



**Sixth meeting of the
European Union Physical Activity
Focal Points Network**

**Toledo, Spain
20–21 April 2017**

**October 2017
Original: English**

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Meeting Report



Background

In the context of the *European Union Council Recommendation on Promoting Health-Enhancing Physical Activity (HEPA) Across Sectors* adopted in 2013 Sectors (hereafter referred to as ‘the Council Recommendation’), EU Member States have been requested to appoint national physical activity focal points notably to support the monitoring framework for HEPA policies and physical activity.

As part of the collaboration to implement the above mentioned Recommendation in the EU and to promote physical activity across Europe, the European Commission, Directorate-General for Education and Culture (DG EAC), Sport Unit, and the WHO Regional Office for Europe, Division of Noncommunicable Diseases and Promoting Health through the Life-course, held the sixth meeting of this Focal Points Network on 20–21 April 2017 in Toledo, Spain.

The *EU Physical Activity Guidelines*, the Council Recommendation, as well as the *WHO Physical Activity Recommendations* and the *Physical Activity Strategy for the WHO European Region 2016–2025* provide principles that require policy coherence across Europe.

Some of these principles have been implemented with relative success in several Member States. However, challenges continue to exist, and there is a need to improve the design and implementation of policies that promote physical activity.

Following the 2013 Council Recommendation on HEPA, the European Commission and the WHO Regional Office for Europe have been cooperating to develop and scale-up monitoring and surveillance of health-enhancing physical activity in the European Union Member States. Previous meetings of the EU Focal Points Network focused on the strategy for information collection and led to the publication of the *Factsheets on health-enhancing physical activity in the 28 European Union Member States of the WHO European Region*.¹

The sixth meeting, held at Castilla La Mancha University, Toledo, discussed a timeline for data collection and the validation of procedures for the update of the factsheets. Furthermore the meeting discussed recent advances at the national level, identified success stories and remaining challenges, with a particular focus on specific groups such as children, pregnant women or older people.

Participants included the Focal Points, representing 20 Member States, the European Commission, represented by staff from DG EAC/Sport Unit, and the World Health Organization, represented by staff from the WHO Regional Office for Europe. Several external speakers, observers and a rapporteur also participated.²

Welcome addresses

On behalf of the University of Castilla-La-Mancha, Fátima Guadamillas Gómez, Vice Rector of Internationalization and Permanent Education, welcomed participants to Toledo.

On behalf of the European Commission, Olivier Fontaine welcomed participants and thanked the Spanish hosts, the University and the secretariat. According to the most

¹ Available in English at: <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/country-work/factsheets-on-health-enhancing-physical-activity-in-the-28-eu-member-states-of-the-who-european-region>

² See Annex 1 for a full list of participants.

recent Eurobarometer data, around 60% of European adults exercise very rarely or not at all. Tackling physical inactivity, therefore, remains very high on the EU agenda. The Focal Point Network has been, and continues to be, a valuable instrument for implementation of the Council Recommendation. In addition to its important role in data collection, the Network has facilitated exchange of best practice and joint initiatives. The Commission and WHO have recently renewed their cooperation for a further three years, in order to support the ongoing work of the Network.

João Breda, WHO Regional Office for Europe, welcomed all participants on behalf of WHO and conveyed thanks to the Secretary of State for Sport, the Spanish hosts and the University of Castilla La Mancha. This Network is a living example of the intersectoral collaboration that is so important for public health—Focal Points from the sports and public health sectors have now been collaborating effectively for several years. WHO recognizes all the ongoing efforts by health and sports authorities at national, regional and local levels, and is keen to support governments in these efforts. By working together in this way it will be possible to realize important public health gains.

To help us respond to these challenges there are a number of strategies and action plans in place, all within the overall global framework of the Sustainable Development Goals (SDGs). The European health policy framework, Health2020 (which is fully aligned with the SDGs) advocates for the adoption of healthy behaviours, including physical activity for the prevention of overweight and obesity and many other health benefits. Across the Region physical activity levels are generally very low, are usually lower in women than men and tend to decline with age. There are also notable socioeconomic differences.

In September 2018 the UN General Assembly will be organising a special session on NCDs, and Member States will need to report on progress towards meeting the global NCD goals (including achieving a 10% reduction in physical inactivity). Two key Regional documents—the *European Food and Nutrition Action Plan 2015–2020* and the *Physical Activity Strategy for the WHO European Region 2016–2025*—have clearly proposed some priorities and areas for action. It is now time for progress on implementation. The work of this Network provides important policy intelligence, which is essential for implementation and facilitates very valuable sharing of experience and best practice.

José Ramón Lete, Secretary of State for Sport and President of the Spanish Sports Council, welcomed all participants to Spain. Recalling the Council Recommendation, it is clear that public officials have a duty to develop strategies to promote physical activity among all citizens. There are clear challenges with implementation of policies in this area, but progress is possible through combined efforts that embody a strategic cross-cutting approach to health promoting physical activity. Spain has adopted promotion of sport and physical activity as a priority, and this is an important area of activity. The Secretary of State acknowledged the important work of the Network and stressed Spain's ongoing commitment to participation.

Contributions to the implementation of the WHO and EU frameworks on HEPA

Charlie Foster, University of Oxford, UK, facilitated a discussion on Focal Points' needs for guidance and support. This is important to help shape the content and

format of a Focal Point Workshop scheduled to take place during the HEPA Europe conference in Zagreb in November 2017.

The workshop will be provided as part of the multi-partner EPHEPA Project, which is charged with providing guidance and support to the EU Focal Points and already provided a workshop during the Network meeting in Belfast in September 2016.

Peter Gelius, Friederich-Alexander University Erlangen-Nuremberg (FAU), Germany, presented some initial suggestions for workshop topics based on a review of the process of the first round of data collection for the monitoring framework.

Taking these suggestions and subsequent discussion into account, a number of suggested topics specific to the monitoring framework emerged:

- *Indicator 1*: National physical activity recommendations
- *Indicators 2, 3, 10*: Discussion on use of objective measures (also with respect to children/adolescents, data collection)
- *Indicator 5*: Calculating HEPA budgets

In addition, there were a number of suggestions relating to promotion of physical activity more generally:

- Fostering cross-sectoral collaboration
- Obesity in children and adolescents
- Social inequity
- Sedentary behavior
- Transforming scientific evidence into effective programmes
- Coordination national–regional level
- Highlighting the importance of physical activity in times of economic crisis

Charlie Foster presented some ideas for the possible structure of the workshop. After discussion of these and other suggestions, a number of points emerged. It was agreed that the focus should be on Focal Points sharing their experience with each other and that plenary discussion, although necessary, should be minimized. Input by invited experts should be concise and to the point, lasting for five minutes at most. It was suggested that a mix of different methods should be used, with a strong focus on interaction while still being oriented to achievement of particular outcomes. Some of the ideas proposed for different methods included workgroups, a ‘world café’ approach, and ‘speed dating’ or ‘market stalls’ with experts.

Participants were invited to provide further feedback in coming months on which issues to prioritize for the workshop and any further thoughts on the workshop format. The EPHEPA group will now work with the Commission and WHO to develop a final proposal for the workshop.

Funding will be available for all Focal Points to attend the Focal Point Network meeting in Zagreb and to participate in the HEPA Europe conference, free of charge, at the invitation of EPHEPA.

Impact of physical activity in elderly populations

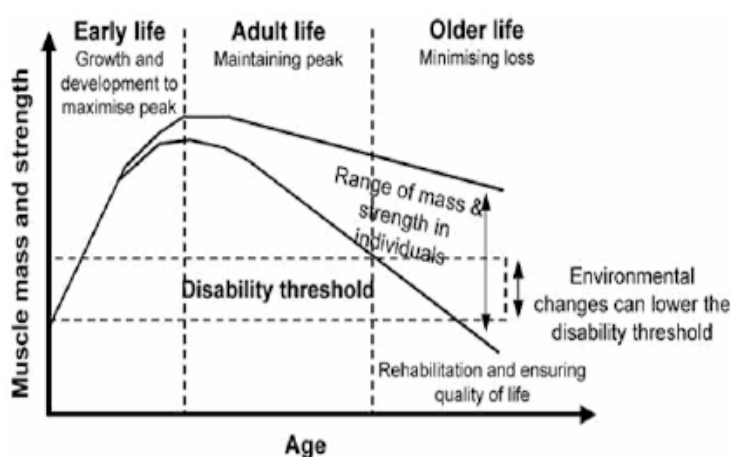
Ignacio Ara, University of Castilla La Mancha, presented an overview of some research on active healthy ageing.

In 2008, a first wave of 3,136 individuals was assessed for their body composition as part of the Exernet multi-centre study. A second wave, conducted in 2011, examined a sub-cohort of 1,194 individuals from the main cohort. With new funding, the third wave will take place in 2017 and will provide nine-year follow-up data. Two key papers report the main data (1,2), and more than 20 scientific papers have been published.

The increase in life expectancy means that in the near future, elderly people will represent a huge proportion of the Spanish population (38.7% 65 or over and 21% 80 or over by 2061). At the same time, as people age they live increasingly sedentary lives—around two thirds of Europeans over 55 never play sport or seldom do so.

Age-related changes in body composition include a decrease in lean mass (sarcopenia), an increase in bone mass (osteoporosis) and an increase in fat mass (obesity). Physical activity can play a key role in ensuring that people do not reach the point where they suffer from disability (disability threshold) (Figure 1).

Figure 1 Age-related changes in body composition



Nearly 25% and 60% of 65 and 80 year olds, respectively, are affected by sarcopenia. Sarcopenia is caused by morphological adaptations in muscles, changes in muscle architecture and fat and connective tissue infiltrations into the muscle. Nutritional, hormonal, metabolic and immunological factors are involved. Muscle atrophy then leads to an increase in weakness and a decrease in mobility (and therefore less independence). These factors combined can be described as ‘frailty’ or frail syndrome. The consequences of frailty start to appear even in the simplest tasks—ability to walk for a kilometre decreases with age. Frailty syndrome is easy to assess and a study by Garcia-Garcia and colleagues estimated that 7.7% of Spanish males and 9.3% of females aged 65 or over in Spain are frail. More than a quarter (>27.3%) of those aged over 84 years are currently frail and, by 2061, around 5% of the Spanish population is projected to be frail. Frailty is important because it worsens disability, and is associated with higher risk of falls, hospitalisation and death. Physical inactivity is one of the main factors that produces sarcopenia and favours the appearance of frail syndrome.

In Spain, 84% of the elderly population are overweight or obese according to BMI, while 67% have excess fat mass and 56% suffer from abdominal obesity. Sarcopenic obesity—where there is little muscle mass and an excess of fat mass—is estimated to affect more than 15% of the elderly population in Spain, leading to frailty, disability, institutionalization and mortality.

Physical activity levels are the key to difference between frailty and healthy ageing. High intensity training can help restore muscle power to those of people 20 years younger and improve aerobic capacity to levels of people 30 years younger.

Physical activity is also an effective non-pharmacological strategy to stop or delay the onset of osteoporosis. Reduced bone mineral density is associated with the risk of bone fractures following a fall and fractures constitute a serious public health burden.

In addition to the benefits for body composition, regular physical activity also exerts many other health physical and psychological health benefits for healthy ageing. Better fitness levels are associated with less age-related cognitive decline, while mental performance and cognitive capacity are improved.

Discussion

There was some discussion about which indicator is most appropriate for measurement of overweight and obesity in older people. BMI is affected by the loss of height, but is inexpensive, easy to use and, overall, remains the best indicator. While waist circumference may be useful, there is currently a lack of reference values. It may be useful to use waist circumference and BMI in combination. It could also be useful to measure power in older people, although this will not always be possible.

This research shows that physical activity can improve performance in older people and there is a clear message that physical activity is a valuable prevention tool. This underlines the need to take action to change the environment to facilitate physical activity.

There was discussion of the need for action on sedentariness, and the advice to give people in order to reduce long periods of sedentary behaviour.

This is an issue of tremendous concern for WHO, especially in the context of lengthening life expectancy and a real need to improve quality of life in the last 10 years of life. It is clear that physical activity can make a vital contribution.

Physical activity among children

Jonatan Ruiz, University of Granada, Spain, presented some research on physical activity in pregnant women and children.

It is now well recognised that birth weight is related to subsequent risk of disease—there is a u-shaped curve and birth weights at both the lower and higher ends of curve are associated with poorer health later in life. A study involving 160 women examined the impact of light physical activity for a 35–40 minutes session for three days per week from week 12 of pregnancy on birth weight (3). The birth weight of babies from intervention group mothers was similar to that of control group mothers. However, physical activity had a dramatic modifying effect on the association between maternal BMI and birth weight. There was a clear positive association

between maternal BMI and birth weight in the control group, but in the intervention group birth weight did not increase with mothers' weight.

There are also clear health benefits for women from physical activity during pregnancy. A randomized controlled trial (RCT) of nearly 1,000 women, found that women who participated in an intervention of 50 minutes of light-moderate intensity physical activity three days per week from the 9th or 10th week of pregnancy gained 2 kg less than women in the control group (4). Physical activity during pregnancy is also associated with better health outcomes, including lower risk of macrosomia, lower risk of gestational diabetes and lower risk of maternal hypertension.

In relation to physical activity in young children, a study in 281 children 4-6 year olds—which measured weight, height and physical activity (using accelerometry)—found that the risk of overweight and obesity is much higher in children with low levels of vigorous physical activity (5).

For older children, a study among nearly 1,000 9–10-year-old children in Sweden and Estonia found a clear association between time spent doing vigorous physical activity and cardiovascular fitness (6). Similar studies point to the importance of physical activity being vigorous. There is also emerging evidence that physical activity may be able to attenuate genetic disposition to obesity for adolescents—one study suggested that in adolescents meeting physical activity recommendations there was no association between possession of genes which dispose to obesity and bodyweight (7). In 10 year-olds, higher physical activity is predictive of lower cardiovascular health after seven months of follow-up (8) and similar results were found in 11 and 12 year olds after four years of follow up (9). One RCT in 222 overweight and obese children focused on the impact of exercise interventions on diabetes risk and found that insulin resistance decreased in groups that had participated in either the 'low dose' or 'high dose' (higher intensity of exercise) groups (10).

Physical activity also influences brain function and cognition in both children and adolescents (11). The EDUFIT intervention study in south-east Spain examined the effect of two physical education interventions (of different intensity) over four months on cognitive performance and academic achievement and found that the higher intensity exercise intervention group had higher non-verbal and verbal ability, abstract reasoning, spatial ability, verbal reasoning, numerical ability and overall cognitive performance than the control group. They also had a higher average academic achievement level and in specific subjects (12). The results in the intervention group were so dramatic that parents of control group children exerted pressure for the programme to be implemented the following year. A new study is now underway to better understand the impact of vigorous physical activity on brain and cognition.

The critical importance of ensuring that physical activity is fun for children and adolescents is recognized. Social encouragement is also important and interventions tend to be more successful when family and friends are also targeted (13). In 2016, the Copenhagen Consensus Conference concluded that physical activity in children and youth is very important for fitness and health, cognitive functioning, engagement, motivation and social wellbeing, as well as social inclusion, and that implementation strategies are needed.

In conclusion, physical activity in children is good for health, should start early and should be promoted in schools. In addition, it needs to be intensely fun and something that children or young people can do with friends and relatives.

Discussion

There was some discussion about the study on genetic disposition for obesity. There was clarification that the study had not involved looking at whether there was any alteration in the expression of the genes.

Physical activity and NCDs in Spain

Pablo Fernández Navarro, Carlos III Institute of Health, Madrid, presented the work of a workgroup established to use European Health Interview Survey data to explore associations between physical activity, prevalence of NCDs and use of prescription medication in Spain. The National Sports Council and the Carlos III Institute of Health are involved in this workgroup.

A nationwide, descriptive, cross-sectional study retrieved data on health determinants, health status, health care and background variables from the 2014 European Health Interview Survey for Spain. The Spanish survey involved a nationwide representative sample of individuals aged 15 years or older—with interviews from 22,842 people—conducted between January 2014 and February 2015. For the specific analyses for this study, subjects under the age of 18 or over 74 years old were excluded. The final population analysed was 18,926 people aged between 18 and 74 years.

Physical activity was assessed using the aerobic physical activity (AerobePAR) indicator and the leisure time physical activity (LPTA) indicator. Analysis was conducted for self-reports of having been diagnosed in the last 12 months for five common NCDs (hypertension, diabetes, hypercholesterolaemia, depression and anxiety) and data from the survey question on use of prescription of medication. Data were adjusted for socio-demographic variables including age, sex, BMI and level of education.

A new index was created, the Sedentary Behaviour Index (SHI), in order to compare physical activity across Spanish regions (and only for this purpose). This new indicator is equivalent to the prevalence of LTPA 0 and I over the prevalence of LTPA II and III.

One third (34.4%) of the Spanish population (18–74) reported performing no physical activity at all in their leisure time and 38.9% reported only occasional physical activity. Only 33.2% of the population reported in engaging in at least 150 minutes per week of physical activity in their leisure time. Spanish women are particularly inactive. The SHI index on sedentary behaviour shows geographical and gender differences, with higher levels in the north of Spain and in women than men. Irrespective of the physical activity variable used, men are more active women, physical activity decreases with age, 87% of obese individuals report doing no physical activity at all and activity levels are lower in people with less formal education.

In relation to NCDs, individuals who were more active (irrespective of which physical activity variable was used) were less likely to have any of the five NCDs studied. Prevalence of the NCDs was significantly lower in the more active population, with differences in prevalence of up to 50% for hypercholesterolaemia and hypertension and 30% for diabetes.

More active individuals (again, irrespective of which variable was used) were more likely to have a lower use of prescription medication. Using the LTPA variable, use of

prescription medicines was approximately 20% lower in more active individuals than inactive individuals. According to the AerobePAR variable, active subjects used 9% less medication than inactive subjects.

The risk of having any of the NCDs or of using prescription medication was significantly lower as the level of physical activity increased. The relative risk of hypercholesterolaemia, diabetes, hypertension, depression and anxiety was 30%, 54%, 37%, 61% and 54%, respectively, lower in people with the highest level of leisure-time physical activity. Similar results were observed when the AerobePAR variable was assessed. The frequency of medication consumption in more active people was approximately 25% lower than in inactive people.

These findings are in line with those of other authors, although the usual potential limitations apply in relation to self-reported data, defining physical activity and possible confounding. The study provides national population-based estimates. It also highlights differences between gender and educational level groups and geographical differences. Preventive measures should take these differences into account when designing effective policies promoting physical activity and sport.

Discussion

These national estimates are very useful, for both national purposes and international comparisons. WHO seeks to generate comparable data to enable comparisons between countries, but these are dependent on good quality data and estimates at the country level.

The results do not vary greatly between the different variables for assessing physical activity. This high level of consistency is interesting to note.

There was discussion about training on HEPA for sports and health professionals. Spain has courses for nurses and family doctors concerning physical activity physiology and how to prescribe physical activity.

The data from this study will be important for persuading political decision-makers that action is needed. Of the total health system costs in Spain, 10% can now be attributed to physical inactivity.

Committee of the Regions report on Health in Cities

Roberto Pella, vice-president of the National Association of Italian Municipalities and rapporteur of the European Committee of the Regions, presented an overview of the Committee's opinion project on *Health in cities: the common good*.

The European Committee of the Regions is the voice of the regions and cities in the European Union. It has 350 members regionally and locally elected representatives from the 28 EU States.

The urban population will soon account for 70% of the world's population and urbanization presents risks and opportunities for communities and individuals. The relationship between health, well-being and quality of life, and environment in cities is today a multi-level, multi-sector topic. The sustainability of health systems depends on the study of determinants of health in cities.

A manifesto *Health in the city: the common good* was, produced by the Healthy Cities Institute and launched in Rome in July 2016. The challenges and objectives of the manifesto can be summarised in 10 points:

- Foster people's health by studying and monitoring health determinants specifically in urban settings;
- Ensure a high level of health literacy and accessibility to information, take particular advantage of the potential of digital technologies;
- Include health education in all school *curricula*;
- Encourage healthy lifestyles in the workplace by boosting the incentives scheme for socially responsible companies that invest in safety and prevention;
- Promote an appropriate food culture and food education through targeted dietary programmes and educational events on the ground, thereby preventing the rise in obesity rates and generating savings on health and social resources within national healthcare systems;
- **Widen and improve access to sport and physical activity for all**, by encouraging the mental and physical development of young people and increasing inclusion of older or disadvantaged people in cities;
- Develop local urban public transport and sustainable means policies;
- Set up local initiatives to encourage people to join primary prevention programmes, with specific reference to chronic, communicable and non-communicable diseases;
- Adopt policies aimed at improving social, economic and environmental conditions in deprived areas, through mean-tested initiatives ensuring that urban services meet the highest accessibility and usability standards;
- Study and monitor health determinants for people in urban settings, through close cooperation between municipalities, universities, healthcare providers, research centres, industry and professionals.

Taking this work forward, the Committee of the Regions produced a draft Opinion *Healthy in cities: the common good*. It includes a number of points specifically addressing sport, physical activity and education. Stakeholders' meetings on the draft opinion are ongoing and it is hoped that the Committee's Plenary Session will adopt the text.³

Joint programming initiatives of EU Member States on food and health

Olivier Fontaine provided information about the Joint Programming Initiatives which bring together Member States to work together and combine resources to coordinate research. One such initiative, Healthy Diet for Healthy Lifestyle, was created in 2010 and this includes a strategic research area on determinants of diet and physical activity.⁴ The DEDIPAC project (see below), which finished in 2016, is the first project to complete under this Initiative.

³ This has since been debated and adopted at the Committee's plenary session in May 2017.

⁴ More information is available from <https://www.healthydietforhealthylife.eu/index.php/about/strategic-research-agenda>

Determinants of physical activity: a DEDIPAC study

Laura Capranica, University of Rome Foro Italico, Italy, presented an overview of a Determinants of Diet and Physical Activity (DEDIPAC) study on determinants of physical activity.

The DEDIPAC knowledge hub aims to understand the determinants, at both the individual and group levels, regarding dietary, physical activity and sedentary behaviours using a broad multidisciplinary approach, and to translate this knowledge into more effective promotion of these health behaviours. It involves more than 300 researchers, 68 research institutes and more than 16 scientific disciplines in 13 European countries. It has involved investment of €21 million.

The main tasks in the work package 2.2 relating to determinants of physical activity behaviour across the life course comprise:

- Conducting **umbrella systematic literature reviews** of the determinants of physical activity across the life course
- Development of a Pan-European **conceptual framework** of the determinants of physical activity (EU-PAD)
- Compiling a **compendium of existing relevant datasets** and conducting advanced **secondary data analysis and data harmonization**.

One of the main challenges was the lack of agreed definition of physical activity. The project has sought to be as inclusive as possible and defined physical activity as encompassing ‘any bodily movement produced by skeletal muscles that results in energy expenditure, which may be unstructured and everyday life activity, exercise that includes prearranged, deliberate and repetitive activity and grassroots sport and competitive sports.

Seven umbrella systematic literature reviews (SLRs) were conducted to analyse an initial pool of 17,000 SLRs and meta-analyses of observational primary studies on the association between any determinant of physical activity and physical activity across the life course in a European setting:

- Analysis of 18 SLRs and MAs on biological determinants, found that physical activity levels tend to decline with age, that men are more physically active than women, that normal birth weight influences physical activity levels over the lifetime and that being healthy and fit increase physical activity levels among all ages.
- Analysis of 20 SLRs and MAs on psychological determinants found evidence was convincing that self-belief in capability (self efficacy) and stress are determinants of physical activity levels. Neuroticism, goal setting planning and a number of other psychological factors are probable determinants of physical activity levels.
- The umbrella SLR on behavioural determinants examined 17 SLRs or MAs and identified being physically active at the youngest stages of life, child independent and active travel to and from school and transitional life events (e.g., going to university or pregnancy) as probable determinants.
- The umbrella SLR on physical determinants examined 31 SLRs or MAs and identified provision and proximity of parks and playground areas probably have a positive impact on physical activity in pre-school children. There is more limited evidence on safer neighbourhoods, neighbourhood walkability,

the presence of facilities and living in a rural area are determinants of physical activity levels.

- For socio-cultural determinants, the review of 23 SLRs or MAs identified encouragement and support from significant others and the presence of a companion are probable determinants of physical activity for children and adolescents.
- In relation to economic factors, the review of 18 SLRs and MAs identified that higher socioeconomic status is a convincing determinant of physical activity in adults but that there is insufficient evidence to state a relation between socioeconomic status indicators (income, occupation and education) and physical activity behaviour.
- On policy issues, the review of 18 SLRs and MAs found convincing evidence that preserving time for free outdoor play in children is crucial for physical activity promotion and it is probable that children who are allowed to spend more time in school outdoor spaces are more physically active. There is more limited evidence that redesigning access, safety and aesthetics of neighbourhood streets and sidewalks can enhance physical activity.

Three umbrella SLRs have been published⁵ and the remaining four papers are currently under revision, providing an evidence-based lifespan conclusion on individual and contextual determinants of physical activity.

Another part of the project, the EU-PAD Framework, aims to identify key and new candidate factors that promote or inhibit physical activity behaviour and to develop an agreed consensus framework to propose how these factors may interact with each other. A concept mapping and ranking process generated six areas—*intra-personal context and wellbeing; family and socioeconomic status; social support and modelling; supportive environment; policy and provision; and cultural context and media*—and priorities for research were identified. The published paper summarizes the main findings related to the whole life course and to the youth, adult and older adult populations.⁶

The third element of the project involved development of a compendium of 150 relevant existing datasets of behaviour and their determinants, along with analysis of their characteristics and accessibility.⁷ A process of harmonizing 10 datasets, for which the data were fully available, has been undertaken. Three studies are now underway using these large combined datasets in order to improve understanding of the pattern of interaction between physical activity determinants.

⁵ See Cortis et al. Psychological determinants of physical activity across the life course: A "DEterminants of DIet and Physical ACTivity" (DEDIPAC) umbrella systematic literature review. *PLoS One*. 2017 Aug 17;12(8):e0182709.

Carlin et al., A life course examination of the physical environmental determinants of physical activity behaviour: A "Determinants of Diet and Physical Activity" (DEDIPAC) umbrella systematic literature review. *PLoS One*. 2017 Aug 7;12(8):e0182083.

Condello et al. Behavioral determinants of physical activity across the life course: a "DEterminants of DIet and Physical ACTivity" (DEDIPAC) umbrella systematic literature review. *Int J Behav Nutr Phys Act*. 2017 May 2;14(1):58.

⁶ See Condello et al. Using concept mapping in the development of the EU-PAD framework (EUropean-Physical Activity Determinants across the life course): a DEDIPAC-study. *BMC Public Health*. 2016 Nov 9;16(1):1145.

⁷ See www.dedipac.eu

The EU-PAD Framework and the seven umbrella SLRs highlight the importance of societal support for the person engaging in physical activity. Individual efforts should be complemented by population-based strategies and policy.

Many definitional and methodological variations exist across the literature and in research methods, and thus many questions remain unanswered. Without harmonization, therefore, the quest to understand behaviour will remain elusive. The DEDIPAC networks will aim to work on such harmonization. In addition, the work of DEDIPAC will underpin the new Joint Funding Action on Effectiveness of existing policies for lifestyle interventions – Policy Evaluation Network (PEN). In future, the development of a European cohort study on the determinants of behaviours would be very useful.

Discussion

The huge amount of data generated by this interesting initiative was highly appreciated.

