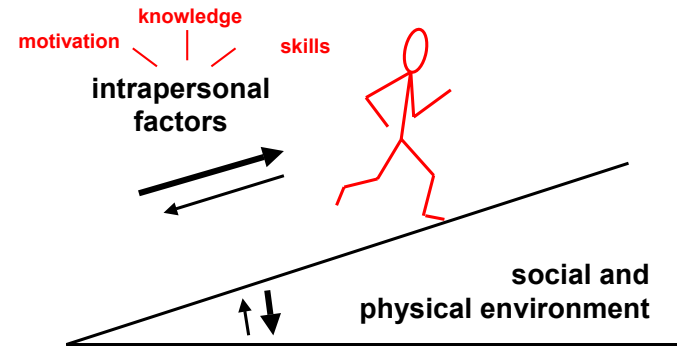


Population based Sites and Strategies for Physical Activity Programmes

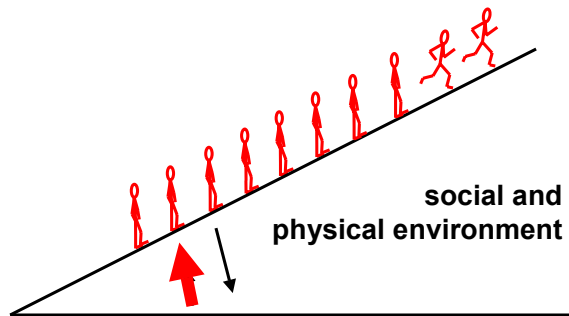
Brian Martin, MD, MPH
Swiss Federal Institute of Sport Magglingen, Switzerland
Institute of Social and Preventive Medicine,
University of Zurich, Switzerland

*International Symposium & Course on Physical Activity and Public Health
Kuwait, 15 April 2009 (handout combined with presentation from 13 April 2009)*

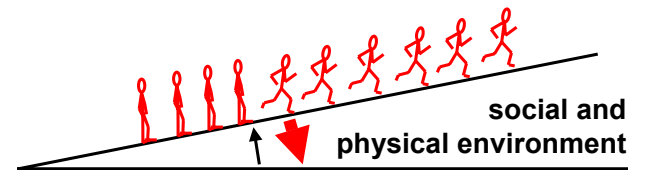
Determinants of (physical activity) behaviour



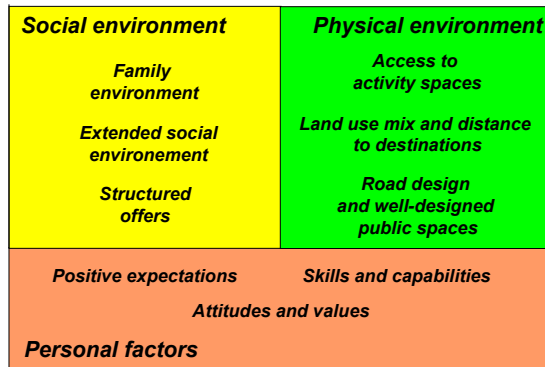
The role of physical activity determinants at the population level



The role of physical activity determinants at the population level

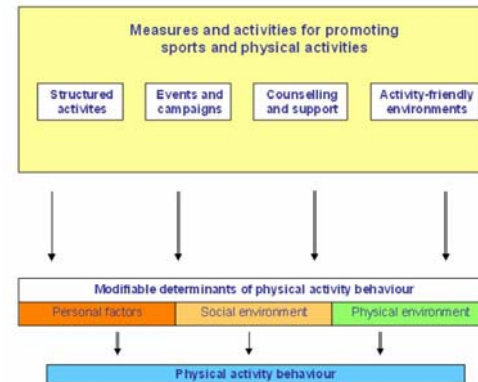


Modifiable determinants of physical activity behaviour



Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Measures for promoting physical activity



Roles in measures:

- **Preparing** measures (initiate, plan, coordinate)
- **Training** actors
- **Implementing** measures
- **Supporting** others (with expertise and experience, financially, in communications, with materials or other non-monetary assistance, labour etc.)

Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts



Youth+Sports

- Established by federal law in 1972 (constitutional vote in 1970)
- "The aim of the institution youth+sports is to develop young people of 14 (since 1994 10) to 20 years of age in sports and to guide them to a healthy lifestyle"
- Emphasis on sports for all



Youth+Sports as an example for roles in promoting physical activity

Preparing

All teaching materials for each specific sports discipline by the confederation in collaboration with the sports associations

Training

Instructors by the Confederation, the cantons and the sports associations

Implementing

The courses for the children and adolescents primarily by clubs, sports associations and youth organisations

Supporting

With infrastructure by municipalities, with financial contributions from municipalities, cantons and the Confederation

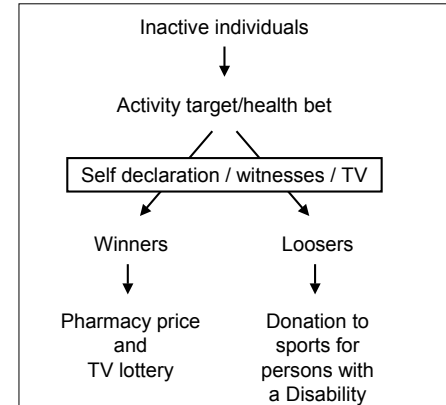
Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Measures and activities for promoting physical activity

- Structured activities
- Events and campaigns
- Counselling and support
- Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.

