

The Second Physical Therapy Summit on Global Health: developing an action plan to promote health in daily practice and reduce the burden of non-communicable diseases

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Abstract

Based on indicators that emerged from The First Physical Therapy Summit on Global Health (2007), the Second Summit (2011) identified themes to inform a global physical therapy action plan to integrate health promotion into practice across the World Confederation for Physical Therapy (WCPT) regions. Working questions were: (1) how well is health promotion implemented within physical therapy practice; and (2) how might this be improved across five target audiences (i.e. physical therapist practitioners, educators, researchers, professional body representatives, and government liaisons/consultants). In structured facilitated sessions, Summit representatives ($n = 32$) discussed: (1) within WCPT regions, what is working and the challenges; and (2) across WCPT regions, what are potential directions using World Cafe™ methodology. Commonalities outweighed differences with respect to strategies to advance health-focused physical therapy as a clinical competency across regions and within target audiences. Participants agreed that health-focused practice is a professional priority, and a strategic action plan was needed to develop it as a clinical competency. The action plan and recommendations largely paralleled the principles and objectives of the World Health Organization's non-communicable diseases action plan. A third Summit planned for 2015 will provide a mechanism for follow-up to evaluate progress in integrating health-focused physical therapy within the profession.

Keywords: Contemporary practice, epidemiologically informed practice, health-focused physical therapy, health promotion, WCPT global summit, World Cafe' methodology

Introduction

The United Nations in conjunction with the World Health Organization (WHO) have prioritized non-communicable diseases (NCDs) (Beaglehole et al, 2013; Beaglehole and Yach, 2003), a theme that gave rise to a landmark high-level United Nations NCD summit in 2011 (United Nations Summit on Non-communicable Diseases, 2013). This thrust is consistent with initiatives undertaken by the World Confederation for Physical Therapy (WCPT) to translate this global health priority into a physical therapy priority (WCPT Network for Health Promotion in Life and Work).

Four of the major NCDs (i.e. cardiovascular disease, chronic pulmonary disease, diabetes, and some forms of cancer) leading to substantial mortality and health service delivery costs are pandemic globally (Harvard School of Public Health, 2011; WHO Global Status Report on Non-communicable Diseases, 2010; WHO. Priority Non-communicable Diseases and Conditions). These four NCDs have been strongly associated with lifestyle choices with their major risk factors being tobacco use, unhealthy diet, overweight/obesity, insufficient physical activity, raised blood pressure, raised blood sugar, raised cholesterol and harmful use of alcohol (WHO Global Status Report on Non-communicable Diseases, 2010; WHO, Priority Non-communicable Diseases and Conditions). The NCDs are associated with unsustainable social and economic burdens (WHO Report of the Commonwealth Health Ministers' Meeting, 2007). Attention to these health and life threats in physical therapy practice and in professional entry-level education is relatively minimal, particularly in relation to health behavior change being viewed as a physical therapy clinical competency (Dean et al, 2011a). A paradigm shift in physical therapy practice has been proposed to incorporate health-focused practice rather than a primary focus on impairment (Special Issue, Physiotherapy Theory and Practice, 2009). For the purposes of the Summit, health-focused physical therapy was defined as physical therapy that maximizes a patient's/client's health in the broad sense of the WHO definition of health (1948) and International Classification of Functioning, Disability and Health (2001) as well as physical therapy outcomes. Health-focused physical therapy also implies that physical therapy outcomes may also be augmented when a patient's/client's health is maximized. Even if this is not the case, maximizing health as a goal through effective health promotion and reducing risk factors for and manifestation of lifestyle-related NCDs, is a contemporary physical therapist priority.

Despite the plethora of evidence regarding the benefits of healthy living to health and wellbeing and its capacity to minimize illness and maximize recovery (WHO Integrating

Prevention into Health Care, 2002), evaluation of health requires greater attention from all health professionals and better implementation of inter-professional collaborative practice (ICP). Endorsed by the WHO, ICP is defined as health care that "occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings" (WHO Framework for Action on Interprofessional Education and Collaborative Practice, 2010). To be effective and enduring, lifestyle behavior change needs to be initiated, supported or both, by all health professionals. No single professional can nor should assume singular responsibility. Rather, health professionals need to support each other's initiatives to systematically and effectively translate the unequivocal body of knowledge supporting the benefits of healthy lifestyle choices to patients/clients (WHO Framework for Action on Interprofessional Education and Collaborative Practice, 2010). Patients/clients are also more likely to view health behavior change more seriously when messaging is consistently and predictably reinforced across health service providers. The public's belief systems about the value of medications have been effectively systemically reinforced in this way, so it seems reasonable that evidence-based non-pharmacological interventions should similarly benefit from the same promotion.

Although the positive benefits of health choices are generally well known, the relative benefits of small changes may be under acknowledged, hence, under promoted to patients/clients by their health professionals (Dean, 2008, 2009a, 2009b). A seminal example is the work of Ford et al (2009) who demonstrated the benefits of healthy living in a study of over 23 000 people between 35 and 65 years of age. The lifestyle risk factors of the participants were followed over eight years. People who did not smoke, had a body mass index under 30 kg.m², were physically active for at least 3.5 h a week, and followed healthy nutritional principles had a 78% lower risk for developing a chronic NCD. Specifically, the risk for type 2 diabetes mellitus was lower by 93%, myocardial infarction by 81%, stroke by 50%, and cancer by 36%. Even if not all four positive lifestyle practices were present, the risk of developing one or more of these NCDs decreased commensurate with an increase in the number of healthy behaviors. Unless administered for a clearly defined problem (e.g. an infection, fracture, or hemodynamic instability such as decompensated heart failure), biomedicine rarely has claimed such effects with respect to the prevention, reversal or management of chronic NCDs.

The apparent lack of appreciation for the benefits of small lifestyle changes to health is alarmingly highlighted in a study by Blanchard, Courneya, and Stein (2008). In a cross sectional

survey of over 9000 survivors of cancer (six diagnostic categories), few survivors met basic physical activity and nutritional recommendations, and even fewer met the three recommendations of: (1) not smoking; (2) engaging in regular physical activity; and (3) consuming at least five servings of fruit and vegetables daily. However, there was a strong positive association between the number of healthy lifestyle practices and self-reported health-related quality of life. Although these findings may reflect poor motivation, one could argue that evidence-informed health advice for a survivor of cancer (who has received the proverbial wake-up call) that has been documented to improve health outcomes and quality of life would increase one's intrinsic motivation. Findings such as these support the need for health behavior change to be viewed as a clinical competency with stringent requirements to maximize its effectiveness within the constraints of busy resource constrained practices.

The gap between the well-established knowledge base about the detrimental effects of unhealthy lifestyle choices and the prevalence of the NCDs and the role of healthy living in preventing and potentially reversing these conditions, has been described as the "ultimate knowledge translation gap" (Dean et al, 2011b; Dean, Li, Wong, and Bodner, 2012). Attention to healthy living in the health-related scientific literature appears not to be afforded the same level of attention and importance as pharmacologic and molecular solutions to the NCDs. This "ultimate knowledge translation gap" warrants remediation, for which physical therapists are well positioned professionally to assume some global leadership.

