basic messages concerning the benefits of an active lifestyle. Community participation in Agita Galera is encouraged through outdoor activities organized in the streets and plazas of large and small cities throughout the state. Often these events include the participation of the state minister of health and general program coordinator, who are transported by helicopter from site to site. A 15-minute informational video produced in English, Portuguese, and Spanish is available at the Agita São Paulo Web site which illustrates the principal promotional strategies employed by Agita Galera organizers, a list of events, and an evaluation form enabling organizers to measure the process and impact of events on schools and communities.

### **Active Worker Day**

Educational material and activities have been developed to encourage increased physical activity in both the public and private workplace. These activities include holding conferences on health and physical activity during accident prevention weeks and raising awareness among company directors, as well as training human resources staff, on how to work effectively with new concepts of physical activity and health promotion.

In addition to the general suggestions contained in the educational materials, the different missions and perspectives of the various institutions have been taken into account, and special efforts have been made to respond to the specific needs of different worker groups. At the same time, the Agita São Paulo Program participates in events held to celebrate International Workers' Day on each 1 May and has encouraged its partner institutions and others to include the topic of physical activity in celebrations of all types held throughout the year.

### **Active Older Adult Day**

Agita São Paulo has designed materials, including a pamphlet and poster, with content specifically geared to the needs and goals of the older population. Observing recommended levels of physical activity is, in this case, promoted as a strategy for maintaining functional independence. Every year, usually to coincide with the 1 October observance by the United Nations of International Day for Older Persons, a mega-event is organized that includes a walk, dances, and games with multigenerational appeal calling on all citizens to celebrate life. The walk usually lasts no longer than 30 minutes and takes participants through urban green areas. On this day, baseball caps and sun visors, a commemorative bag with informational material, oversized cardboard hands, and candy are distributed as souvenirs.

### **World Physical Activity Day: Agita Mundo**

By the year 2002, the success of the Agita São Paulo Program was becoming well known around the world. The program's philosophy and ripple effects influenced a WHO resolution adopted at the Fifty-fifth World Health Assembly that made physical activity the central focus of World Health Day 2002. That same year, the governor of the state of São Paulo issued decree 46.664/2002, establishing 6 April as Physical Activity Day, which continues to be commemorated throughout Brazil and in various other countries inside and outside the Region of the Americas under the slogan "Agita Mundo." The occasion is marked by the dissemination of materials, such as posters, fans, and stickers, in three languages (English, Portuguese, and Spanish) and the organization of group walks and of different celebrations to promote physical activities for men and women of all socioeconomic levels, ages, and ethnic groups. With the adoption of resolution

WHA 55.23 in May 2002, the international Move for Health initiative was born and is held every year on 10 May, reinforcing the spirit and energy of Agita Mundo and World Physical Activity Day.

### BEST PRACTICES FOR PROMOTING PHYSICAL ACTIVITY

One of the key ingredients behind the success of the Agita São Paulo Program has been its strategy of dissemination through both the public sector (principally through the Ministries of Health and Education) and a broad spectrum of the private sector, including civil society at large. As a means of disseminating the most effective of the strategies emanating from this wide range of institutions, as part of the celebration of World Physical Activity Day in 2003 and 2004, the program organized the First and Second Encounters on Best Practices in the Promotion of Physical Activity, which yielded material for two publications. Eighty-four examples are summarized in the first publication and 147 in the second of experiences in promoting physical activity. A selection of these is presented in Table 3.

### A PHYSICAL ACTIVITY PROGRAM FOR A MEGACITY: AGITA SAMPA

During its first seven years of activities, one of Agita São Paulo's most outstanding achievements has been the launching by the mayor of metropolitan São Paulo of the Agita Sampa program (decree 45.724/2005) to encourage the regular practice of physical activity. As part of this program's implementation, a multisectoral effort was initiated among all of the municipal ministries (e.g., Health, Sports, Education, Transportation, Culture) with the goal of creating a permanent and universal strategy to promote physical activity in a variety of contexts and environments, including parks, plazas, streets, and neighborhoods.