General idea <<Health Bet>>



Launching «Health Bet» in September 2003

- TV health programme «Gesundheit Sprechstunde» with 300'000-500'000 spectators
- Health magazine «Gesundheit Sprechstunde» with circulation 80'000
- Article in in pharmacy magazine
- 170 (-> 180) participating pharmacies/dispensing chemists

→ Expected number of participants: 1'000 to 10'000

Dössegger A, Nützi C, Kienle G, Ackermann B, Stutz S, Martin BW. Experiences in nationwide recruiting for the Allez Hop Physical Activity Programme. . Schweiz Z Sportmed Sporttraumatol, in press

Participation «Health Bet» in September 2003



→ 35 bets accepted out of 55 offered

→ 8 winners

Dössegger A, Nützi C, Kienle G, Ackermann B, Stutz S, Martin BW. Experiences in nationwide recruiting for the Allez Hop Physical Activity Programme. . Schweiz Z Sportmed Sporttraumatol, in press

Evaluation of «Health Bet»

- Question of effectiveness of little interest
- Focus on reasons for failure

Dössegger A, Nützi C, Kienle G, Ackermann B, Stutz S, Martin BW. Experiences in nationwide recruiting for the Allez Hop Physical Activity Programme. . Schweiz Z Sportmed Sporttraumatol, in press

Evaluation results of «Health Bet»

Representative population survey November 2002, n=1501

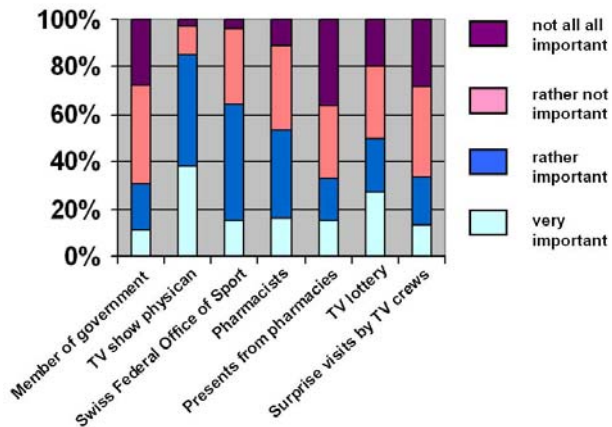
- Solicited awareness 39% in Switzerland, 50% in German speaking part

Results from interviews with TV studio spectators (n=153)

- High proportion of physically inactive individuals (58%)
- Overall idea well understood
- Physically inactive individuals do not see themselves as target population (52% feel not concerned)
- Surprising role of different motivational elements

Dössegger A, Nützi C, Kienle G, Ackermann B, Stutz S, Martin BW. Experiences in nationwide recruiting for the Allez Hop Physical Activity Programme. . Schweiz Z Sportmed Sporttraumatol, in press

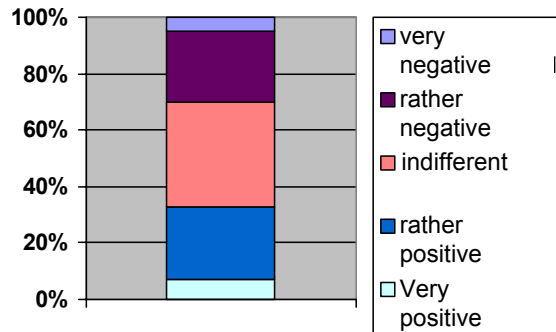
Importance of different motivational elements



Surprise visits by TV team – motivational effects



Surprise visits by TV team – motivational effects in spectators' survey



Main conclusions from evaluation «Health Bet»

→ It's not simple!

→ Unclear definition of intervention setting

→ Unclear definition of target group

Measures and activities for promoting physical activity

→ Structured activities

→ Events and campaigns

→ Counselling and support

→ Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.

Development



- 1996: Launched by three health insurance companies and Swiss Olympic
- 2003: public-private partnership:
 - » Federal Office of Sport
 - » Health Promotion Switzerland
 - » Swiss Olympic
 - » santésuisse (association of Swiss Health Insurances)

Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

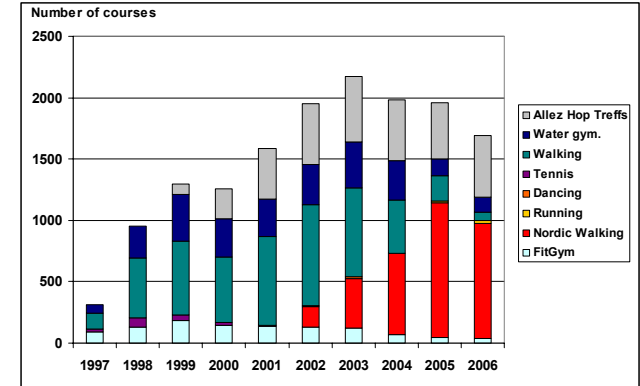
The programme Allez Hop



- Weekly lessons during ten week courses, qualified instructors
- National programme
- At the beginning in collaboration with sports clubs and associations; later also with independent instructors
- Up to 20'000 participants per year, 90% female