In physical therapy, patient education and exercise are established hallmarks of practice and these interventions are unequivocally effective in preventing, in some cases reversing, and in managing chronic NCDs (Special Issue, *Physiotherapy Theory and Practice*, 2009). Further, physical therapists are leading established health professionals and are the embodiment of non-invasive (non-pharmacological and non-surgical) professionals. Therefore, they have a primary responsibility in targeting the NCDs and their related risk factors in patients/clients (adults and children), and exploiting their evidence-based non-invasive strategies and interventions.

To address this priority, The First Physical Therapy Summit on Global Health was convened at the 2007 Congress of the WCPT. The WCPT is the world body for the profession which has an official relationship with the WHO and is a member of the World Health Professions Alliance. It has had a long standing commitment to addressing NCDs and incorporating prevention as well as management within standard physical therapy practice (WCPT Network for Health Promotion in Life and Work). In addition, the WCPT has several notable initiatives supporting health promotion, particularly related to physical activity (WCPT. Active and Healthy. The role of the physiotherapist in physical activity (Briefing Paper), 2012; WCPT. Physical Therapy, Physical Activity and Health; WCPT. Guideline for physical therapist professional entry level education; WCPT. Policy statement. Physical therapists as exercise experts across the life span).

We believed that the WCPT Congress venue would be appropriate to ensure visibility of the Physical Therapy Summits on Global Health given their alignment with WCPT priorities and initiatives. The first Summit assembled several hundred physical therapists across the five WCPT regions, namely, Africa (AFR), Asia Western Pacific (AWP), European (EUR), North America Caribbean (NAC) and South America (SA), representing several target audiences (i.e. physical therapist practitioners, educators, and researchers and representatives to professional bodies and government liaisons/consultants). Although physical therapy professional bodies constitute the

profession's voice for impacting health policy makers and government internationally, we included the sub-group of physical therapist government liaisons/consultants given these positions exist independently of the professional associations in some countries. The Summit heightened participants' awareness about the need to initiate change within their countries to better align physical therapy practice with health priorities (Dean et al, 2011a).

The lines of supporting evidence included:

- (1) epidemiological indicators supporting NCDs as health priorities; and
- (2) an unequivocal evidence-base supporting the effectiveness of first-line non-invasive prevention, reversal, and management strategies (i.e. health education and exercise) to address chronic NCDs.

Furthermore, of the established health professionals, physical therapists:

- (1) are the quintessential non-invasive practitioners (i.e. specializing in patient/client education, prescribing physical activity and exercise, and providing hands-on interventions in a biopsychosocial paradigm);
- (2) generally have a practice pattern consistent that is with the needs of effective health education delivery and implementation (i.e. to effect long-term lifestyle behavior change: specifically, long visits over prolonged time of weeks or months); and
- (3) have practices that are cost-effective compared with pharmacologic and surgical interventions for chronic NCDs.

Based on these attributes, physical therapists are well positioned to assume an irrevocable position on the team helping to lead the assault on the NCDs. Although Summit participants appreciated health promotion was emerging within the profession as a priority, it had yet to be integrated globally into practice. The First Physical Therapy Summit on Global Health concluded that a concerted collaborative effort was needed to provide direction and leadership within and across WCPT regions, across five target audiences including physical therapist practitioners, educators and researchers, professional body representatives and government liaisons/consultants. Further, participants advocated that position papers and initiatives were needed to advocate the role and expertise of physical therapists as consultants to community and global health (Dean et al, 2011a).

To extend the findings of the First Summit, the objectives of The Second Physical Therapy Summit on Global Health were to:

- (1) identify existing health behavior change initiatives (societal/family/individual) within and across WCPT regional member organizations, the extent of the role of physical therapy, and related gaps;
- (2) identify means of translating knowledge-to-action regarding lifestyle influences on health and wellbeing with attention to cultural distinctions, across five target audiences; and
- (3) participate in cross cultural dialogue and develop an action plan and recommendations that could be evaluated at a future Summit (such as in conjunction with the WCPT World Congress in Singapore in 2015).

Methods

General procedures

The Summit lasted one full day. The morning included a report from each WCPT regional representative (i.e. AFR, AWP, EUR, NAC, SA) and a 30-min presentation on health behavior change as a clinical competency across five target audiences to set the stage for the afternoon discussion groups of the Summit

participants ($n = 37$ including 35 participants, and the convener and discussion facilitator). The participants consisted of 5 from the AFR region, 5 from the AWP region, 9 from the EUR region, 12 from the NAC region, 1 from the SA region; in addition 3 individuals served as international consultants with one from the SA region, 1 from the NAC region and 1 from the AWP region in that they had helped inform the focus and format of the Summit and were invited to provide input with respect to the analysis and interpretation of the qualitative findings. The majority of participants were: university affiliated ($n = 24$); followed by administrators ($n = 10$); clinicians ($n = 7$); and representatives from physical therapy professional associations ($n = 3$). Note that the counts do not sum to 35 because some participants assumed dual roles. The afternoon included two major discussion sections (i.e. within and across regions) of 1 h each followed by 30 min of discussion with all participants.

An experienced facilitator led the group discussion sections. She first identified the so-called “evergreen” or overarching question for the day: “Physical therapists have a significant role to play in health promotion and building healthy lifestyles. As leaders how can we set an agenda that influences our collective future?” Finally, under the guidance of the facilitator, 30 min were allocated to developing an action plan and recommendations as a starting point for change within regions.

Within Region Group Discussion

The facilitator reminded the group that it was a brainstorming session and that all ideas counted. She emphasized that “This day is not about perfection but motion”. The regional representatives for each of the five WCPT regions had an hour-long discussion and reported back to the whole group. The guiding questions included:

- What is already occurring that can be leveraged as strengths?
- What challenges exist that are threats to advancing physical therapy and health promotion initiatives?
- Based on this, where are the opportunities?

Participants were asked to prioritize their responses, but identify “low-hanging fruit” items, that is, those that could be readily implemented to yield short-term results.

Across region group discussion

The World Café™ methodology was selected since it is a simple, effective and flexible format for hosting large group dialogue (Brown, 2005). The basic method is composed of five components.

- (1) *Setting*: The environment is modeled after an intimate café, i.e. small round tables equipped with flip chart paper and colored pens.
- (2) *Welcome and introduction*: An experienced facilitator welcomes participants, introduces the World Café™ process, describes the context, and puts the participants at ease.
- (3) *Small group rounds*: The process begins with the first of a series of short rounds (15 min) of conversation for the small groups seated around the individual tables. Although four or five people to a group are recommended, the numbers in our groups were determined by the number of individuals representing various sectors of interest (i.e. the 5 WCPT regions; and the 5 target audiences). At the end of the fixed period, each member of the group moves to another table. Typically, one person remains as the “table host” for the next round, who welcomes the next group and briefly summarizes discussions from previous rounds.
- (4) *Questions*: Each round is prefaced with the question of interest designed for the specific context and desired purpose of the session.

- (5) *Harvest*: After the small group discussions, individuals are invited to share insights or other results from their conversations with the group assembled as a whole.

The facilitator is then able to qualify and elaborate upon the complexities and nuances of the context, question crafting and purpose.

Action plan to align physical therapy practice with health priorities

The responses of the participants were compiled to inform a global physical therapy action plan and recommendations for better aligning practice with global health priorities, specifically the WHO NCD action plan (WHO. Final Draft of the NCD Action Plan 2013–2020, 2013). Goals that could be implemented within and across regions were discussed and prioritized. The elements of the working structure included action statements to implement health promotion across the five target audiences.

