Physical activity promotion in primary care settings – the situation in Europe

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With contributions from Lideke Middelbeek, Matti Leijon, Minna Aittasalo and Maarten Koornneef

World Congress on Exercise is Medicine/ACSM Annual Meeting, Symposium „International Exercise is Medicine Experiences: Past, Present and Future Perspectives“, Baltimore MD, 01.06.2010

PA promotion in primary care

• Since 1990s development of interventions based on international experiences, but adapted to local situation
  ➤ Good acceptance in patients, GPs and other primary care staff
  ➤ Indications for effectiveness

Since 1990s development of interventions based on international experiences, but adapted to local situation


But: difficulty to recruit primary care partners


PA promotion in primary care

• Development of professional communication materials and procedures for large scale implementation
• Based on existing experiences, expert opinion, qualitative and quantitative research


Barriers to counseling – (…) most important ones: lack of time, competition between the different topics of health promotion and preventive medicine, lack of reimbursement, lack of clear guidelines, lack of knowledge about downstream structures, lack of structural support to facilitate behavioral changes in patients (architectural and in town planning), or physician’s fear to be perceived as a «health moralist» (…)“

Opinions and Attitude of a Sample of Swiss Physicians about Physical Activity Promotion in a Primary Care Setting


“Would you rather welcome or disapprove of your GP addressing your individual physical activity behaviour?“

Desire for advice

<table>
<thead>
<tr>
<th></th>
<th>Much welcomed</th>
<th>Rather welcomed</th>
<th>Indifferent</th>
<th>Rather disapproved</th>
<th>Clearly disapproved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of advice</td>
<td>47.5 %</td>
<td>32.0 %</td>
<td>7.1 %</td>
<td>5.9 %</td>
<td>7.5 %</td>
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“For you, how relevant is your GP’s advice concerning your individual physical activity behaviour?“

Desire for advice

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|                        | 50.5 %        | 30.8 %          | 10.5 %      | 4.2 %             | 4.0 %               |
|                        | very relevant | rather relevant | moderately relevant | of little relevance | not relevant at all |

PA promotion in primary care

- Development of professional communication materials and procedures for large scale implementation
- Based on existing experiences, expert opinion, qualitative and quantitative research
- Joint project with Swiss College of Primary Care Medicine
  ➔ College’s decision based on evidence based approach and possibility to participate in elaboration of final product


PA promotion in primary care

- Development of professional communication materials and procedures for large scale implementation
- Based on existing experiences, expert opinion, qualitative and quantitative research
- Joint project with Swiss College of Primary Care Medicine
- Testing in 19 primary care practices in French speaking and 6 in German speaking Switzerland
- Final adaptations in procedures and material


www.panh.ch/hepa.ch/gf/khm

www.paprica.ch
### PA promotion in primary care

- Currently implementation in canton of Vaud within context of the canton’s programme on diet, physical activity and health (French version)
- Exploration for implementation in other cantons (French and German version)
- Swiss College of Primary Care Medicine is developing an integrated approach for prevention in primary care, PAPRICA will become the PA component
- Growing interest from Swiss Society for Sports Medicine
- Cooperation with Italy on Italian version under preparation

### Data on prevalence and appreciation of PA in primary care

| Data on prevalence of PA in primary care | x |
| Data on appreciation of PA in primary care | x |

### National Policy for PA in Primary Care

| National PA policy | x |
| Funded PA policy | (x) |
| PA in primary care part of national policy | - |
| PA in primary care funded part of policy | - |

| National policy for PA in primary care | - |
| Systematic implementation of PA in primary care | - |
| Funding mechanisms for PA in primary care | - |
| Cooperation with other countries | (x) |
First European Conference on the Promotion of Health-Enhancing Physical Activity (HEPA)

Organisers
The UK Institute for Health Promotion Research
Netherlands Olympic Committee
Netherlands Sports Confederation (NOC*NSF)
Finnish Rheumatism Association

Contents of the workshops
1. Cycling promotion
2. How to develop effective network services - linking the need and supply
3. Assessment of physical activity - recent developments
4. Assessment of health-related fitness
5. A French speaking workshop

Programme Committee
Prof. Ilkka Vuori, Chair
Mr. Nick Cavill
Mr. Wart Coumans
Dr. William van Mechelen
Prof. Dr. Heinz Meichling
Dr. Pekka Oja
Prof. Dr. Emmanuelle van Peeragh

On 27 November 1998, the second national conference of The Netherlands on the Move! The conference. View to More Exercise, presented the following exercise advice.