Cyberspace had been identified as one of the areas that could be targeted for action. There was clarification that this relates to the issues around screen time, use of the internet, Pokemon Go and other online tools for physical activity. This is an area to explore for the younger generation.

New pan-European initiative on evaluation and validity of physical activity measurements and

Paulo Rocha, Portuguese Institute of Sport and Youth, Portugal, and Wanda Wendel-Vos, National Institute for Public Health and the Environment (RIVM), Netherlands, introduced a proposed new initiative that seeks to develop an integrated and shared methodological process that will provide comparable, valid and reliable physical activity and sport participation data across EU Member States.

The European Union Physical Activity and Sport Monitoring System (EUPASMOS) project has been conceived following discussions at the last two meetings of the Focal Point Network. There has been concern about the publication of contradictory data regarding physical activity and sport participation resulting from different methods reported. A clear need was, therefore, identified to address the comparability, validity and reliability of the information in order to overcome the difficulties and help Member States improve their evaluation of HEPA policies.

A project proposal was, therefore, developed and submitted to the Erasmus+ call for collaborative partnerships on 6 April 2017. The eventual project would be coordinated by the Portuguese Institute of Sport and Youth, in close partnership with the RIVM in the Netherlands and the WHO Regional Office for Europe.

Nine Member States (Cyprus, France, Hungary, Italy, Latvia, Netherlands, Portugal, Slovenia and Sweden) have confirmed participation and three more are considering participation. External support will be enlisted through, among others, the WHO Regional Office for Europe, the Association for International Sport for All (TAFISA), EuropeAction, European Platform for Sport Innovation, International Sport and Culture Association, Institute of Sport Science and Sport and Robert Koch Institute. A scientific advisory board is also being constituted, to be co-chaired by Luis Bettencourt Sardinha, University of Lisbon with Alfred Rutten and Karim Abu-Omar of FAU, Germany.

The objectives of the project are:

- To establish a monitoring framework to assess sedentary behaviour patterns, physical activity and sport participation in EU Member States.
- To compare commonly used questionnaires for physical activity surveillance (e.g., GPAQ, IPAQ, European Health Interview Survey Physical Activity Questionnaire - EHIS-PAQ, Eurobarometer and national questionnaires) with each other and with objective accelerometer data in a validation study that will use adjusted representative samples from EU partner countries.
- To analyze and compare sedentary behaviour patterns and physical activity and sport participation prevalence rates across European Member States based on the results obtained with the validation study.
- To develop a toolkit to build and reinforce Member States' capacity to monitor, analyze, compare sedentary behaviour patterns, physical activity and sport participation prevalence data. It will help Member States to implement and develop the physical activity and sport monitoring framework in their countries.
- To support the development of the physical activity section of the iNCD database, aligning it with the EU HEPA monitoring framework. Sedentary behaviour patterns will also be included in this database.

There are eight defined project work packages and the main outputs and deliverables have been set out. There will be five distinct project phases between January 2018 and December 2019. The schedule for the project meetings has been agreed and a main conference is planned in Lisbon in September 2019 to disseminate the final results.

The proposal has now been submitted and the Commission's decision is due in July. Even if the funding is obtained this will not cover 100% of the project activities, so some funding will need to be sought from Member States and other donors.

This has been a collaborative effort and thanks are due to everyone involved and to the WHO Regional Office for its support.

Discussion

Participants were reminded that even though this is a very strong proposal the funding is not certain. The Commission received 51 proposals on HEPA and, given the overall budget available, only one in three will be successful.

Congratulations were conveyed to the proposal drafting team for completing the proposal in the short time available. There is agreement that this project addresses issues that are important for all Focal Points and their Member States. It was suggested that, if the funding is obtained and the project goes ahead, an update on this project would be a useful running item on the agenda for future Network meetings.

There was some discussion about the possibility of linking the results of this study to the Eurobarometer in the future. There was clarification that inclusion of the Eurobarometer questionnaire in the process is already planned. It was noted that the next Eurobarometer will be launched in October 2017, with new data will be available in early 2018. This will be based on the same questions as previous versions with the exception of the addition of a new question on the European Week of Sport.

Recent HEPA multisectoral initiative in Portugal involving the Portuguese Soccer Federation

Paulo Rocha provided information on a very recent initiative in Portugal, which used the power of football to engage people in a healthy lifestyle.

The 12-week intervention involved football fans attending the football stadiums of major Portuguese clubs to do fitness assessments and receive information. So far, the results are very encouraging.

The challenge now is to scale up such actions, so that they can reach more people and sustain themselves. The DGS in Portugal has now created a dissemination protocol to provide information and a framework for those working in the sports sector to channel the passion associated with their brands.

A law is being drafted to create an alliance of five Secretaries of State (health, social security, transport, sport and education) to promote physical activity and to create a national plan for physical activity promotion, sectoral plans and a national observatory.

Discussion

The launch of this initiative received immense media coverage, because of the involvement of high profile footballers and the passion associated with the clubs' brands. This presents a key opportunity to bring people together across platforms and to really capture the public interest.

Focal point presentations and updates on PA promotion in specific groups with a focus on children, older people and pregnancy

Each of the Focal Points was requested to give a brief update on their national situation, with a specific focus on physical activity promotion in children, older people and pregnant women.

Austria

Christian Halbwachs, Bundes-Sportförderungsfonds, provided an update on initiatives in Austria.

The Move Children Healthy initiative is still running—94% of primary schools and 77% of kindergartens have been reached—and the budget is increasing. Following political changes (at Ministerial level), there has been a slight change of focus and new elements added—such as introduction of daily PE classes (in one pilot project) and the inclusion of sports clubs. Challenges include dealing with rapid change, adapting the structures of sports club and how to get these clubs involved. Stronger links to the Ministry of Education and to Federal States are being developed.

It can be considered a success that physical activity is included as one of the 10 Austrian Health Targets. There has also been structured dialogue between the health and sports sectors and the next action plan on physical activity will be a focus for dialogue with other sectors.

The next steps will be to implement monitoring of physical activity, to work on the goals defined in the Health Targets and the more specific targets in the national action plan and to put these policy documents into practice.

Belgium

Nancy Barette, Department of Culture, Youth, Sport and Media for Flanders, presented an update on the Multimove for Children programme for 3 to 8 year olds in Flanders. This exercise programme is based on developing 12 basic motor skills, which is important since children with good motor skills enjoy physical activity more. After three years, the pilot programme has demonstrated significant progress in motor development compared to controls and the programme is now present in two-thirds of the towns/cities in Flanders. The main challenges now are to convince sports organizations to participate and to educate more teachers, with a view to getting the programme into all cities and communities. Next steps will also include developing Multimove as an after-school activity and developing outdoor Multimove exercise trails for children and parents.

Olivier Courtin, Sport administration, Federation, Wallonia-Brussels, presented data from a Belgium-wide study by the Federal Institute of Public Health. The study on diet, physical activity and sedentariness in children and adolescents was conducted in 2014–15. Accelerometers were used to measure children's activity levels, along with the toybox questionnaire, FPAQ and IPAQ. In the 3 to 5 year olds, 96% of children meet the WHO recommendations but only 6.5% of 6 to 9 year olds are physically active (moderate to high intensity) for at least 60 minutes a day. If 60 minutes per day is taken as an average, 46% are meeting the WHO recommendation. Very few teenagers (2.4%) are sufficiently active with only 29.4% of valid measured days meeting the WHO recommendations.

Kurt Rathmes, Sport, Media and Tourism, presented a study on grassroots sport in East Belgium for the German-speaking community. By seeking the views of sports clubs, citizens and experts, the study explored how grassroots sport should be developed in future. Population growth and ageing in the region were identified as key issues to be taken into account for future planning of sports facilities. Recommendations included expanding nature-oriented options (hiking and biking), encouraging young people to take responsibility in sports clubs, and strengthening of links between sport, education and health. Discussions are now ongoing with local authorities regarding implementation of the study recommendations and with the sports sector to help them meet future challenges.

From 1 January 2018 health prevention and promotion will be managed by the three regions. The new regional plans should include HEPA and WHO recommendations on physical activity. The challenges for the Focal Points are to optimize reception and transmission of information, ensure representation in all groups and to involve transport in cross-sectoral pilot groups. Next steps will include working towards gender balance in sport and physical activity, promoting physical activity in older people and establishment of an HEPA federal platform.

Croatia

Slaven Krtalić, Croatian National Institute of Public Health, presented an update from Croatia.

A national programme for healthy living has been adopted (and already initiated in 10 of 21 counties) and funding support has been obtained from the European Social Fund. Multifunctional equipment (polygons) has been provided to 120 schools in order to facilitate 10 minute work outs for pupils where sports facilities and space are

limited. A future challenge will be to educate the school teams in 120 schools about how to use the equipment.

A programme involving volunteers to facilitate recreational activity in parks has been set up and now needs to be scaled up. In addition, walking trails have been established as part of 'Walking towards Health' programme in 10 counties.

The next steps will include provision of the polygon equipment to remaining schools with no school gym, expanding the 'Walking towards Health' programme to the remaining 11 counties and to adapt 21 parks to the guidelines and recommendations currently being developed by the University of Zagreb.

Cyprus

Michalis Michaelides, Cyprus Sports Medicine and Research Centre, reported on the situation in Cyprus.

Over the last 30 years, the Sports for All programme in Cyprus has included children and older people. Several interventions have been proposed to particularly increase physical activity participation among older people.

The Cyprus Sports Organisation (CSO) is determined to fully comply with and implement the HEPA recommendations and one recent achievement is the announcement of free exercise testing and exercise prescription for the over 65s by the National Sports Medicine Centre. The CSO is currently raising awareness of this programme and working to engage medical professionals, the Sports Medicine Association and patients associations, etc. Remaining challenges are to include programmes for special needs and disabilities, to promote physical activity in the workplace and to train health and fitness professionals about the exercise prescription scheme.

Another particular success story relates to the study on police officers' fitness (See Appendix).

Future steps that would be desirable would be to work on substantially reducing inactivity and obesity for all age groups, to substantially reduce coronary artery disease and other NCDs, and to increase population awareness of health of healthy lifestyles. Another ambition would be to substantially increase hours of physical education in both primary and secondary schools.

Denmark

Lisa von Huth Smith, Danish Health Authority, presented an update from Denmark. Current data on moderate to vigorous physical activity show that activity levels increased between 1987 and 2010 (although they are unchanged between 2010 and 2013) and they decline with age.

Physical activity recommendations for children aged between 0 and 4 years were published in 2016, in response to a clearly identified need for guidance specific to this age group. The 2017 health survey is currently ongoing and is measuring physical activity in adults, according to WHO recommendations. Key challenges include the social inequalities in relation to physical activity, the difficulties in obtaining accurate data on children's physical activity levels and the relatively untapped potential of exercise as medicine.

One success story from Denmark is the decline in cardiovascular mortality between 2005 and 2015.

Next steps will focus on integration of objective measurement of activity levels into the Health-related Behaviour of School-aged Children (HBSC) survey, a possible update to national physical activity recommendations and exploration of new ways of expanding the Get Moving campaign targeted at children.

Estonia

Margus Klaan, Estonian Ministry of Culture, reported on progress and challenges from Estonia. Current data suggest a steady increase in the numbers of people doing sport more than twice a week, for the first time surpassing the 50% level in 2016.

Key advances to date include parliament's adoption of an Estonian sports policy to 2030, successful implementation of the European Week of Sport with participation by around 30% of schools, and major commitment and engagement from the government. The main challenges are how to better reach the 30% of the population who are not Estonians and identifying ways to use E-sport to promote activity.

In the future, there will a tax break for employers to support their employees' physical activity, a grant for recreational activities for children, implementation of the HEPA programme in schools and efforts to improve the quality of school swimming lessons.

France

Jean-François Toussaint, Institut de Recherche Biomédicale et d'Epidémiologie du Sport, presented an update on behalf of France. A major advance has been adoption of a law permitting exercise on prescription for patients with long-term conditions and specific needs and which defines which professionals can deliver adapted physical activity sessions for which patients. Other progress includes a new bicycle mileage allowance in place since January 2016 and publication of a French report card on physical activity for children and adolescents in February 2017. The main challenges are the financial resources required for sports' prescriptions, reliance on the voluntary efforts of companies and the need to both increase physical activity *and* decrease sedentariness.

Future steps will include increasing active transport by promoting the development of managed and safe roads, promoting physical activity before and during pregnancy and decreasing sedentary lifestyles in all ages. There are also likely to be many opportunities to promote HEPA through the Paris candidacy for the 2024 Olympic Games.

Germany

Ute Winkler, Federal Ministry of Health, presented an overview of new national recommendations for physical activity and physical activity promotion, issued as part of Germany's national initiative to promote healthy diets and physical activity (INFORM).

Development of the recommendations was supported by the Federal Ministry of Health and involved a number of project partners, including the WHO Collaborating Centre at FAU. Systematic literature reviews were conducted on (a) current physical activity recommendations, (b) the effectiveness of interventions to promote physical

activity and (c) the cost-effectiveness of interventions. Specific recommendations for physical activity have been issued for children and adolescents, adults, older adults and adults with chronic diseases. Recommendations for physical activity promotion are issued for the same groups and also for the general population. Dissemination and implementation of the recommendations will take place throughout 2017, involving various stakeholders through participative processes. An English version of the recommendations is available online at www.physical-activity.de.

Another advance has been the joint decision of two Länder conferences on health and physical activity—this is particularly important because the regions are largely responsible for health promotion. The Standing Conference of Ministers of Health of the Länder and the Standing Conference of Ministers of Sport have committed to work together to take action on physical activity and to monitor progress.

Hungary

Réka Veress, Ministry of Human Capacities, and István Kulicity, Hungarian School Sport Federation, presented an overview of progress from Hungary.

Current data point to a significant decrease in the percentage of the population which is physically inactive and a very large increase in the number of people who regularly take part in sport. While these data may reflect the success of the government's initiatives, it is also important to carefully examine the data. The efforts of this Network to work together on physical activity measurement methodology are, therefore, particularly welcome.

A key advance has been implementation of a complex approach to physical activity for school-age children (daily physical education (PE) introduced in schools since 2012, teacher training, a PE strategy and infrastructure development). Other advances include a multi-generational family leisure activities programme (with a focus on regular physical activity for older people) and a significant increase in the number of licensed athletes. Another success story is the introduction of the national student yearly fitness assessment (NETFIT) to all schools in 2015, with a health-related rather than performance-related focus.

Remaining challenges include the persistent socio-economic, gender and geographical inequalities, how to work with particularly hard-to-reach target groups and the need to implement policies, programmes and campaigns which target pregnant women. Ideally, future steps should include integration of a HEPA-focused key competence in the lifelong learning reference framework and the channelling of financial resources into physical activity programmes, as well as effective use of existing resources.

Latvia

Kaspars Randohs, Department of Sport, presented an update on the situation in Latvia, where recent data point to a more than doubling in the proportion of older people (55–64) taking part in physical activity at least once to twice a week.

An important advance has been the establishment of the National Healthy Municipalities Network and the Network of Health Promoting Schools to implement intersectoral cooperation. There has also been significant investment in the development of public sport infrastructure and an intersectoral agreement has been reached on the diversion of donations of state capital companies for grassroots sports events. The Active Lifestyle awareness campaign has successfully targeted messages

about health and suitable physical activity for various target groups including children and older people, including by establishing health trails in five cities. Since 2014 general practitioners have been able to prescribe physical activity, under a scheme launched by the Ministry of Health and the National Sports Medicine Centre.

A mid-term evaluation of the policy planning documents for health and sport, planned for summer 2017, will be the opportunity to review targets and projects. Further challenges are to continue to promote physical activity through a health-in-all-policies approach and to broaden and strengthen the support for NGOs organising physical activity events. Other general factors that could affect progress towards the 2030 targets include health care system reforms, the stability and predictability of health funding, and education and awareness-raising measures.

Lithuania

Arturas Kulnis, Department of Physical Education and Sports, reported on the situation in Lithuania.

Very little is currently happening specifically in relation to children, pregnant women or older adults. More generally, there have been active discussions on the national coordination mechanism for HEPA promotion and on the policy for improving sports infrastructure for physical activity. The new government has established some priorities for the field of sport and physical activity, although there is not, as yet, a clear action plan for implementation. The programme for teaching children to swim and to behave safely in the water—based on cooperation between education authorities, governmental and non-governmental sports organizations—represents one of the country's success stories.

The next steps should be to adopt a new, revised Sports Law, which might include a clear national coordination mechanism on HEPA promotion, and to draft a new Sport Development Strategy to replace the 2011-2020 strategy. Another ambition would be to reform the physical education and sports support fund so that it would only finance equipment and projects relation to HEPA.

Luxembourg

Alexandre Husting, Permanent Representation to the European Union for the Grand Duchy of Luxembourg, presented an update.

Luxembourg's nutrition action plan, in place since 2008, includes the promotion of sport and physical activity, and the focus has recently broadened from children/ young people to include older people. A lottery-funded project also focuses on sport, health and movement for people with NCDs. Another advance has been the increase over the last two years in provision of therapeutic physical activity from 44 to 55 hours of classes per week. In addition, Luxembourg is now integrated into the HEPA Europe network and the public authorities are very involved.

It is still a challenge to increase both the provision and the average level of participation in therapeutic physical activity. Related challenges are the need to create appropriate training for sports and health professionals to be able to provide this service and to stimulate scientific research in this field, in order to be able to identify obstacles.

Development of an electronic sporting agenda—‘Track your level of physical health’—has been successful in allowing people with medical conditions to record daily data on physical activity practice and health.

The next steps will include improving the level of participation in and provision of therapeutic training, along with relevant professional training. There will also be promotion of physical activity at school (including motor skills in early childhood) and for people over 50. Studies to identify the financial benefits of HEPA for national health budgets, as well as the impact on mortality and morbidity, may be carried out.

Netherlands

Wanda Wendel-Vos, National Institute for Public Health and the Environment, presented an update on physical activity promotion and injury prevention among children and adolescents in the Netherlands. In response to a drop off in leisure time physical activity and sports participation levels as children become adolescents, the number of Neighbourhood Sports Motivators has been increased, although it is challenging to work across sectors. In addition, an educational agenda for sports, physical activity and healthy lifestyles is being developed in and around schools—a key challenge is that it is hard to bring about changes to the curriculum. In addition, an injury prevention project for adolescents and young adults has been developed—focusing, for example, on people who are starting to take up running—and if proven effective this will be implemented on a larger scale.

One area of success has been bringing sports and physical activity closer to people’s homes, through an increase in the number of municipalities employing Neighbourhood Sports Motivators.

The next steps include continuing to facilitate the infrastructure to enable everyone to be active close to home, to scale up effective injury prevention projects and to monitor progress in this area.

Poland

Mateusz Lach, Office of the Minister of Sport and Tourism, reported on the situation in Poland, where data from 2014, suggest that only 21.5% of adolescents (11–17 years old) and only 11.5% of those aged over 60 are physically active.

Progress has been made with the establishment of programmes supporting sports clubs and school sports clubs, along with the adoption of a Sport Development Programme in 2015. One success story relates to research on social benefits from investment in sports in relation to the costs (see Poster presentation in Annex 2).

Key challenges are to make physical education classes more attractive, and, in particular, to improve girls’ participation (to which parents are often opposed).

During the next 18 months, the next steps will focus on discussion of the plans beyond 2020 and preparation of a second draft law on sport.

Portugal

Paulo Rocha, Portuguese Institute of Sport and Youth, presented an overview from Portugal, where 2017 data suggest that 35.6% of young people (15–21 years), 27% of adults (22–64 years) and 22% of older adults (>65) are ‘active’.

The main advances to date have been implementation of the national sport for all programme for the last two years, along with the set up of national physical activity and sports monitoring system. In addition, an intergovernmental alliance has been established—involving several secretaries of state—to promote physical activity. One success story has been a threefold increase in the number of patients participating in the second phase of cardiac rehabilitation programmes between 2007 and 2013.

The main challenges now are to define a national physical activity programme, to coordinate action across government sectors and to translate good intentions into concrete sectoral action plans.

Next steps will involve further work with the intergovernmental alliance to promote physical activity, developing and implementing a national intersectoral physical activity plan and a permanent national physical activity and sport monitoring system. An important challenge will be ensuring that such systems are robust enough to withstand political change.

Romania

Ciprian Ursu, National Institute of Public Health, provided an update on Romania. Latest HBSC data suggest a sustained increase in the proportion of both boys and girls meeting WHO recommendations, but continue to show a significant gender gap—with 29% of boys and 16% of girls meeting the WHO recommendations.

The main advances include development of a guideline for physical activity and healthy nutrition in kindergartens and schools and the development and piloting of an IT-based prevention intervention (based on the clinical prevention guideline) in primary care. In addition, local authorities have developed facilities for physical activity in parks and health interventions in schools and kindergartens have been monitored through indicators in the National Health Strategy 2014–2020.

The key challenges surround the accessibility of facilities for physical activity, the lack of incentive mechanisms for physical activity and the fact that the content of physical activity classes seems to have very little appeal.

One success story has been the establishment of the National Centre for Evaluation and Promotion of Health, which systematically supports health promotion activities and coordinates two important projects, funded by Norwegian grants, to develop guides and tools to promote physical activity and healthy nutrition.

Next steps will involve extending the preventive consultation intervention to all general practitioners, rolling out the guideline and intervention in kindergartens and schools, and expanding local interventions on diet and physical activity in older people.

Slovakia

Adriana Mičková, Department of Education and International Affairs in Sport, provided an update from Slovakia, where 2014 data suggest that almost half (47.7%) of males and females over the age of 15 do not do any physical activity during leisure time.

Recent progress has involved a number of changes to legislation and adoption of important policy documents. These include an update to the national programme for health care in 2014, a survey on health awareness and behaviour of inhabitants in

Slovakia in 2015 and, in early 2017, issuing for consultation a national action plan on physical activity for 2017–2020, incorporating a cross-sectoral approach.

Increasing cross-sectoral cooperation remains a challenge, as does increasing the infrastructure for cycling and increasing the number of PE lessons in schools. Next steps will include updating the national action plan for physical activity in 2020 for the subsequent period, supporting centres for protection and support of health under the Regional Authorities of Public Health. In addition, there will be participation in national projects to provide cross-sectoral support for physical activity.

Spain

Victoria Ley and Javier Argaya Amigo, from the Spanish Agency for Sports Health provided an overview from Spain.

The High Council for Sports has just launched a new strategy to promote access to sports and physical activity for the whole population. The main advances to date have included implementation of the 2010 activity and sport strategy (now replaced by the new one), the prevention strategy of the Ministry of Health and the Regional plans. The challenges ahead are to implement basic legislation to implement the multisectoral and regional plan, to promote physical activity in schools and to introduce exercise on prescription into the government health system. Particular successes relating to children/adolescents, pregnant women and older people have been described by earlier speakers (see previous sections).

Sweden

Marita Friberg, Public Health Agency, reported on the situation and initiatives from Sweden.

An important part of the general picture on physical activity levels in Sweden is the persistent gap between socioeconomic groups—current approaches have not been effective in closing the gap.

One advance that has been achieved is the enormous amount of support provided to local sports clubs (especially for children and adolescents), although recruitment and retention of participants remains a challenge. The treatment and prevention of diseases has been updated to include physical activity and the challenge is now to implement this approach throughout the health system. A health-in-all-policies approach has been established and now needs to be integrated into day-to-day work. In addition, a cooperation model for healthy ageing was developed between 2011 and 2015 in four regions to refer high-risk older adults to health coaches. After three years, improvements in physical and mental health, along with reduced risk, were observed, so the model is now being applied more widely.

The next steps towards 2030 will include improving monitoring of physical activity and sedentary behaviours, establishing goals and better coordination of physical activity in all sectors. It is clear that a long-term perspective will be required.

United Kingdom

On behalf of the UK Focal Point, Beilin Baxter, a very brief point of information was provided by Charlie Foster. The UK has developed some infographics to help disseminate the physical activity guidelines. These were developed after only 1% of 500 general practitioners surveyed knew the physical activity guidelines four years

after their publication. Infographics have now been developed for (i) adults and older adults, (ii) children and young people (5–18 years) and (iii) early years (birth to 5 years). Each shows the recommended amount, the associated benefits, appropriate types of exercise and a short takeaway positive message. In addition, a further infographic is being developed for physical activity during pregnancy, and should be finalized later in 2017.

Other Focal Points are free to take these infographics in order to translate and adapt to their own context if they wish.

Promoting Physical Activity and Health in Ageing project, a positive experience on direct measurement of physical activity and exercise

Alfonso Jimenez, Centre for Applied Biological and Exercise Science, Coventry University, presented a project on promoting physical activity and health in ageing (PAHA project) which is co-funded by the Erasmus+ programme of the European Union.

Seven EU countries⁸ participated in the project, which aims to prove that structured exercise, exercise counselling and behavioural change support are an effective method for increasing physical activity levels. Over 650 participants, aged between 55 and 65 were reached during a 6-week intervention with follow-up at 3 and 6 months.

From the 669 people who took part, 89% completed the full six weeks and 70% were still exercising 3 months after the trial. In two countries—Denmark and Greece—over 200 participants were tracked using the *Mywellness* tool. On average, participants were doing 35 minutes a day of moderate intensity activity and almost 7 minutes a day at high intensity (total 42 minutes/day), thereby exceeding WHO and EU guidelines. Those participants who were tracked were almost twice as active as the minimum recommendations. The project combined technological solutions with professional counselling and this approach appears to have had a significant impact. It should be noted that a significant challenge was that most of the participants did not have a smartphone, so had to download information on to a computer.

There are a number of existing technology platforms that aim to promote physical activity, and the field of HEPA should consider embracing such technology. This is a rapidly evolving and dynamic landscape, and the growth in downloads of health apps is now slowing (having passed the peak of the ‘hype cycle’) and oversupply is crowding the market—there are now over 120,000 mhealth apps in, for example, the Apple app store. Wearable devices linked to physical activity are already huge business, with sales of wristbands and watches predicted to reach 164 and 110 million by 2020.

The PAHA project was presented at the European Summit on Digital Innovation and Active Ageing in December 2016, addressing how digital innovation will transform the future of health and care in Europe.

A good practice guide, based on the research and data collected during the project and case studies from the PAHA partners, was developed for the project and this is available to download in three languages (English, French and German) from

⁸ Ireland, UK, Finland, Portugal, Greece, Hungary and Denmark

europaactive.eu. More information on the project is also available from <http://europaactive.eu/projects/paha>.