Finally, the qualitative descriptive discussion was analyzed for thematic content (primary themes and subthemes) by two independent individuals experienced in content analysis. An action plan and recommendations based on these themes were then extracted.

Results

Participants concurred that regions and countries within regions vary with respect to social, cultural and economic contexts. Therefore, a global plan needed to be overarching in terms of the common mission, yet sufficiently flexible to accommodate distinctions. A template (with examples of ideas that emerged from the Summit day) for an action plan was developed that would integrate health promotion into physical therapy practice and that could be considered within WCPT regions and, in turn, their member organizations. Below are the qualitative results from the working questions that served as the basis for discussion at the Summit.

Within region group discussion

Within regions, the responses to the three key questions were as follows: (1) What is already occurring that can be leveraged as strengths?; (2) What are the challenges?; and (3) What are the opportunities? Table 1 outlines the themes (headers within each region) and subthemes (itemized below each region) that emerged from the responses within regions with respect to the strengths of each region regarding health promotion practice initiatives. The AFR region acknowledged its diversity (culturally and practice wise) as a strength. The AWP region acknowledged its eastern medicine as a strength with which physical therapy can ally. The EUR region and the NAC region both acknowledged that health promotion in relation to NCDs was emerging, but not in as systematic manner as in the Nordic and Scandinavian countries. The SA region was the only region to acknowledge that its high complement of physical therapists was a strength as other regions reported physical therapist shortages, particularly given that health promotion would expand the scope of practice.

Table 2 outlines the themes (headers within each region) and subthemes (itemized below each region) that emerged from the responses within regions with respect to the challenges of advancing health focused practice initiatives. Lack of resources was identified by three regions as the primary challenge (AFR region, AWP region and SA region). These challenges were distinct from those reported by the EUR region and the NAC region. These regions identified variable education standards, ambiguous professional identity and poor professional visibility and capacity to provide evidence-based practice consistent with the need to better address the NCDs as primary challenges.

Table 1. Themes related to health behavior change initiatives, physical therapy participation within and across WCPT regions: Strengths and congruence with overarching principles (OP) and objectives (Obj) of the WHO Global NCD Action Plan (2013–2020)^a.

AFR region

THEME: diversity of practice settings and scope of practice (OP* 2, OP 8, OP 9; and Obj** 1, Obj 2, Obj 3 and Obj 4)

- Across sectors: physical therapists are practicing in health versus company and social programs and sport schools, e.g. South Africa and Zimbabwe
- Community based rehabilitation
 - Community outreach
 - Home-based services
 - Move from tertiary to primary/community level
 - Health promotion part of community based rehabilitation
 - Patient/client/family/community centers increases empowerment, sustainability, participation
- Community-based rehabilitation part of the curriculum in physical therapy education
 - Biopsychosocial model
 - Multisectoral
- Health behavior change initiatives are appearing in policy, education and practice

AWP region

THEME: Engagement of physical therapists in non-traditional programs and initiatives (OP 2, OP 8 and OP 9; and Obj 1 and Obj 5)

- Good examples: Community and national health and condition awareness and intervention programs e.g. smoking cessation, diabetes, World Physical Therapy Day and the WHO disability recognition days
- Areas for PT participation are being identified

EUR region

THEME: Health psychology increasingly reflected in physical therapy education, practice and policy (OP 2, OP 3, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4, Obj 5)

Education

- Advances in Norway, Sweden, Netherlands and Portugal
- Increasing number of community based health promotion and disease prevention initiatives
- Cross professional (MSc level) – Norway

Health promotion and disease prevention, e.g. Austria and other countries

Policy level

- www.ceb.nl (Guidelines)
- Research

NAC region

THEME: Engagement of physical therapists in NCD programs and initiatives (OP 1, OP 3 and OP 9; Obj 1, Obj 2, Obj 3 and Obj 4)

- Literature exists supporting what we need to do and how; need to engage more systematically in knowledge translation of health promotion knowledge into practice
- American Physical Therapy Association and Canadian Physiotherapy Association have been making gains in health promotion
- Chronic disease management programs involve physical therapists in Calgary, Canada
- Openness to broad exploration of what is happening in other regions
- Numbers of physical therapists need to be redistributed to area of need (health focused practice in every patient/client including children)
- Government health papers have advocated radical change, thus, physical therapists need to be responsive to how they can support the change that is needed to address contemporary health priorities

SA region

THEME: Large numbers of physical therapists who could devote time to NCDs (OP 2, OP 3, OP 4 and OP 9; Obj 1, Obj 2, Obj 3 and Obj 4)

- Physical therapists in primary care
- Credibility of the profession and competence with respect to health promotion practice needs strengthening
- No referral required from physician
- Community understands role of physical therapy
- Some schools have this content in current curriculum
- Health ministries engaged in this content which provides an opportunity to be involved
- Infrastructure exists for health dissemination

^aRefer to Table 4 for the Overarching Principles or OPs* 1 through 9, and Objectives (Obj**) 1 through 6, for the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020.

Table 3 outlines the themes (headers within each region) and subthemes (itemized below each region) that emerged from the responses within regions with respect to the perceived opportunities for advancing health focused practice initiatives within the WCPT regions. The AFR region and the AWP region reported that considerable opportunity existed to share information and programs across member organizations, and this could be an effective mechanism for addressing the increasing prevalence of NCDs in these countries, where infectious diseases remain prevalent. The EUR region and the NAC region saw opportunity in health-focused practice as serving to bridge diversity in physical therapy practice and education. In addition, the EUR region reported that disparity in other clinical areas could correspondingly be reduced based on a health focused practice

template. The SA region viewed the apparent overproduction of physical therapists as an opportunity. Although these physical therapists may be underemployed in terms of conventional practice patterns, this work force provides the opportunity for growth and expansion into the much needed areas of prevention and management of chronic NCDs.

Across region group discussion

Across regions, questions parallel to those for the Within Region Group Discussion were addressed but in the context of the five target audiences. The themes (in the header for each audience) and the subthemes (itemized below each audience heading) that emerged from the responses appear in Tables 4–6. Table 4

Table 2. Themes related to health behavior change initiatives, physical therapy participation within and across WCPT regions: Challenges.

AFR region

THEME: Lack of resources and awareness of physical therapy role within and outside the profession

- Understanding of community based rehabilitation amongst local physical therapists, regional physical therapists, policy makers, etc.
- Perceptions of community based rehabilitation practice vary
- Push pull between biomedical needs and health needs
- Number of physical therapists/10 000 population is low
- Poor publication of efforts
- Governance lacking in health services infrastructure

AWP region

THEME: Lack of resources and awareness of physical therapy role within and outside the profession

- Physical therapists themselves unaware about their role on global health
- Physical therapists not usually in frontline for consultation and contribution
- Too few physical therapists
- Public are unaware about the role of physical therapy to improve global health
- Still fighting communicable diseases

EUR region

THEME: Variable education and professional identity

- Variable quality of practice (some practitioners more technically trained than academically educated)
- Some diploma programs still exist, most bachelors with some masters degrees
- Variable practitioner autonomy (non-referral)
- Practitioners are orthopedically oriented, and do not see the big picture
- Students are not exposed to the big picture
- Some practitioners appear not to value themselves as health care providers
- Other health care professionals do not see physiotherapists as health promotion practitioners
- Less support of national physiotherapy associations (some practitioners fail to see the value of belonging to their professional associations)

