

The Role of Sports in the Promotion of Health-Enhancing Physical Activity

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ISSA World Congress of Sociology of Sport, Utrecht, 17.07.2009

Handout at www.physicalactivityandhealth.ch (-> presentations)

Health-Enhancing Physical Activity HEPA

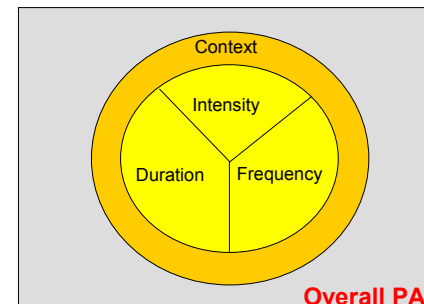
The term **health-enhancing physical activity** is frequently used across the European Region. It emphasizes the connection with health by focusing on “any form of physical activity that benefits health and functional capacity without undue harm or risk” (3).

3. Foster C. *Guidelines for health-enhancing physical activity promotion programmes. The European Network for the Promotion of Health-Enhancing Physical Activity*. Tampere, the UKK Institute for Health Promotion Research, 2000.

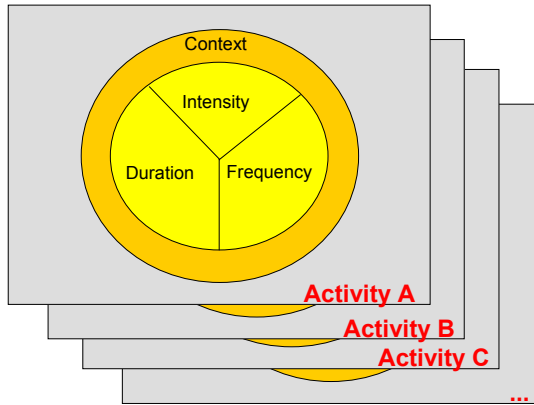
Cavill N, Racioppi F, Kahlmeier S. *Physical Activity and Health in Europe. Evidence for Action*. Copenhagen: WHO, 2006.

- Can sport be health-enhancing physical activity?
- Do people active in sport meet current HEPA recommendations?
- Can physical activity promotion learn from sport promotion?
- What is the institutional role of sport in HEPA promotion?

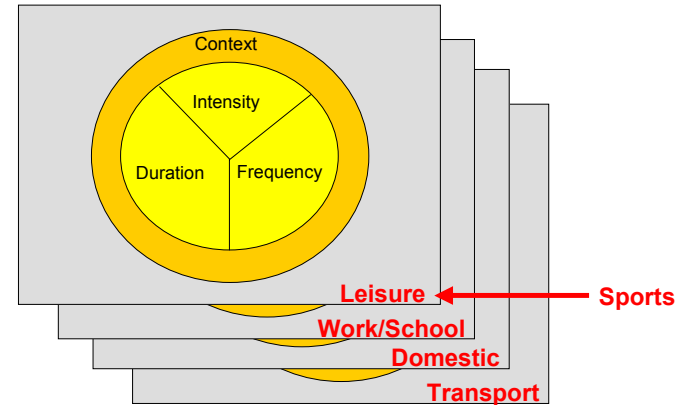
Physical activity in public health



Physical activity in sport



Modes of physical activity in public health



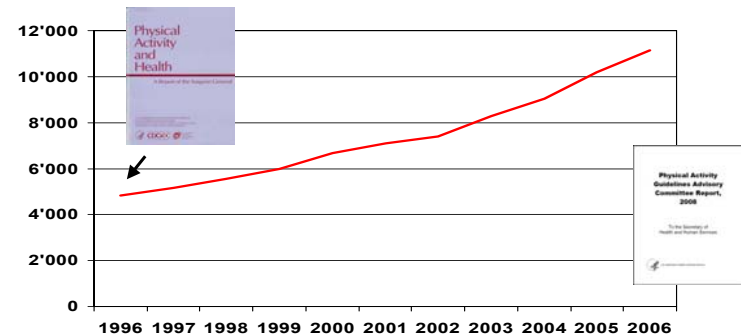
Evidence

The available facts (...) indicating whether or not a thing is true or valid

Concise Oxford Dictionary

Physical activity related publications in the Pubmed database

MeSH terms „physical activity“ OR „exercise“ OR „sport“ OR „sports“



www.pubmed.org, 22.08.2007

Overall Benefits of Physical Activity on Health

Physical Activity Guidelines Advisory Committee Report, 2008

To the Secretary of Health and Human Services



„Very strong scientific evidence based on a wide range of well-conducted studies shows that physically active people have higher levels of health-related fitness, a lower risk profile for developing a number of disabling medical conditions, and lower rates of various chronic diseases than do people who are inactive.“