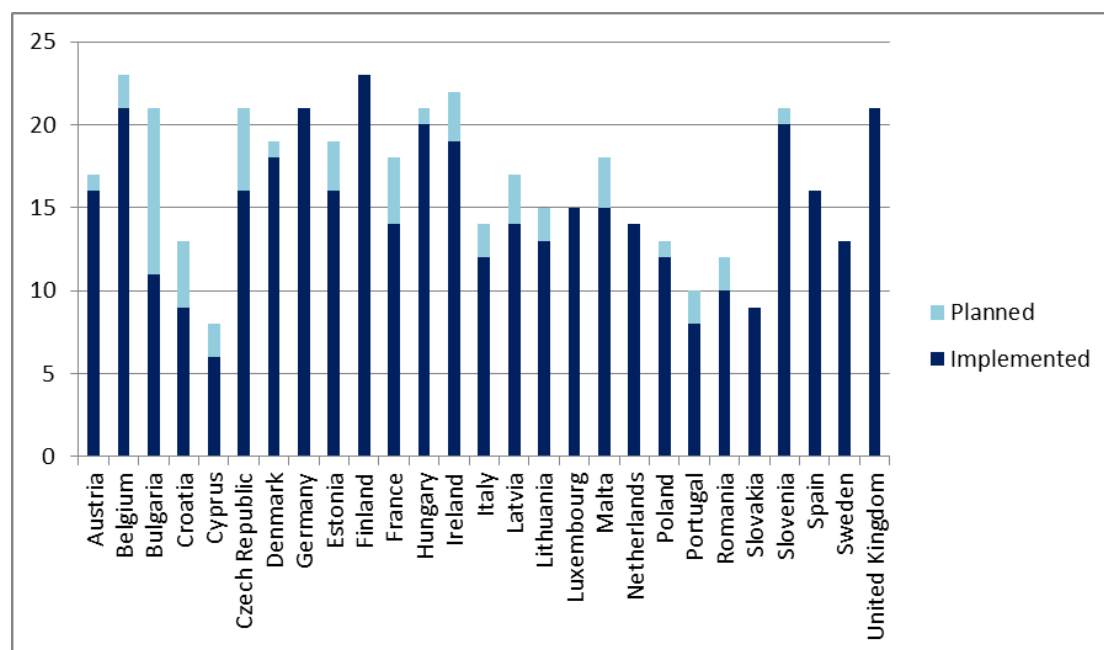
HEPA-related developments at EU level

Olivier Fontaine provided an overview of HEPA-related developments in the EU context.

A first report on the implementation of the Council Recommendation between 2014 and 2016 was adopted in December 2016.⁹ This report built on work of this group, the study conducted by FAU at Erlangen and the factsheets developed in the last three years. The country factsheets were published in September 2015.¹⁰

Reported implementation of the indicators from the Council Recommendation is shown in Figure 2.

Figure 2 HEPA policy development and implementation at the national level (2014–2016)



A new EU Work Plan for Sport 2017–2020 is currently under negotiation and is due to be adopted soon.¹¹ Under this plan it is possible that an event may be organized in December 2017 to bring together all the EU’s HEPA projects.

The European Institute of Innovation and Technology (EIT) has established an EU partnership on addressing healthy living and active ageing. EIT Health promotes entrepreneurship and innovation in healthy living and active ageing, with the aim to improve quality of life and healthcare across Europe. By 2018 it aims to create around 70 start ups per year, including some relating to physical activity (e.g. mobile apps

⁹ COM/2016/0768 final

¹⁰ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/country-work>

¹¹ This was adopted on 21 May 2017. <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A42014Y0614%2803%29>

such as Sport4Health which encourages patients to engage in exercise prescribed by their doctor). Focal Points are encouraged to look at the EIT Health website.¹²

The annual EU Sport Forum was organized in Malta in March 2017. Although HEPA was not specifically on the agenda, there was some relevant content, such as grassroots sport and e-sport. All sessions were recorded and can be watched online.¹³

A total of 39 projects have now been funded by the Sport chapter of the Erasmus+ programme for a total budget of about 15M euros. Information on the funded projects is available on the online database: <http://ec.europa.eu/programmes/erasmus-plus/projects/>

The European Parliament is currently funding 11 pilot projects to promote sport and physical activity for refugees, with a budget of 600,000 euros.¹⁴ Two new calls will be launched in 2017:

- Sport as a tool for integration and social inclusion of refugees (1 million euros)
- Monitoring and coaching, through sports, of youngsters at risk of radicalization (0.75 million euros).

The work programme of DG Santé by 2017 includes three actions specifically relevant to HEPA:

- Develop specific guidelines for groups of relevance
- Work on effective and practical schemes for measurement of kids biometrics and physical activity performance in schools
- Overview of the possibility to prescribe physical activity in the EU.

This work will be done in collaboration with DG EAC and progress will be reported back to the Focal Points.

The Horizon 2020 work programme for 2018–2020 will be published in November 2017. Consultation on the work on health, demographic change and wellbeing is currently underway.¹⁵ This is an important opportunity for Member States to influence the EU's future research agenda. An information day will be held in December 2017. Further information is available from national contact points.¹⁶

The EU Week of Sport will take place again between 23 and 30 September (#BeActive). Last year, 10 million people were reached in more than 30 countries. Around 35 partners were involved and 15 sports villages were set up across the EU.

The Commission has launched a number of *BeActive* awards (education, workplace and local heroes). A new award for Social Integration through Sport is also being launched in November 2017.

Focal Points can contact the Sport Unit at DG-EAC for more information on any of the initiatives mentioned.

¹² <http://eithealth.eu/>

¹³ http://ec.europa.eu/sport/events/201700127-eu-sport-forum_en

¹⁴ http://ec.europa.eu/sport/calls/2016-eac-s16-results_en

¹⁵ <http://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing>

¹⁶ http://ec.europa.eu/research/participants/portal/desktop/en/support/national_contact_points.html

Main priorities and challenges for the Focal Points collaboration period 2017–2018

João Breda gave an update on the status of the WHO and EC collaboration and set the scene for the discussion on the focal points collaboration over the next couple of years.

WHO remains very enthusiastic about this collaboration, which brings together people working on physical activity from both within and outside the health sector.

Work continues towards achievement of the global targets for NCDs, which have now been incorporated into the Sustainable Development Goals for 2030. The overall target to reduce mortality by 25% is likely to be met by 2025. In terms of the specific physical inactivity target there has been weak progress and, based on current progress, it will be very challenging to meet the target. This should serve to motivate the HEPA community and to stimulate investment in the achievement of the target.

The UN General Assembly High Level Meeting in 2018 will review progress and, if necessary, will revise the targets. It will be very important to be able to demonstrate progress and implementation by then.

As discussed previously, solid frameworks have been established—with the regional strategies on food and nutrition and physical activity—and these are well reflected in the national activities countries have reported. For priority area 1—providing leadership and coordination—there are examples of exciting initiatives and the European Region is setting a good example. The joint efforts of Member States, WHO and the European Commission have resulted in preparation of country fact sheets, showing snapshots and highlights, and collection of more than 100 success stories. This work has also highlighted some of the key challenges, particularly in relation to the validity and comparability of data. It is now time to intensify efforts and develop some creative approaches by continuing to work together.

To this end, a new phase of this collaboration between WHO and the European Commissions DG-EAC has been agreed. This collaboration—entitled Promoting Physical in the European Union (PROMPAEU)—aims to contribute to the achievement of the WHO global target of a 10% reduction in physical inactivity levels in the EU Member States by 2025, by supporting the implementation of the 2013 EU Council Recommendation on HEPA and of the Physical Activity Strategy for the WHO European Region 2016–2025.

The four specific objectives of PROMPAEU are:

1. To support the development and scaling up of monitoring and surveillance of HEPA in the EU, in line with the monitoring framework, with the view to improve evidence-informed policy making in the EU.
2. To issue revised country factsheets on physical activity and to update the WHO European database on nutrition, obesity and physical activity (NOPA) with recent data, good practices and success stories, in line with the monitoring framework.
3. To support governments and other stakeholders in their initiatives aimed at increasing levels of physical activity and reducing sedentary behaviours (e.g. national physical activity guidelines, and/or guidelines for specific groups such as children or the elderly).

4. To design a methodology to estimate physical inactivity related socio-economic costs.

A list of deliverables has been agreed. This includes:

- Four meetings of the national physical activity Focal Points organized
- Four reports of the Focal Point meetings published
- Data collection round completed
- Staff Working Document revised, with the support of relevant experts
- A new set of country factsheets, published in applicable WHO official languages (including design and printing)
- NOPA database updated with recent data, and with enhanced visualization and communication capabilities
- Support provided to several countries in developing national physical activity guidelines, or guidelines for specific groups notably children, pregnant women, sedentary people at the workplace and elderly
- Concept note on the possible development of guidelines for children in Early Childhood Education
- Support provided for the enhancement of EHIS in the area of physical activity
- Support provided to international initiatives aiming at harmonizing or at improving comparability of existing questionnaires/surveys used for physical activity surveillance
- Concept note on a methodology to estimate physical inactivity related socio-economic costs
- Two to four relevant scientific publications
- Participation at relevant conferences and other relevant events
- PowerPoint presentation in English, on the results achieved, for presentation to the public.

Member States who would like more support in any of these areas should contact the WHO Regional Office.

Delivery of this agenda will depend on close cooperation between Member States, WHO and DG-EAC.

Planning next steps

The proposed key milestones and next meetings were presented:

- **14 Nov 2017:** 7th meeting HEPA Focal Points (start of monitoring round) in Zagreb
- **Feb 2018:** 8th meeting HEPA Focal Points (mid-term discussion of monitoring round)
- **May 2018:** Validation of country factsheets on HEPA
- **Sep 2018:** Publication of country factsheets on HEPA
- **Oct 2018:** 9th meeting HEPA Focal Points
- **Dec 2019:** Second report from the Commission

Focal Points will be offered support in various forms, including through webinars, email support and a telephone hotline during the six months of the data collection round. In addition, the Staff Working Document will be revised.

Focal Points were invited to comment on the proposed next steps and to give feedback on how the first factsheets had been used, and by whom, as well as suggestions for other types of products that might be useful.

Discussion

It was suggested that it would be preferable to have these important discussions about the process and next steps earlier in future meetings.

There was a request for clarification about the current state of the NOPA and iNCD databases and whether the monitoring data would be integrated. In fact, in response to other discussions with Member States, there will now be a joint portal with all health indicators for the whole Region. The physical activity indicators will be included in this new portal in due course. The emphasis is on very clear communication of the data and there will also be a new tool to enable researchers to explore some of the data in more depth.

It was suggested that support from WHO or the Commission in advocating for implementation of physical activity policies and interventions to national governments would be helpful. It was confirmed that WHO is able to provide support by writing joint letters to all Member States or by writing letters to particular Ministers. It may also be possible for the Commissioner to meet with Ministers to help reinforce the HEPA agenda.

There was clarification that Focal Points would not be asked to prepare a poster presentation or any data collection for the Zagreb meeting. Although no data collection is necessary prior to Zagreb, Focal Points are encouraged to stay in communication with relevant contacts in order to facilitate the future data collection.

There was a request that Focal Points be given the maximum of time for the data collection round. A period of at least 4–6 weeks is required, given the communication with other sectors that is necessary. WHO acknowledged this request and will certainly take it into account. It may also be possible for WHO to prepare a guide to intersectoral collaboration if that would be helpful.

Focal Points were invited to send in further comments and suggestions by email between now and the next meeting in Zagreb in November 2017.

On behalf of the Commission, Olivier Fontaine thanked the Spanish hosts and WHO for the organization and all participants for their enthusiastic engagement.

On behalf of WHO, João Breda conveyed gratitude to the host country, and noted that the participation of the Secretary of State underlined the high level of importance accorded to the HEPA agenda. He thanked the Focal Points for their continued commitment and all participants for a very successful meeting. He thanked the WHO team for the meeting organization and drew the meeting to a close.

References

1. Gomez-Cabello A et al. Prevalence of overweight and obesity in non-institutionalized people aged 65 or over from Spain: the elderly EXERNET multi-centre study. *Obes Res*, 2011, 12(8):583–92.
2. Pedrero-Chamizo R et al. Physical fitness levels among independent non-institutionalized Spanish elderly: the elderly EXERNET multi-center study. *Archives of gerontology and geriatrics*, 2012, 55(2):406–416.
3. Barakat R, Lucia A, Ruiz JR. Resistance exercise training during pregnancy and newborn's birth size: a randomised controlled trial. *Int J Obes*, 2009, 33(9):1048–1057.

(<http://dx.doi.org/10.1038/ijo.2009.150>).

4. Ruiz JR et al. Supervised exercise-based intervention to prevent excessive gestational weight gain: a randomized controlled trial. *Mayo Clinic proceedings*, 2013, 88(12):1388–1397.
5. Vale SMCG et al. Objectively measured physical activity and body mass index in preschool children. *International Journal of Pediatrics*, 2010, 2010(479439):479439. (<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2913844&tool=pmcentrez&rendertype=abstract>).
6. Ruiz JR et al. Relations of total physical activity and intensity to fitness and fatness in children: The European Youth Heart Study. *American Journal of Clinical Nutrition*, 2006, 84(2):299–303.
7. Ruiz JR et al. Attenuation of the Effect of the FTO rs9939609 Polymorphism on Total and Central Body Fat by Physical Activity in Adolescents. *Arch Pediatr Adolesc Med*, 2015, 164(4):328–333.
8. Skrede T et al. Moderate-to-vigorous physical activity, but not sedentary time, predicts changes in cardiometabolic risk factors in 10-y-old children: the Active Smarter Kids Study. *AJCN*, 2017, April 05:pp: ajcn150540. (<http://ajcn.nutrition.org/cgi/content/short/ajcn.116.150540v1>).
9. Stamatakis E et al. Sedentary Time in Late Childhood and Cardiometabolic Risk in Adolescence. *Pediatrics*, 2015, 135(6):e1432–e1441. (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-3750>).
10. Davis CL et al. Exercise dose and diabetes risk in overweight and obese children: A randomized, controlled trial. *JAMA*: the journal of the American Medical Association, 2012, 308(11):1103–1112.
11. Hillman CH, Erickson KI, Kramer AF. Be smart, exercise your heart: exercise effects on brain and cognition. *Nature reviews. Neuroscience*, 2008, 9(1):58–65.
12. Ardoy DN et al. A physical education trial improves adolescents' cognitive performance and academic achievement: the EDUFIT study. *Scandinavian journal of medicine & science in sports*, 2014, 24(1):e52-61.
13. Martin-Matillas M et al. Adolescent's physical activity levels and relatives' physical activity engagement and encouragement: the HELENA study. *European journal of public health*, 2011, 21(6):705–712.

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ANNEX II:

**POSTER PRESENTATIONS BY
MEMBER STATES**



European Union Physical Activity Focal Points Network: Belgium - Flanders



INITIATIVE NAME & BRIEF DESCRIPTION

Sport op het Werk (Sport at Work) – promoting exercise movement and sports in private companies. On february 14th 2017, Sport Vlaanderen (Flemisch Sports Administration) launched a new action plan with the main target focussing on adults, companies (employers and employees) to stimulate them to move and sport more just before, during (active lunch) of shortly after the working hours. A recent study (IDEWE, 2016, collected data by more than 250.000 respondents) shows that 53% of the Belgian employees cope with a high BMI (Body Mass Index) and only 22% reaches the WHO-norm for general movement. Therefore a charter was signed by the Flemisch Minister of Sports, Philippe Muyters and the following employers organisations: Unizo, VOKA, NSZ and also VDAB. They all encourage the action plan and will promote it to all their members.

The action plan is part of the new Flemisch sensibilisation campaign '#sportersbelevenmeer' where we highlight the 'experience' dimension of sports. People who practise sports experience more then a non sportive person (sunset during an early run, nature aspects during a walk, meeting new people while participating at sportive events,...). It's an extra layer added to sport.

METHODS

Preliminary work done by Sport Vlaanderen before launching the project

There was made a total inventory (market investigation) of all the initiatives (offered by private companies, good practices,...) there are for private companies (employer and employees). All these initiatives are categorized in three categories: 'moving at work', 'sporting at work' and 'active transportation to, from and at work' (promoting use of bicycle to work, walking more to work,...) and set up at our website www.sport.vlaanderen/sportophetwerk. In order to define which actions are possible, needed or wanted by the employer and employees of a company, we developed a 'Sport and Movement scan' (questionary).

Phase 1: Run the Sport and Movement scan through the company (employees)

This scan needs to be filled in by the employees in order to set up a '0-measurement' situation of the company. It focusses on 3 items: profile of the employees, their transportation to work and their general movement and sportive needs (also their sportive behaviour at this moment).

Phase 2: Analyse of the data

The experts from Sport Vlaanderen analyse the data and draw up a comprehensive report and summarisation in infographic style.

Phase 3: Reporting the data

After drawing up the report, our experts set up a meeting at the company (decision makers, HR, prevention section,...) in order to define the results, highlight possible actions and specific needs.

Phase 4: Call to Action

Depending on the output of the report we match the needs to the 'total inventory' we made and then advice the 'decision makers' of the company, which sportive actions should be best set up.

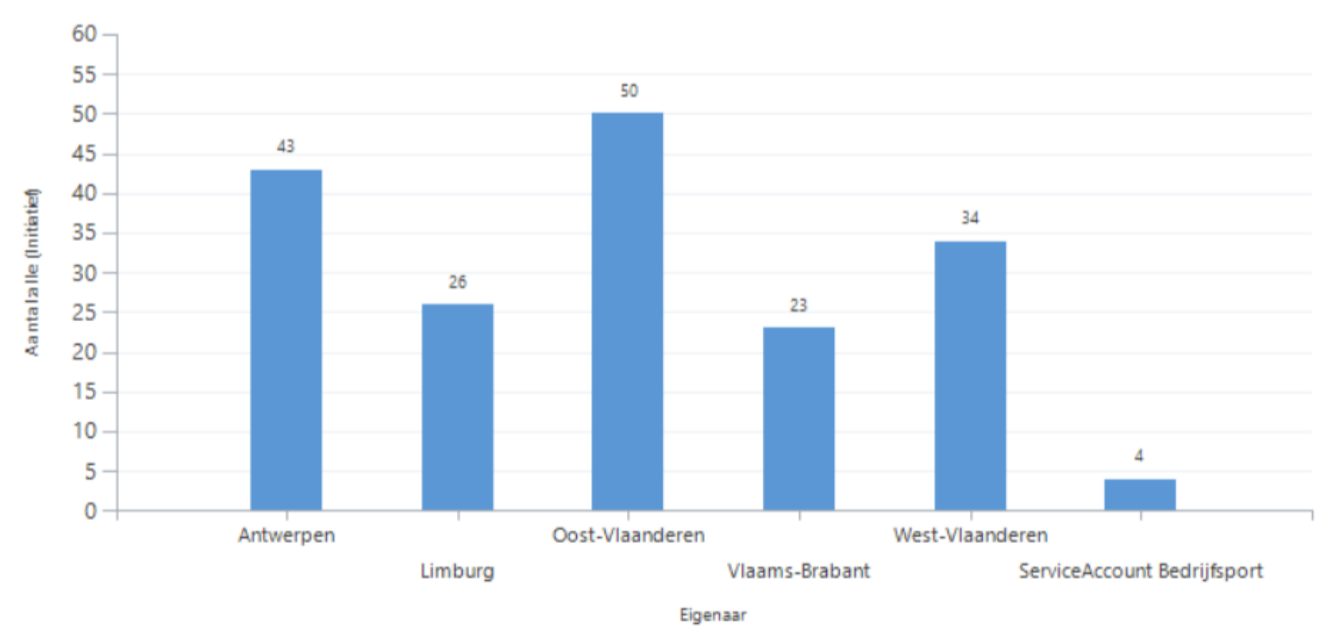
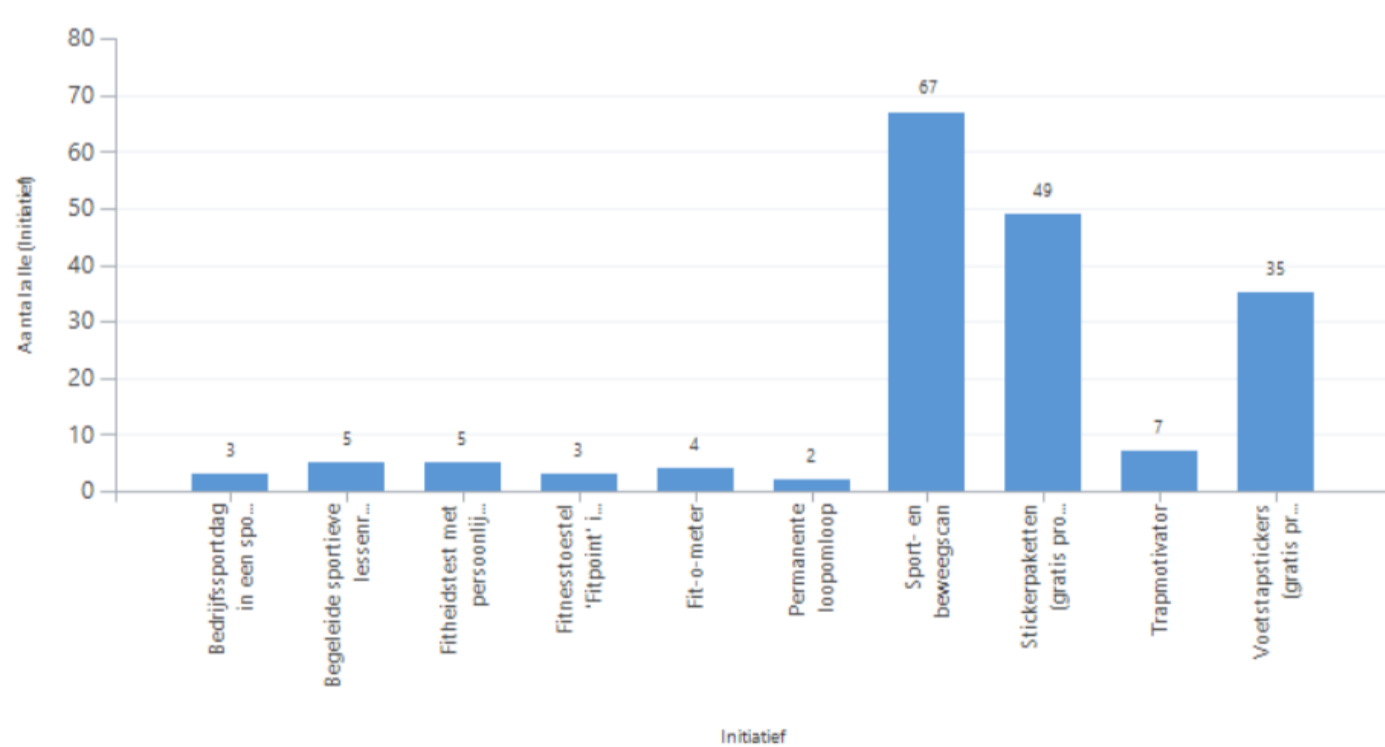
Phase 1 to 4 are free of charge in order sensibilite as many companies as possible and to promote sporting at work to the maximum as possible .

Tools and promotional items

We also developed several promotional tools such as motivating stickers, footstep stickers, printed matter in the form of a fan,... All to permanently maintain focus on the benefits of moving and sporting at work. All our promotional items are also free of charge.

RESULTS

The launch of the project was only very recently (2 months ago) therefore we can only provide limited data. There have been over 170 requests for several initiatives such as the Sport and Movement scan (67/170 requests), promotional items, sportive lessons,... Our target for 2017 is to taper off 250 Sport and Movement scans. We want to maintain this scope for the next 5 years.



CONCLUSIONS

Focusing specifically on promoting movement and sports for companies, their employers and employees is a new scope for Sport Vlaanderen. Considering the poor health situation of the Belgian/Flemish people and also their shortage of daily movement, there needs to be done something. Sport Vlaanderen has prepared its action plan thoroughly in order to launch to the full, gaining the best results and achieving the setup KPI. There is a lot of work that needs to be done, but for now things are running as planned.

REFERENCES

www.sport.vlaanderen/sportophetwerk

INITIATIVE NAME & BRIEF DESCRIPTION

JE COURS POUR MA FORME (I run for my health) is a program of running sessions in small groups intended for people with no or little sport activity. It is developed by SPORT ET SANTE (SPORT AND HEALTH), a Belgian Not for Profit Organization (NPO).

The program is proposed to Municipalities, and to NPO's active in the promotion of health and/or sport. In addition to user-friendliness, the main objective is health. The program is available in training cycles of 12 weeks at the rate of 3 sessions per week. A certified coach trains runners in small groups and also gives them the keys to practice individually. At the end of the 1st level, one will be able to run a distance of 5 km. At the 2nd level, one will travel distances of up to 10 km. The 3rd level is divided in order to work either the speed over a distance of 10km and more, or the endurance on a longer distance, or the control of a more rugged terrain. The coach chooses the aspects to work according to the demands and the group.