NAC region

THEME: Lack of profile and visibility of the profession, and capacity to practice based on the evidence

- We need to get to the table where major policy directives are being planned and instituted
- Physical therapists don't put themselves forward in research, policy, action in needed related to this issue
- Payment system does not support prevention
- Physical therapists often are not recognized as primary care practitioners
- Giving away our primary roles and permitting others less qualified to take responsibility for health promotion
- Demands of evidence based practice
- System expectations, i.e. challenging to implement in acute care setting
- Academics don't emphasize health promotion as a physical therapy competency across practice settings and patient groups
- Academic don't give students appreciation of global priorities where they have a primary role

SA region

THEME: Lack of resources, diversity across member countries

- Diversity of country culturally and geographically, poorly coordinated health services infrastructure
- Low numbers of physical therapists in rural areas
- Some countries need more physical therapy programs
- Certain cultural norms work against healthy behaviors
- Some issues in certain areas with regard to access to healthy behavior supports including optimal nutrition
- Language issues with indigenous populations
- Different healthcare systems across country

outlines the strengths in health focused practice initiatives for each of the target audiences. With respect to practice and entry-level professional education, participants across regions reported that practitioners and educators are aware that NCDs need to be addressed and that this is a physical therapy priority. With respect to research, participants acknowledged that physical therapy researchers are making strides, however this has been limited to physical activity promotion. With respect to professional bodies, participants were aware of and acknowledged the role and initiatives of the WCPT in promoting health focused practice. The degree to which participants believed this message had filtered down to their respective member organizations was variable. With respect to the government and health policy level, the theme that emerged was that participants strongly endorsed the strength of the representation and action taken by WCPT in promoting a leadership role by the profession.

Table 5 outlines the challenges in health focused practice initiatives for each of the target audiences. With respect to practice, the primary theme that emerged was that participants acknowledged that health-focused practice is a collaborative competence and that steps needed to be taken to practice

accordingly. This was related to professional education and the need for students to be exposed to ICP early. Participants acknowledged that professional education needs to integrate ICP into curricula and that ICP is integral to effective health-focused practice. Further with respect to education, participants acknowledged that health promotion needs to cross the care of all patients (irrespective of diagnosis and practice setting) and is a shared responsibility with other health service providers. With respect to research, the principal theme was related to the research paradigm and the challenges in translating the established body of knowledge regarding healthy living into practice. Knowledge translation was central to the discussion. Regarding physical therapist organizations, challenges discussed revolved around empowering and supporting member organizations to carry out WCPT's health promotion initiatives related to physical activity, in addition for the need to address other health behaviors in a systematic manner. Other challenges included ineffective ICP and inadequate support for practicing in a health-focused manner. Poor professional "self-esteem" was viewed as a challenge that impairs advancement of the profession in various areas. With respect to government and health policy, participants

Table 3. Themes related to health behavior change initiatives, physical therapy participation within and across WCPT regions: Opportunities.

AFR region
THEME: Record and share health focused practice outcomes, share interventions and practice collaboratively
<ul style="list-style-type: none"> ● Alternative health care workers ● Policy support/decentralizes systems ● Governance ● Research and documentation ● Find time to write down what we are doing ● Collaboration
Readily achievable (“Low Hanging Fruit”) goals
<ul style="list-style-type: none"> ● Use available data and record current practice to enable sharing ● Train existing community based health workers in rehabilitation in health promotion
AWP region
THEME: Share programs and practice collaboratively
<ul style="list-style-type: none"> ● Collaborate with traditional healing methods and practices, e.g. traditional Chinese medicine, tai chi, qi gong ● Share existing smoking cessation programs ● Share ideas for curriculum change in schools ● World Physical Therapy Day – Awareness Program
EUR region
THEME: Bridge diversity of practice with common practices such as health assessment and lifestyle behavior change interventions
<ul style="list-style-type: none"> ● See diversity as an opportunity to share and discover from each other ● Move toward health focused practice overall with more selective attention to use of modalities ● Exploit health education and health focused interventions in every patient/client ● Improve visibility of physical therapy and its unique role in contemporary health care to exploit evidence-based non-pharmacologic interventions to address NCDs
NAC region
THEME: Physical therapists need to be more visible in embracing NCDs as a professional priority
<ul style="list-style-type: none"> ● Being represented at the discussion table ● Modifying curriculum to include global health and health promotion and business savvy (e.g. leadership and marketing) ● Being on the ground for the small community/public events to promote physical therapy and health promotion ● Create tool boxes that clinicians can use for health promotion/healthy living (that are quick and easy to describe and educate in their use) ● Health care reform to include preventative health care as fee for service ● Physical therapists need to market themselves
SA region
THEME: Exploit potential of large number of physical therapists to redirect practice to a health focus rather than impairment model
Short-term goals
<ul style="list-style-type: none"> ● Use the WCPT region alliance to support at country level, share/collaborate information ● Offer education to physical therapists on this content area
Long-term goals
<ul style="list-style-type: none"> ● Change curriculum in physical therapy programs – offer more hours in this content

reported that the profession is little understood and has little voice and presence at this level. They acknowledged physical therapists’ professional organizations at the world, national and local levels need to work together in a coordinated manner based on a universal strategic plan to improve the visibility and credibility of the profession.

Table 6 outlines the opportunities physical therapists have in aligning health promotion with usual practice given health priorities for each of the audiences. With respect to practice, the primary theme that emerged was that participants acknowledged physical therapists are well positioned to practice in a health focused manner given the evidence for non-pharmacological strategies and interventions and their practice patterns (typically prolonged patient/client visits over prolonged periods). Similarly, with respect to opportunities within education, the primary theme reflected that participants perceived that health focused practice could be readily integrated into physical therapy curricula as a component of management of most patients/clients. With respect to research, the principal theme voiced was that health behavior change as a clinical competence and the need for evidence-based tools (assessment, intervention and outcome) are best suited to the physical therapy context. With respect to the role of professional organizations in physical therapy, the primary theme was that participants viewed health focused practice not only as a priority but as an essential focus of contemporary physical therapy. These

comments were based upon the profession’s advocacy for the International Classification of Functioning, Disability and Health of the WHO (WHO International Classification of Functioning, Disability and Health, 2001), which is predicated on the WHO’s definition of health (WHO Definition of Health, 1948). The participants concurred that physical therapists are the leading established non-pharmacologic practitioners in the health system globally. Furthermore, given that fact that the effectiveness of non-pharmacological interventions for the prevention and management of NCDs is undeniable (and cost effective), professional organizations have unequivocal lines of evidence to lobby governments and policy makers about physical therapy’s role, to influence health policy, and to effect practice changes within the profession.

Table 7 provides the template of a global physical therapy action plan that emerged from the Summit for working toward the integration of health promotion as a clinical competency into daily physical therapy practice. Comparable to effecting change in the corporate world or other institutions, change needs to be multipronged. Ideas for the action plan crossed the five target audiences and emerged largely from the challenges and opportunities identified by the participants in achieving a health focus within the profession across WCPT regions and across audiences. Principal themes for practice included the need for appropriate tools (i.e. assessment intervention and outcome

Table 4. Responses with respect to health behavior change across target audiences: Strengths and congruence with overarching principles (OP) and objectives (Obj) of the WHO Global NCD Action Plan (2013–2020)^a.