### IMPACT OF AGITA SÃO PAULO ON LEVELS OF PHYSICAL ACTIVITY AND PROGRAM KNOWLEDGE: THE EVALUATION COMPONENT

Periodic evaluations are conducted of the program's impact utilizing a series of indicators and the collection of data from the target population. The elements taken into consideration include the following:

- (1) Number of program partners
- (2) Number of activities and events organized annually by the program and by its partners
- (3) Frequency with which the program has participated in national and international scientific events
- (4) Quantity of educational material produced and disseminated
- (5) Determination of target population's degree of general knowledge about physical activity and health
- (6) Identification of barriers and motivations to engaging in physical activity
- (7) Determination of the general population's level of physical activity and that of the three specific groups targeted by the program
- (8) Determination of the economic cost of specific diseases and conditions associated with sedentary lifestyles
- (9) Assessment of the economic impact of physical activity interventions
- (10) Assessment of the impact of physical activity interventions on community-wide morbidity and mortality rates

Evaluations of Agita São Paulo have been carried out on a regular basis since 1999. The evaluations, depending on the component being studied, are carried out either semiannually or annually in localities of metropolitan São Paulo as well as in the interior, central, and coastal municipalities of the state. Household interviews are conducted with residents over 15 years of age to determine that population's level of physical activity

**TABLE 3. Agita São Paulo activities summary, selected partner institutions, 1997–2004.**

Specific Actions	Permanent Measures
<b>MINISTRY OF EDUCATION</b>	
<ul style="list-style-type: none"> <li>• Mobilization of 6,000 schools in the state's public network to celebrate Agita Galera</li> <li>• Physical Activity Day commemorated on 6 April in the public school network by decree no. 46.664/2002</li> <li>• Implementation of the Agita Familia program, in which children and their families participate in joint educational and sociocultural weekend activities, such as 30-minute physical activity sessions at the beginning or end of the day. Currently more than 400,000 people and 5,306 public schools are involved in the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Organization of physical activities at schools; among them, Agita Night for students and teachers of night classes</li> <li>• Physical activity sessions (stretching and relaxation) at the beginning of the day and at the beginning of some classes</li> <li>• School rumbas adopted by some schools, incorporating a variety of Latin rhythms to accompany physical activities</li> <li>• Diploma awarded to teacher whose class has the most "movement"</li> </ul>
<b>MINISTRY OF SOCIAL WELFARE AND DEVELOPMENT</b>	
<ul style="list-style-type: none"> <li>• Integration of older adults into physical activity programs administered by Ministry staff</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of promotion of physical activity in social intervention programs</li> <li>• Inclusion of physical activity promotion in the technical training manuals for health workers providing basic care to older adults</li> <li>• Inclusion of information on Agita São Paulo on the Ministry's Web site</li> </ul>
<b>MINISTRY OF THE ENVIRONMENT</b>	
<ul style="list-style-type: none"> <li>• Adaptation of Agita São Paulo logo and clock for use in Ministry materials</li> <li>• Construction of an indoor walking trail at Ministry headquarters</li> <li>• Implementation of gym program for Ministry staff</li> <li>• Inclusion of the verb "agitar" in names of conferences and other institutional events</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation and distribution of Agita informational materials and promotional items, such as t-shirts, key rings, and stickers</li> <li>• Inclusion of links to Agita São Paulo activities and to institutional publications on the Ministry's Web site</li> <li>• Annual celebration of the Agita Verão summer event on state beaches and of the Agitando la Sierra event in winter</li> </ul>
<b>MINISTRY OF JUSTICE</b>	
<ul style="list-style-type: none"> <li>• Health fair in the city of São Paulo to commemorate World Physical Activity Day</li> </ul>	
<b>REGIONAL HEALTH DIRECTORATES AND CENTERS</b>	
<ul style="list-style-type: none"> <li>• Organization of activities related to Agita events: <ul style="list-style-type: none"> <li>– Agita Galera: health professionals take part in school activities</li> <li>– Celebration of World Physical Activity Day</li> <li>– Agita Older Adult: organization of dance and walking groups and seminars and talks for health professionals on the importance of physical activity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Periodic meetings with local health units in which Agita São Paulo's message and activities are disseminated</li> <li>• Inclusion of physical activity component in a program specifically targeting the health and well-being of health workers</li> <li>• Implementation of physical activity programs in health units</li> <li>• Organization of walks for health and conferences promoting the importance of physical activity</li> <li>• Periodic situational review of levels of sedentary lifestyles among health worker staff and at-large local population</li> <li>• Dissemination of Agita program information via local electronic networks</li> <li>• Creation of regional networks for the promotion of physical activity</li> <li>• Inclusion of physical activity component in family health programs and community groups for the treatment of hypertension and diabetes</li> </ul>
<b>MUNICIPALITIES AND CITIES</b>	
<ul style="list-style-type: none"> <li>• Organization of events to celebrate Agita Galera, including Agita in the Plaza, Agita in the Parks, and Agita in the Neighborhoods</li> </ul>	<ul style="list-style-type: none"> <li>• Formation of walking and tai chi chuan groups and organization of activities for older adults</li> </ul>