NEW since September 2015: a 0-1 km cycle of 12 sessions has been developed for people who are weakened by their current physical condition (due to age, significant weight gain, revalidation ...) or lack of self-confidence. The goal of this level is to accompany the participants to reach Level 1 (1 to 5 km)

NEW from May 2017: launch of a new 6 weeks cycle "Strengthening and Balance " to keep participants active between two running cycles of 12 weeks

METHODS

The program is put into action through a partnership between 3 parties which are the NPO "SPORT ET SANTE", THE MUNICIPALITY AND THE PARTICIPANT

1. SPORT ET SANTE'S OFFER:

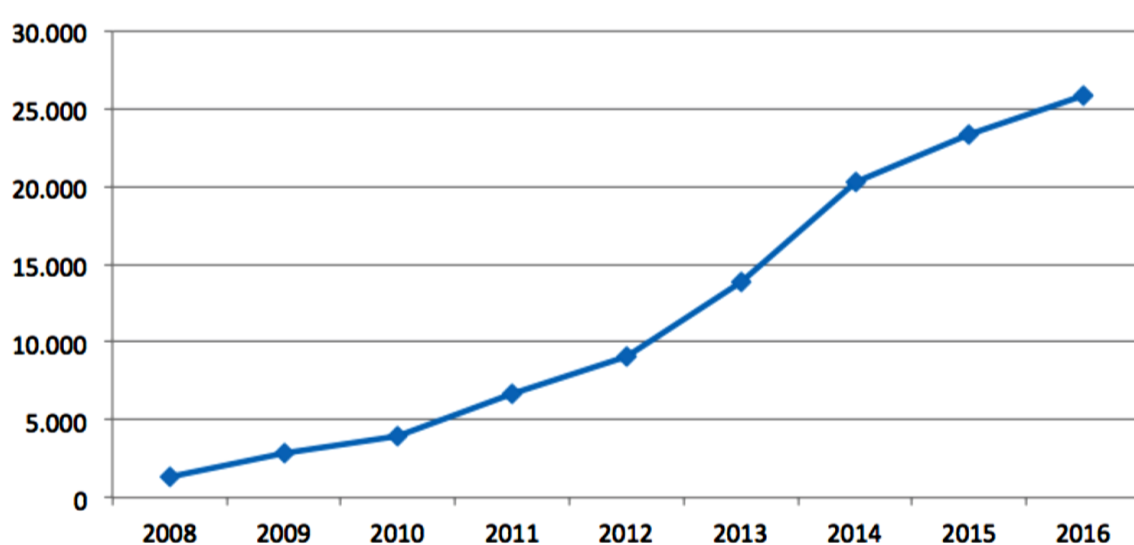
- to the coach (chosen by the Municipality): **free of charge** theoretical and field training, training plans (4 levels), technical assistance during the sessions, a welcome pack and a certification
- to the Municipality: communication pack (to be personalized and printed), authorization to use the logo, administration of the coach and participant's insurances
- to the participant: training-health notebook, diploma of success after each completed cycle, online help, discount to participate to sport & health events

2. HOW IS THE PROGRAM FINANCED?

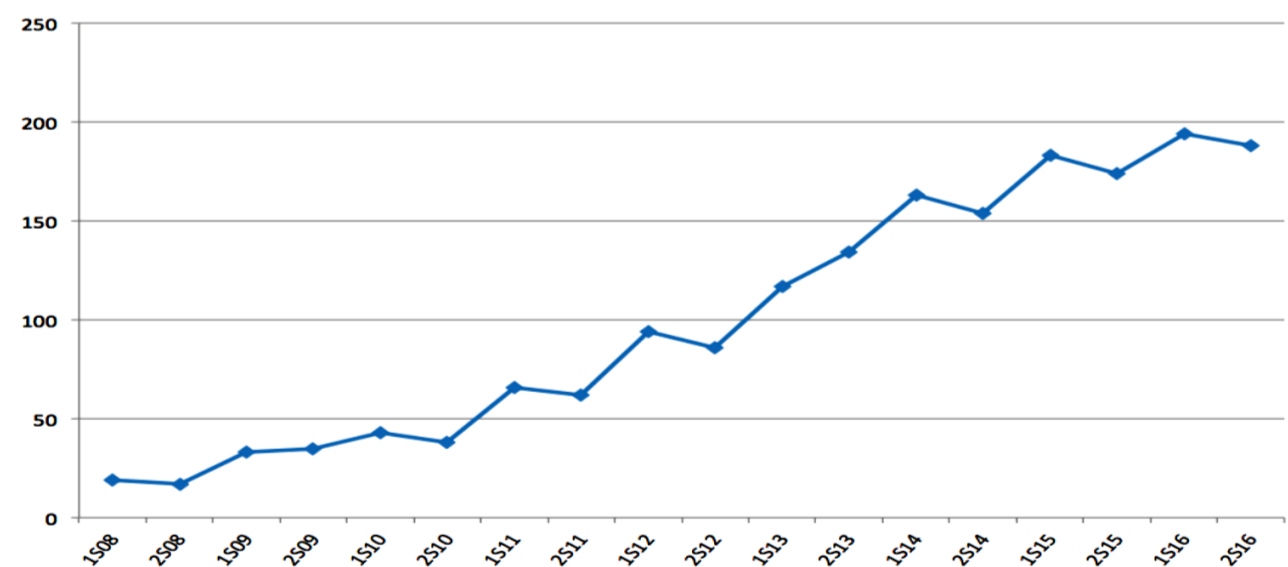
- By the Municipality (which pays Sport et Santé):
 - 240 € excl. VAT to be paid once (non-recurring expenditure) to Sport et Santé in order to train the coach. The Municipality can also choose for a second coach for a same session and at the same level of training for 120 € excl. VAT.
 - 200 € excl. VAT per 12 weeks session organized by the Municipality (administrative expenses, dispatch of equipment etc.)
 - Optional: 5 € per participant per year for insurance (the Municipality can also choose its own insurance company)
- By the Municipality (which pays the Coach): many legal options are available in the Belgian law (volunteer with a limit of 33,36€/day and 1.334,55€/year, part-time coach with a maximum of 25 sessions per year, employment contracts, professional services contracts with freelancers). The Municipality could also choose to appoint one of its own agent
- By the Participant (which pays the Municipality): based on a decision to be taken by the Municipality, a registration fee between 0 and 50 EUR maximum is requested per participant and per cycle of 12 weeks

RESULTS

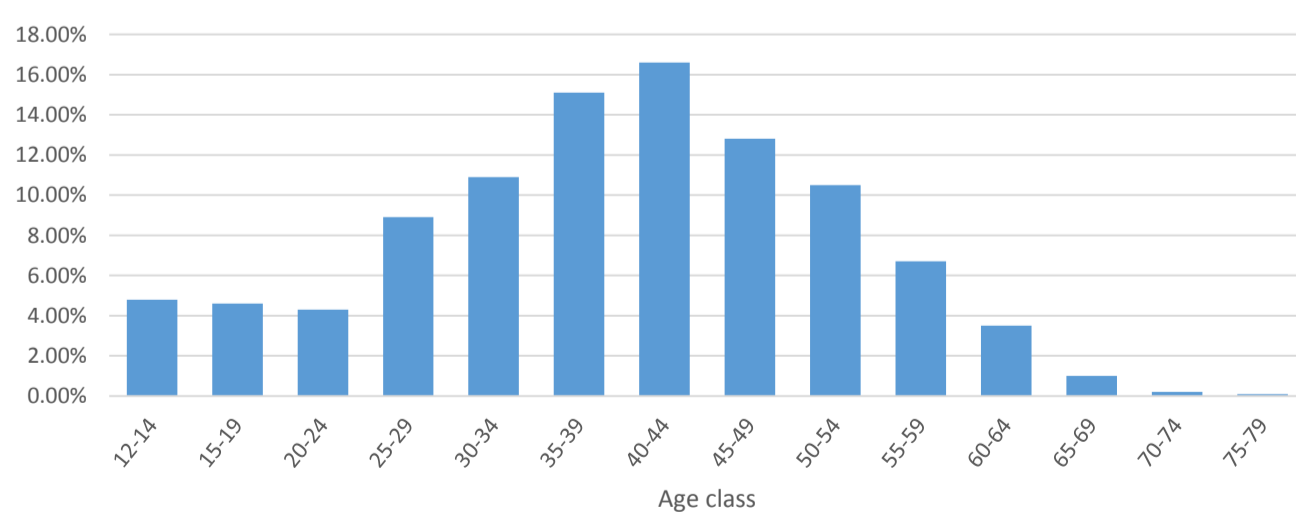
Number of participants



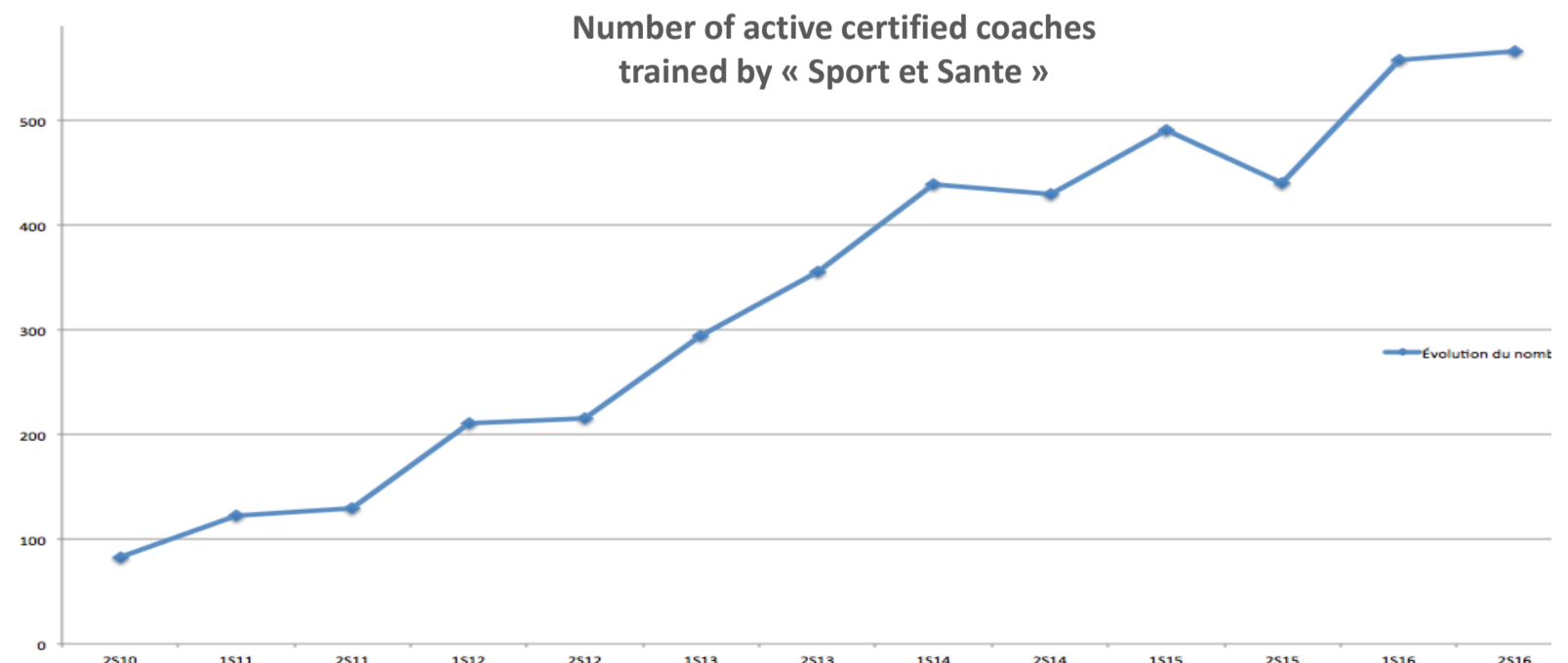
Number of participating municipalities



Participation - percentage per age class



Number of active certified coaches trained by « Sport et Santé »



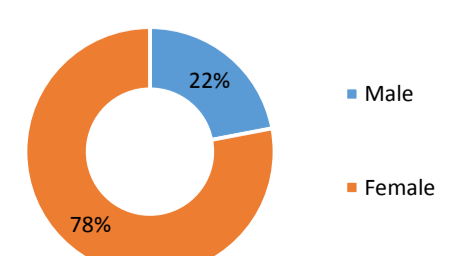
CONCLUSIONS

The results are obvious this program is a success! And we believe that it is easily replicable
It also shows that friendliness, health, socialization, well-being are key factors when it comes to promotion of physical activity
Those factors are reinforced by innovation, the absence of competition and direct accessibility (local level, cheap, one pair of shoes,...)

REFERENCES

www.jecourspourmaforme.com

Participation based on gender



INITIATIVE NAME & BRIEF DESCRIPTION

Fitte Schule – fit school (oder vll. Besser -active school)!

The project aims to implement the EU recommendation to have 60 minutes of Physical activity per day, to give children and adolescents a joyful experience of exercise and sport, to adopt a healthy lifestyle and to maintain it for lifetime. This offer intends to provide a fixed, planned and recurring activity and unplanned (situational) movement possibilities for children and adolescents not only at school, but also before, between and after school lessons.

METHODS

- Organization of the course « schülerassistenten » - Assistance for pupils
- Organization of a full school sport activity program



RESULTS

During the schoolyear 2015-2016, we piloted the program on six schools. This schoolyear 16-17, twelve schools signed the convention and participate in the project. At the beginning of the year, the ministry department sport organized a course for “Schülerassistenten” – “assistance for pupils” for girls and boys up to 12 years. 36 young people participated. Their task is to promote and to organize during the pause several physical activities for their colleagues at school.

CONCLUSIONS

REFERENCES

http://www.ostbelgiensport.be/desktopdefault.aspx/tabid-4824/8553_read-47590/

INITIATIVE NAME & BRIEF DESCRIPTION

Croatian Institute of Public Health is implementing comprehensive health promotion project “Healthy Living” that has been officially adopted by the Government in July 2015 as a National health promotion program. The goal of the program is the improvement of health of the entire population through activities implemented at the local community level by informing, educating and raising awareness of citizens of all ages on the positive aspects of healthy lifestyles: physical, mental and sexual health.

Due to its comprehensiveness and multisectorial implementation, activities of the Program are implemented through five components each aiming at a specific population and covering a specific aspect of health promotion. The components are: Health Education, Health and Physical Activity, Health and Nutrition, Health and the Workplace, and Health and the Environment.



METHODS



RESULTS

The implementation of Program “Living Healthy ” has initiated in 10 out of 21 Croatian counties. The first activity in each county is the “Living Healthy” conference on health promotion and best county practices in health promotion and also with activity “Walking towards health”.

Activities within components:

-Health Education:

- 120 main elementary school without school gyms have been identified and have therefore had limited possibilities for administering regular Physical Education classes. These schools have received a donation of specifically for this purpose designed multifunctional kinesiological equipment that enabled them to perform Physical Education classes in other school facilities. In the future, all branch schools with no school gym will receive the donation of the multifunctional kinesiological equipment.
- Croatian Institute for Public Health has designed a poster and ppt materials for everyday 10' workout for pupils in schools that will be distributed to all elementary schools
- Croatian Institute for Public Health has published the brochure “National recommendations on elementary school nutrition” that, along with school menus will be implemented in Croatian elementary schools

- Health and Physical Activity:

- 10 Croatian counties, in which the Program has started, have chosen 3-5 kilometers long walking trail where “Walking towards health” is regularly administered. The future step is to implement the activity in all counties in collaboration with tourist agencies, sport societies and volunteers, as well as adapt walking trails in line with criteria form the “PEAT” manual. We aim to celebrate the National Walking Day on the first Saturday of October each year.

- Health and Nutrition:

- 6 products have received the certification mark “Living Healthy”. This mark is attributed to food that meets the Croatian Institute for Public Health Food Criteria in order to make healthy choice the easy choice for consumers, and to motivate food industry to reformulate their products. In the future, it is planned to change the existing vending machines products with the ones holding the Mark.

- Health and the Workplace:

- “Health Friendly Company”, the certification mark that shows recognition to companies that ensure their workers to maintain healthy lifestyles during office hours and promote health at the workplace. So far, four companies in Croatia have received this Certification. The areas in which “Health Friendly Company” certification is based on are nutrition and physical activity promotion, health protection, restriction of smoking and alcohol intake, and preserving green environments.

- Health and the Environment:

- outdoor, free-time activities for the families with children, that promote healthy habits and lifestyles development, and social integration of children with difficulties and elderly, will be implemented in all Croatian counties. For this purposes, 21 parks will be adapted according to the guidelines and recommendations that are currently being developed within the collaboration of 7 Faculties at the University of Zagreb.



CONCLUSIONS

The expected public health contributions of the National Program “Living Healthy” are: raising awareness of the citizens on the need for maintaining their health, modification of changeable unhealthy habits, decreasing the morbidity from chronic mass diseases and increasing the share of healthy citizens in total population of the Republic of Croatia.

REFERENCES

<http://www.hzjz.hr/zivjeti-zdravo/>



European Union Physical Activity Focal Points Network:

CYPRUS



Dr. Michael Michaelides: Dr. G. Loucaides, Dr. C. Schizas, Dr. M. HadjiGeorgiou, Mr. K. Nicolaou

TITLE: **CYPRUS POLICE PHYSICAL FITNESS ASSESSMENT AND NEW HIRING CRITERIA ESTABLISHMENT**

Within the HEPA program, over the period of 2014 – 2016, Cyprus Sports Medicine & Research Centre, (KAEC) has conducted a research study, in an effort to assess the Physical Fitness condition and Health Related Factors of all the Police Officers serving in various departments of Cyprus Police.

From the analysis of the results, new Somatometric and Physical Fitness criteria were established and approved by Cabinet and members of Parliament, for new police recruits selection and hiring.

METHODS

For the implementation of this study 525 police members were examined, aged 30 – 60 years old (428 men and 97 women), serving in various Police departments, such as, Police Officers, Firemen, Emergency Response Unit, Special Anti-Terrorism Unit, etc. The Tests used, were a combination of Laboratory & Field Tests. During the tests the following parameters were registered.

Clinical Examination with Full Blood Count and Urine Analysis

Somatometry & Body Composition, Digital Stadiometer, Medical Scale, Fat Bio impedance Analyser Skinfold Callipers, BMI

Aerobic Capacity – Cardiopulmonary Exercise Testing – Maximal Oxygen Consumption – and 12 min Max Run Cooper Test

Anaerobic Capacity – Wingate Test – Max Lactic Acid Concentration and 30 m Run Max Speed - Flexibility – Sit and Reach

Muscle Power of the Upper and Lower Extremities – Cybex Isokinetic Dynamometer, Quatro Force Plate, Hand Dynamometer



RESULTS

Concerning the Health Related parameters our findings showed for Men Police members that:

53.3% are Overweight, 18.2% are Obese and 1.1% are Clinically Obese

39.1% are Completely Inactive, 44.7% are partially active, Total 83.8% are Inactive according to WHO P.A recommendations)

According to Framingham Cardiac Risk Scale: 38.4% are at Low Risk, 24% are at Moderate Risk and 7.7% are at High Risk

60% of the Policemen of the Emergency Response Unit are smokers

Concerning the Physical Fitness Related parameters our findings showed for Men Police members that

Cardiopulmonary Performance Capacity was found to be, Moderate for Police Officers, Good for Firemen, Very Good for the Emergency Response Unit and Excellent for the Special Anti-Terrorism Unit.

Anaerobic Capacity Speed Test caused Hamstrings muscle injuries at the 7% of Police Officers.

Lower and Upper Extremities muscle power as well as Flexibility showed to be job related again with the police officers to have the worst results, compared with Firemen, Emergency Response Unit and Special Anti-Terrorism Unit.



CONCLUSIONS

The results showed that Physical Fitness in Cyprus Police is directly related with the nature of the job. From the one side the majority of the Police Officers follow a typical sedentary lifestyle, suffering all the negative consequences of inactivity, such as, obesity, low fitness level and degenerative health problems, (similar with the rest of the population) and from the other side the **Special Anti-Terrorism Unit to be in a very good fitness level, shape and health**, due to the fact that they are obliged to follow a physical exercise training program, almost daily, during their working hours, and under the supervision of specialized Fitness Trainer.

As a result of this study the Cyprus Police decided to amend the recruitment criteria for the fitness level (making them much more difficult), introduced a new criterion with the body mass index (not higher than 30), under development award plan and promotion for those who maintain an ideal level of fitness based on their age, on an annual basis, posing as a basic principle that Law Enforcement Officers should have a level of Fitness that ensures that they are capable to perform their duties effectively at any place, any time and under any circumstances.

REFERENCES

Anderson, G. S./Plecas, D./Segger, T. (2001). Police officer physical ability testing Re-validating a selection criterion

Bonneau, J./Brown, J. (1995). Physical ability, fitness and police work, Journal of Forensic Medicine (2), 157–164

Ebling, Patti (October 2002). Physical Fitness in Law Enforcement Journal for Police Science and Practice (Vol. 1), 52 – 61

Strandberg, Keith W (2004) Health and Fitness for Law Enforcement

Zorec, B. (2009). Anthropometric characteristics in police officers, INNDD





INITIATIVE NAME & BRIEF DESCRIPTION

NATIONAL INSTITUTE OF PUBLIC HEALTH (NIPH)

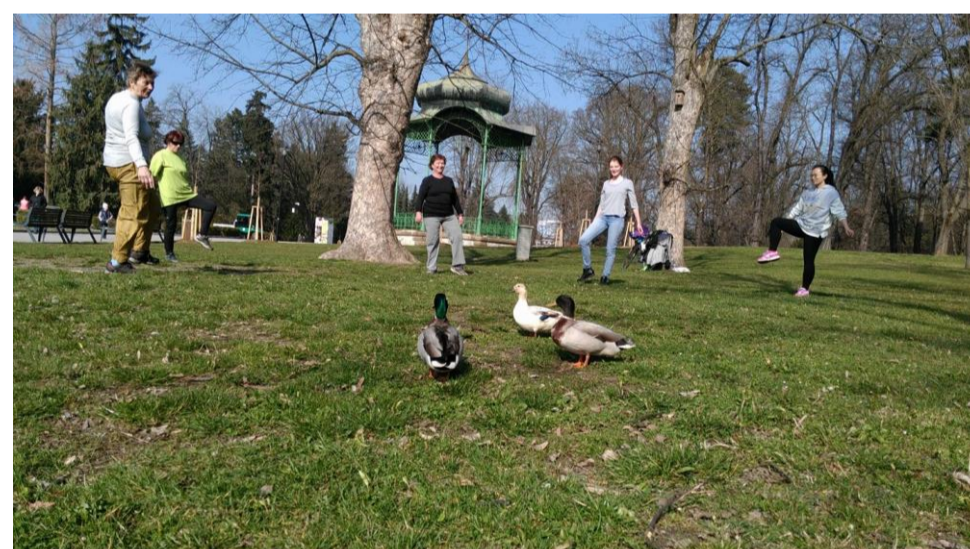
NIPH is a health care establishment for basic preventive disciplines - hygiene, epidemiology, mikrobiology, occupational medicine a health promotion.

Its main tasks are health promotion and protection, disease prevention and follow-up of environmental impact on the health status of the population.

METHODS

NIPH tries to develop new intervention every year to support knowledge in public health area. These interventions are focused on health enhancing physical activity, healthy diet, wellbeing and disease prevention.

PARKS IN MOTION: Parks In Motion is a project developer as cooperation between NIPH and Faculty of Physical Cultute, Palacky University in Olomouc. The aim of this project is use the potential of public green spaces and city parks to enhance physical acitivity in the city. We built a program, where instuctors are educated outdoor fitness and than they can teach citizens (of all gender, race and age) how to exercise corectly. Whole program is for free for both instructors and participants. This year, the second round is running, we do this project in 5 big cities. In 2020 we are aiming to exercise in 50 biggest cities in Czech Republic.



PARKY V POHYBU

PARKS IN MOTION
EXERCISE FOR INTERNATIONAL STUDENTS

50 minutes training session
FOR FREE

THURSDAY
4.00 PM
(IN ENGLISH)

MEETING PLACE:
FONTÁNA RESTAURANT
SMETANOVY SADY



Program is suitable for beginners
and runs from 21.3. till 20. 7. 2017.

parkyvpohybu@gmail.com
739 328 684



RESULTS

5 cities are involved in April 2017.

CONCLUSIONS

REFERENCES

<http://parkyvpohybu.wixsite.com/vyzva>

<http://www.szu.cz/celorepublikova-vyzva-parky-v-pohybu>

<https://www.facebook.com/Parky-v-pohybu>

INITIATIVE NAME & BRIEF DESCRIPTION

In 2015, the Danish Health Authority published **recommendations for physical activity for children under 5 years old**. These are the first Danish physical activity recommendations for the early years. The Danish Health Authority experienced a need for recommendations for children under 5 as the recommendations for the 5-17-year-olds were sometimes applied on children under 5. However, the recommendations for the 5-17-year-old children cannot necessarily be applied for children in the early years. Motor development, movement skills, social interaction and play is important to focus on in the early years whereas competition, sport and fitness is more relevant for older children. Furthermore, the recommended intensity and duration for the 5-17-year-olds does not necessarily apply for children under 5 years old. With this background, with no WHO recommendations on physical activity for children under 5 and inspired by government or organizations in Canada, England and Australia publishing recommendations for physical activity for children under 5 some years before, the Danish Health Authority started the process of developing recommendations for this age group.

METHODS

The Danish Health Authority did a systematic literature review on the health effects of physical activity and sedentary time for children under 5. The review was an update of the two systematic reviews on physical activity and sedentary time, respectively, undertaken by a Canadian research group (Timmons et al. 2012; LeBlanc et al. 2012). GRADE was used to evaluate the quality of the literature. Furthermore, the recommendations were based on knowledge on movement development among children. The health indicators used were adiposity, bone, motor development, psychosocial health, cognitive development, cardiometabolic health and risks.

Health effects of physical activity and sedentary time among children aged 0-4 years - a systematic review

SUNDHEDSSTYRELSEN

Sundhedsmæssige effekter af fysisk aktivitet og stillesiddende tid hos 0-4-årige børn

- EN SYSTEMATISK LITTERATURGENNEMGANG



RESULTS

SUNDHEDSSTYRELSEN

RECOMMENDATIONS FOR PHYSICAL ACTIVITY INFANTS YOUNGER THAN 1 YEAR OLD

Infants are physically active in spontaneous ways, and this activity bolsters their motor development. They use their bodies to explore their immediate environment and to establish social contact with other people. They learn about their own bodies through physical activity. Giving infants opportunities to be as physically active as possible in daily life is therefore crucial.

RECOMMENDATIONS

- ✓ Maximize floor-based tummy time for infants when they are awake

When infants lie on their stomachs, they strengthen their back and arm muscles so that they eventually can push themselves up using their arms, roll and crawl.

- ✓ Ensure that infants are physically active in various ways during the day

Infants learn about their bodies by trying out new and varying movements, such as reaching for, grasping, pulling and pushing objects.

- ✓ Ensure that infants can move freely as much as possible

Avoid placing infants in baby bouncers, car seats and highchairs any longer than necessary. Infants achieve better motor development when they can move freely.

HOW?

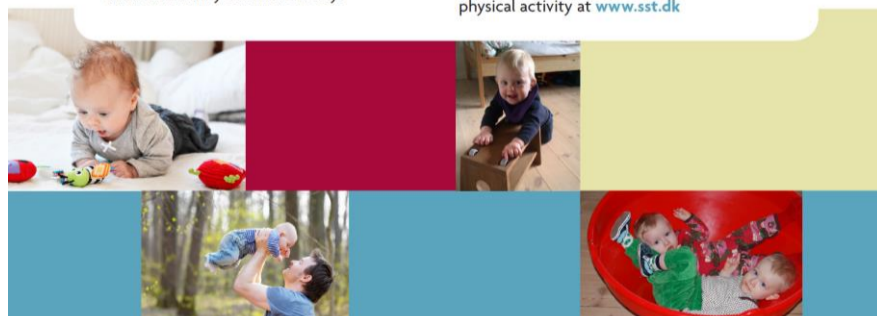
Physical activity includes all types of movement focused on social interaction and play. Keep safety in mind while infants are active.

Examples of physical activity for infants younger than 1 year old include the following:

- tummy time;
- bouncing on a parent's lap;
- pulling themselves upright by holding onto furniture;
- walking with help;
- tumbling play with adults, such as rolling, hopping, jumping and swinging;
- rhythmic gymnastics for infants; and
- baby swimming.

Infants can lie on their stomach on the floor, on your arm or on a bed. A floor or other flat surface is the best place to play.

Find more examples and read more about physical activity at www.sst.dk



SUNDHEDSSTYRELSEN

RECOMMENDATIONS FOR PHYSICAL ACTIVITY CHILDREN 1-4 YEARS OLD

Children 1-4 years old are physically active in spontaneous ways, and this activity bolsters their motor development. They use their bodies and movements to explore their immediate environment and to establish social contact with other people. They learn about their own bodies through physical activity. Giving children opportunities to be as physically active as possible in daily life is therefore crucial.

RECOMMENDATIONS

- ✓ Ensure that children are physically active in various ways during the day

Children improve their motor skills by trying out new and varying movements. Being able to master their bodies is satisfying for children, and this improves their prerequisites for engaging in active play with other children.

- ✓ Ensure that children can move freely as much as possible

Avoid placing children in highchairs or strollers any longer than necessary. Children achieve better motor development when they can move freely.

- ✓ Limit the amount of screen time

Screen time can adversely affect children's well-being. Although children may need or want sedentary activity on occasions it is important that they move as much as possible during the day.

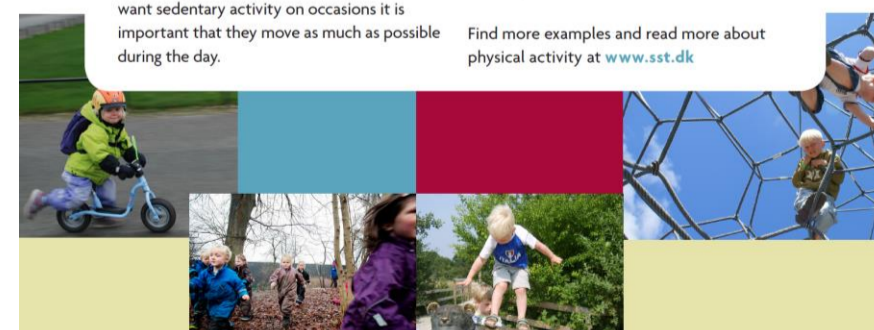
HOW?

Physical activity includes all types of movement focused on social interaction and play. Keep safety in mind while children are active.

Examples of physical activity for children 1-4 years old include the following:

- crawling, hopping, jumping, swinging, dancing, climbing and running;
- playing indoors, such as moving to music and tumbling;
- playing outdoors, such as at playgrounds, in nature or in gardens;
- gymnastics and music and movement classes;
- walking, scooting and cycling with a balance cycle or cycle with pedals;
- swimming; and
- ball games.