Physical therapist practitioners

THEME: Awareness of need for health focused practice in physical therapy (OP* 2 and OP 3; Obj** 1, Obj 3 and Obj 4)

- Treat movement impairments well to return person to healthy life in the context of a background of health (maximize health to improve physical therapy outcomes for presenting condition as well as maximize health for quality of life and disease prevention)
- Some regions have licensed assistants and aides (physical therapist assistants), yet this may undermine the high level of training provided by physical therapists
- We have longer interactions over prolonged time compared with most other health professionals, thus greater opportunity to build trust and rapport
- Physical therapists have time to interact with family/caregivers
- Emphasize on evidence-based/informed health practice is emerging in the profession
- Understand/promote concepts and importance re: prevention
- Patient centered/holistic philosophy now adopted in the profession in the interest of holistic comprehensive care

Physical therapist educators

THEME: Awareness of need to integrate health focused professional education across practice settings (OP 1 and OP 2; and Obj 1, Obj 2 and Obj 3)

- Awareness (across regions)
- Collaboration across regions (particularly in some countries in the EUR region)
- Integration into programs
- Public health and health promotion (particularly in some countries in the AFR region)
- Teaching clinical practice guidelines to students re health promotion (particularly in some countries in the EUR region)
- Community based rehabilitation can provide vehicle for teaching health living

Physical therapist researchers

THEME: Health focused physical therapy emerging mostly with respect to avoidance of sitting and regular physical activity (OP 2 and OP 3; Obj 1, Obj 3, Obj 4 and Obj 5)

- Conducting research into the effectiveness of physiotherapy related to physical activity and exercise for health and for remediating impairments
- Increased research done/awareness
- Post graduate health promotion research
- Variety of research methodologies
 1. Qualitative methods to reflect patient/client-centered care
 2. Quantitative with patient/client focus
 3. Complementary mixed methods
- Health promotion research lends itself to both quantitative and qualitative methodologies which physical therapists traditionally engage in and have competencies in

Physical therapist professional organizations

THEME: WCPT has made strides in promoting physical therapy leadership globally with respect to NCDs (OP 1, OP 8 and OP 9; Obj 1, Obj 2, Obj 3 and Obj 6)

- International organization(s) including the WCPT recognize this as issue
- Agreement that we have a role as management/mobility/movement/exercise experts across lifespan
- WCPT “place” to house data, information, provide policy and content experts
- WCPT is linked to many groups (i.e. World Health Organization) to promote profession’s role in global health
- Disseminating our role to public, e.g. World Physical Therapy Day
- Member associations provide continuing education and competency for the profession; they can help set minimum standards and criteria for health-focused physical therapy

Physical therapist government liaisons/consultants

THEME: WCPT has a major role to support its member countries to promote health promotion policy and legislative changes (OP 3, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4, Obj 5 and Obj 6)

- WCPT is our professional voice to the WHO, and governments and its member countries
- World report on Disability by the World Health and involvement of WCPT in other related initiatives
- WCPT endorsed International Classification of Functioning, Disability and Health already unifies a global definition of health, and research, policy and practice
- World Health Organization Millennium Goals and surveillance of physical therapists’ role and evaluate progress
- Physical therapy advocacy to government with support of the WCPT
- Recognition of importance of physical activity and need to develop walker friendly neighborhoods and communities

^aRefer to Table 4 for the Overarching Principles or OPs* 1 through 9, and Objectives (Obj**) 1 through 6, for the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020.

evaluation). This theme was shared by educators (the topic can be readily integrated into case based instruction and clinical fieldwork) and researchers (who need to improve the reliability and validity of existing tools and develop tools that are neither costly nor lengthy to administer). Participants acknowledged that providing instruction in effective health behavior change needs to be a clinical competency that is taught and examined comparable to other physical therapy competencies and that without doing so, health-focused practice will not be fully valued and integrated into established practice. Engagement of physical therapy professional bodies was viewed as critical in promoting health-focused practice and ensuring such practice was included in accreditation standards for practice and entry-level education.

Further, support from professional bodies would enable the work of physical therapist liaisons/consultants to government and health policy boards.

Discussion and recommendations

Consistent with WCPT position statements and guidelines for physical therapists related to health promotion particularly physical activity (WCPT. Policy statement. Physical therapists as exercise experts across the life span; WCPT. Guideline for physical therapist professional entry level education; WCPT. Physical Therapy, Physical Activity and Health; WCPT. Active and Healthy). The role of the physiotherapist in physical activity

Table 5. Responses with respect to health behavior change across target audiences: Challenges.

Physical therapist practitioners

THEME: Health focused practice within the profession and collaboratively with other health professionals

- Practice “health promotion” and refer to other health professionals as indicated
- Patient/client beliefs about “quick fix” and fad marketing (e.g. to lose weight the use of diet pills, body vibration equipment)
- Reluctance to share knowledge with others for fear of losing turf, concerns about practice independence
- Lack of time (perceived or real) to add more activities to our to-do list
- Health promotion not viewed as a priority
- Work in an “illness” care system

Physical therapist educators

THEME: Health focused physical therapy in education as a primary focus of care irrespective of diagnosis

- Not reflected in clinical practice when students do clinical placements
- Not “sexy” to students
- Not “branded” well for students
- Different paradigm/frame of reference in clinical practice
- Need to consider how to integrate health focused yet address conventional patient concerns
- Students might have knowledge, concepts, but no tools, or the skills to apply them
- Enhance psychosocial dimension of care given lifestyles are learned and largely influenced by social environment

Physical therapist researchers

THEME: Translation of existing evidence into practice and a health focus needs to be reflected in our research paradigms (e.g. to show physical therapy intervention outcomes may be superior to outcomes of healthy living alone, and how healthy living practices could augment traditional physical therapy outcomes such as a person who is overweight reduce hip and knee pain with optimal nutrition and weight loss along with a judicious exercise program)

- Research into prevention, wellness and health promotion
- Unequal distribution of research
- Hard to do randomized controlled trials and longitudinal studies
- Translating evidence into practice
- Joint positions: Research, clinical practice
- Use of standardized outcome measures
- Physical therapy research related to NCDs has low funding, and needs to attract more inter-professional and inter-sectoral partnerships

Physical therapist professional organizations

THEME: Physical therapy professional bodies need to lobby on our behalf

- Diverse opinion of physical therapy role in this area as priority
- Need to be better about sharing information as physical therapy community
- Challenges vary by association – in some cases smaller is easier
- Some physical therapists not members, may or may not get “message”
- Need to do better job at promoting our role
- Need more implementation resources to assist physical therapists where they practice
- Need to collaborate better with other provider groups and pass information down to member organizations

Physical therapist government liaisons/consultants

THEME: Physical therapists need to support professional bodies and be active at an individual level for policy change

- Physical therapists need more visibility in health promotion initiatives of government
- Physical therapists need to promote ourselves to policy makers and governments regarding our skills and competencies to address NCDs related to lifestyle
- Health promotion orientated to physicians and nurses
- Health promotion is under-funded compared with the proportion of funding dedicated to biomedical care
- Health systems focus often on mortality outcomes rather than people living with complex co-morbidity
- Physical therapy has poor “messaging” about the profession to the public and to other health services providers

(Briefing Paper, 2012) participants at the Summit were unanimous in advocating health promotion and behavior change as physical therapy competencies that warrant being taught parallel to other clinical competencies and being practiced and evaluated as such. Participants acknowledged that currently there is awareness of this need. However, physical therapists do not have the standardized competency within and across regions to systematically and consistently effect health behavior change in their patients/clients, thus their lack of self-efficacy in health-focused practice. Without a sense of efficacy in effecting health behavior change, participants believed clinicians are hesitant to initiate health behavior assessment, prescribe health behavior change interventions, and evaluate their outcomes.