Health benefits of physical activity in adults

- | | |
|----------------------------------|--------------------------|
| ↑ Life expectancy | ↓ Coronary heart disease |
| ↑ Cardiorespiratory fitness | ↓ High blood pressure |
| ↑ Muscular fitness | ↓ Stroke |
| ↑ Healthy body mass | ↓ Diabetes type II |
| ↑ Healthy body composition | ↓ Metabolic syndrome |
| ↑ Bone health | ↓ Colon cancer |
| ↑ Sleep quality | ↓ Breast cancer |
| ↑ Health-related quality of life | ↓ Depression |

Additionally in older adults:

- | | |
|----------------------|-------------------|
| ↑ Functional health | ↓ Risk of falling |
| ↑ Cognitive function | |

↑ *strong evidence*
 ↑ *modest evidence*

Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

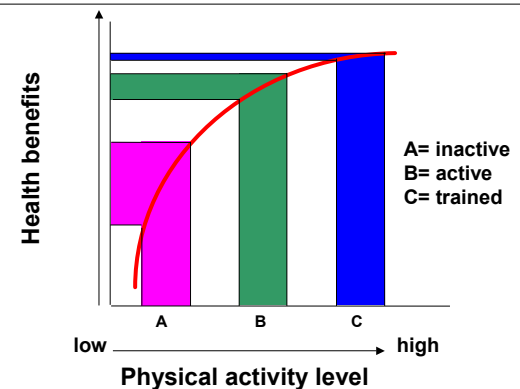
Health benefits of physical activity in children

- | | |
|---|-----------------------|
| ↑ Physical fitness | ↓ Body fatness |
| ↑ Cardiorespiratory endurance | ↓ Anxiety symptoms |
| ↑ Muscular strength | ↓ Depression symptoms |
| ↑ Health status | |
| ↑ Favourable cardiovascular risk profile | |
| ↑ Favourable metabolic disease risk profile | |
| ↑ Bone health | |

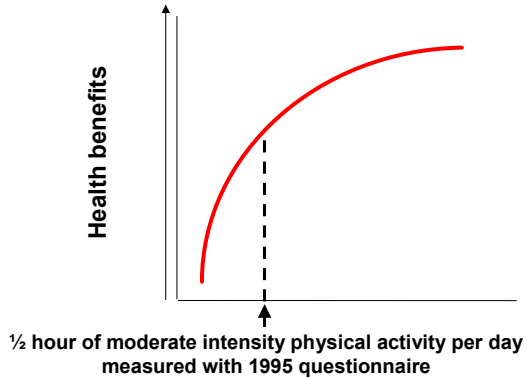
↑ *strong evidence*
 ↑ *modest evidence*

Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.

Dose-response relationship for physical activity and health

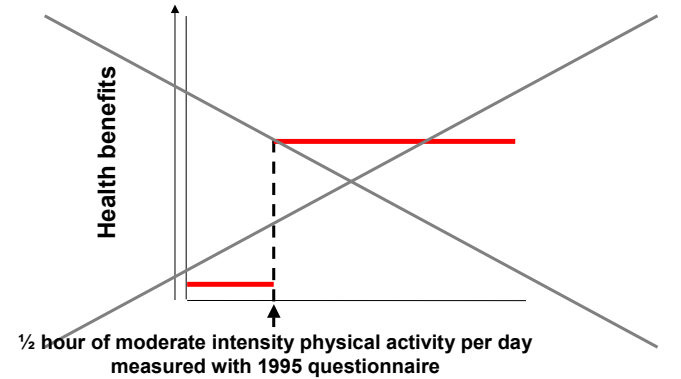


Dose-response relationship for physical activity and health



Adapted from Haskell, 1994

Dose-response relationship for physical activity and health



2008 Physical Activity Guidelines for Americans



Be Active, Healthy, and Happy!