Find more examples and read more about physical activity at www.sst.dk



CONCLUSIONS

Because of lack of information in the research literature it was not possible to determine the specific amount, intensity, type or frequency of physical activity needed to promote healthy growth and development. Likewise, it was not possible to determine an upper limit for screen-time or sedentary time. Therefore, the Danish recommendations for physical activity does not include specific recommendations on intensity and duration. For children aged 1-4 years old it is recommended to limit screen-time.

REFERENCES

Timmons et al. Systematic review of physical activity and health in the early years (aged 0-4 years). *Appl Physiol Nutr metab* 2012; 37(4):753-772

LeBlanc et al. Systematic review of sedentary behaviour and health indicators in the early years (aged 0-4 years) *Appl Physiol Nutr Metab* 2012; 37(4):753-772

INITIATIVE NAME & BRIEF DESCRIPTION

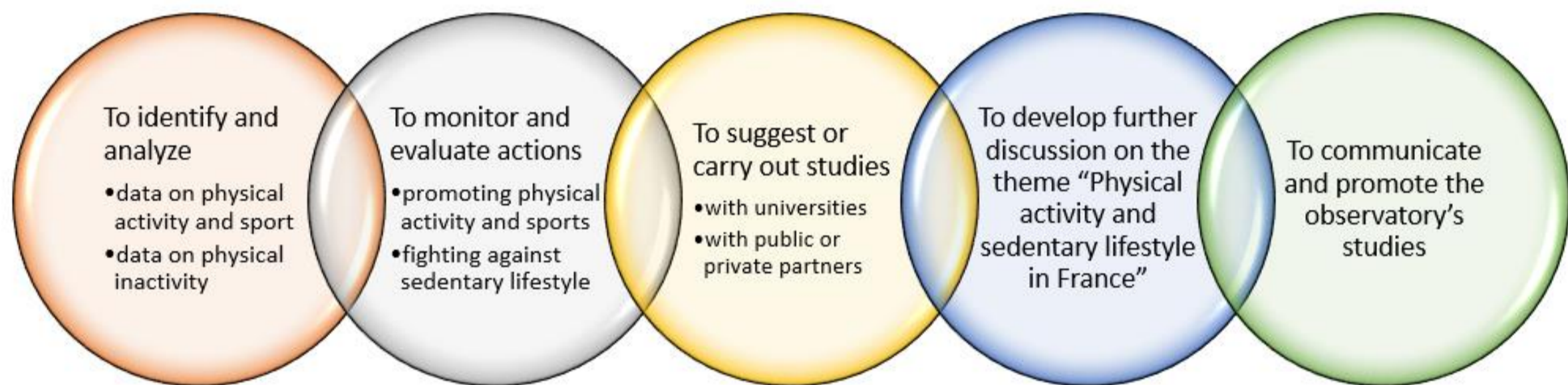
The **National Observatory for Physical Activity and Sedentary Behaviour** (Onaps) was launched on 2015. This new association will enable us to **collect and improve our knowledge of physical activity levels and sedentary behaviours of the French population** along with the different factors that determine them.

Onaps is working closely with its long-standing partners the Faculty of Medicine of Clermont-ferrand, Clermont-Ferrand University Hospital, the Ministry of Youth and Sports, DRDJSCS (a decentralized department of the region in charge of youth and social cohesion...) and CROMS Auvergne (regional sports association)



METHODS

The observatory's missions



RESULTS

• Overview on physical activity and sedentary behaviours in France

It consists of nearly 200 indicators on physical activity, sedentary lifestyle, active transportation, sports, overweight and various pathologies related to physical activity and sedentary lifestyle,

• Vélonaps

The objectives are to define whether the use of electrically assisted cycles, in real life and as an active mode of travel, is associated with an impact on total physical activity and sedentary lifestyle as well as other factors such as the level of physical condition.

• " Debout l'info ! "

For the quarterly report, the observatory call on experts to scientifically review the topics related to physical activity and sedentary behaviour. The first issue was devoted to sedentary lifestyle, the second issue dealt with social inequalities and physical activity, the third one was on physical activity and sedentary lifestyle at work.

• French Report Card on Physical Activity for Children and Adolescents

The objective is to assess the place of physical activity among children and adolescents in our country and the measures put in place to promote this physical activity and reduce sedentary lifestyle. David Thivel (laboratory AME2P) is leading this project, Onaps is one of the contributing partners on this study.



CONCLUSIONS

Throughout the year, its work program has included everyone : working people, elderly people, children, teenagers and has covered every social condition. Thanks to this variety of studies Onaps has a complete view on physical activity and sedentary lifestyle in France. Hence Onaps will be able to support local and national policies as well as private companies on health policies and actions. Onaps intends to help sharing current knowledge particularly for sports, health or education specialists and public authorities.

REFERENCES

For more information on Onaps : www.onaps.fr and follow us [@Onaps officiel](https://twitter.com/Onaps_officiel)
To read our publications: <http://www.onaps.fr/publications/etudes/>

Principal Investigator: Federaö Centre for Health Education (BZgA)

Collaborators: Hospital of the Red Cross Lübeck

INITIATIVE NAME & BRIEF DESCRIPTION

National Recommendations for Physical Activity and Physical Activity Promotion: Dissemination (2016/2017): The project aims to develop materials which can be used to disseminate the National Recommendations to stakeholders that deal with physical activity promotion among different target groups (children and adolescents, adults, older adults, adults with chronic diseases and the general population).

Joint decision of the Länder Conference of Ministers for Health (GMK) and the Länder Conference of Ministers for Sports (SMK) of November 2014, regarding the support of health-enhancing physical activities: The GMK and the SMK constitute the conferences of all currently acting health and/ or sports ministers and senators of the 16 German federated states (Bundesländer).

The EverydaylifeExerciseProgram - das AlltagsTrainingsprogramm (ATP): Specific movement and training interventions in the elderly can help maintain physical functions and contribute to long-term independency in old age. Yet, still very few older people meet the physical activity recommendations of WHO. Therefore, the Federal Centre for Health Education (BZgA) has developed the everyday life exercise program (ATP) in collaboration with the German Sports University Cologne and German sports organizations. The ATP was tested and evaluated in a pilot study in 2016.

Prevention under the roof of nursing homes, the "Lübecker Modell Bewegungswelten": The "Lübecker Modell Bewegungswelten" is an exercise program developed for elderly people who need assistance with activities of daily living but can walk short ways. The training is performed by specifically trained coaches twice a week in nursing homes. Groups consist of 8-12 people, some of them external participants. Each training session carries a motto ("On the beach", "Woodland walk", "Housework", ...) and all exercises fit in. Photo illustrated instructions on daily self-exercises complete the program. It has been developed and evaluated internally by the "Research Group Geriatrics Lübeck" at the "Hospital of the Red Cross Lübeck" (Head Physician: Dr. M. Willkomm, Research Leader: Dr. S. Krupp). Formative evaluation is supported by the "Institute of Nursing Science, Univ. of Bielefeld" (Prof. Dr. D. Schaeffer) and effect evaluation by the "Institute of Sports Science, CAU Kiel" (Prof. Dr. B. Weisser) and the "Department Sport and Exercise Therapy, Cancer Center North" (Dr. Th. Schmidt).

Immigrants Who Remained - Sports for the Elderly from Throughout the World (2013 - 2017): The project entitled 'Immigrants Who Remained - Sports for the Elderly from Throughout the World' aims at reaching migrants of 60 years and above and motivating them to do more exercise and engage in physical activity. The project is being implemented within the structural framework of the German Olympic Sports Federation.

METHODS

The dissemination of the National Recommendations for Physical Activity and Physical Activity Promotion is supported by five interrelated work packages: 1/ Development and publication of a booklet; 2/ Preparation and conduction of a workshop with a broad group of stakeholders; 3/ Development of target group and setting specific materials for the dissemination of the recommendations in a participatory approach; 4/ Performance of pre-tests and finalization of the materials; and, 5/ Scientific preparation of a congress for the broad dissemination of the recommendations.

GMK and SMK have adopted a joint decision concerning the support of health-enhancing activities in Germany. The decision comprises a total of seven elements, oriented towards joint activities and aims to be reached by both conferences.

From April to December 2016 the ATP was implemented in ten sport-clubs. The evaluation was based on three major aspects: 1) participants questionnaire (paper pencil, German Physical Activity Questionnaire 50+); 2) trainers questionnaire (paper pencil); and, 3) experts questionnaire out of the organized sports system (semi-standardized written interview)

The scientific research compares participants of the training in Lübeck with a group of similar non-participants in Kiel. The intervention is standardized so that results will be valid supra-regionally. The assessment includes different instruments to evaluate self-care, mobility, balance, muscle strength, joint flexibility, eye-hand coordination, fine motor function, cognition and quality of life. For the evaluation of the effects the participants of the intervention and of the control group have been assessed every three months (t0-t4). For the formative evaluation coaches and staff in all nursing homes have been interviewed.

The project consists of three work packages: 1. Development of appropriate methods of reaching the target group (Survey on lifestyles of the target group and existing barriers to their joining sports clubs; Networking with people and institutions acting as door openers and facilitating contacts with the target group.; and, Development of structures to address the target group); 2. Overall concept of target group specific offers and measures (Involvement of the target group in the elaboration of offers; Involvement of people and institutions able to contribute information and resources to the planning and implementation of offers); and, 3. Raising the awareness of the needs of the target group among representatives from sports clubs and associations (Raising intercultural awareness of the needs of women and men among technical and managerial staff in sports clubs; Pursuing a strategic process of opening in sports associations and sustainably incorporating that topic in the relevant structures)

RESULTS

In January 2017 a stakeholder workshop with around 90 stakeholders was conducted. Materials for the dissemination of the recommendations.

Briefly stated, the seven elements are the following: 1. GMK and SMK consider the promotion of movement and physical activity to be a vital part of a strategy for health-enhancing public policies; 2. GMK and SMK suggest to include measures for the promotion of movement and physical activity in sports and everyday life in all the areas concerned with health promotion, preventive health care and rehabilitation; 3. GMK and SMK strive to have healthcare facilities, sports organizations and other actors participate in the development of joint processes in view of creating and expanding efforts towards the promotion of movement and physical activity; 4. GMK and SMK agree that it does not suffice to appeal to the public to be more physically active. Whether sufficient physical activity in everyday life is encouraged or inhibited, also depends on how environments, living spaces, streets and roads are designed. The integration of movement into everyday life shall be facilitated. An expansion of quality-assured and health-oriented sports programmes constitutes a significant contribution; 5. GMK and SMK jointly monitor the development and preparation of national recommendations regarding movement and physical activity; 6. GMK and SMK ask the Federal Ministry of Health to include in the draft of the Preventive Health Care Act the potentials inherent in offers to encourage movement and physical activity, provided by sports and in everyday life; 7. Given that, at EU level, Council recommendations initiated health-enhancing physical activities (HEPA), possible funding through the EU Erasmus+ support programme should be considered.

A total of 137 elderly (age: 69.7 ± 6.6), 10 trainers and 4 experts participated in the evaluation. The drop-out rate was 13.9 % and is compared to other studies relatively low. Almost two-thirds of participants were female (68 %). The level of education was very heterogeneous. In terms of group size and course composition the ATP was positively rated by the participants. 94.5 % of the participants said they would like to participate again and 100 % would recommend the ATP to friends. Right after the intervention, 95 %, and three month after, 93 %, of the participants stated that they had included more physical activity into their daily life. A content analysis of the semi-standardized written interviews of the experts showed that experts evaluated the ATP as positive and innovative.

The first results indicate positive effects for example on self-care, mobility, balance, endurance and cognition. Most participants and the staff notice improvements that they regard as results of the training. Besides functional progress - or at least slowing down of deterioration - exercises embedded into stories stimulate elderly to tell their own stories and enhance self-esteem. Residents and guests get to know each other better and find it easier to see nursing homes as a centre of communication and socializing.

Altogether 15 sports clubs were involved in designing the project, and they developed various offers and approaches. Those offers are transferred to the broad organisational structures of sports for the purpose of becoming entrenched.

CONCLUSIONS

The broad dissemination of the newly drafted physical activity recommendations is supported by a participatory approach that involves a wide range of stakeholders. The involvement of various stakeholders ensures the intersectoral dissemination of the recommendations.

GMK and SMK continue to strengthen their cooperation which was highlighted, among other things, during the 40th SMK in November 2016. Follow-up work on all above-mentioned issues is in progress; in some cases, first results are available.

Results show that the target group of inactive elderly could be reached. In contrast to other studies an above-average proportion of men was achieved. The developed contents of the ATP are well implementable and applicable. Trainers and experts emphasize the innovative character of the ATP, as well as the ease of implementation into the club system with few tools. Participant statements suggest that the ATP has an influence on their movement behavior. Follow-up studies should use objective data collection of physical activity (e.g. fitness tracker) to underpin and verify the acquired subjective data of the pilot study. In order to achieve a comprehensive coverage and to reach as many inactive elderly as possible, the ATP will be promoted nationwide by the BZgA in 2017 via the program "Älter werden in Balance" throughout the German sport-club system.

The „Lübecker Modell Bewegungswelten“, a new program performed in nursing homes that guides training participants mentally into familiar situations, seems to improve physical and cognitive function and thereby also the ability of perform self-care activities. Its characteristic feature revives memories, facilitates movement and makes the effort more enjoyable. The training involves already hundreds of people in the region of Lübeck and country-wide. The collection of data will continue until April 2018, final results will be published in the same year.

In order to fill the target group of elderly migrants with enthusiasm for sports and physical exercise, they should be involved at an early stage by having them participate in the planning, design and propagation of fitness offers. In sports clubs, the awareness of how to deal with the target group should be raised.

REFERENCES

- * Rütten, A. & Pfeifer, K. (2016): National Recommendations for Physical Activity and Physical Activity Promotion, Erlangen: FAU University Press, online available: www.physical-activity.de
- * http://www.sportprogesundheit.de/fileadmin/fm-sportprogesundheit/PDF/141107_38SMK_SMK-GMK_Unterstuetzung_koerperlicher_Aktivitaet_01.pdf
- * www.aelter-werden-in-balance.de
- * Andresen D (2016). Bewegen & Forschen. Lübecker Pilot-Projekt erarbeitet Trainingsprogramm für Senioren. Gesundheits-Magazin. 2/Ralf C, Krupp S, Krahnert A, Balck F & Willkomm M (2016) Mehr als Gymnastik: Lübecker Modell Bewegungswelten – ein multimodales Konzept. Altenpflege 11. 3/ Krupp S, Ralf C, Krahnert A, Balck F, Willkomm M (2016) Motorisch, kognitiv und sozial aktivierendes Training im „Lübecker Modell Bewegungswelten“. Zeitschrift für Gerontologie und Geriatrie/European Journal of Geriatrics 49 · Supplement 1 · September http://www.gerontologie-geriatrie-kongress.org/files/kongress2016/Abstractband_OnlinePDF.pdf. 4/ Krupp S, Ralf C, Krahnert A, Balck F, Willkomm M (2016) Keep Body And Mind Moving In Luebeck Model Worlds Of Movement (Lübecker Modell Bewegungswelten). 12th International Congress of the European Union Geriatric Medicine Society Supplement 1 Volume 7 October <http://eugms2016-abstracts.elsevierdigitaledition.com/#1/z>.
- * <http://www.integration-durch-sport.de/de/integration-durch-sport/projekt-zug/>

INITIATIVE NAME & BRIEF DESCRIPTION

The development of a possible new key competence related to health awareness and HEPA, the **Health-conscious Future Oriented Life Management - HCFOLM**

The Hungarian School Sport Federation (HSSF) as the inventor of the idea of Health-conscious Future Oriented Life Management key competence has been established an ERASMUS+ project. Throughout the two-year period (2014-16) of the project the frame of a new key competence was elaborated based on the existing experiences of HSSF and the 5 partner institutions' researches, workshops and the progressive input from individual experts. The partners were the Ministry of Education and Religious Affairs of Greece, the Johann Wolfgang Goethe University, Department of Sport and Medicine from Germany, Kaunas Technical University from Lithuania, University of Ljubljana from Slovenia and the European Physical Education Association. The aim of the project was to define the framework of Quality Physical Education and a possible new key competence related health-conscious life management on a basis of the meta-analysis of the respected fields in some European countries.

METHODS

The prospective tools of the project implementation:

- Mutual thinking and planning; research;
- Preparation of studies, publications and other documents;
- Sharing the relevant documents with the participating organizations and other key actors of sport science and education systems;
- Sharing of experiences in the frame of 3 workshops, international conferences and in the closing conference;
- Creation of national studies based on key issues and **meta-analyses** of the studies in order to create a common vision;
- Preparation of **National Recommendations** for all the participating countries.

The areas of the meta-analysis and National Recommendations:

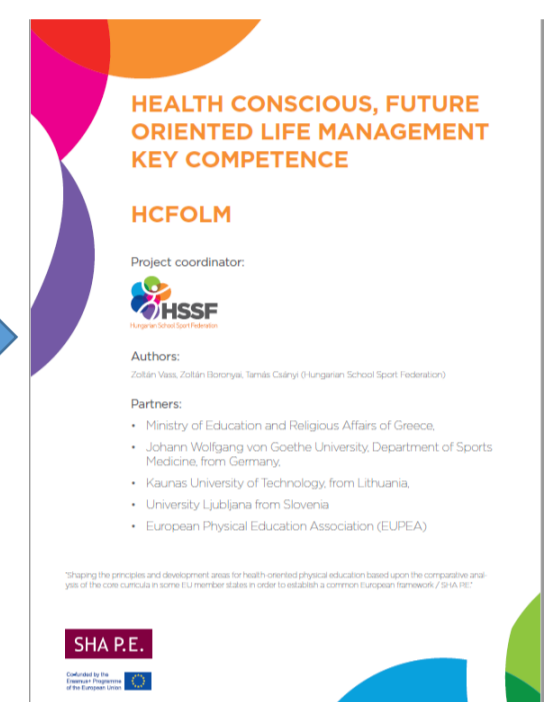
Public Education

National Qualification Framework

National key competence regulation

Physical Education Curricula

The partners elaborated the **fundamentals of the new key competence HCFOLM** but intentionally focused on physical literacy components based on the European Framework of Quality Physical Education.



RESULTS

Based on the researches on national level a meta-analysis was performed with founding that underpinned the necessity behind the establishment of a new key competence area. Although **health and physical activity is marginally mentioned in the LLL-KC reference framework from 2006** within the social and civic competence content, the DeSeCo report from 2013 does not contain any reference to health and physical activity. Of course, on national level the member countries could put more significance to the matter. In summary the fundamental aim behind the establishment of HCFOLM is to highlight the lack of health and physical activity related key-competence, and to set the directions for future development in that field.

The HCFOLM has two main domains called **personal and interpersonal domain**. Each domain contains *curricular and cross-curricular components such as knowledge, skills, attitudes and competences* (Competence refers to autonomy and responsibility according to the European Qualification Framework). Therefore each of the school subject contribution to the development to HCFOLM should be identified and then implement them into the HCFOLM personal and interpersonal domains.

PERSONAL DOMAIN OF HCFOLM KEY COMPETENCE				INTERPERSONAL DOMAIN OF HCFOLM KEY COMPETENCE			
Curricular and Cross-Curricular components				Curricular and Cross-Curricular components			
Knowledge	Skills	Attitudes	Competence*	Knowledge	Skills	Attitudes	Competence*

The learning outcomes of the personal and interpersonal domain are defined in 3 levels, which delivers the adaptability to existing key competence assessment and evaluation systems.

EQF levels	EFQPE levels	HCFOLM levels	Class level/Grade
-	0	-	First grade
1	1	-	Fourth grade
-	-	1	Sixth grade
2	2	2	Eight grade
3	3	3	Tenth grade
4	4	-	School living exam

CONCLUSIONS

The main recommendation on the acquisition of key competences is through the provision of interactive learning environments in which learners do practical tasks, in a way providing a route to implement the key competence content. The **role of HCFOLM is to provide this route for implementation a new key-competence and its assessment methods and tools** in the framework of European educational systems. The general objective for acquiring this key competence is to develop **the knowledge, skills and attitudes required for a health-conscious and future-oriented life management**, based on which pupils will become capable of managing their lives responsibly, having recognized the importance of sustainable development and physical activity. Accordingly, the children's actions are guided by preparation for the future

REFERENCES

- Key competencies: A developing concept in general compulsory education: This document is published by the Eurydice European Unit with the financial support of the European Commission (Directorate-General for Education and Culture). p. 10.
- Arjomand, G., Erstad, O., Gilje, O., Gordon, J., Kallunki, V., Kearney, C., & von Reis Saari, J. (2013). KeyCoNet 2013 literature review: Key competence development in school education in Europe.
- Z. Vass, Z. Boronyai, T. Csányi: Hungarian School Sport Federation and the SHA P.E. project partners (2016). European Framework of Quality Physical Education (EFQPE). HSSF, Budapest.



INITIATIVE NAME & BRIEF DESCRIPTION

Cycling is pleasure! Bicycle Development Programme

The main objective of the project was to prepare feasibility studies for the development of main touristic cycling routes. Beside cycling infrastructure, the project was focusing on other aspects of cycling, including a national strategic programme, preliminary studies on maintenance, institution, soft measures.

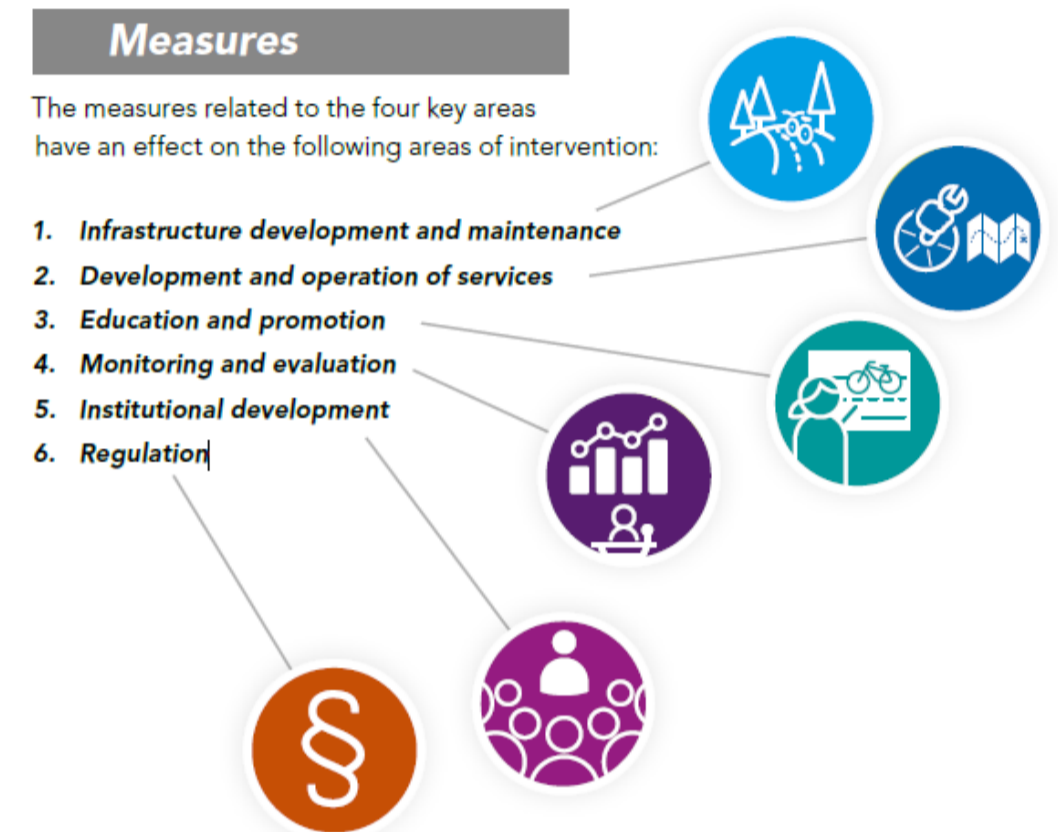
The National Cycling Programme was made in the framework of the project on behalf of the Hungarian Transport Administration, which identified the set of specific objectives, activities and measures for the 2014 – 2020 period.

METHODS

In the framework of the project several measures have been taken, including the creation of feasibility studies that formed the basis for further actions.

Working methods:

- Working out of the Complex Bicycle Programme for period 2014-2020
- Guidance on the integration of cycling into various development areas
- Working out a new system for operation and maintenance of a cycling infrastructure
- Working out a preliminary study for a new central organisation for the Coordination of cycling issues (infrastructure, service provision, marketing and communications, monitoring, coordination)
- Guidance for communication activities connected to cycle projects and the use of international good practices



RESULTS



Tourism +47.6 million EUR/year



Emissions -200 t/year



Health benefits 16 million EUR/year



Cycling routes +1 000 km



Bike sales +9.5 million EUR/year

General Impact:

With the implementation of this program cycling will increase in urban areas and other regions, where cycling is still in its infancy. Cycling will remain the most popular recreational and leisure activity, and become a more popular choice for tourism and sport. General condition of cycling would be improved, thus the health of the population and the liveability of cities and smaller settlements would get better, the number and severity of accidents would decrease, modal share of cycling would rise.

Additionally, economic incomes and the employment rate would increase, and social attitude towards cycling and access for information would change positively.

On the basis of the feasibility studies further concrete measures have been taken:

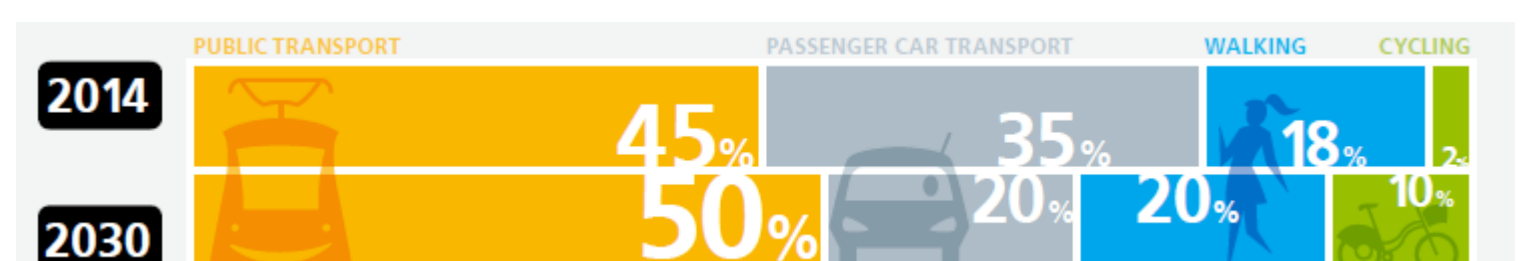
- Creation of a central coordinational institution for bicycle development (2016)
- New legislations concerning the development and maintenance of bikepaths
- Three long distance bikeway areas of high priority have been identified for further investment throughout the country

CONCLUSIONS

The improvement of cycling conditions in the cities has special importance. Beside the Bicycle Development Programme, the sustainable mobility plans (SUMP) of cities and towns are also essential sources of policy documents, that reflect several development plans concerning biking. The capital city of Hungary, Budapest, has created its SUMP, called the Balázs Mór Plan, that aims to increase the biking traffic by 8 % until 2030.

REFERENCES

- <http://bringaznielmeny.hu/bemutakozas/?lang=en>
<https://www.bkk.hu/wp-content/uploads/2014/06/BMT.pdf>



INITIATIVE NAME & BRIEF DESCRIPTION

Trail (or paths) run series *Roebuck* (*Stirnu buks* in Latvian). This initiative started in 2014 as a test run with only one stage. Due to the increasing popularity and society's responsiveness to participate the trail run series was growing and adding up stages. There were already seven stages in 2016. Starting from 2016 the series is supported by state budget as a socially important grassroots sport event. The slogan of the initiative is "Let's meet in forest!".