We contextualized the findings of the Summit further in relation to the WHO’s Global Action Plan for the Prevention and Control of Non-communicable Diseases (WHO. Final Draft of the NCD Action Plan 2013–2020) (Table 8). The themes that emerged from the WCPT regions and from target audiences during the World Café™ were consistent with the overarching

principles and objectives of the Action Plan. Through the achievement of these objectives, the WHO hopes to achieve the goal of the Action Plan (i.e. to reduce the preventable and avoidable burden of NCDs) and, in turn, its vision (i.e. a world free of the avoidable burden on NCDs). The overarching principles that were best reflected in the content themes extracted from the Summit included a life-course approach, empowerment of people and communities, evidence-based strategies and multisectoral action (Tables 1 and 4). With respect to congruence with the objectives of the WHO Action Plan, the extracted themes reflected the six objectives to varying degrees (Tables 1 and 4): Objective 1 – To raise the priority accorded to the prevention and control of NCDs; Objective 2 – To strengthen capacity; Objective 3 – To reduce modifiable risk factors for NCDs; Objective 4 – To strengthen and orient health systems to address the prevention and control of NCDs; Objective 5 – To promote and support national capacity for high-quality research and development for the prevention and control of NCDs; and Objective 6 – To monitor the trends and determinants of NCDs and evaluate

Table 6. Responses with respect to health behavior change across target audiences: Opportunities.

Physical therapist practitioners

THEME: To practice health-focused physical therapy with every patient/client (e.g. health assessment, interventions and outcomes related to effective health education)

Short-term goals

- Use the opportunity of time to integrate brief health promotion interventions into our overall care plan rather than focus on primary impairment
- All physical therapists need to include lifestyle examination/assessment questions in their history taking
- Take the opportunity to collaborate with dietitians and other health care providers
- Physical therapists can offer health promotion education to community groups

Long-term goals

- Physiotherapists provide primary care to people, before they see us for a specific impairment
- Physiotherapists advocate routinely for patients to choose healthy lifestyles
- Develop competency in delivering health advice and exercise prescription to reduce the need for medications and overall disease risk

Opportunities

- Incorporate secondary/tertiary problems when treating a primary issue
- Captive audience, e.g. patient/client with recent myocardial infarction requires initiation of conversation about healthy lifestyles while also addressing immediate needs related to the primary reason for seeing physical therapy
- Incorporate family into education re: healthy lifestyles
- Establish worth in terms of healthcare savings
- Manage time and priorities effectively to create opportunities for priority of health promotion concurrently with conventional management
- Demonstrate our worth via empowering patients, and letting them spread the word
- Working within teams; collaborate with exercise experts
- We are the primary established health profession that prescribes exercise to individuals throughout lifespan
- Translate evidence into practice regarding healthy lifestyle practices, and identify gaps in evidence and fill gaps

Physical therapist educators

THEME: To focus on best evidence based practice and teach multiple health behavior change as a clinical competency

- Parallel competency in health behavior change with respect to rigor of how other physical therapy competencies are taught
- Inter-disciplinary teamwork
- Modeling health promotion practices
- Standardize knowledge base across professors, clinical instructors, student
- Change clinical thinking to “what keeps physiotherapists healthy”
- Need to make topic applied for students
- Part of examination/assessment (measurements) like muscle strength, history taking, etc.
- Use portfolios in clinical practice
- Share information (within the profession, public)
- Add global aspects to what already teaching

Short term goals

- Talk about the evidence (clinical practice guidelines)
- Re-brand health promotion – long-term
- Determinants of health need to be considered and part of basic examination/assessment and integrated throughout settings and specialties of care
- Diversification of clinical education
- Share curricular designs

Long term goals

- Change/adjust curriculum
- Change physiotherapist practical thinking (begins in the classroom)
- Educate the educators

Physical therapist researchers

THEME: To foster health focused research and that related to health behavior change, consistent with best evidence based practice

- Collaborative research with other health professions and industry
- Health promotion research lends itself to qualitative and quantitative research methods in which physical therapists are becoming increasingly competent to conduct
- Growing number of postgraduate students provide opportunity to further the health promotion research agenda
- Patient access/populations are diverse

Short term goals

- Shift bias from traditional research themes to issues related to lifestyle-related conditions
- Collaboration
- Integrate lifestyle-related outcomes with clinical results (i.e. increase physical activity and in turn increase quality of life)
- Funding issues
- Improving approaches to funding
- Application
- Consortiums

Long term goals

- Incorporation of standardized outcomes/databases related to health outcomes would allow comparison across populations
- Collaboration/consortium (other health)
- Formalize a related research agenda
- Promote dedicated funding
- Promote more relevant research paradigm
- Promote related standardized outcome measures
- Promote development of relevant databases

Physical therapist professional organizations

THEME: To promote knowledge translation of health living, first and foremost

- Associations influence standards for and regulatory boards governing the profession
- Networking – shared best practice, knowledge
- Influence curriculum
- Growth – number of associations and numbers of members
- Voice to speak to external stakeholder communities (i.e. government, other providers)
- Engage more member organizations
- Facilitate neighbor “countries” to belong to WCPT and benefit from “group’s” collective knowledge, etc.
- Profile physical therapy in Asia with WCPT 2015

Short term goals

- Facilitate networking, communication collaboration between neighbor countries on fostering PT best practice related to global health
- Promote associations with resources to share with others
- Collect data from member organizations with respect to the impact physical therapists can have in this role
- Database of research going on in member associations re physical therapy and health
- Develop resources for member organizations to adapt and disseminate to physical therapy members
- Develop a position statement/guidance

Long term goals

- All programs integrate existing knowledge and guidelines for entry-level proficiency in health promotion practice
- Develop more guidance on what should be part of entry level programming re: global health and health promotion practice
- Work toward adoption of universal standards across member organizations and adopt position statement

Table 7. Health promotion practice as a priority physical therapy clinical competency in the twenty-first century: Action plan themes that emerged across target audiences (i.e. physical therapist practitioners, educators, researchers, professional organizations and government liaisons/consultants) for task forces within and between WCPT regions.

