

# FRANCE PHYSICAL ACTIVITY FACTSHEET

This is one of the 28 European Union Member States factsheets on health-enhancing physical activity, developed as a part of a joint initiative between the European Commission (EC) and WHO Regional Office for Europe in the context of the implementation of the Recommendation of the Council of the European Union on promoting health-enhancing physical activity across sectors and the European Noncommunicable Diseases Action Plan 2012-2016.

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**World Health  
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## FRANCE

PREVALENCE (%) OF ADULTS REACHING THE RECOMMENDED  
WHO PHYSICAL ACTIVITY LEVELS, 2006/2007

%	ADULTS (18–65 YEARS)
MALES	48.4
FEMALES	41.4
BOTH SEXES	45

Total population: 63 928 608

Median age: 40.7 years

Life expectancy at birth males: 79.0 years

Life expectancy at birth females: 85.6 years

GDP per capita: €31 300

GDP spent on health: 11.6% (1)



# Monitoring and surveillance

## Physical activity in adults

The French national recommendations on physical activity for health use the cut-off points for adults reaching the physical activity levels recommended in WHO's *Global recommendations on physical activity for health* (2010) (2), addressing both young people and adults (3).

Currently France does not have a national health monitoring and surveillance system that includes population-based measurements of physical activity. However, a new system is expected to be in place by November 2015 through *l'Observatoire national de l'activité physique et de la sédentarité* (National Observatory for Physical Activity and Sedentary Behaviour).

Since 2012, the association Assureurs Prévention collects national representative data on physical activity levels on an annual basis, in collaboration with the Biomedical Research Institute of Sports Epidemiology (*Institut de Recherche bioMédicale et d'Epidémiologie du Sport* (IRMES)) and market research by the agency BVA (4).

National data on the prevalence of physical activity are reported separately for adults (aged 18–65 years) and older adults (aged 65+ years) in different studies, such as the Individual National Food Consumption Study (*Étude individuelle Nationale des Consommations Alimentaires 2* (INCA 2)) (5) from 2006/2007 and the Health Nutrition Barometer (*Baromètre Santé Nutrition*) (6) from 2008 (see Table 1).

In the INCA 2 study, 45% of the adults meet the WHO recommended physical activity levels. Across all age groups, more males are physically active than females, with 48.4% of male adults and 41.4% of female adults being active at the recommended levels. Among older adults, the proportion of men reaching the recommended levels (71%) is also higher than that of women (61%).

**Table 1. Prevalence (%) of adults reaching the recommended WHO physical activity levels, based on national representative studies from 2006/2007 and 2008**

%	ADULTS <sup>a</sup> (18–65 YEARS)	OLDER ADULTS <sup>b</sup> (65+ YEARS)
MALES	48.4	71
FEMALES	41.4	61
BOTH SEXES	45	

Sources: <sup>a</sup>INCA 2 study from 2006/2007 (5); <sup>b</sup>Escalon, Bossard & Beck, 2010 (6).

The WHO Global Health Observatory (GHO) intercountry comparable physical activity estimates from 2010 for France (7) show higher proportions of adults reaching the recommended WHO physical activity levels for health (73.6%) than do the national data. The GHO 2010 data also show a higher proportion of males meeting the recommended WHO physical activity levels (78.8% for males and 68.8% for females).

## Physical activity in children and adolescents

France uses the same cut-off point for children and adolescents reaching the recommended physical activity levels, as set out in WHO's *Global recommendations on physical activity for health* (2010) (2), but no specific national survey exists for monitoring and surveillance of physical activity in children and adolescents.

National data on the prevalence of physical activity in children and adolescents across different age groups are reported in various studies, such as the INCA 2 study from 2006/2007 (5), the French results from the Health Behaviour in School-aged Children (HBSC) 2010 survey, reported by the *Institut national de prévention et d'éducation pour la santé* (INPES) (8), and a study by Apete et al. from 2012 (9). Table 2 shows some of the relevant data from these studies.

According to the 3 relevant studies, fewer than 15% of children aged 10 years, 11.5% of adolescents aged 11–14 years and 43% of adolescents aged 15–17 years meet the recommended levels of physical activity for health. In the INCA 2 study (5), the proportion of boys (aged 15–17 years) meeting recommended physical activity levels was reported to be more than twice as high (63%) as the proportion of girls (24%) that do so. Similar differences between boys and girls are observed in the HBSC 2009/2010 study (INPES).

Table 2. Prevalence (%) of children and adolescents (various ages) reaching the WHO recommended physical activity levels, based on national representative studies from 2006/2007 and 2012

%	ADOLESCENTS (11–14 YEARS) <sup>a</sup>	ADOLESCENTS (15–17 YEARS) <sup>b</sup>	CHILDREN (10 YEARS) <sup>c</sup>
MALES	16	63	
FEMALES	6.8	24	
BOTH SEXES	11.5	43	<15%

Sources: <sup>a</sup> Godeau, Navarro & Arnaud, 2012 (8); <sup>b</sup> INCA 2 study from 2006/2007 (5); <sup>c</sup> Apete et al., 2012 (9).

According to the WHO GHO 2010 estimates for French adolescents (defined as aged 11–17 years in relation to WHO data), 11.9% meet the recommended physical activity levels for health (7). Almost twice as many boys as girls were reported to be active (15.6% and 8.3%, respectively).

Box 1 describes measures in place in France to promote physical activity in health care settings.