The trail run series takes place throughout Latvia and is organized in wooded areas, naturally created trails (paths) are used for running, walking and/or Nordic walking. The overall aim of the run series is to enjoy the beauty of the local nature and to be physically active.

The run series is organized by local non-governmental organization called *Engures sportam* receiving also the support from private and state enterprises, state authorities and sport federations (Latvian Track and Field Federation, Latvian Sports Federations Council).

METHODS

The run series takes place through various surfaced roads and paths (asphalt, rural roads with gravel, forest roads, trails, rides, long forgotten trails and off-road), is open for all gender and is meant for all family members.

Each route has a set length, age group of the participants and name: "Dormouse" for 0-10 year olds, 600 m – 1km; "Squirrel" no age limit, 4 – 6 km; "Bunny", form 8 year olds, 8 – 13km; "Roebuck", form 16 year olds, 17 – 23 km; "Bobcat", form 18 year olds, 27 – 35 km. There is no time control for "Dormouse", the rest of the routes are subject to time control. Each participant is equipped with electronic device for the time control. Participants, based on a points evaluation system, during the serial compete for the win in each running group.



RESULTS

In 2016, the run series gathered roughly 2000 participants per stage. The trail run series *Roebuck* is becoming more popular. The increasing number of participants and the wide geographical spread were key aspects that led to fund the initiative from state budget.



CONCLUSIONS

Video review of the 2016 season: <https://www.youtube.com/watch?v=-8PvDO0u8Po>

The season of 2017 comes with a new competing age group and title – the fastest trail runners among school youngsters will be determined, and the title of the most active Latvian educational institution will be awarded!

REFERENCES

Society *Engures Sportam* web page: <http://www.enguresportam.lv/>

Trail run web page: <http://www.stirnubuks.lv/>

Pictures downloaded from web pages: tvnet.lv, dagda.lv, stirnubuks.lv, latvijasavize.lv



INITIATIVE NAME & BRIEF DESCRIPTION

Sport-Santé project: Regular practice of physical activity (PA) has many health benefits in both healthy individuals and in people with non-communicable diseases (NCDs). In order to disseminate this evidence and to strengthen the promotion of PA in people with NCDs, the Sport-Santé project was officially launched in April 2015. In 2014, a stocktaking of the different organizations offering PA for people with NCDs was realized in order to develop the Sport-Santé project. Different communication tools were used to promote Sport-Santé as well as the aforementioned organizations.

“Gesond iessen, Méi bewegen” (Eat Healthily, Move More). National action plan since 2006 involving 4 ministries (Education, Health, Sport and Youth) + experts (including NOC). This is a multi-sectorial action plan offering various physical activities and information relays (for e.g. In 2016 First National Sports Day for Elderly population) .

METHODS

Sport-Santé project: The organizations offering PA for people with NCDs (orthopaedics, obesity and overweight, neurology and rare diseases, oncology and cardiology) were screened in 2014 and in 2016. The number of weekly offered hours of PA for people with NCDs were collected and the participation rate was observed. Participants (192 in 2014 and 196 in 2016) volunteered to answer a survey, which contained questions regarding their age, sex, time since enrolment, travel distance, former and current PA participation, and type of recruitment. Additional items regarding prescription and refund were explored only in 2016.

“Gesond iessen, Méi bewegen” (GIMB) (Eat Healthily, Move More): Local stakeholders (schools, local communities, clubs, work places, healthcare associations) are encouraged to start actions related to both nutrition and physical activity and may receive a label.

6 main priority actions:

- Develop a common base of motricity
- Stimulation and education of children to motorskills
- Motivate children for sport and physical activities
- Encourage soft mobility and informal sport
- Complete and improve national/local sport offer.
- Strengthening the place role of sport in school.

RESULTS

Sport-Santé project: In 2016, more than 55 hours per week of PA were offered for people with NCDs in Luxembourg (≈ 44 hours per week were identified in 2014). However, this increase was not statistically significant. No difference was observed between 2014 and 2016 regarding the participation rate (2014: 8.9 ± 5.1 participants per hour; 2016: 8.4 ± 5.7 participants per hour). Participants were younger in 2016 than in 2014. The time since enrolment was shorter in 2016 than in 2014. No difference between 2014 and 2016 was observed for travel distance, sex distribution, former and current PA participation, and type of recruitment. Participants were mainly recruited by the healthcare professionals. More than 69 % of the participants would like to receive a medical prescription for the PA. Fifty-two percent of the participants would appreciate a refund of the participation fees by their health insurance.

“Gesond iessen, Méi bewegen” : since 2006 more than 500 projects and activities are organised. Regarding the First National Sports Day for Elderly population (2016) there were 300 participants and more than 2958 students have participated in 2016 to the “WiBbel an Dribbel” event.

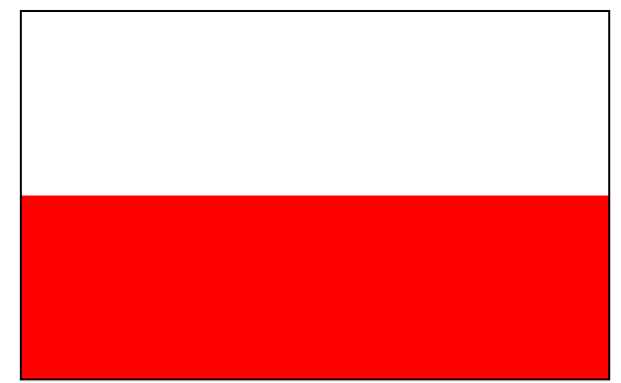


CONCLUSIONS

The increasing efforts of **Sport-Santé** and the organizations offering PA for people with NCDs lead to increase the offer. However, the participation rate remains unchanged. The decrease in age and in time since enrolment observed in 2016 could be explained by the creation of new activities, a larger participant's turnover or high number of withdrawals among long-term participants. Even if participants are mainly recruited by healthcare professionals, this type of recruitment can be attributed to very few idealists. All healthcare professionals should be aware of the offers of Sport-Santé and advise their patients to participate in a PA program. It is time to advance the idea of prescription of PA as a privileged treatment option to keep fighting against sedentary behaviours. Nevertheless, this type of promotion is not enough to increase the 28 number of participants and additional strategies must be developed. Regarding the **GIMB plan** the inter-ministerial and multidisciplinary approach, that has been conducted for 10 years, is a guarantee for the implementation of initiatives in line with the principles of Health in all Policies, of a multifactorial impact on population health and on the sustainability of initiatives.

REFERENCES

Lion A, Schummer C, Delagardelle C, Urhausen A, Seil R, Theisen D. Promotion of physical activity in patients with non-communicable diseases in Luxembourg: a follow-up of the Sport-Santé inventory from 2014. Bull Soc Sci Med Grand Duché Luxemb. 2016(2):27-41 and **Lion A**, Urhausen A, Delagardelle C, Seil R, Theisen D. Promotion de l'activité physique comme moyen de prévention secondaire chez des patients atteints de maladies chroniques : état des lieux au Grand-Duché de Luxembourg. Bull Soc Sci Med Grand Duché Luxemb. 2014;(3):57-72.
National Action Plan “Gesond iessen – méi bewegen » <http://www.sport.public.lu/fr/sport-loisir/pan-extension/>



INITIATIVE NAME & BRIEF DESCRIPTION

Research on social benefits from investment in sports in relation to the costs

Institute for Structural Research prepared a report and developed an application that allows to estimate the impact of increased physical activity on public health and the labour market.

39% of Poles are physically active in their leisure time (2015). In the report **3 scenarios** of increasing physical activity of Poles and their impact on various indicators estimated by the app was presented:

- **1st scenario:** 10 % more Poles are physically active;
- **2nd scenario:** 50 % of physically inactive Poles start doing physical exercise or sports;
- **3rd scenario:** All Poles are physically active.

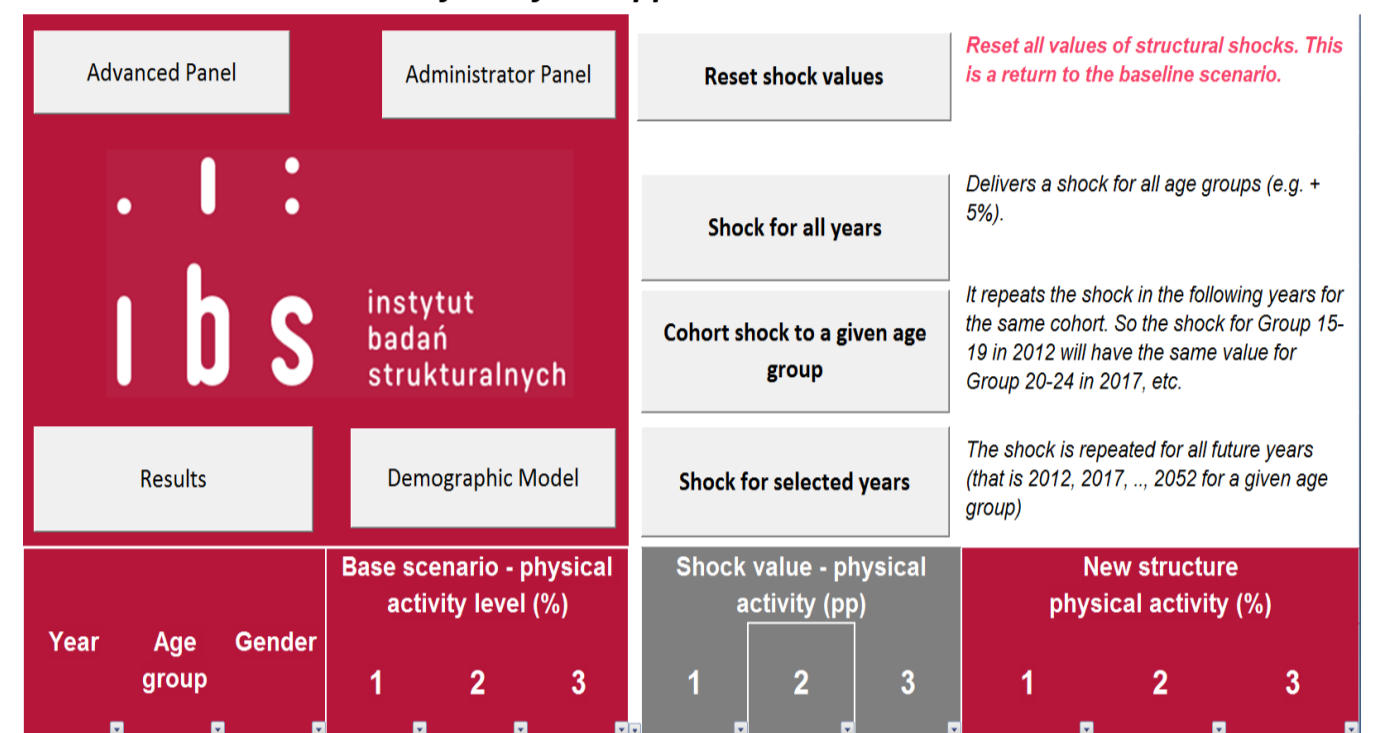
METHODS

The app estimates the impact of that change on various public health, economic and labour market indicators till the year 2050. Model used in the application takes into account 3 levels of physical activity: low (below 10 MET hours/week), moderate (between 10 and 25 MET hours/week) and high (more than 25 MET hours/week).

Population is divided into 5- and 10- years age cohorts. Each cohort's physical activity profile is implemented in the model. It also takes into account CSO'S *Population projection 2014-2050*. The following variables are calculated for each of the population's subgroup:

- cognitive abilities level
- employment and economic activities rates
- salaries level
- incidence of certain cancers and cardiovascular diseases
- change in health care public expenditures
- number of days on a sick leave
- mortality rates per age cohort
- change in life expectancy rate
- percentage of people with overweight and obesity.

Interface of the application



Source: Institute for Structural Research, 2016

RESULTS

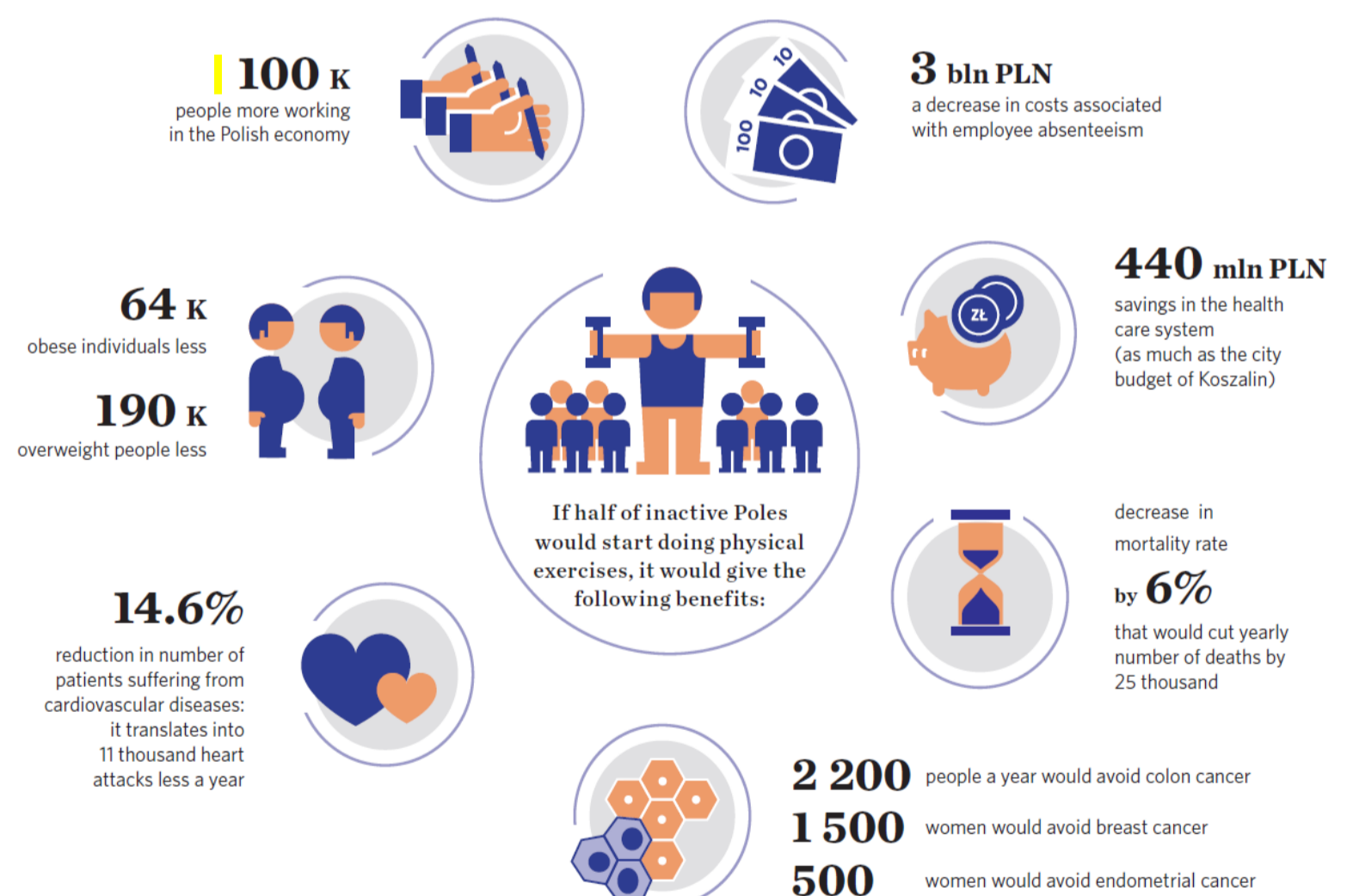
The comparison of the impact of each scenario on indicators (2050):

	1 st scenario	2 nd scenario	3 rd scenario
mortality rate	-1,35%	-5,96%	-12,0%
life expectancy	0,05%	0,20%	0,4%
employment rate	0,23%	0,61%	1,2%
no. of employed people	0,24%	0,66%	1,3%
average days of employees absences	-2,04%	-6,00%	-12,0%
costs associated with employee absenteeism	-2,03%	-5,97%	-12,0%
cognitive abilities level	0,29%	0,43%	0,9%
no. of obese individuals	-0,32%	-1,10%	-2,2%
no. of overweight individuals	-0,32%	-1,10%	-2,2%
health care costs	-0,18%	-0,62%	-1,3%
incidence rates of: colon cancer	-3,19%	-12,74%	-25,5%
breast cancer	-3,84%	-9,04%	-18,1%
endometrial cancer	-2,60%	-9,27%	-18,5%
cardiovascular diseases	-3,49%	-14,60%	-29,2%
stroke	-3,24%	-13,87%	-27,40%
heart attack	-3,19%	-12,79%	-25,56%
diabetes	-3,71%	-13,95%	-27,92%

Source: Institute for Structural Research, 2016

The benefits of the 2nd scenario (2050):

WHAT WOULD SOCIETY GAIN FROM INCREASING PHYSICAL ACTIVITY?



Source: Institute for Structural Research, 2016

CONCLUSIONS

1. Total monetary costs that can be attributed to physical inactivity of Poles amount to 7 billion PLN per year
2. The application helps to analyze the impact of planned actions to promote HEPA. It should be used in preparation of *ex ante* assessment of actions aiming at improvement of physical activity levels.
3. In Poland effort should be put on helping people to stay physically active through entire life. The better the barriers for physical activity will be identified the more effective actions could be taken to promote HEPA.

REFERENCES

- (1) *Assessing the social benefits from investment in sports in relation to the costs*, Institute for Structural Research, 2016. available (in Polish only) on https://d1dmfej9n5lghm.cloudfront.net/msport/files/badania%20i%20analizy/af%20spo%C5%82ecze%C5%84stwa/ocena%20korzy%C5%9Bci/raport_analityczny_-_korzysci_spoeczne_inwestycji_w_sport.pdf?1484226212
- (2) Sources of data were: *Survey on Poles physical activity*, Kantar Public (TNS Polska), 2016 r., Gfk Polonia, 2014-15 r., available (in Polish only) on <http://www.msport.gov.pl/badania-i-analizy/aktywnosc-fizyczna-spoloczenstwa> and *Health Status of population in Poland in 2014*, Central Statistical Office of Poland (<http://stat.gov.pl/en/topics/health/health/health-status-of-population-in-poland-in-2014,4,1.html?pdf=1>) and *Participation of Poles in sports and physical recreation*, Central Statistical Office of Poland (http://stat.gov.pl/cps/rde/xbr/gus/ks_Uczestnictwo_pol_w_sporcie_w_2008r.pdf).

Nutritional and Physical Activity National Inquiry (2015-2016)

The development of nutritional policies to improve the Portuguese population health depends on up-to-date and quality data on nutritional and physical activity (PA) habits. A consortium including several Portuguese universities and led by the Medicine Faculty - Oporto University developed a national inquiry as part of a monitoring system to study the Portuguese food consumption and behaviors (including safety and food security dimensions) and the population physical activity habits. The Sport Faculty - Oporto University and Faculty of Human Kinetics – Lisbon University were responsible for the development of the physical activity data collection and analysis. The main specific objectives were to assess PA levels, including sedentary behaviors and sports activities and to characterize the physical activity and anthropometric dimensions by region, socioeconomic condition and according to other determinants in health.

METHODS

The sample included citizens registered in the National Register of Users (RNU) of the National Health Service (SNS) and the target population chosen was resident in Portugal aged between 3 months and 84 years. The population over 64 years old was evaluated in conjunction with the project PEN-3S, a research project that aimed to evaluate the nutritional status of the elderly population. A multistage sampling was used according to the following steps: a) Stratification by the 7 NUTS II (North, Center, Lisbon, Alentejo, Algarve, Madeira and Azores); b) For each region, Functional Health Units were randomly selected; c) People registered in each Health Unit were randomly selected according to gender and age groups. The fieldwork was conducted in the 4 quarters of the year, through face-to-face and computer-assisted interviews. A computer-aided electronic information gathering platform (You eAT & MOVE) was developed to support all areas of the study. The module MOVE integrated the PA questionnaires and diaries. Based on the International Physical Activity Questionnaire (IPAQ, short version), which considers all domains of daily living and three types of activities - light, moderate and vigorous activities - three levels of PA were defined. At the high level ("active") were included people reporting the equivalent of 1 hour or more per day of moderate activity (or 30 minutes / day of vigorous activity) considering all their physical activity. The intermediate level ("moderately active") corresponded to people with activity equivalent to about 30 minutes on most days. The lowest level ("sedentary" or "inactive") did not meet any of the above criteria.

MUITO OBRIGADA PELA SUA COLABORAÇÃO!

DIÁRIO DE ATIVIDADE FÍSICA (DAF 1)
Criança 6-9 anos

O preenchimento deste diário é imprescindível para o conhecimento da atividade física da população nestas idades.

O que solicitamos é que registe todas as atividades que a criança faz durante quatro dias (dois de semana e dois de fim-de-semana), considerando intervalos de 15 minutos.

Antes de iniciar, leia com atenção as instruções que se seguem.

Se continuar com dúvidas contacte-nos através do telefone 22 042 69 00.

QUESTIONÁRIO ATIVIDADE FÍSICA - AF1
Crianças 3-5 anos

1. Num dia típico de semana, quanto tempo (desde que acordas até à hora que vais dormir) a criança gasta a fazer as seguintes atividades?

	Nenhum	≤15min	30min	1h	2h	3h	4h	5h	≥6h
1. Ver televisão (incluindo vídeos em DVD).									
2. Jogar computador ou em consola.									

2. Num dia típico de fim de semana, quanto tempo (desde que acordas até à hora que vais dormir) a criança gasta a fazer as seguintes atividades?

	Nenhum	≤15min	30min	1h	2h	3h	4h	5h	≥6h
1. Ver televisão (incluindo vídeos em DVD).									
2. Jogar computador ou em consola.									

QUESTIONÁRIO ATIVIDADE FÍSICA - AF4
Adolescentes 15-17 anos

A atividade física realizada no dia-a-dia é da maior importância. As questões que te faremos seguidamente estão relacionadas com o tempo que gastaste a ser fisicamente ativo(a) nos últimos 7 dias. Pensa nas atividades que realizas na escola, em casa, no jardim/quintal, nas deslocações de um lugar para outro e no teu tempo livre em situações de lazer, exercício ou desporto.

1. Pensa em todas as atividades VIGOROSAS que praticaste nos últimos 7 dias. Atividades físicas VIGOROSAS são as atividades que precisam de um grande esforço físico, tornando a respiração muito mais forte que o habitual. Considera apenas as atividades que realizaste durante pelo menos 10 minutos seguidos de cada vez.

Nos últimos 7 dias, em quantos dias fizeste atividades VIGOROSAS como, por exemplo, transportar pesos, cavar, praticar ginástica, correr, nadar, jogar futebol ou andar de bicicleta com rapidez? Não inclui andar.

RESULTS

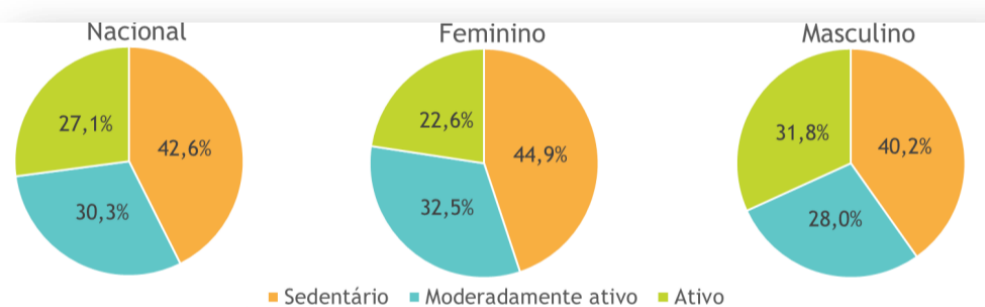


Figure 1. Prevalence of "sedentary", "moderately active" and "active" PA levels in individuals of both genders over 14 years.

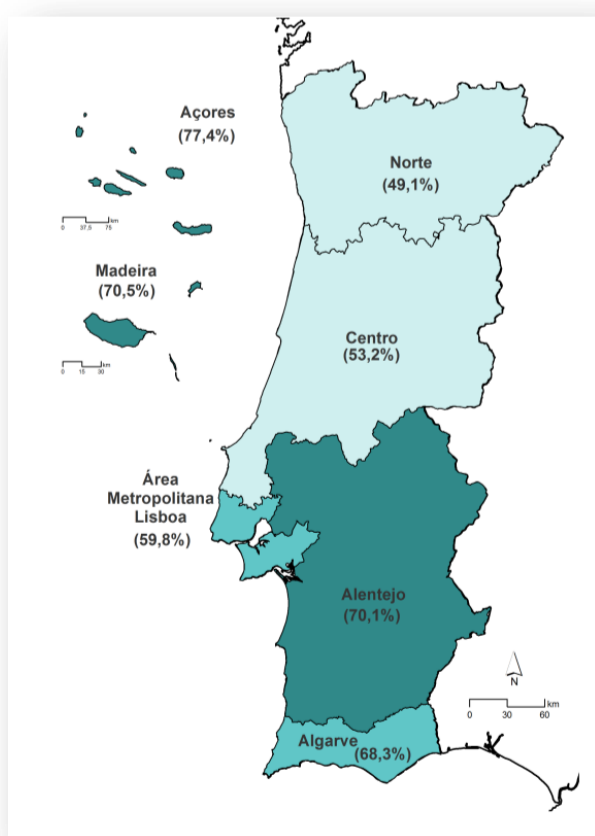


Figure 2. Prevalence of moderate to vigorous physical activity (≥ 3Mets), at least 60 minutes per day, nationally and by NUTS II regions.

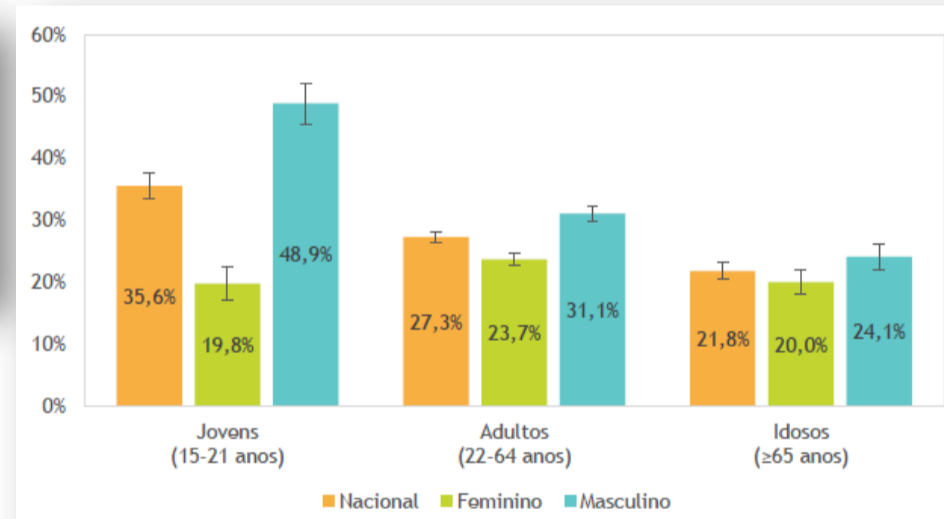


Figure 3. Prevalence of "active" physical activity in young, adult or elderly.