Physical therapist practitioners

THEME: Develop and distribute clinically appropriate health examination/assessment and evaluation forms for health and risk factor assessment for NCDs (adults and children); such tools need to be easy to use in a standardized manner, reliable, sensitive, and readily used in the context of a busy practice (OP 1, OP 2 and OP 3; Obj 1, Obj 3 and Obj 4)

- Encourage practitioners to have input in development of the above tools to enhance their adoption
- Develop effective counseling strategies to effect health behavior change including:
 - Smoking cessation
 - Optimal nutrition
 - Weight control
 - Increase physical activity/exercise
 - Sleep hygiene
 - Stress management
 - Alcohol use and other substance abuse
- Provide standardized outcome measures with respect to health assessment/evaluation and for health behaviors
- Provide practitioners with tools to counsel patients/clients effectively, e.g. motivational interviewing, decision balance analysis, identification of a patient’s/client’s intrinsic and extrinsic motivation, literacy and health literacy

Physical therapist educators

THEME: Align curricula content with epidemiological evidence consistent with areas where non-invasive interventions have a major role (NCD risk factors and conditions are a priority in every adult and child); multiple health behavior change included as a clinical competency (OP 1, OP 2, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4 and Obj 6)

- Promote practice consistent with the WHO definition of health, the ICF and the WCPT definition of who we are professionally
- Integrate health and health promotion as pillars in entry level curricula that cross courses rather than taught only as a distinct topic
- Focus on the translation of the substantial knowledge regarding healthy living, and translate this knowledge into practice
- Target health behavior change across patient/client types (children and adults)
- Target health promotion topics related to individuals and to community based programs
- Develop a clinical competency in multiple health behavior change that is evidence-informed and consistent with the physical therapist context
- Learn health behavior change competency as an inter professional competency to support health behavior change across professions
- Learn when to refer to other health professionals, e.g. back to the physician, social worker, counselor

Physical therapist researchers

THEME: Regardless of study type and subjects, consider the co-variants of health living (e.g. smokers, body weight, level of sedentary behavior, level of physical activity, quantity and quality of sleep and stress) to better understand the impact of healthy living on health as well as physical therapy outcomes (OP 2, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4 and Obj 5)

- Promote health related research by physical therapists involved with research indicated by epidemiological data on NCDs related to lifestyle behaviors for regions and countries
- Promote inter professional and interdisciplinary collaborative research beyond the conventional professions and disciplines (e.g. with social scientists, urban planners, economists, religious studies)
- Promote mixed methods, i.e. both quantitative and qualitative (to maximize health behavior change we need to understand what drives people to make the choices they do, and how they can be empowered to want to change and how to do this so change is sustained over time)
- Control for healthy lifestyles within research initiatives
- Conduct post hoc analyses of results to document the outcomes of those patients/clients with better health indices, where appropriate

Physical therapist professional organizations

THEME: Support the physical therapist's identity as a non-invasive non-pharmacological practitioner to practitioners, educators, researchers, governments and policy makers (OP 1, OP 2, OP 3, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4 and Obj 5)

- Support a leading role for the physical therapist in addressing (preventing, reversing in some cases, as well as managing NCDs)
- Promote leadership of physical therapists with respect to helping to turn the tide of the epidemic of NCDs
- Promote knowledge translation regarding the unequivocal benefits of healthy living across the life cycle
- Work toward dispelling faulty notions about physical therapy practice (i.e. that it only associated with sports, orthopedic conditions, or stroke)
- Encourage physical therapists to give community presentations, and appear in the media to promote health in general and in patient/client populations
- Encourage physical therapists to be included in health forums with other health professionals
- Promote a diversified role for physical therapists: community, home, workplace, educational facilities and as consultants, e.g. to WHO, governments, health and fitness facilities
- Provide template for standardized data base that can be used regionally, nationally and internationally to provide surveillance for health promotion practice and program outcomes

Physical therapist government liaisons/consultants

THEME: Governments and world organizations/alliances can be best lobbied through WCPT and member organizations; representatives need global membership support to give a unified international voice to the profession (OP 2, OP 3, OP 8 and OP 9; Obj 1, Obj 2, Obj 3, Obj 4, Obj 5 and Obj 6)

- Develop a role for physical therapists as valuable consultants at the table for health reform
- Support a system of care based on health versus ill health, promoting the exploitation of healthy living wherever possible, promote the exploitation of evidence-informed non-invasive interventions (health education and exercise) in favor of invasive interventions wherever possible (i.e. drugs and surgery), or minimally in conjunction with these with a view to minimize or avoid their need completely
- Serve as the voice for sustainable health services delivery through exploitation of highly effective and low cost healthy living strategies (based on an unequivocal evidence base to support this approach being best practice)
- Learn how to make petitions and briefs to government so policy makers have a clear understanding of the effect size of healthy living on the population and its associated cost savings
- Work with urban planners and engineers and others to build healthy communities (e.g. hubs around major transportation termini, with shops and amenities and community centers to encourage walking and social engagement)
- Participant in community projects and designs to promote physical activities, programs, shopping malls, community centers, parks and other public spaces
- Promote and support research in physical therapy related to the needs of people with respect to NCDs related to lifestyle

progress in their prevention and control. It should be noted however that the World Café™ was time limited, thus, only priority themes could be identified within regional and target audience groups. Thus, absence of themes related to the overarching principles and objectives of the WHO Global Action Plan for addressing NCDs, was not interpreted as being viewed by participants as unimportant.

The themes that emerged from the World Café™ for a global physical therapy action plan were congruent with the overarching principles and objectives of the WHO Global NCD Action Plan as shown in Table 7. Overarching principles that were less reflected in the World Café™ discourse included universal health coverage; management of real, perceived or potential conflicts of interest; human rights approach; and an equity-based approach. The degree to which these may be incorporated into a global physical therapy strategy on lifestyle-related NCDs remains to be established. All but one of the objectives of the WHO Action Plan, however, were reflected in the physical therapy Summit themes. The one exception was Objective 6 (i.e. to monitor trends and determinants of NCDs and evaluate progress in their prevention and control). This series of Physical Therapy Summits on Global Health has attempted to establish some baseline on the need for physical therapy surveillance. Although health promotion outcomes attributable uniquely to physical therapy intervention may be challenging to quantify, physical therapy practice related to health promotion and competency can be readily tracked through statistics gathered by administrators of health facilities, including hospitals and clinics and practice facility accreditation standards; and through curriculum guideline adherence related to health promotion, in entry level physical therapy programs and accreditation standards. The WCPT has a major role given its sphere of influence to provide means and support for such surveillance.

The challenges and the opportunities identified by the Summit participants were as important as the strengths in terms of informing the physical therapy global action plan and

recommendations. Although there were variations across regions and target audiences, notable gaps appeared with respect to the overarching principles that informed the two action plans (i.e. the physical therapy action plan and the WHO action plan). Less apparent in the physical therapy action plan were principles such as human rights, equity-based approach and universal health coverage. This may reflect physical therapists' not viewing these broad issues within their professional domain or scope of practice. Discussion of these principles is warranted within the physical therapy context to establish in what ways, physical therapists may be able to incorporate these principles into the objectives of their professional global action plan that are congruent with WHO initiatives.

Most of the objectives articulated in the WHO Global NCD Action Plan were reflected in the physical therapy action plan (Tables 1 and 4). Understandably, the objectives of the WHO Action Plan strive to impact global outcomes, whereas the physical therapy action plan tends to reflect impacting individual outcomes and outcomes related to education and research, all of which, in turn, impact global outcomes. This latter impact could be stated more explicitly in physical therapy position statements, thus, linking health promotion physical therapy initiatives more closely to those of the WHO. Second, both in the overarching principles and objectives of the WHO Action Plan reference is made to economic issues (i.e. Universal Health Coverage). This issue implies the value of ensuring health services are available and that individuals are not deprived because of economic means. Although the profession of physical therapy rarely is engaged in the issue of health services costs at a societal level; that non-pharmacologic interventions are cost-effective and the interventions of choice for the prevention of lifestyle-related NCDs and their long-term management supports a role for physical therapy ensuring that non-medical and non-surgical alternatives (i.e. education and physical activity are exploited first). Given the strong evidence base supporting healthy living choices and that

Table 8. Global action plan for the prevention and control of non-communicable diseases 2013–2020: Overview of its vision, goal, overarching principles, objectives and voluntary global targets (Source: World Health Organization).