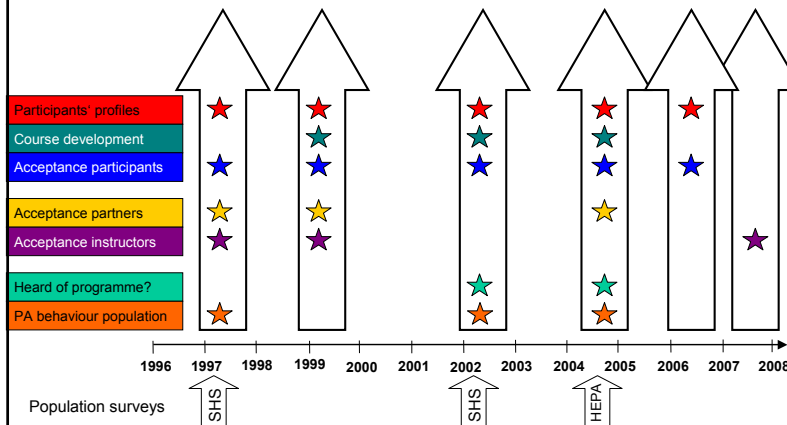
Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

Course development



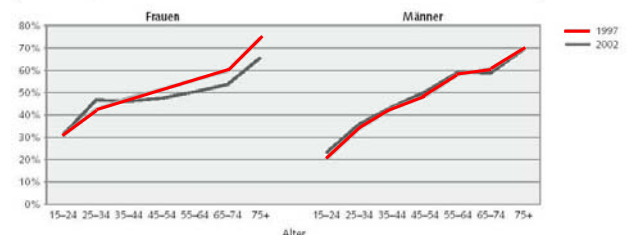
Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

Evaluation questions



“Inactivity in sports” in the Swiss Health Surveys 1997 und 2002

Anteile der sportlich inaktiven Frauen und Männer nach Alter, 1997 und 2002 G 10



Quelle: BFS, Schweizerische Gesundheitsbefragung 1997, 2002. Bewegung unterwegs: n=19'528 (2002), 12'941 (1997).
Sportverhalten: n=19'704 (2002), 13'004 (1997).

Lamprecht M, Stamm HP. Bewegung, Sport, Gesundheit. Fakten und Trends aus den Schweizerischen Gesundheitsbefragungen 1992, 1997, 2002. StatSanté, Resultate zu den Gesundheitsstatistiken in der Schweiz, 1/2006.



Most popular sports in Switzerland 2007

	level 2007	change since 2000
Bicycle, mountainbike	35.0%	+3.2%
Walking/hiking*	33.7%	+11.1%
Swimming	25.4%	-0.9%
Skiing	21.7%	+3.8%
Jogging/running	16.8%	-0.8%
Fitness training	14.0%	+2.5%
Gymnastics	11.7%	-5.3%

*47% nordic walking; 20% walking; 33% brisk walking

Lamprecht M, Fischer A, Stamm HP. Sport Schweiz 2008: Das Sportverhalten der Schweizer Bevölkerung. Magglingen, BASPO 2008

Allez Hop



- The programme has reached insufficiently active middle aged women for a decade
- **Allez Hop** is the top evaluated physical activity promotion programme in Switzerland
- First indications for effects at population level
- Evaluation supported a continuous programme development for more than 10 years

Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008

Measures and activities for promoting physical activity

→ Structured activities

→ Events and campaigns

→ Counselling and support

→ Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.

Bike to work

„Try something new“



Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrlander C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, in press.

Bike to work Switzerland

- Pilot study in Switzerland in 2005, focussing on feasibility and acceptance both in participants and non-participants
 - Structured Interviews with random samples of participants (n=178) and non-participants (n=159)
 - Good acceptance in both groups
 - No differences regarding gender or education. Participants were younger, lived closer to work and were more frequently habitual cyclists
 - No differences regarding physical activity level.
 - 37.6% of participants had not used the bike for commuting to work prior to the campaign

Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrlander C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, in press.

Bike to work Switzerland

- Teams of four work colleagues have to cycle to work on 50% of working days during month of May. Team member don't have to cycle together.
- Good experiences in Scandinavia and Germany
- Successful pilot study in Switzerland in 2005
- 2006: 400 enterprises, 21'547 participants
- 2007: 607 enterprises, 33'182 participants
- 2008: 873 enterprises, 45'581 participants
- 2009: 1095 enterprises registered
- Organisers keep using evaluation tools

Surbeck R, Martin-Diener E, Grize L, Spoerri A, Braun-Fahrlander C. Swiss bike-to-work campaign: Did we reach the intended population? Schweiz Z Sportmed Sporttraumatol, in press.

Measures and activities for promoting physical activity

- Structured activities
- Events and campaigns
- Counselling and support
- Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.



**Dr. Luzi Fehrs
Krankheits-Tipp Nr. 2:**

Vermeiden Sie sorgfältig jede sportliche Betätigung. Gehen Sie nie zu Fuss. Fahren Sie nie Velo. Grundsätzlich verboten ist tiefes Durchatmen - es sei denn, Sie ziehen Rauch ein.