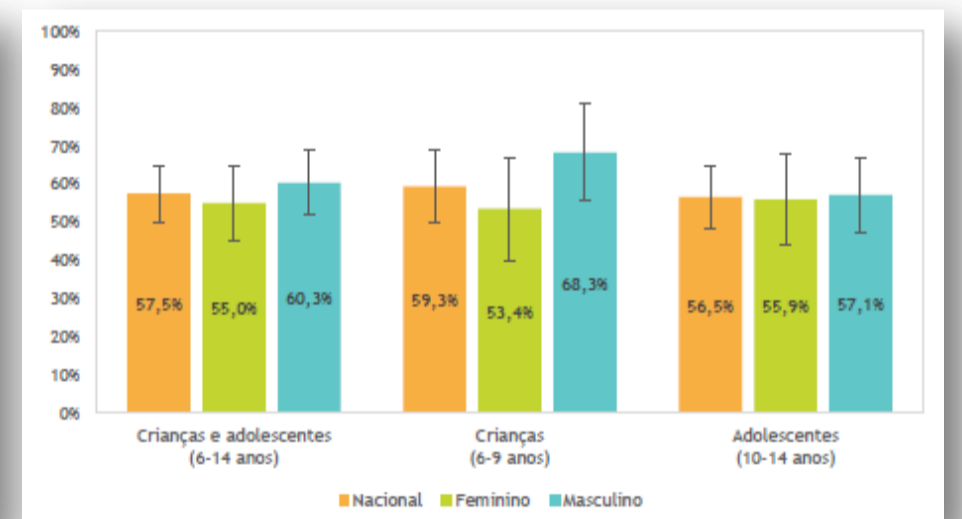


Figure 4. Prevalence of moderate to vigorous PA (≥3Mets) for at least 60 min per day, by gender and age group.

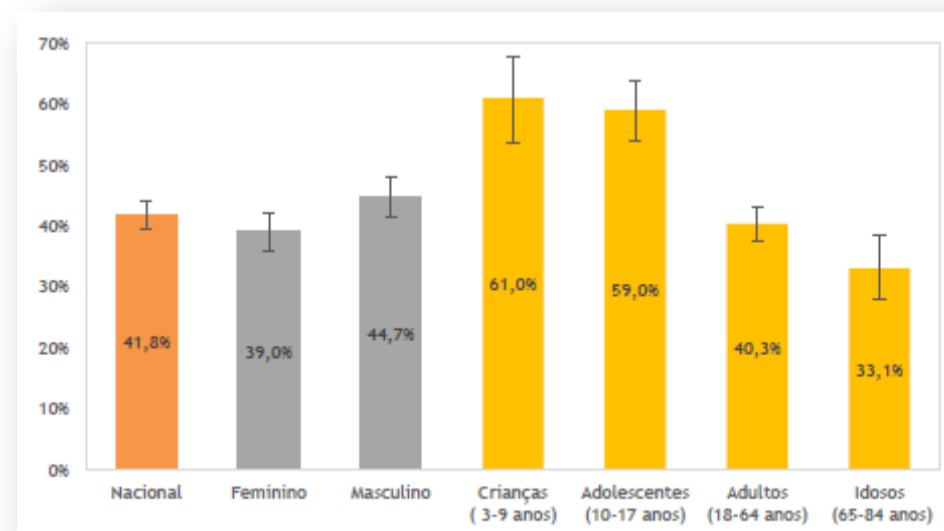
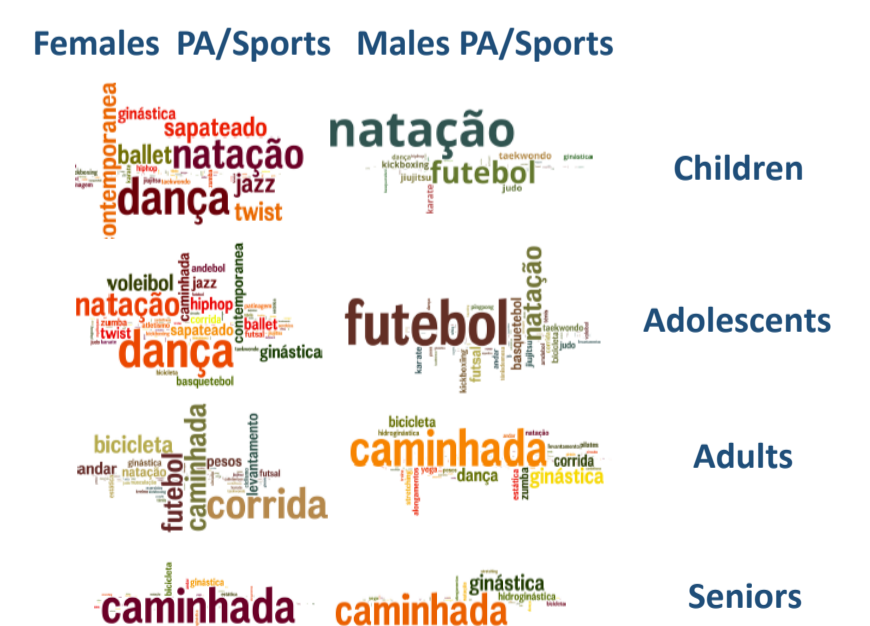


Figure 5. Prevalence of regular physical and/or scheduled PA, by gender and age group.



CONCLUSIONS

Only 36% of the youngsters (15-21 years), 27% of the adults and 22% of the elderly (65 to 84 years) are considered physically active, complying with the current HEPA recommendations. In the 15-21 age group, boys are more physically active (49%) than girls (20%). About 43% of the Portuguese population over 14 years did not meet any international criteria for physical activity, and can be classified as "sedentary". About 60% of children and adolescents under 15 years of age accumulate, on average, more than 60 minutes of moderate or vigorous physical activity per day. This value is higher in children up to 9 years of age (68%) and lower in adolescents between 10 and 14 years of age (57%). Children and adolescents under 15 years spend on average about 9 hours in sedentary behavior, fact that increases substantially with age. The prevalence of children between 6 and 14 years of age who participate actively in active play for at least 60 minutes per day is very high, both on weekdays (72%) and on weekend days (79%). The national prevalence of adults (22-64 years) indicating a "regular" practice of physical and/or recreational physical activity is 40%. In adults, about a third never or rarely uses the stairs instead of elevator or escalators. In the elderly, this value increased by half. On weekdays, the prevalence of children and adolescents who watch TV for periods of time equal to or greater than 2 h was significantly lower (37%) than on weekend days (71%).

REFERENCES

<https://ian-af.up.pt/>



PHYSICAL ACTIVITY AND HEALTHY NUTRITION INTERVENTIONS IN KINDERGARTENS AND SCHOOLS

Based on Health Behavior in School-Aged Children (HBSC) for 2009-2010 results, confirmed by 2013-2014 round, a percentage of 20,8% of boys and 9,3% of girls aged 11, 13 and 15 years old are overweight and obese. The COSI 2013 survey results, for Romania included 8-year-olds children from both rural and urban regions of Romania, reveals that the overweight and obesity prevalence in boys was 29,84% and 23,7% for girls. As determinants, 4 unhealthy behavior were identified: low percent of children having breakfast, low level of physical exercise, insufficient portion of vegetables and fruits, and the inadequate consumption of water.

With the support of the Norway Grants 2009-2014, within a project coordinated by the National Centre for Health Promotion and Evaluation from the structure of the National Institute of Public Health, a guide for physical activity and healthy nutrition interventions in kindergartens and schools was developed.

METHODS

The guideline developed, printed in 16800 copies, includes instruments for 4 basic healthy behaviors to be adopted by children and adolescents, related to:

- 60 minutes physical exercise.
- breakfast every morning
- 3 vegetables and 2 fruits daily
- exclusively drinking water

In order to implement the guideline a session for training the trainers (TOT) had been organized for public health and school educators. They further trained the local level professionals from schools and kindergartens (school doctors and nurses, teachers and educators) regarding the use of the instruments developed within the guideline.

During the 2016 school year lessons on healthy behaviors have been conducted in schools and kindergartens.



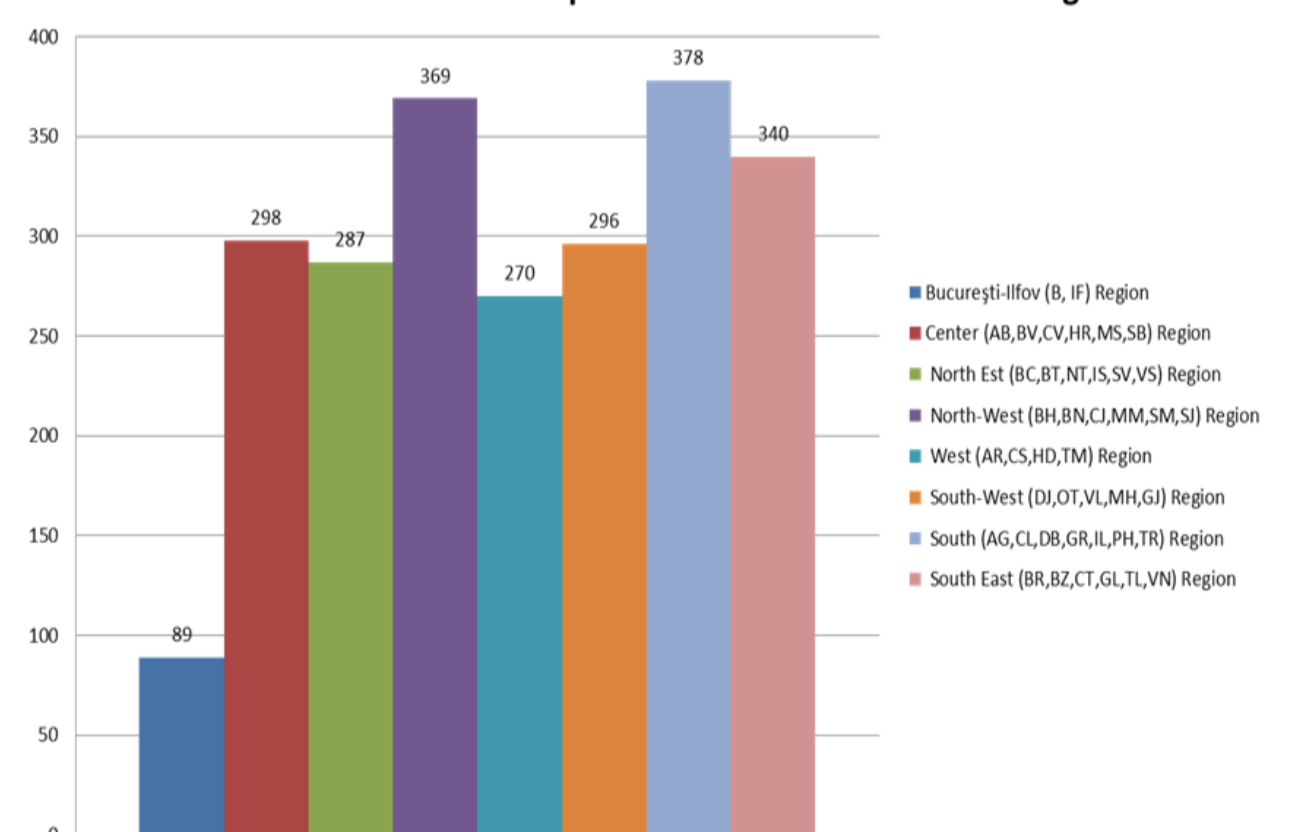
RESULTS

Outputs:

- The guideline was printed and distributed in all 42 counties of Romania in 3649 schools and kindergartens
- 153 training sessions were performed in all counties and 2327 teachers and educators and other health professionals were trained in order to promote physical activity and healthy nutrition among children from schools and kindergartens across country.

Outcomes: 411 464 school age and pre-schools and kindergartens children across the country have benefited from the developed and promoted guideline.

The total number of trained professionals on administrative regions



CONCLUSIONS

The guideline, well received by professionals, represents the basis for systematic, coordinated measures for improving children healthy behaviours. Complementary with other legislative measures, targeting healthy food environment in schools, the outcome and output results monitoring, through indicators included in the National Health Strategy, shall contribute to an improved health status of Romanian children.

REFERENCES

RO19.04 Project, „Multi-level interventions for prevention of lifestyle related non communicable diseases (NCD) in Romania” , developed within the Program RO19 „Initiatives in Public Health” by the Ministry of Health as Program Operator and National Institute of Public Health as Project Promoter <http://www.insp.gov.ro/sites/04/>

INITIATIVE NAME & BRIEF DESCRIPTION

CALL YOUR HEART TO MOVE

National campaign to increase physical activity of adults in the framework of the programme CINDI organised from 2005 each 2 years

2017 term: 20 March – 11 June

Aim of the campaign:

- to improve health of inhabitants of Slovakia
- to decrease sickness and mortality due to chronic noncommunicable diseases by the form of intensive media campaign, accompanying activities and the competition

METHODS

- campaign is organised each 2 years
- clearly defined criteria : minimum physical activity - 210 minutes and 4 times a week during 4 weeks

3 different methods

- competition for public
- wide publicity of health enhancing movement among adults
- support of partnerships to enable and simplify possibility of physical activities for adults and for safety transport by bike and on foot
- Not only for adults, children can be also involved as supporters of the campaign by involving at least 1 adult and prepare at least 3 physical activities for adults including their own participation



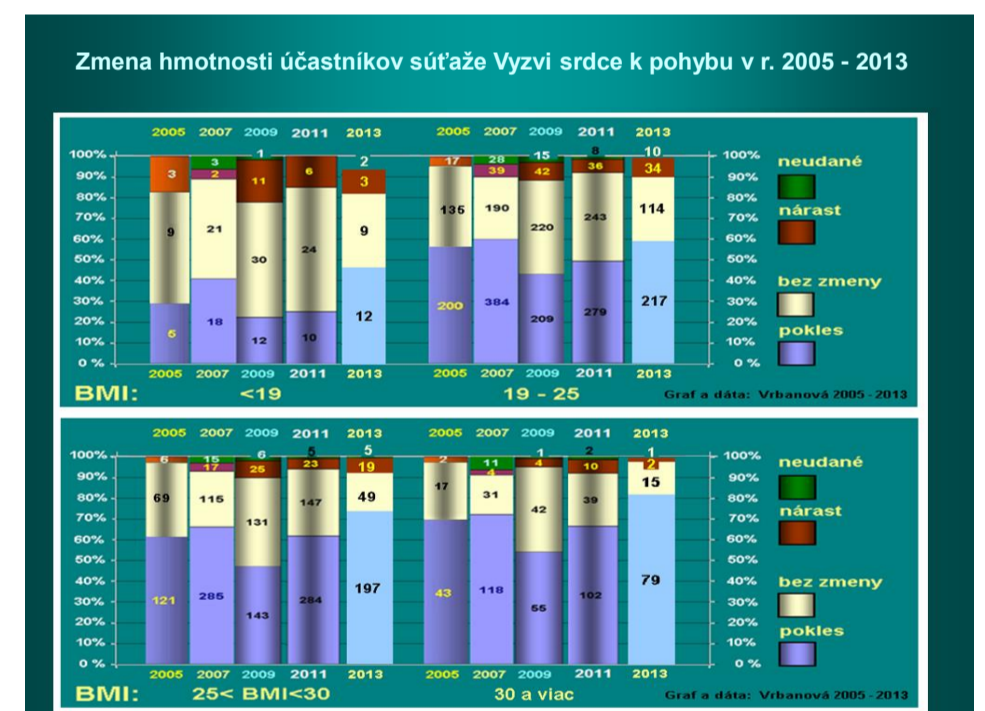
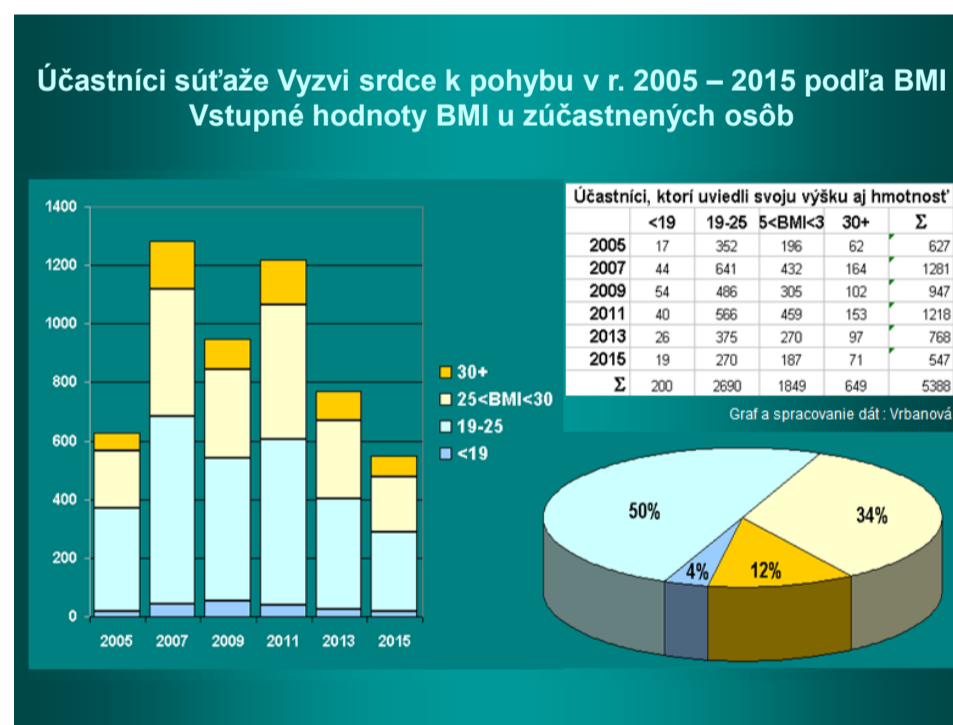
RESULTS

RESULTS from the last campaign in 2015:

- 561 adults and 42 children participated
- 56,5% of participants reduced their weight

Preferred activities

- walking
- gardening



CONCLUSIONS





European Union Physical Activity Focal Points Network:

SPAIN



Principal Investigator: Óscar Sánchez

Collaborators: Professionals of the **Puente de Vallecas District** of the Madrid, **Primary Care Health Center** of Puente de Vallecas, **Teachers of Public Schools**; Professionals of **Municipal Sports Centers** and **Social Services Centers**. City Council and Comunidad de Madrid

INITIATIVE NAME // BRIEF DESCRIPTION



Vallecas Activa is a community and interdisciplinary intervention project, with the joint participation of primary healthcare sector, professionals of Sports Science, Education and Social Services. This coordination of public institutions and professional sectors allows a quality improvement of public services.

PROGRAMME

HEALTH

EDUCATION

SOCIAL INCLUSION

EMPLOYMENT AND TRAINING

To promote an active lifestyle in the neighbourhood around the Municipal Sports Centre, in collaboration with Madrid's Municipal Health Centres, Primary Healthcare Centres and hospitals

To identify children with health risks related to their physical condition. To recognize child obesity as a vulnerable situation of a minor, and to activate a protocol of children protection.

To facilitate the access to sport practice to vulnerable people identified by Social Services (economic, social, cultural, etc.).

To give a training and employment option in Sports to people in unemployment and vulnerable situations, recognized by Social Services, to become referees and sport monitors.

Health professionals (of the Primary Healthcare Centres of the Madrid's Regional Health Service and Madrid's Municipal Health Centres) prescribe a programme for lifestyle change to people with diagnosed risk factors.

Teachers learn to recognize child obesity as a vulnerable situation and identify children that may be developing obesity at the beginning and the end of the school year.

Social workers, during their social intervention

Sports Federation, Social Services, Entrevías Sports Centre and unemployed people.

Physical Activity programme (66 physical activity sessions) run by sports professionals of the Municipal Sports Centre of Entrevías (City Council of Madrid) adapted to the population's health, and a health education programme (8 health education workshops in 9 months), run and coordinated by health professionals of the participating health centres. The people selected by the health professionals are given a "Sports Prescription" to subscribe to the programme at a reduced price.

Activate a coordinated protocol with the health system to protect the children, parents are informed so they can go to the paediatrician and/or social services. If the diagnosis is confirmed, the child can be offered one of the lifestyle change programmes of the Entrevías Sports Centre. 64.68% children have overweight or obesity

People that fulfil the social inclusion criteria receive the "social prescription" issued by the Social Services Centre. The Sports Centre will reserve at least 2 places per activity group for this initiative, with reduced prices. Sports professionals send a three-month report to the social worker. Three health education workshops have been carried out for all people receiving the Integration Minimum Income.

the sports federation commits to give a certain number of scholarships without cost to people in vulnerable situations fulfilling the established criteria and find in Sports a solution for their unemployment. Those people who pass the course are offered to collaborate as referees or monitors as a paid job within the programmes of Madrid's City Council.

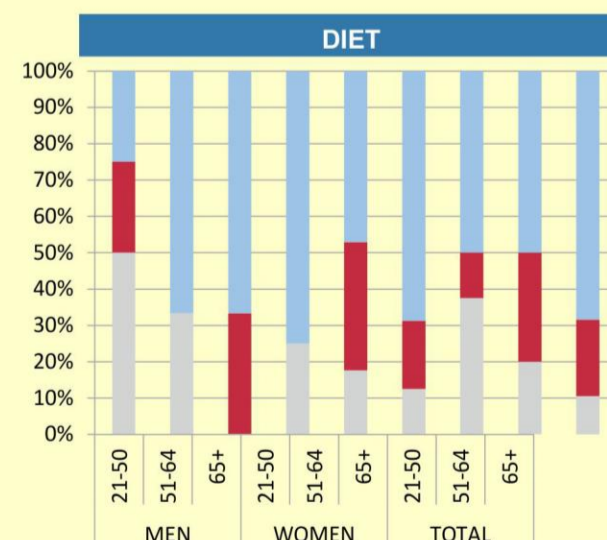
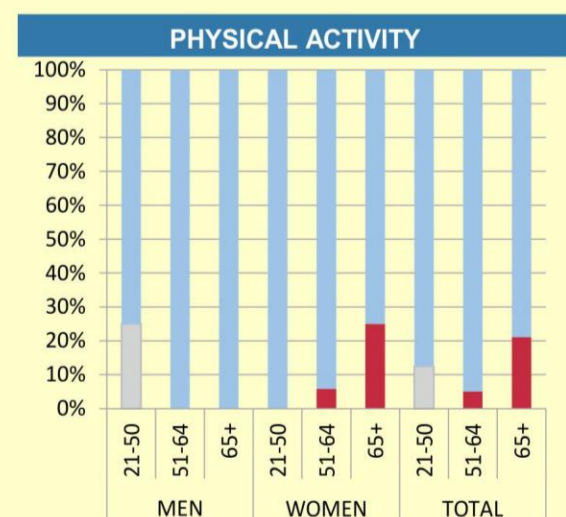
Started in February 2013 and 890 persons have participated, referred from 8 health centres. The adherence has been 78% with excellent perception

Started in 2014. 14 schools involved. M770 children participated, more than 35% overweight and obese.

Started in 2013. 202 persons referred from 4 Social Services Centres. 8% renewal. This year the 595 holders of the Integration Minimum Income of Entrevías's Social Services Centre have participated (1858 potential beneficiar)

Started in 2014. Scholarships have been given by the Basketball Federation. 14 people have done the course, 2 people have finished it and are working as referees

PILOT PROJECTS RESULTS



CONCLUSIONS

The concept of health as well-being requires a global vision of all institutions involved beyond the health field to transform reality and reduce the economic and social costs of pathologies associated with sedentarism and poverty. Cooperation between institutions is a necessary condition for achieving this objective.

references (scan)



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www.madrid.es

references (scan)



INITIATIVE NAME & BRIEF DESCRIPTION

Cost-utility, users satisfaction and main effects of “Exercise Looks After You” program

Physical Activity seems to be a determinant factor to prevention and improve age-related chronic conditions manage (1). The Regional Government Extremadura (Spain) promotes since 2007 the interdepartmental communitarian initiative named “Exercise Looks After You” (“El Ejercicio Te Cuida”) program. It is an HEPA exercise referral from primary care to a specific sport sciences professionals who monitored (fitness, use of sanitary system, lifestyle, health-related quality of life) and apply a walk-based program interspaced by exercises (strengthening, stretching, resistance, balance) and psychosocial issues (chatting, social skills, nutritional and lifestyle assessment) mainly focused on elderly people with moderate severity in most prevalent of these chronic conditions (diabetes, overweight/obesity, depression, dyslipidemia and HTA) (2-3). The main purpose of the present work was to analyze the effect of participation in the program on physical fitness and Health-related Quality of Life in a sample of community dwelling older-adults and elderly (3). Additionally cost-utility ratios of the program and users satisfaction were estimated.

METHODS

2768 participants from 22 geographical zones were recruited by Primary Care and Social Care and distributed into EG (exercise Group) or CG (control Group) according to participants’ flow (figure 1).

Multicomponent physical fitness (PF) battery (ELAY battery)(4) and Health-related Quality of life (HRQoL) have been analyzed as effect in the framework of “Exercise Looks After You” program after 12 months participation. As overall HRQoL indicator, *TTO utility* from EQoL-5D-3L questionnaire was computed. Incremental Cost-Effectiveness Ratios (ICER) from health care perspective were estimated. Additionally, User satisfaction was recorded via telephonic interview in a subsample of users (300 users randomly selected from all municipalities).

Repeated Measures ANOVA models were constructed through bootstrap estimation method (1000 replicates per model) with PF components and HRQoL utility as dependent variables. Models were adjusted by age, gender, marital status, educational level, amount of physical activity, BMI and base line of respective dependent variables. Descriptives and models were computed with 19 version of SPSS software. ICER was estimated with *excel* add-in based on *ICEinfer R package*. Significance level was set at $p < 0.05$.