(Continued)

**Table 3. Agita São Paulo activities summary, selected partner institutions, 1997–2004.** (Continued)

Specific Actions	Permanent Measures
<b>MUNICIPALITIES AND CITIES</b> (Continued)	
<ul style="list-style-type: none"> <li>• Participation in World Physical Activity Day</li> <li>• Organization of physical activities in conjunction with the Agita Carnaval event and World Health Day</li> <li>• Construction of bicycle paths and sponsoring of biking trips</li> <li>• Inclusion of the concept of physical activity in community events and exhibits, including health fairs and specific disease prevention and control activities, among them dengue fever</li> <li>• Talks on the importance of physical activity targeting health professionals, community health promoters, students of all ages, and older adults</li> <li>• Preparation of signs and posters promoting the importance of an active lifestyle and healthy diet</li> <li>• Printing and distribution of Agita São Paulo educational material in shopping malls, other commercial establishments, churches, government centers</li> <li>• Placement of signs about physical activity in all basic health units</li> <li>• Incorporation of a 30-minutes-of-physical-activity-daily message on the respective letterheads and in all official documents of the Ministries of Sports and Health</li> <li>• Formation of Internet discussion groups on physical activity</li> <li>• Inclusion of a physical activity message in the salary receipts of civil servants and printed on all municipal electricity bills</li> <li>• Organization of special events, such as “24 hours of walking” in São Paulo municipalities</li> </ul>	<ul style="list-style-type: none"> <li>• Physical activity work-outs to begin the school and work day in public and private schools and Agita participating institutions</li> <li>• Continuing health education activities, incorporating the concept of physical activity to combat specific diseases (e.g., gymnastics against dengue, basketball against tuberculosis)</li> <li>• Formation of walking groups among family health teams and others in basic health units</li> <li>• Joint intersectoral activities developed by the Ministries of Health, Education, and Sports to promote physical activity</li> <li>• Placement of informational material on physical activity on all mobile health caravans</li> <li>• Organization of dance groups for people with hypertension</li> <li>• Implementation of technical protocols for behavioral change with regard to physical activity</li> <li>• Implementation of guided physical activity programs</li> <li>• Designation of streets specially set aside for the enjoyment of recreational activities</li> <li>• Creation of community walking trails</li> <li>• Creation of the “Walking Truck”: a truck with sound equipment that travels through neighborhoods and encourages people to participate in walking activities</li> <li>• Monthly outdoor day devoted to physical activity with participation by various community groups</li> </ul>
<b>ASSOCIATIONS</b>	
<ul style="list-style-type: none"> <li>• Organization of activities in conjunction with the Agita Galera, Agita Mundo, Agita Verão, and Agita Older Adult mega-events</li> </ul>	<ul style="list-style-type: none"> <li>• Observance of Quality of Life and Health Days</li> <li>• Placement of articles promoting physical activity and the importance of active lifestyles in association journals</li> <li>• Participation in Agita in the Plaza events</li> <li>• Formation within juvenile diabetes associations of physical activity groups</li> </ul>
<b>UNIVERSITIES</b>	
<ul style="list-style-type: none"> <li>• Organization of activities in conjunction with the Agita Galera, Agita Mundo, Agita Verão, and Agita Older Adult mega-events</li> <li>• Convocation of scientific events related to the study of physical activity</li> <li>• Inclusion of physical activity promotion in the mission of public and private academic foundations devoted to improving conditions of institutionalized minors and delinquent adolescents</li> </ul>	<ul style="list-style-type: none"> <li>• Dissemination of information on physical activity on the institutions’ Web sites</li> <li>• Placement of posters and distribution of information for students and professors</li> <li>• Dissemination of information on a variety of physical activity topics in internal publications and on weekly schedule of institutional activities</li> <li>• Development of physical activity programs targeted to university staff members</li> <li>• Publication and presentation of scientific research on physical activity</li> </ul>
<b>PRIVATE BUSINESS SECTOR</b>	
<ul style="list-style-type: none"> <li>• Organization of walk-in-the-park programs and other types of walks for staff members and families tied into special commemorative occasions</li> <li>• Promotion of and participation in World Physical Activity Day, World Health Day, Agita Galera, and other Agita mega-events</li> </ul>	<ul style="list-style-type: none"> <li>• Dissemination of Agita São Paulo message in corporate communications media</li> <li>• Placement of Agita program information in strategic locations throughout the company (e.g., health unit, restrooms, employees’ cafeteria, staff lounges, waiting rooms, central lobby)</li> </ul>