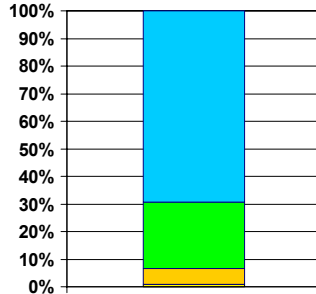
Health Promotion Mass Media Campaign by Foundation Health Promotion Switzerland in the year 2000

„Dr. Luzi Fehrs Illness Tip No 2:

Carefully avoid all forms of sports and physical activity. Never walk. Never use your bicycle. Never ever breathe harder – unless you are inhaling tobacco smoke.“

HEPA Survey Switzerland 1999 (n=1529) Physical activity as a health resource

„How important do you think is physical activity for your health?“



Very important	69.3%
Rather important	24.0%
Moderately important	5.7%
Of little importance	0.9%
Not important at all	0.0%
Total	100.0%

Percentages weighted
to the Swiss population

Martin BW, Mäder U, Calmonte R. Schweiz Z Sportmed Sporttraumatol. 1999; 47 (4): 165-169.

Local seed money projects

- Community level physical activity promotion projects, financially supported by funds from the national level
- Successful in national physical activity programmes in Finland and England (~ 500-1000 US\$/project)
- Opportunity for Swiss physical activity campaign planned for 2000

Local seed money projects Switzerland

- Opportunity for Swiss physical activity campaign planned for 2000
- No PA campaign but general health promotion campaign
- Seed money project carried out independently
 - 55'000 Swiss Francs (45'000 US\$) to be distributed over ½ year, 1000 Francs (800 US\$) per project
 - Project guide developed and made available in German, French and Italian
 - Minimal evaluation requirements; 500 Francs available after application, 500 Francs after final questionnaire

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Local seed money projects Switzerland 2000-2002

- Original objectives were not met, duration changed from ½ year to 2 years
- Still only 19'500 Swiss Francs out of 55'000 distributed
- Financial support appreciated, all other support hardly used
- The need for evaluation was not understood
 - Many projects did not collect second 500 Francs because they did not send in the final questionnaire
 - Only minority of projects took part in further quality control and only in most rudimentary way

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Local seed money projects Switzerland 2000-2002

- Possible reasons for failure
 - National physical activity campaign cancelled
 - Financial incentives irrelevant in view of limited capacities for funding application as well as development and implementation of intervention projects
 - Limited understanding for benefits of evaluation
- Capacity building should have higher priority
- Better use of settings and more targeted interventions

Martin B. Lokale Projektunterstützung Bewegung 2000 bis 2002. Bericht zum Projekt von Gesundheitsförderung Schweiz und des Bundesamts für Sport Magglingen. 2003

Measures and activities for promoting physical activity

- Structured activities
- Events and campaigns
- **Counselling and support**
- Activity-friendly environments

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006.

Physical activity counselling in primary care – international experiences

- **First studies in primary prevention encouraging**
 - *Calfas et al. A controlled trial of physician counseling to promote the adoption of physical activity. Prev Med 1996*
 - *Lewis BS, Lynch WD. The effect of physician advice on exercise behavior. Prev Med 1993*

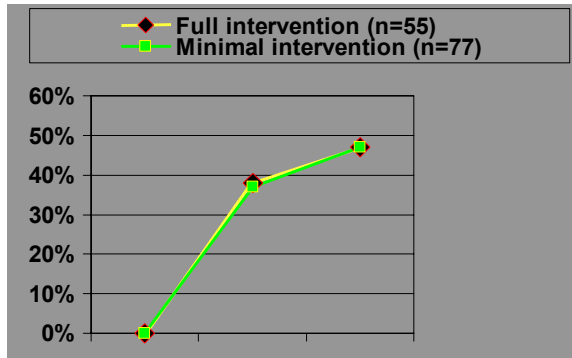
Physical activity counselling in primary care – international experiences

- **First studies in primary prevention encouraging**
- **Systematic research in the US, the UK and Finland**

„There is limited evidence from well designed trials that office based physical activity promotion in primary care settings is efficacious in promoting changes in physical activity that could conceivably have lasting clinical benefits.“

Eaton CB, Menard LM. A systematic review of physical activity promotion in primary care office settings. Br J Sports Med 1998

Active upon advice efficacy study 2000/2001 - Effects after 6-8 weeks and 14 months



Proportion of active study participants

Jimmy G. Martin BW. Implementation and effectiveness of a primary care based physical activity counselling scheme. Patient Education and Counseling, 2005.

Physical activity counselling in primary care – the situation in Switzerland

- **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*
- *But: difficulty to recruit primary care partners*

Physical activity counselling in primary care – the situation in Switzerland

- **Development of interventions based on international experiences, but adapted to local situation**

- **Development of interventions for large-scale implementation**
(„Bridging the gap between research and practice“)

- *Research on GPs and other partners' needs and attitudes*
- *Development of professional communication material*

„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» (...)“



Schweizerische Zeitschrift für «Sportmedizin und Sporttraumatologie» 55 (3), 97–100, 2007

Attitudes towards Physical Activity Promotion in Primary Care HEPA survey Switzerland 2004, n=811

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

Desire for advice

Much welcomed	47.5 %
Rather welcomed	32.0 %
Indifferent	7.1 %
Rather disapproved	5.9 %
Clearly disapproved	7.5 %

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. *Schweiz Z Sportmed Sporttraumatol* 2008; 56 (3), 112–116.