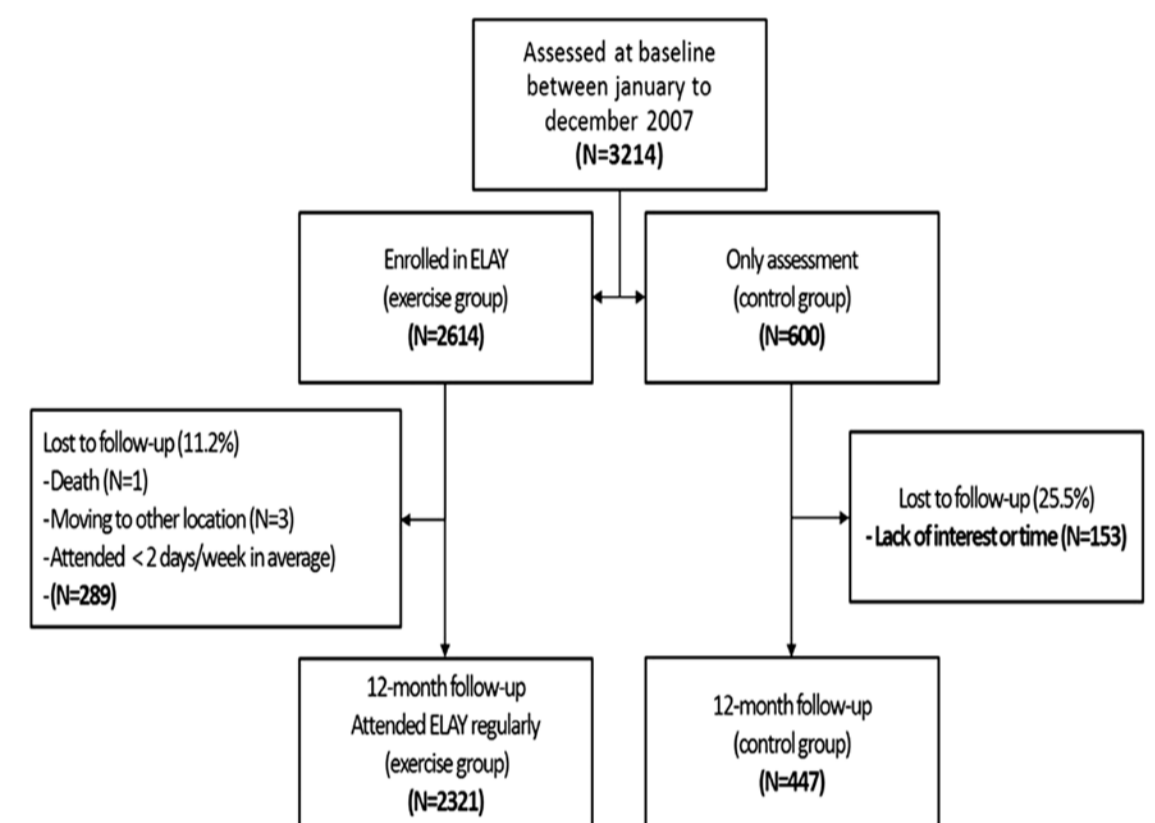
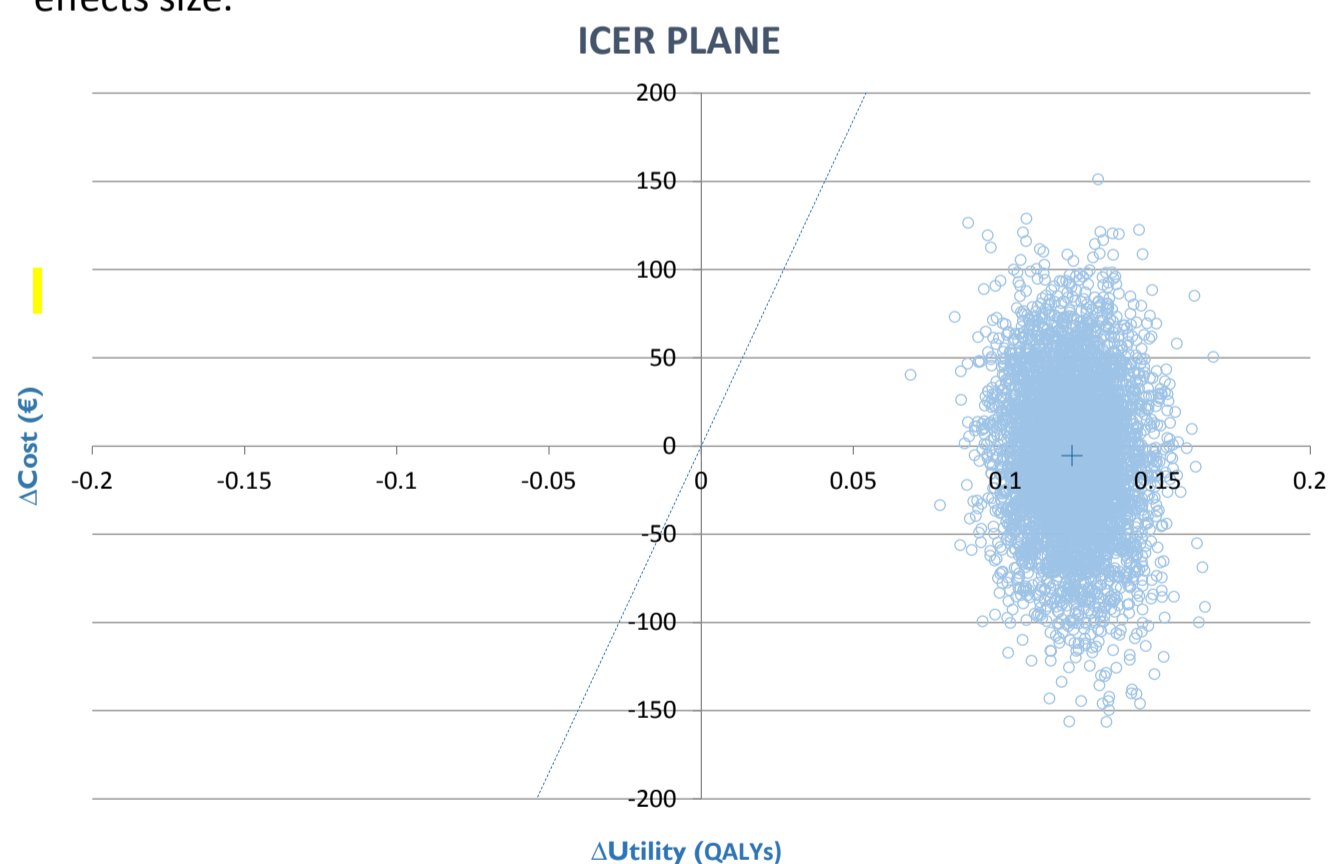


Figure 1. Participants Flow

RESULTS

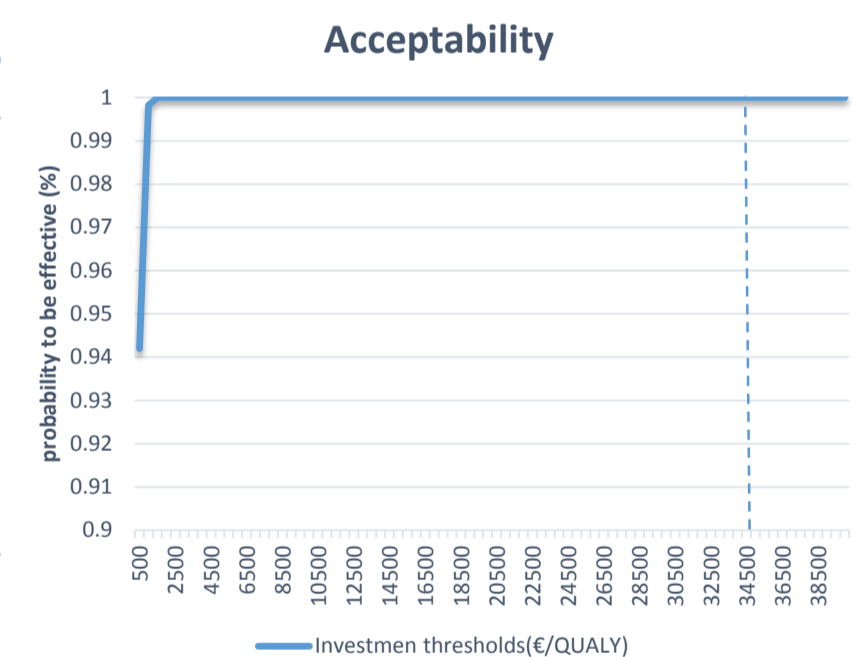
Changes in physical fitness and HRQoL after 12 months participation in EG individuals were significantly different respect to the CG. The greatest differences were obtained for HRQoL, especially for more impaired participants at base line. All these differences were based on moderated effects size.



PF and HRQoL Treatment effects

Handgrip (Kg)	3,28**
Seat-and-reach (cm)	2,78**
Back scratch (cm)	4,33**
Functional reach (cm)	3,42**
Time up and go (sec)	-1,16**
6-min walk (m)	46,89**
EQ-5D VAS	0,1**
EQ-5D utility index	0,1**

** significant treatment effect a $p < 0,01$ for ANOVA models; Difference in differences methods was used to estimate treatment effects



Incremental utility was 0,12 (0,1 to 0,15) QALYs for EG respect to CG. Incremental cost was -5,57 € (from -90 to 73,5 €). All replicates were positioned in the more effective area, and approximately half of these into de more expensive than usual care area. Every replicates was into de Cost-Effective area according to the 34729 €/QALY criterion (5). Probability to be effective reached maximum values 30 times more cost efficiently than usual threshold.

Global satisfaction among program users was scored as 9.8 over 10.

CONCLUSIONS

Exercise Looks After You (ELAY) is a practice of exercise referral characterized by being applied by professional sport technicians, monitoring, intersectorial alliances, both physical and psychosocial components in elderly, using health-related quality of life as screening tool to refer these candidates more in need. ELAY showed high compliance, reliability, applicability, highly effective to enhance health-related quality of life and fitness and a really good cost-effectiveness ratio. From a social perspective, it was well-regarded by stakeholders (participants, professionals and police-makers). Physical Fitness components changes after 12 month participation in a exercise referral program could be considered the key factor to determine acceptability of investment in this kind of health technologies.

REFERENCES

- Lee, I.-M., Shiroma, E. J., Lobelo, F., Puska, P., Blair, S. N., & Katzmarzyk, P. T. (2012). Impact of Physical Inactivity on the World’s Major Non-Communicable Diseases. *Lancet*, 380(9838), 219–229.
- Gusi N, Reyes MC, Gonzalez-Guerrero JL, Herrera E, Garcia JM. Cost-utility of a walking programme for moderately depressed, obese, or overweight elderly women in primary care: a randomised controlled trial. *BMC Public Health*. 2008;8:231.
- Gusi, N., Hernandez-Mocholi, M. A., & Olivares, P. R. (2015). Changes in HRQoL after 12 months of exercise linked to primary care are associated with fitness effects in older adults. *European Journal of Public Health*, 25(5).
- Gusi N, Prieto J, Olivares PR, Delgado S, Quesada F, Cebrián C. Normative fitness performance scores of community-dwelling older adults in Spain. *J Aging Phys Act*. 2012 Jan;20(1):106-26.
- Sacristán, J. a., Oliva, J., Del Llano, J., Prieto, L., & Pinto, J. L. (2002). ¿Qué es una tecnología sanitaria eficiente en España? *Gaceta Sanitaria*, 16(4), 334–343.

This program is co-sponsored by Regional Government of Extremadura (Fundación Jóvenes y Deporte. Direccion General de Deportes) and participant Municipalities.

INITIATIVE NAME & BRIEF DESCRIPTION

Physical fitness is a powerful marker of health in children and adolescents¹, and there is no reason to believe that fitness is less important in younger children, i.e., preschoolers. The information about the influence of physical fitness on health markers in preschool children is scarce mainly due to the lack of validated methodology and the difficulty to assess fitness in early childhood. Our group has recently published a systematic review and methodological studies on fitness in preschoolers and has proposed the **PREFIT (Assessing levels FITness in PREschoolers)** battery for preschoolers aged 3-5 years², providing information about its feasibility, reliability and practical recommendations^{3,4}. The PREFIT Project aimed to provide weight status anthropometric and physical fitness reference standards from a relatively large sample of preschool children aged 3 to 5 years.

METHODS

A total of 3179 preschoolers aged 3-5 years from 10 cities geographically distributed across Spain participated in the PREFIT project. Physical fitness was assessed with the PREFIT battery². Feasibility, reliability, maximality and practical recommendation of these tests have been published elsewhere^{3,4}. Weight (kg), height (cm) and waist circumference (cm) were assessed without shoes and in light clothing.

Cardiorespiratory fitness was assessed with the PREFIT 20m shuttle run test. Briefly, the test consisted in run back and forth between two lines (20m apart) following an audio signal. From the original version proposed by Leger et al.⁵ two adaptations were introduced for preschool children⁴: 1) the test started at 6.5 km/h with an increment of 0.5 km/h every minute, and 2) two evaluators located forward and backward ran with a reduced group of preschoolers in order to help them to maintain the pace. The test finished for each child when he or she could not reach the line concurrently with the audio signal on two consecutive occasions or when the child stopped due to fatigue. The test was performed once, and the result was registered in laps.

Upper-limb muscular strength was assessed with the handgrip strength test. This test consisted in squeeze as much as possible. The analogue version of TKK dynamometer (TKK 5001, Grip-A, Takei, Tokyo) was used and grip span 4.0 cm was fixed^{6,7}. Preschoolers performed two non-consecutive attempts with each hand and the best result was registered in kg.

Lower-limb muscular strength was assessed with the standing long jump test. This test consisted in jumping forward as far as possible, with the feet separated at the shoulder's width, landing upright. The distance between the take-off line and the location of the last back foot was recorded. Preschoolers performed three attempts and the best of them was registered in cm.

Speed-agility was assessed with the PREFIT 4x10m shuttle run test. In this test, children had to run as fast as possible four times between two lines (10m apart). Two evaluators were situated in each line and preschoolers had to clap the evaluator's hand and go back at maximum speed. The best (lowest duration in seconds) of two attempts was manually registered by an experienced rater.

Static balance was assessed with the one-leg stance test. The test consisted in stand on one-leg still with the supporting leg on the floor and the free leg bent at approximately 90°. Children had to maintain the balance position as much as they could. The test finished when the child could not be in the required position. One attempt was done with each leg and the average time was registered in seconds.

RESULTS

Prevalence of overweight and obesity was 21.4% and 34.8% following the World Obesity Federation (WOF) and World Health Organization (WHO) criteria, respectively. Based on the WOF obesity cut-off, 3.5%, 1.2% and 1.3% of these subjects were categorized as mild, severe and morbid obese, respectively (all together 6% obese). Following the WHO criteria, 6% was categorized as obese. Prevalence of underweight was 4.8% and 3.1% for WOF and WHO criteria, respectively (Figure 1).

Reference standards for the 1st, 3rd, 5th, 10th, 15th, 20th, 30th, 40th, 50th, 60th, 70th, 80th, 85th, 90th, 95th, 97th and 99th percentiles and for each 0.025 years of age (i.e. 10 days) were provided (Figure 2).

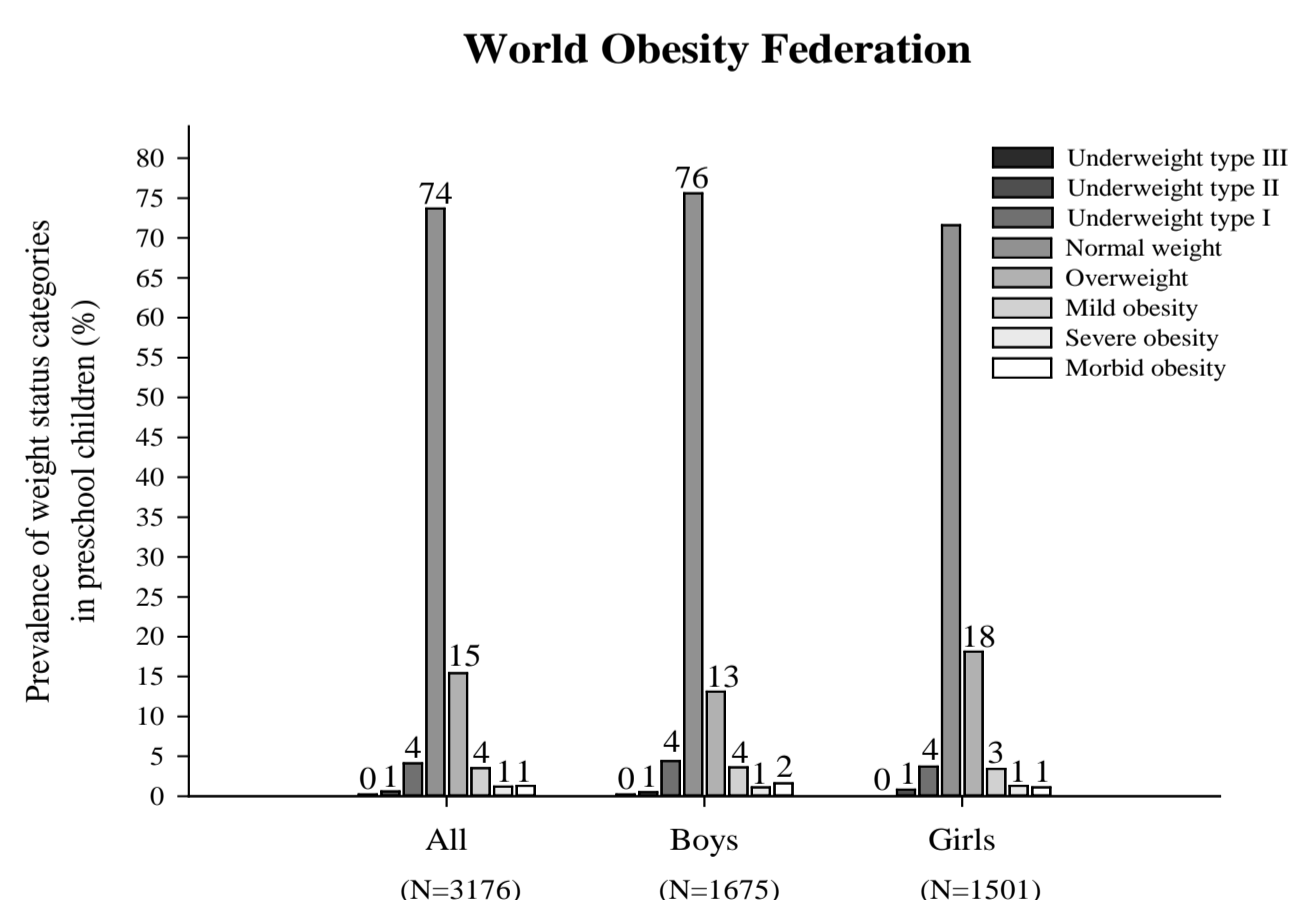


Figure 1. Prevalence of weight status based on World Obesity Federation.

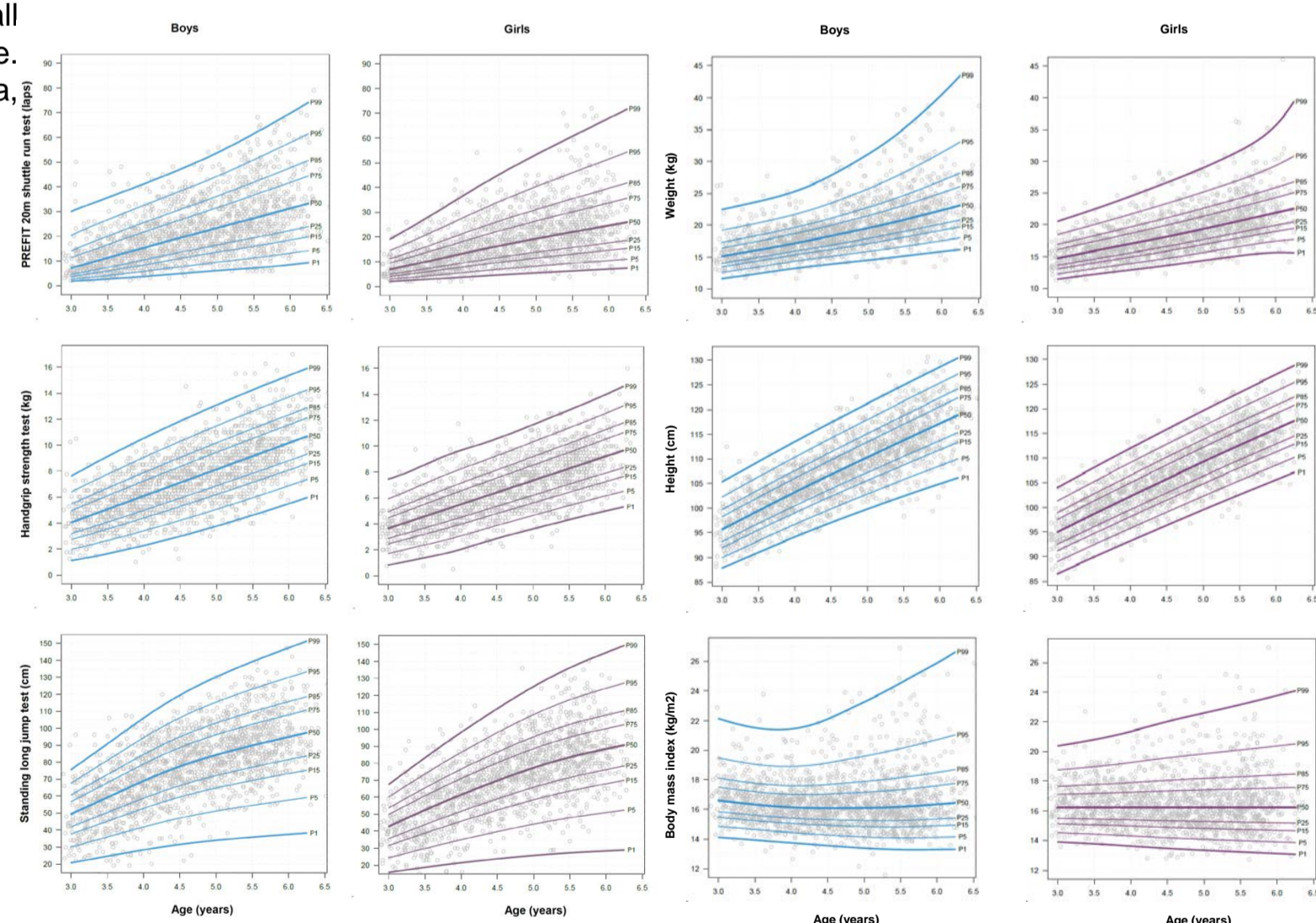


Figure 2. Reference standards of several anthropometric and fitness tests.

CONCLUSIONS

Our results show a high prevalence of overweight/obese preschool children in the Spanish population. It is of concern that already at these early ages there are severe and morbid obese kids. Thereby, professionals could help to track and monitor anthropometric changes at this early stage in order to prevent overweight/obesity as well as identify and help young children classified into the lowest fitness categories of the reference standards, implementing strategies to promote physical fitness and physical activity to prevent or reduce future health-related problems already at these ages.

REFERENCES

- Ortega et al. 2008, Int J Obes
- Ortega et al. 2015, Sports Med
- Cadenas-Sanchez et al. 2016, J Sci Med Sport
- Cadenas-Sanchez et al. 2014, Nutr Hosp
- Leger et al. 1988, J Sports Sci
- Cadenas-Sanchez et al. 2016 Am J Occup Ther
- Sanchez-Delgado et al. 2015, J Hand Surg Eur



INITIATIVE NAME & BRIEF DESCRIPTION

Improvements in physical activity surveillance

New questions on physical activity and sedentary behaviours has been developed and validated for use in the national public health survey *Health on equal terms 2016*. The questions are designed to capture the 150 min /week recommendation from WHO in a better way than previous questions, and to give information on total time spent sitting . Questionnaires are still the most common method to measure physical activity under free-living conditions, but they have limited reliability and validity. Consequently, there is a need to compare subjective and objective measures of physical activity and to examine the correlation between these data.

METHODS

Data on physical activity from the new questions and Actigraph GT3X+ accelerometers were collected in 365 Swedish adults (21–66 years). The physical activity questions ask about weekly exercise and every-day physical activity, with categorical, open, and table mode answering alternatives.

Exercise

1, During a regular week, how much time do you spend exercising on a level that makes you short winded, for example running, fitness class, or ball games?

Every-day physical activity

2. During a regular week, how much time are you physically active in ways that are not exercise, for example walks, bicycling, or gardening? Add together all activities lasting at least 10 min.

Sedentary behavior

How many hours a day do you spend sitting down during waking hours?

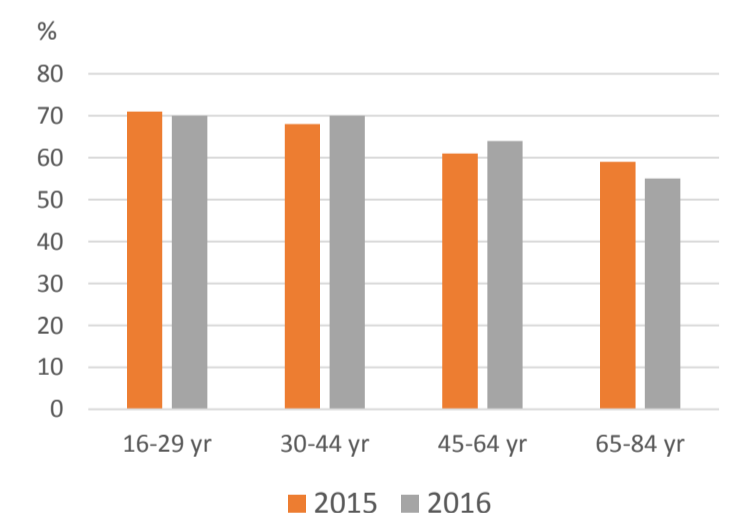
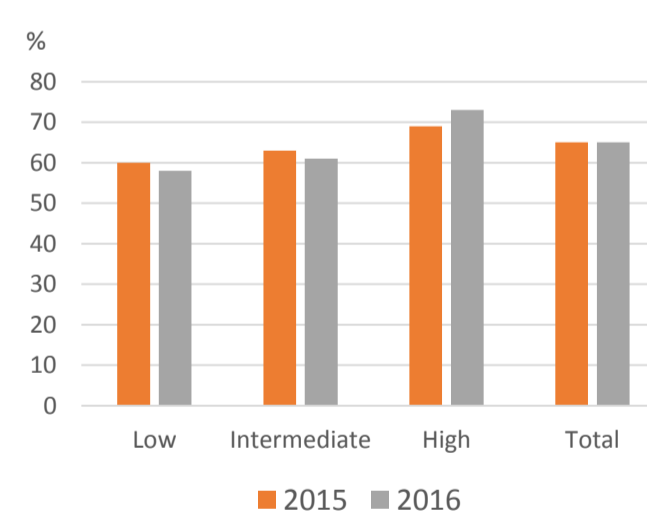
- More than 15 hr
- 13-15 hr
- 10-12 hr
- 7-9 hr
- 4-6 hr
- 1-3 hr
- Never

RESULTS

The Categorical mode, compared with the Open mode, correlated (Spearman's rho) significantly more strongly ($p < 0.05$) with accelerometer physical activity (the capacity of the physical activity questions to identify insufficiently physically active individuals ranged from 0.57 to 0.76 for sensitivity and from 0.47 to 0.79 for specificity. The Categorical answer mode showed stronger validity than the Table mode, and superior validity compared to the Open mode. Sensitivity and specificity of the physical activity questions are fair. About 45 % reported sitting 50 % or more of their waking hours.

		Exercise						
		1	2	3	4	5	6	7
min		0	<30	30-60	60-90	90-150	150-300	>300
Every-day phys act	1	0	Red	Red	Red	Red	Green	Green
	2	<30	Red	Red	Red	Green	Green	Green
	3	30-60	Red	Red	Green	Green	Green	Green
	4	60-90	Green	Green	Green	Green	Green	Green
	5	90-120	Green	Green	Green	Green	Green	Green
	6	>120	Green	Green	Green	Green	Green	Green

Cross-table of the two questions on physical activity, showing answering alternatives indicating sufficiently (gree) and insufficiently (red) physically active groups



Comparing the national survey 2015 (30 min/day) and 2016 (150 min/week), education levels and age groups.

CONCLUSIONS

The Categorical mode exhibits the strongest validity and Open mode the weakest.

The physical activity questions may be used to estimate levels of MVPA on a population level.

The validity of the physical activity questions is in line with several other, extensively used physical activity questionnaires.

REFERENCES

Sven Johan Gustav Olsson, Örjan Ekblom, Eva Andersson, Mats Börjesson, Lena Kallings. Categorical answer modes provide superior validity to open answers when asking for level of physical activity: A cross-sectional study. *Scand J Public Health*. 2016 Feb;44(1):70-6. doi: 10.1177/1403494815602830. Epub 2015 Sep 21.

The Public Health Agency of Sweden. http://fohm-app.folkhalsomyndigheten.se/Folkhalsodata/pxweb/sv/B_HLV/?rxid=ce18e4dc-8f3e-4cf5-b043-95c19d3a465d