www.health.gov/paguidelines



www.health.gov/paguidelines

2008 Physical activity guidelines for Americans

Key Guidelines for Adults

- All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.
- For additional and more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate-intensity, or 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount. Adults should also do muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.



www.health.gov/paguidelines

PA intensities for substantial health benefits

Aerobic physical activity has three components:

- **Intensity**, or how hard a person works to do the activity. The intensities most often examined are moderate intensity (equivalent in effort to brisk walking) and vigorous intensity (equivalent in effort to running or jogging);
- **Frequency**, or how often a person does aerobic activity; and
- **Duration**, or how long a person does an activity in any one session.

2008 Physical activity guidelines for Americans, www.health.gov/paguidelines

Cultural differences in definition of “sport”

- Olympic disciplines only
- Only sports organised in schools and clubs
- Sports organised in clubs and societies + exercise or fitness activities
- Any activity without utilitarian purpose
- Any physical activity of vigorous intensity
- Any physical activity including walking and cycling for transport
- ...



Most popular sports in Switzerland 2007

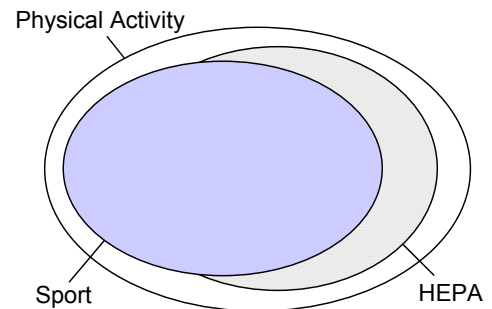
	level 2007	change since 2000
Bicycle, mountainbike	35.0%	+3.2%
Walking/hiking*	33.7%	+11.1%
Swimming	25.4%	-0.9%
Skiing	21.7%	+3.8%
Jogging/running	16.8%	-0.8%
Fitness training	14.0%	+2.5%
Gymnastics	11.7%	-5.3%

*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



The understanding in the national strategy on diet, physical activity and health in Switzerland



Martin BW, Martin Eva, Mengisen W. Promotion de l'activité physique: définir des stratégies intégrées en Europe. In Inserm. Activité physique et santé. Contextes et effets sur la santé. Expertise collective. Paris, Inserm 2008: 755-768.



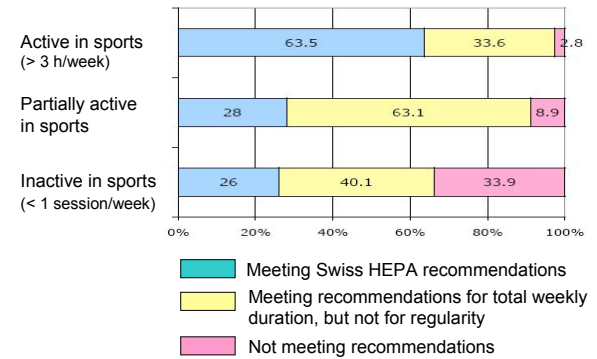
The Swiss HEPA recommendations for adults from 1999



Martin BW, Mäder U, Stamm HP, Braun-Fahländer C. Physical activity and health - what are the recommendations and where do we find the Swiss population? Schweiz Z Sportmed Sporttraumatol 2009; 57 (2); 37-43..

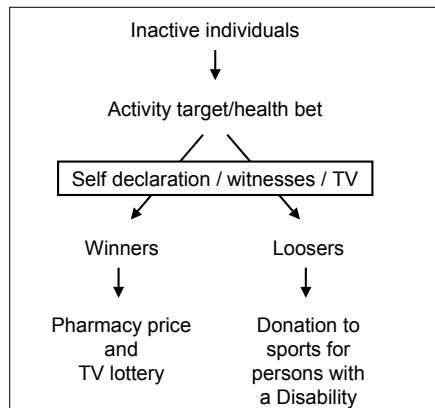


Swiss Health Survey 2002 PA behaviour according to sport behaviour



Lamprecht M, Stamm HP. Observatorium Sport und Bewegung Schweiz. Bewegung, Sport und Gesundheit in der Schweiz. Auswertung der Schweizerischen Gesundheitsbefragung 2002. Zürich, L&S Sozialforschung und Beratung AG, 2005.