Attitudes towards Physical Activity Promotion in Primary Care HEPA survey Switzerland 2004, n=811

„For you, how relevant is your GP's advice concerning your individual physical activity behaviour?“

Desire for advice

Importance of advice

Much welcomed	47.5 %	50.5 %	very relevant
Rather welcomed	32.0 %	30.8 %	rather relevant
Indifferent	7.1 %	10.5 %	moderately relevant
Rather disapproved	5.9 %	4.2 %	of little relevance
Clearly disapproved	7.5 %	4.0 %	not relevant at all

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. *Schweiz Z Sportmed Sporttraumatol* 2008; 56 (3), 112–116.

Development of professional communication material

- Based on existing experiences and expert opinion
- Testing and focus groups with patients and GPs
- Co-operation with Swiss College of Primary Care Medicine
- Testing of procedures and materials in 19 primary care practices in French speaking and 6 in German speaking Switzerland
- Final adaptations in procedures and material



Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. *Schweiz Z Sportmed Sporttraumatol* 2008; 56 (3), 112–116.

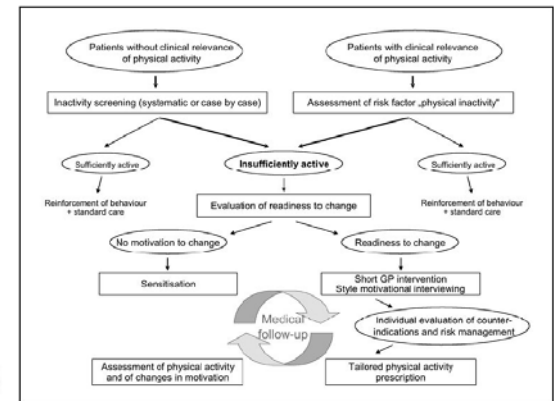


Figure 1: Flow-chart for physical activity counseling in sedentary patients

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. *Schweiz Z Sportmed Sporttraumatol* 2008; 56 (3), 112–116.



PA counselling in primary care – next steps

- Implementation and continuing education for GPs in canton of Vaud beginning in 2009
- Interest for implementation also in other cantons
- Integration in integrated approach of “Health Coaching” currently being developed by Swiss College for Primary Care Medicine
- Adaptation by Italian Association of GPs in preparation
- Development of specific approach for paediatricians by separate group
- Exploration of possibilities for development of specific approaches for migrant population
- Exploration of possibilities for development of specific approaches for obese patients

Settings in physical activity promotion

“The “settings” approach has proved useful in the field of health promotion. This approach emphasizes the importance of the conditions and environments in which people live, learn, work and spend their leisure time. Focussing on settings enables good access to target groups, optimum use of resources and the coordination of measures and activities. (...)

The following settings have been found to be significant in relation to sport and physical activity:

- Family
- Educational establishments (kindergartens, schools)
- Sport and youth organisations
- Community
- Workplace
- Medical environment (general practice)”

Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Target groups for physical activity promotion

Some of the non-modifiable factors of physical activity behaviour, such as gender, cultural background, socio-economic status and geography as well as habitual physical activity behaviour can serve to describe specific target groups or target populations for physical activity interventions.

For Switzerland, the following life stages or age groups have been suggested to prioritise determinants and to target interventions:

- Young children (0 to 4 years old)
- Children (4 to 12 years old)
- Adolescents (12 to 18 years old)
- Young adults (18 to 30 years old)
- Working-age adults
- Retirement-age adults

Physically active at every age. General principles and suggestion for the promotion of sport and physical activity. Draft. www.physicalactivityandhealth.ch/drafts

Why do some projects work and others don't?

“Cultural differences make the direct application of action models and good practices difficult. What can be said of the ones that have been successfully “imported”?”

There are some very successful examples of “imported” models such as the “bike to work” project. Often these successful “transplantations” are characterised by a thorough study of the “mother” project, by an careful adaptation sometimes even using pilot projects for fine-tuning, and by strong commitment and good structural integration through an “adopting” institution.”

Email correspondence with Leena Nieminen, editor of Finnish journal Liikunta & Tiede (Sport and Science)

Measures and activities for promoting physical activity

But where do I get an overview?

PA promotion guidance based on international evidence

The screenshot shows the 'The Community Guide' website. The main heading is 'The Community Guide: What works to promote health'. The page is titled 'Promoting Physical Activity'. It features a sidebar with 'Community Guide Topics' including Alcohol, Asthma, Birth Defects, Cancer, Diabetes, HIV/AIDS, STIs and Pregnancy, Mental Health, Motor Vehicle, Nutrition, Obesity, Oral Health, Physical Activity, Tobacco, and Violence. The main content area includes a search bar, a list of 'Community Guide Topics', and a section titled 'Promoting Physical Activity' with a sub-heading 'Physical Activity'. The text states: 'Studies show that regular physical activity can cut the risk for developing depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer. Less than half of U.S. adults get the amount of physical activity that CDC recommends. Following are the recommendations for: Children, Adults, Older adults'. Below this, it lists 'Community Guide Systematic Reviews' and 'The Community Guide includes systematic reviews of interventions in the following areas: Campaigns and informational approaches, Behavioral and social approaches, Environmental and policy approaches'. A 'Contact Us' section provides the address for the National Center for Health Marketing (NCHM) at the Centers for Disease Control and Prevention, 1600 Clifton Road NE, Atlanta, GA 30333.