(Continued)

**Table 3. Agita São Paulo activities summary, selected partner institutions, 1997–2004. (Continued)**

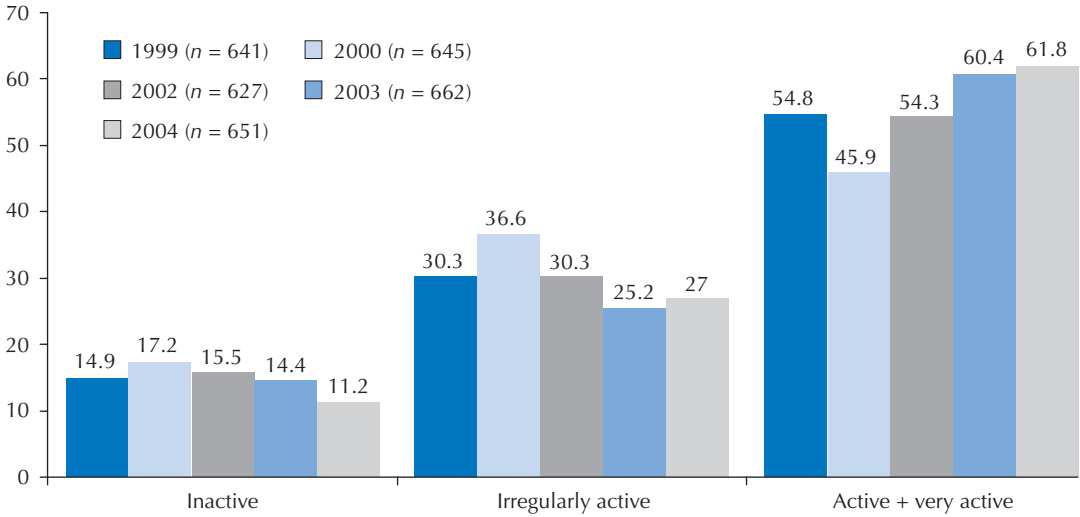
Specific Actions	Permanent Measures
<b>PRIVATE BUSINESS SECTOR (Continued)</b>	
<ul style="list-style-type: none"> <li>• Inclusion of topics related to physical activity in the observance of Accident Prevention Week</li> <li>• Opportunities for participation in sports activities for staff members</li> <li>• Staff conferences on physical activity and administration of questionnaires to determine levels of physical activity</li> <li>• Launching of personalized “corporate” versions of Agitol (e.g., “Exercil Plus”)</li> <li>• “Adopt a Sedentary Person” health promotion campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Periodic distribution of informational material to staff members and family members</li> <li>• Access to on-site gymnasium and/or recreational facilities</li> <li>• Incentive-based campaigns to discourage sedentary lifestyles among staff (e.g., the accumulation of “miles” and points that can be exchanged for gifts at the end of a given period, other forms of special recognition for staff members accumulating the most physical activity)</li> <li>• Organization of walking and running teams</li> </ul>
<b>HOSPITALS, CLINICS, AND HEALTH INSURANCE COMPANIES</b>	
<ul style="list-style-type: none"> <li>• Participation in the program’s mega-events (Agita Galera, Agita Mundo, and Agita Older Adult); World Health Day, World No-Tobacco Day, and Mental Health Week; as well as commemorative events related to weight and obesity control and prevention and control of hypertension</li> <li>• Institutionally sponsored walking, stretching, and relaxation programs</li> <li>• Development of on-site physical activity facilities for use by health professionals</li> <li>• Development of research studies on the effects of physical activity in patients with asthma and lower back pain, and on the knowledge of health professionals concerning the benefits of physical activity</li> <li>• Creation of multidisciplinary groups to promote benefits of physical activity to the community at large</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of physical activity in group therapy sessions for patients with mental health problems</li> <li>• Placement of information on Agita São Paulo in physicians’ offices</li> <li>• “Prescription” by doctors of Agitol to encourage increased physical activity among patients</li> <li>• Provision of orientation sessions on physical activity in waiting rooms and other public areas of health facilities</li> <li>• Conferences and discussion groups on physical activity for patients</li> <li>• Provision of telephone advice on physical activity for patients via a proactive call center</li> <li>• Walking programs for groups of patients accompanied by health professionals</li> <li>• Presentation of educational videos on physical activity</li> <li>• Physical education and tai chi chuan classes for patients</li> <li>• Availability of physical trainers to work with patients</li> <li>• Teaching activities for physicians and medical students to encourage them to promote the benefits of physical activity during interactions with their patients</li> <li>• Availability of specialized courses for family health professionals on topics related to physical activity</li> <li>• Monthly field day featuring walks, games, and sports</li> </ul>