### Box 1. Physical activity in health care settings

#### Training on physical activity in the curriculum for health professionals

Training on physical activity is mandatory for physiotherapists (10 hours) and doctors (2 hours). The number of mandatory hours for doctors will increase to 6 hours in 2016, and optional additional teaching is also possible.

#### Counselling on physical activity

The National Programme on Nutrition and Health (*Programme national nutrition santé* (PNNS)) (10) promotes physical activity and counselling on physical activity and nutrition, with an annual budget of €6.5 million.

## Policy response

### Major policy documents adopted by government bodies

The Plan for sport, health and well-being (*Plan national sport santé bien-être*), established in 2012, promotes and coordinates primary prevention and management of chronic diseases through physical activity (led jointly by the Ministry of Social Affairs and Health and the Ministry of Urban Affairs, Youth and Sports) (11).

The PNNS, which was set up in 2001, is a public health plan with the aim of improving health through targeting major determinants, such as nutrition and physical activity (10). The primary objective is to make recommendations that are trustworthy and scientifically valid, in order to help the population, in addition to health (and other) professionals, as well as to navigate complex information and provide the basis for health promotion messages.

As yet, guidelines on sports clubs for health have not been implemented in any French sports clubs, but the aim is to implement such guidelines by the end of 2017.

### Guidelines and goals

France adheres to the global recommendations on physical activity for health for children and adults, as set out by WHO in 2010. The Ministry of Urban Affairs, Youth and Sports implements various strategies (through the PNNS), aiming to increase the population's physical activity levels. Three distinct groups have been identified and given specific targets to work towards. Children between the ages of 5 and 17 years are advised to engage in 60 minutes of moderate- to vigorous-intensity physical activity (MVPA) on a daily basis. For adults (aged 18–64 years), a minimum of 150 minutes of moderate exercise is recommended on a weekly basis, or at least 75 minutes of vigorous training per week. For those aged over 65 years, the guidelines are similar to those for adults aged 18–64 years: 30 minutes of moderate exercise is recommended five times per week, or 20 minutes of vigorous-intensity exercise 3 times per week (12).

Table 3 presents a summary of the key measures in place to monitor and address physical activity in France.

Table 3. Summary of key physical activity initiatives in France

HEALTH	SPORTS	EDUCATION	TRANSPORT	MONITORING	GUIDELINES
Counselling on physical activity as part of primary health care services	Existence of a national Sports for All policy(ies)	Mandatory physical activity in primary and secondary schools	National or subnational schemes promoting active travel to school and/or workplace	Physical activity included in the national health monitoring system or separate routine survey	Existence of a national recommendation on physical activity
YES	YES	YES	YES	YES*	YES

\*The National Observatory for Physical Activity and Sedentary Behaviour (*l'Observatoire national de l'activité physique et de la sédentarité*) is to be created in November 2015, and implemented within two years.

## Additional information on action in key areas

### Supporting socially disadvantaged groups

The French High Council for Public Health (*Haut Conseil de la santé publique*) set objectives regarding the prevention of cardiovascular and metabolic disease development by attempting to increase physical activity and decrease sedentary behaviour among the population. *Retrouver sa liberté de mouvement* (13) is another initiative intended to further extend the PNNS guidelines, in which 30 minutes of physical activity are recommended per day. The aim is to enact a two-part strategy, targeting leisure activity pastimes as well as implementing schemes for individuals from disadvantaged population groups, elderly people, those with disabilities and those suffering from chronic diseases.

Several associations support physical activity initiatives for people suffering from chronic diseases, either at low cost or completely free of charge (with various financial schemes available, such as regional or private funding). These include the French Federation for Physical Education and Voluntary Gymnastics (*Fédération Française d'Éducation Physique et de Gymnastique Volontaire* (FFEPGV)) (14), the French Federation Sports for All (*Fédération Française Sports pour Tous*) (15), the French Union of Physical Education Laypersons (*L'Union française des œuvres laïques d'éducation physique* (UFOLEP)) (16), the Sports Union for primary education (*L'Union sportive de l'enseignement du premier degré* (USEP)) (17), the French Federation for Active Retirement (*Fédération Française de la Retraite sportive*) (18) and the Sports, Initiative and Leisure association SIEL BLEU (*Sport, Initiative et Loisirs SIEL BLEU*) (19), along with various local associations.

### Transport and the built environment

In a new project in the area of urban planning policy, France is looking to identify approaches to support access to recreational or exercise facilities for socially disadvantaged groups.

## Promoting physical activity in the health care setting

The initiative entitled Sports on Prescription (*Sport sur ordonnance*) is under way in some cities. General practitioners (GPs) can prescribe physical activity to their patients, and then further direct them to specialists. During the first year of engagement with the programme, the activities undertaken are either free of charge or at low cost (20).

# Successful approaches

## Plan for Sports, health and well-being

As already mentioned, since 2012 the Plan for Sports, health and well-being has been in place in France to promote and coordinate primary prevention and management of chronic diseases through physical activity (14). The Sport on Prescription scheme offered by GPs in some cities also offers significant physical activity benefits to patients, adapted to their individual physical capacity and preferences (20).

## Sports for All promotion

In terms an approach to Sports for All promotion across the country, nearly all sporting federations at the national level (such as the National Olympic Committee) are working to propose sporting activities that specifically target people with existing chronic conditions. The first public presentation of planned activities is expected at the end of 2015.

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