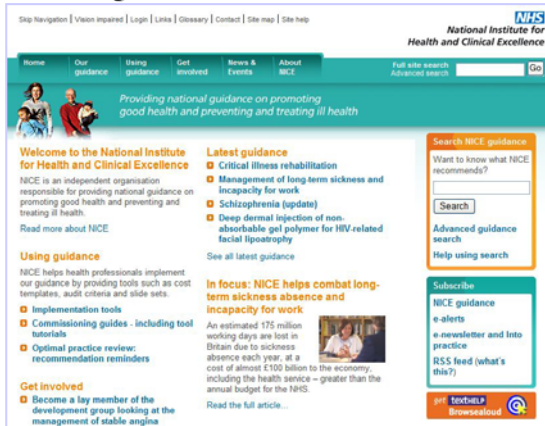
www.thecommunityguide.org/pa

PA promotion guidance based on international evidence

The screenshot shows the 'Public Health Agency of Canada' website. The main heading is 'PUBLIC HEALTH AGENCY OF CANADA'. The page is titled 'THE CANADIAN BEST PRACTICES PORTAL FOR HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION'. It features a sidebar with 'CBPP' (Canadian Best Practices Portal) and 'PHAC' (Public Health Agency of Canada) sections. The main content area includes a search bar, a list of 'Interventions-at-a-Glance' (e.g., Physical Activity, Nutrition, Tobacco, Alcohol, Mental Health, Oral Health, Vision, Hearing, Hearing Aids, Assistive Devices, Environmental and Occupational Health, Injury Prevention, Safety, Security, Disaster Preparedness, Emergency Response, Public Health, Health Services, Health Promotion, Health Equity, Health Communication, Health Research, Health Statistics, Health Information, Health Policy, Health Law, Health Ethics, Health Economics, Health Financing, Health Insurance, Health Financing, Health Insurance, Health Financing), and a section titled 'Look at all the interventions-At-A-Glance'. Below this, it lists 'Click here to go to interventions-at-a-Glance' and 'Interventions-at-a-Glance' (e.g., Physical Activity, Nutrition, Tobacco, Alcohol, Mental Health, Oral Health, Vision, Hearing, Hearing Aids, Assistive Devices, Environmental and Occupational Health, Injury Prevention, Safety, Security, Disaster Preparedness, Emergency Response, Public Health, Health Services, Health Promotion, Health Equity, Health Communication, Health Research, Health Statistics, Health Information, Health Policy, Health Law, Health Ethics, Health Economics, Health Financing, Health Insurance, Health Financing, Health Insurance, Health Financing). A 'Peer Nutrition Program' section is also visible.

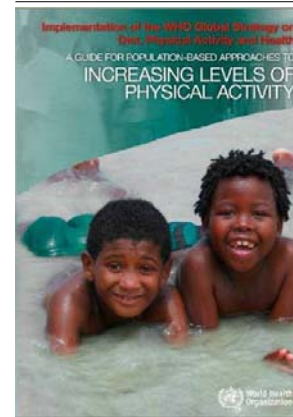
www.cbpp-pcpe.phac-aspc.gc.ca

PA promotion guidance based on international evidence



www.nice.org.uk

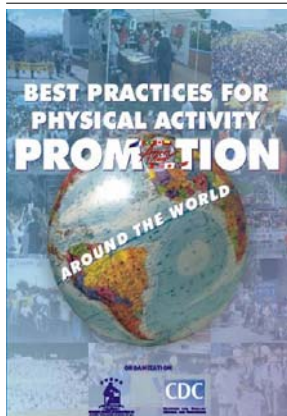
PA promotion guidance from global organisations



World Health Organisation
WHO

www.who.int

PA promotion guidance from global organisations



Agita Mundo

www.agitamundo.org

PA promotion guidance from global organisations



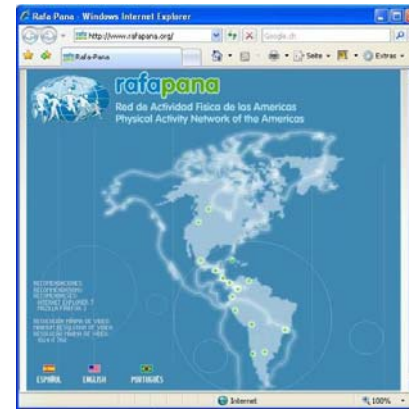
Global Alliance on
Physical Activity
GAPA

www.globalpa.org.uk

PA promotion guidance from “regional” organisations



Exchange platforms for PA promotion professionals



Red de Actividad Física de las Americas
Physical Activity Network of the Americas
RAFA-PANA