Vision: A world free of the avoidable burden of non-communicable diseases.

Goal: To reduce the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.

Overarching principles:

- Life-course approach (1)
- Empowerment of people and communities (2)
- Evidence-based strategies (3)
- Universal health coverage (4)
- Management of real, perceived or potential conflicts of interest (5)
- Human rights approach (6)
- Equity-based approach (7)
- National action and international cooperation and solidarity (8)
- Multisectoral action (9)

Objectives

1. To raise the priority accorded to the prevention and control of non-communicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.
2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of non-communicable diseases.
3. To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health-promoting environments.
4. To strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage.
5. To promote and support national capacity for high-quality research and development for the prevention and control of non-communicable diseases.
6. To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control.

Voluntary global targets

- (1) A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- (2) At least 10% relative reduction in the harmful use of alcohol, as appropriate, with the national context
- (3) A 10% relative reduction in prevalence of insufficient physical activity
- (4) A 30% relative reduction in mean population intake of salt/sodium
- (5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- (6) A 25% relative reduction in prevalence of raised blood pressure or contain the prevalence or raised blood pressure, according to national circumstances
- (7) Half the rise in diabetes and obesity
- (8) At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes
- (9) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities

physical therapy is the leading established non-pharmacologic health profession, it has a responsibility for ensuring such alternatives are exploited before or concurrently with more costly and often less well evidenced pharmacological and surgical options. A high proportion of studies in the literature related to NCDs are biomedical and support biomedical interventions, without due balance and consideration of healthy lifestyles. Minimally, such studies need to demonstrate the superiority of biomedicine over healthy living. Physical therapy needs to ensure that this equally, if not more important perspective is represented in clinical practice and in research through ICP. Biomedicine clearly has a role in addressing signs and symptoms of lifestyle-related NCDs, however it typically does not address the underlying contributing factors directly that health behavior change can, in most instances. Without successfully addressing lifestyle factors, biomedical intervention for a given condition will not only have more limited benefit, but increases the risk of recurrence, and exposes the patient/client to the risks and manifestations of other lifestyle-related conditions.

The third way in which the WHO Action Plan is distinct from the physical therapy action plan was with respect to the overarching principles of human rights approach and equity-based approach, and mention of universality, and reduction of inequities and distinctions in the social determinants of health in its objectives. These terms or reference to these constructs did not appear in the physical therapy action plan or its constituents

(i.e. strengths related to health promotion initiatives, challenges nor opportunities). These issues however are emerging in the physical therapy literature. Edwards, Delany, Townsend, and Swisher (2011a and 2011b) have proposed the capabilities approach as a framework for physical therapists to understand and address social inequity in the interest of social justice and moral agency. They propose the need for physical therapists to practice within an ethical framework in considering the health needs of their patients/clients.

Based on the Summit's findings overall and to augment congruence with the WCPT's initiatives and the WHO Global NCD Action Plan related to the prevention and control of NCDs, we recommend the following:

- (1) The WCPT develop a task force to establish minimum standards for health assessment, health behavior change interventions and strategies, and outcome measures including criteria for referring to other health professionals (tobacco use including smoking cessation, basic nutritional advice, weight reduction, reduced sitting, increased physical activity, improved sleep, reduced undue stress and decreased harmful use of alcohol and other substance abuse);
- (2) Countries of WCPT member organizations actively support the initiatives of the WCPT related to health-focused physical therapy (all lifestyle behaviors identified above, not only physical activity promotion);

- (3) The WCPT network of International Society of Educators in Physiotherapy advance health-focused physical therapy and health behavior change as a clinical competency and provide standards for how this content can be integrated by physical therapy programs globally;
- (4) WCPT regions examine how health-focused physical therapy can best be advanced and implemented: (a) across their member organizations, given their unique cultural and health contexts, with respect to practice, education, research, professional organizations and government, and (b) with attention to physical therapy's role in supporting health as a human right and remediating social and health inequities;
- (5) Practitioners across regions embrace health-focused practice with every patient/client (adults and children) and advocate for professional development courses in this area that have established standards for teaching such practice as a clinical competency;
- (6) Physical therapy educators collaborate nationally and regionally, and with the WCPT network of International Society of Educators in Physiotherapy to ensure minimum standards for curricular content with respect to health behavior assessment, change interventions, and outcomes (develop and establish as a clinical competency), and indicators for referring on to other health professionals;
- (7) Researchers across regions refine physical therapy research paradigms to incorporate wherever possible a healthy reference group in their studies in order to establish the degree to which conventional physical therapy outcomes are augmented with healthy living practices;
- (8) Professional bodies promote their role in addressing the pandemic of NCDs, and by their support of health focused physical therapy education at the entry and postgraduate levels;
- (9) Governments and policy makers are informed (largely by professional bodies but also independent physical therapist liaisons and consultants) about physical therapy's role in preventing, reversing in some cases, as well as managing NCDs; and
- (10) All five target audiences (i.e. physical therapist practitioners, educators, researchers, professional organization representatives and liaisons/consultants to government and health policy bodies) promote ICP to maximize health benefits for the people they serve.

With respect to the next steps, the ideas advanced based on the second Summit could provide a basis for definitive aims, goals and detailed action plans within and across regions. The ideas lend themselves to the so-called SMART analysis (Specific, Measurable, Attainable, Relevant and Timely) for monitoring their institution and related outcomes, thus, could be a viable and consistent means of preparing for reporting back at a third Summit.

The participants of the Summit concurred that overall health-focused practice in physical therapy is a priority. Participants also concurred that a concerted action plan at the global level could be targeted and tailored to the needs of each region and to the unique needs of each member organization within each region. The physical therapy global action plan that emerged from the Summit is largely aligned with the WHO global NCD Action Plan. To improve their congruence, we recommend ways that physical therapy initiatives can be expanded. Finally, there are tools that have emerged for assessment, intervention and outcome evaluation related to health behaviors and effective change that can be readily integrated into usual physical therapy practice (Dean, Li, Wong, and Bodner, 2012). These need to be made available for implementation by physical therapists globally with due

consideration of regional and national variations with respect to culture, tradition and social and economic factors.

The Third Summit (potentially WCPT Congress in Singapore 2015) is being planned around a theme that will focus on the tools and expertise required for health-focused physical therapy. Such a forum will enable participants to share how they have operationalized their action plans. The SMART principle could enable realization of the goals that emerged from this Summit (or related ideas and themes) at each of the 5 target audience levels. Importantly, leadership is needed to help foster cooperation within and among regions and to install a mechanism for accountability and follow-up over time. Not only does the WCPT have a pivotal role in promoting health-focused physical therapy, but member organizations and their memberships have a responsibility to actively support and implement the initiatives of the WCPT which has been working avidly to respond to the pandemic of NCDs in recent years. In this way, the Summit participants were optimistic that the profession of physical therapy will mobilize its collective creative and intellectual capacities to address global health priorities that include the NCDs and their related risk factors, thus reducing disability, morbidity and mortality in adults and children, along with their associated social and economic burdens. Curbing the tide of these devastating yet largely preventable conditions would be a major contribution of the physical therapy profession which is dedicated to promoting evidence-based non-invasive interventions, strategies approaches.

Declaration of interest

The authors report no conflicts of interest.

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