and knowledge about the program and its message. An internationally tested and nationally adapted questionnaire is used to assess physical activity levels (46). This questionnaire, known as the International Physical Activity Questionnaire, or IPAQ, when used in its short version, determines the frequency and duration of vigorous and moderate forms of physical activity and of walking. In 2000, data were obtained from semiannual visits to some 645 people selected at random, the analysis of which showed higher levels of physical activity among those who were familiar with the program’s objectives (43.0%) than among those who were not (35.3%).

Data on physical activity levels analyzed between 1999 and 2004 on more than 3,000 individuals (Figure 5) clearly show positive progress in the metropolitan area of São Paulo, where the rate of sedentary lifestyles decreased from 15% to 11%. The percentage of people classified as irregularly active went from 30% to 27% and that of active and very active people increased from 55% to 62%.

Data corresponding to the state of São Paulo, grouped according to sex and age and socioeconomic and educational levels, and with regard to the impact of the Agita São Paulo Program, showed that 55.7% had some knowledge of the program, more than 60% of those with higher educational levels knew

**FIGURE 5. Level of physical activity of population (percentages of inactive, irregularly active, active, and very active) in metropolitan São Paulo, 1999, 2000, 2002, 2003, and 2004.**



about the program, and 37% were familiar with the program’s objective. In analyzing the impact of the program on the metropolitan area, positive progress could be seen in the increase from 53% to 61% in the percentage of people who said they knew the program’s name. Of that group, in 1999, 19% were familiar with the program’s message, while in 2004 that figure rose to 23%.