www.rafapana.org

Exchange platforms for PA promotion professionals



Asia Pacific Physical Activity Network

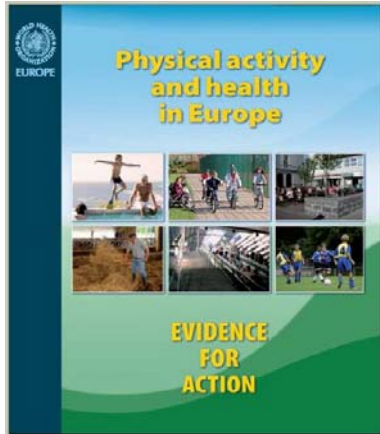
www.ap-pan.org

Exchange platforms for PA promotion professionals



HEPA Europe
European Network for the promotion of health-enhancing physical activity

www.euro.who.int/hepa



1. Why is physical activity important for health?

2. What is known about current levels of physical activity and inactivity?

3. What factors and conditions influence physical activity?

4. What can the health sector and others do to increase physical activity?



The challenge
Action on physical activity should be based on a number of key principles, supported by evidence:

1. taking a population health approach;
2. using a broad definition of physical activity;
3. engaging multiple sectors;
4. improving the environment for physical activity;
5. working at multiple levels;
6. basing programmes on the stated needs of the population;
7. improving equity; and
8. using the best available evidence.

Taking a population health approach
Physical activity programmes should focus on the health needs of the population as a whole, rather than targeting specific groups. This means that health professionals should be encouraged and supported to work in partnership with other sectors to improve the health of the population. This approach is based on the concept of 'upstream' prevention, which focuses on the causes of disease rather than the symptoms.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.

Strategies

Action on physical activity should be based on a number of key principles, adapted from a Swedish plan (1):

1. taking a population health approach;
2. using a broad definition of physical activity;
3. engaging multiple sectors;
4. improving the environment for physical activity;
5. working at multiple levels;
6. basing programmes on the stated needs of the population;
7. improving equity; and
8. using the best available evidence.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Action justified

Enough is known to justify action. A recent report (93) pointed out that the general lack of a solid evidence base for the effectiveness of public health interventions should not be seen as an excuse for inaction. This view is especially pertinent to physical activity.

This section therefore summarizes evidence and experience from a range of sources and styles of research. They include reviews undertaken for WHO (81), consensus statements, systematic reviews, cross-sectional research and some case studies. This is far from an exhaustive review of the literature on physical activity interventions: the aim is to provide useful guidance to policy-makers, based on the best available evidence. It groups the evidence according to the three types of determinants.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Table 3. Examples of action from different sectors on determinants of physical activity

Determinant type	Action from key sectors		
	Health	Sport and leisure	Transport and urban planning
Macro environment	Providing stewardship for multidisciplinary action Delivering public health programmes to increase opportunities for physical activity for people on low incomes	Planning and delivering strategies for sport for all that reduce the cost of participation for people on low incomes and celebrate cultural diversity	Developing regional spatial plans that maximize public health and provide opportunities for active living
Micro environment	Representing the health sector on multidisciplinary planning committees Promoting physical activity among health-sector employees and service users	Improving access to sport and leisure opportunities for pedestrians and cyclists	Prioritizing access by pedestrians and cyclists in urban planning and designing communities conducive to walking
Individual	Delivering counselling for physical activity in primary care	Delivering targeted community sport programmes	Delivering targeted social marketing programmes for walking and cycling

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Role of the health sector

While action on physical activity often lies in the domain of professionals in sectors such as urban planning, transport and sport, the health sector can make a unique and important contribution. In particular, it should provide leadership or stewardship for the subject of physical activity. Because it is such a multidisciplinary issue, the danger is that it will fall between the cracks, with no one sector taking responsibility. The health sector is best placed to forge the right alliances and to take forward effective action.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Role of the health sector

In addition to this broad leadership role, the health sector can take the lead in six areas:

- making physical activity part of primary prevention;
- documenting effective interventions and disseminating research;
- demonstrating the economic benefit of investing in physical activity;
- connecting relevant policies;
- advocacy and exchange of information;
- leading by example.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Social and community influences: the mass media

Reviews have concluded that – while mass-media campaigns have great potential to influence community norms related to health behaviour, including physical activity, and can reach large populations at relatively low cost – they can rarely demonstrate a population-level effect on behaviour. Campaigns are, however, usually effective in raising awareness of an issue and affecting knowledge (110), and so can be a useful component of a comprehensive package of interventions.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006. www.euro.who.int/hepa

Overview and highlights of effective approaches

Spotlight: A community on the move: the experience of San Mauro Pascoli, Italy (120)
This project targeted sedentary women and elderly people, to provide an opportunity for social organized physical activities. The outdoors during spring and summer, and during autumn and winter. The part, mostly middle-aged women implemented for the long-term continuation of the programme. T GPs, community representations, social workers, local grass and the private sector.
A key finding was that, while many reported to be well aware of the physical activity, they lacked the opportunity for social interaction. This was in line with public consistently shown that a population know that physical activity is good for health. The concept new partnerships across government, and between the public sector and mass media.