The programme spanned three days. On Friday 27 November the participants were introduced into the world of HEPA. After welcoming words from chairman Mr. Ilkka Vuori (HEPA programme) Mr. Maarten Kromme (Netherlands Ministry of Health, Welfare and Sport) and Mr. Casse Goczi (WHO Euro), Dr. Steven Blair (Cooper Institute for Aerobics Research, USA) provided an update of the evidence concerning effects.

EU Physical Activity Guidelines
Recommended Physical Activity in Support of Health-Enhancing Physical Activity

Evidence for Action
Primary care physicians can give assistance to older patients to realize the benefits by encouraging them to increase their physical activity levels, by prescribing appropriate exercise regimes and by referring them to physical activity and exercise specialists.

EU Physical activity guidelines, 2008

Preliminary data from European region (53 countries, not yet verified)

<table>
<thead>
<tr>
<th>National action on PA counselling in primary care</th>
<th>PA in curr. of health professionals</th>
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</thead>
<tbody>
<tr>
<td>Not existing</td>
<td>0</td>
</tr>
<tr>
<td>Clearly stated, partly implemented</td>
<td>21 (81%)</td>
</tr>
<tr>
<td></td>
<td>9 (39%)</td>
</tr>
<tr>
<td>Clearly stated, fully implemented</td>
<td>5 (19%)</td>
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<tr>
<td></td>
<td>14 (61%)</td>
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<tr>
<td>Total</td>
<td>26 (100%)</td>
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<tr>
<td></td>
<td>23 (100%)</td>
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Annual Conference & Meeting of HEPA Europe
Palacky University
Olomouc
Czech Republic
24.-26.11.10

HEPA Europe Steering Committee since Nov 2009

- Willem van Mechelen, VU Medical School, Amsterdam, NL (Chair)
- Andrea Backovič Juričan, CINDI Slovenia
- Winfried Banzer, Olympics Sports Confederation, Germany
- Finn Berggren, Gerlev PE and Sports Academy, Denmark
- Charlie Foster, BHF Health Promotion Research Group, Oxford, UK
- Maarten Koornneef, Ministry of Health, Welfare and Sport, NL
- Brian Martin, University of Zurich, Switzerland
- Jean-Michel Oppert, Paris VI University, Hotel Dieu, France
- Francesca Racioppi, WHO Regional Office for Europe
- Harry Rutter, National Obesity Observatory England, UK
- Michael Sjöström, Karolinska Institute, Sweden
- Radim Šlachta, Palacky University, Czech Republic
- Mireille van Poppel, VU Medical School, Amsterdam, NL
- Tommi Vasankari, UKK Institute, Tampere, Finland
- Observer: Fiona Bull, GAPA
- Observer: Eddy Engelsman, WHO Headquarters
- Technical support: Sonja Kahmeier, University of Zurich, Switzerland

Meetings and working groups on specific topics
HEPA promotion through primary care
The situation in Switzerland and possible steps for the European working group

Raphaël Bize
Department of Ambulatory Care and Community Medicine
Lausanne University, Switzerland

4TH ANNUAL MEETING OF HEPA EUROPE
GLASGOW, UNITED KINGDOM, 10 SEPTEMBER 2008

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<th>Data on prevalence of PA in primary care</th>
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| PA in primary care part of national policy | x | x | - |
| PA in primary care funded part of policy  | x | - | - |
PA promotion in primary care

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<td>Cooperation with</td>
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<td>other countries</td>
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Where do we go from here?

- Finalise questionnaire in order to better capture national particularities, carry out survey in more countries
- Identify examples of good practice and possibilities for collaboration, e.g. with respect to migrant population groups
- Explore strategic alliances, e.g. with Healthy Hospital Networks
- Follow the international development and learn from it