**INTERNATIONAL NETWORKS TO PROMOTE PANA AND AGITA MUNDO**

**PANA**

As a result of the positive impact of the Agita São Paulo Program in the state of São Paulo and throughout the country (44), since 1998, similar initiatives in other countries have begun to emerge and subsequently have been consolidated into an international network to promote physical activity, which has become the coordinating nexus for the participating national networks. The Physical Activity Network of the Americas (PANA) is a good example of the joint effort

by associations, partnerships, and established strategic coalitions working to combat sedentary lifestyles in the Region. PANA has been consolidated into a network of networks and seeks to encourage the practice of physical activity in the Americas with a minimum of bureaucratic structure while at the same time fostering action, inclusion, simplicity, and flexibility. PANA’s guiding principles are:

- to be an inclusive network that incorporates both national and international public and private institutions;
- to focus on research and public health programs to benefit communities and whole populations;
- to promote the sharing of experiences and knowledge; and
- to promote an environment that improves human resources development among health professionals working in the area of physical activity and the prevention of sedentary lifestyles.

Numerous national and local programs have been promoted within the PANA frame-

**FIGURE 6. Educational and promotional materials: The Physical Activity Network of the Americas.**



work. In Argentina, these include A Moverse Argentina, Argentina en Movimiento, and Salí a Moverte; in Bolivia, Muévete Bolivia; and in Colombia—which launched the Colombian Physical Activity Network—Muévase Pues, Muévete Bogotá, Risaralda Activa, Actívate Pereira, Buga en Movimiento, Guajira Activa, Madrúgale a la Salud (Cartegena), Palpita/Vibra Quindío, Cauca Activa, Cundinamarca Activa y Positiva, Boyacá Activa, Colombia Activa y Saludable, Cali en Movimiento, A Moverse, and Huila Activa y Saludable. In Costa Rica, the programs include Movámonos Costa Rica; in Ecuador, A Moverse Ecuador; in Mexico, the Nacional Physical Activity Program; in Peru, Muévate Perú; and in Venezuela, Venezuela en Movimiento. A sampling of these educational and promotional materials is presented in Figure 6. Based on the nature and scope of activities developed by each program, the national networks in the different countries have also begun to form partnerships and develop joint work strategies in much the same

way as the Agita São Paulo Program has done since its inception.

### Agita Mundo

The goal of the Agita Mundo Network, as noted earlier in this chapter, is to create an international momentum for a more active lifestyle as a crucial element in the promotion of overall mental and physical health and well-being for all individuals, communities, and nations. Since its inception in 2002, the Agita Mundo network has promoted research and the dissemination of information on the benefits of physical activity and on strategies to increase it, has advocated for physical activity and health, and has supported the creation of programs and local and national networks to promote physical activity. At the last meeting of the Agita Mundo network, held in São Paulo in October 2004, the decision was made to create the Agita Mundo map, which includes a comprehensive list of intervention programs,

Web sites on physical activity, major publications, the institutions associated with the network, physical activity reference centers, and data on the prevalence of sedentary lifestyles throughout the world.

The principal documents produced by the network, the São Paulo Manifest and the Declaration of São Paulo on the Promotion of Physical Activity, as well as the results obtained through the mobilization of the PANA and Agita Mundo international networks, are available in English, Portuguese, and Spanish at [www.rafapana.org](http://www.rafapana.org) and are coordinated in São Paulo by CELAFISCS. In addition, the networks receive ongoing support from a variety of institutions, including the International Union of Health Promotion and Education, PAHO, and the CDC.

## CONCLUSIONS

The Agita São Paulo Program has proven to be a successful model of intervention for the promotion of physical activity, especially in developing countries, and an effective strategy in different levels and sectors, because it simultaneously encompasses the actions of institutions and interest groups from the public and private sectors and from civil society, with a common objective: combating sedentary lifestyles. The program's positive impact on the community derives from its firmly rooted principle of inclusion, which nurtures cultural and regional diversity, as well as the promotion of intellectual and institutional partnerships; the balance and dynamism that characterizes its intersectoral and intrasectoral partnerships; the opportunities for mutual strengthening and reinforcement of the respective missions of the individual partner institutions; the presentation of one clear and simple message that is easy to understand and remember (i.e., 30 minutes of physical activity, preferably every day); the sound scientific basis for the program's messages, intervention strategies, and evaluation component; the support of

the communications media in the dissemination of messages and information to broad and diverse audiences; and Agita São Paulo's universality and adaptability to a variety of social and environmental settings.

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