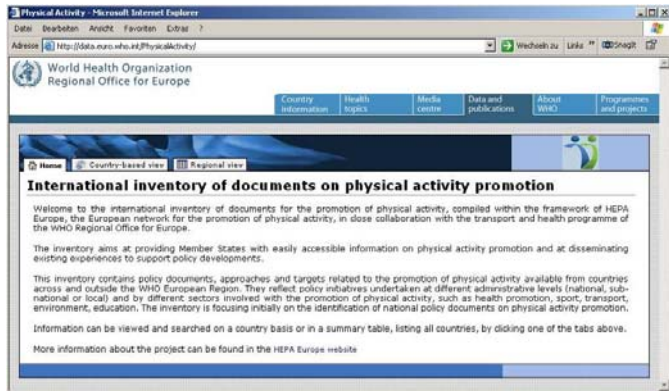
Spotlight: National sport concept in Switzerland (79)
A new concept for a national sports policy in Switzerland was prepared in 2000. It was a strategy document for enhancing physical activity of the scientific evidence.
When the Federal Government at the end of 2000, it clarified the national sports policy. This was in line with public consistently shown that a population know that physical activity is good for health. The concept new partnerships across government, and between the public sector and mass media.

Spotlight: Odense, Denmark's national cycling city (102)
Odense was Denmark's official National Cycle City from 1999 to 2002. The Ministry of Transport and the National Road Directorate invested significant funding to demonstrate how coordinated effort could increase cycling. During the four years of the overall programme, 50 projects were developed and implemented, including physical improvements, campaigns and changes in regulations, with an emphasis on trying out innovative ideas.
By the end of 2002, cycling traffic in the municipality of Odense had increased by 20% and the number of accidents involving cyclists had been reduced by 20%, compared to 1996/1997. The evaluation estimated savings for the health sector, mostly attributed to increased safety and reduced non-communicable diseases.

Spotlight: The congestion charge in London, United Kingdom (100, 107)
In 2003, London introduced a congestion charging scheme in which cars were charged to enter a zone in the centre of this city. In 2005 the charge is £11.50 per day. The primary objective of the scheme was to reduce traffic congestion in and around the charging zone. It also affected physical activity: there was a 20% increase in cycle journeys and a 20% increase in walking. There may also have been an increase in journeys walked – both as trips and as part of the increased number of journeys. London's example shows how interventions can have positive (and some) benefits to public health.

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.

Inventory of approaches in physical activity promotion



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Analyses of selected approaches



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Example for identified projects: Reconstruction of an existing road (Wabern, Switzerland)



before

after

Thommen O, Braun Ch. Effectiveness of transport interventions to promote Human Powered Mobility (HPM) or daily physical activity Executive Summary of the Intermediate Report, December 2003.

Working groups on specific topics



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Working groups on specific topics



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

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
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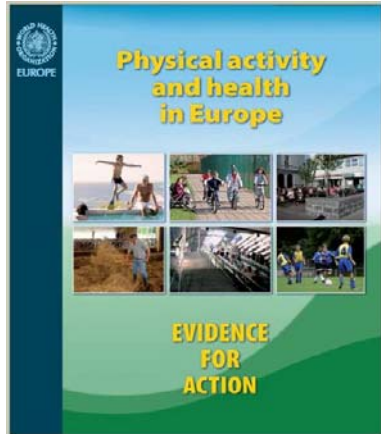


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Access to experiences through meetings, website and newsletter



www.euro.who.int/hepa



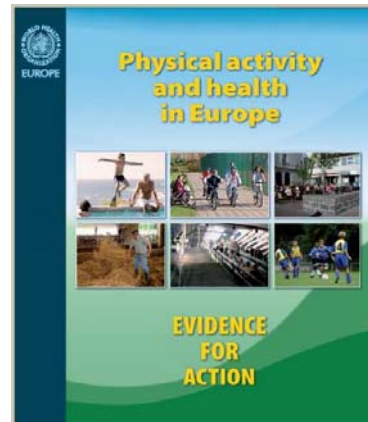
Currently available in
6 languages



Production in progress:
French, Japanese, Spanish, Turkish
Translation planned: Swedish

Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.

Possibilities of national adaptations

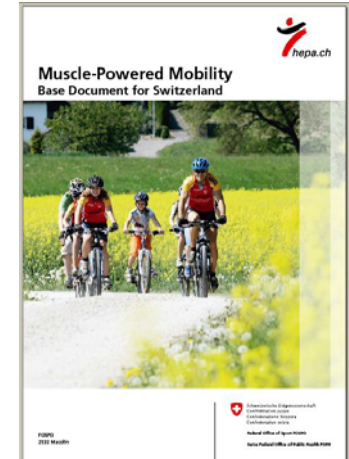


The approach of the Swiss College of Primary Care Medicine

Various approaches for promoting physical activity through medical practices have been developed in Switzerland and some have been successfully implemented. This has yielded valuable findings. Practical and affordable models that are widely accepted by physicians, however, are still a big challenge internationally and also in Switzerland. The Swiss College of Primary Care Medicine, the Swiss Federal Office of Sports

and other partners have therefore developed a model that emphasizes suitability for routine use in medical practices. It is being used increasingly by Swiss general practitioners.

Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2006. www.physicalactivityandhealth.ch/documents



www.physicalactivityandhealth.ch/documents

Conclusions

- Use the best available evidence provided through publications, databases and contacts
- Use adapted communication material for stakeholders
- If you try to adapt an existing intervention, study it well
- Adapt carefully, pilot test if necessary
- Build alliances, choose interventions together with your partner institutions
- Stay critical of your own work, learn from mistakes
- Start with something simple