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 2009; 57 (2); 61-64

Participation «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

→ 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 2009; 57 (2): 61-64

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 2009; 57 (2): 61-64

Evaluation results of «Health Bet»

Representative population survey November 2002, n=1501

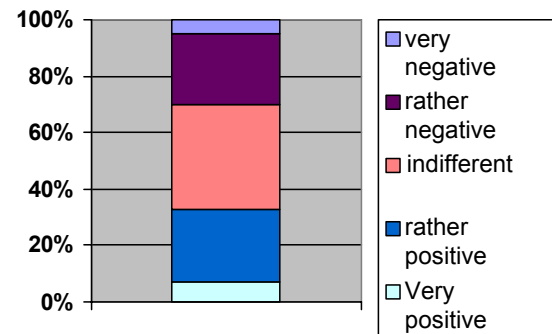
- Solicited awareness 39% in Switzerland, 50% in German speaking part

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

- High proportion of physically inactive individuals (58%)
- Overall idea well understood
- 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 2009; 57 (2): 61-64

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



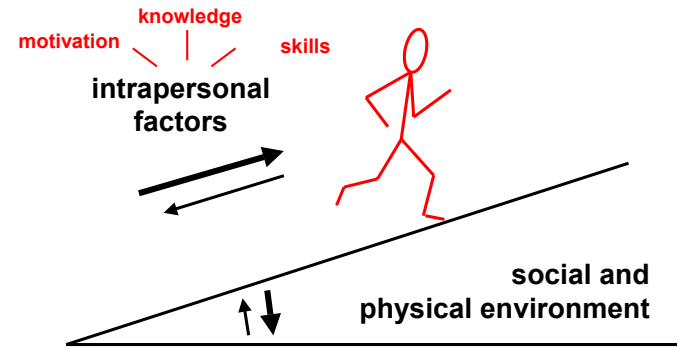
Dössegger A, Nützi C, Kienle G, Ackermann B, Stutz S, Martin BW. Experiences in nationwide recruiting for the Allez Hop Physical Activity Programme. . Schweiz Z Sportmed Sporttraumatol 2009; 57 (2): 61-64

Main conclusions from evaluation «Health Bet»

→It's not simple!

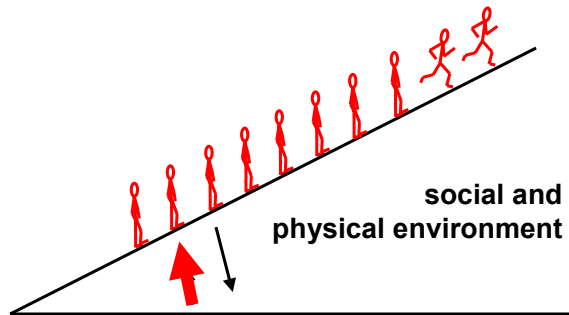
→fundamental psychological differences between physically inactive individuals and athletes

Determinants of (physical activity) behaviour



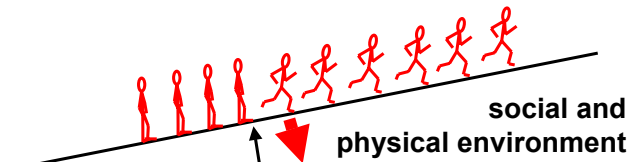
Martin BW, Martin E, Mengisen W. Promotion de l'activité physique: définir des stratégies intégrées en Europe. In Inserm. Activité physique et santé. Contextes et effets sur la santé. Expertise collective. Paris, Inserm 2008: 755-768.

The role of physical activity determinants at the population level



Martin BW, Martin E, Mengisen W. Promotion de l'activité physique: définir des stratégies intégrées en Europe. In Inserm. Activité physique et santé. Contextes et effets sur la santé. Expertise collective. Paris, Inserm 2008: 755-768.

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Determinants of Physical Activity Behaviour

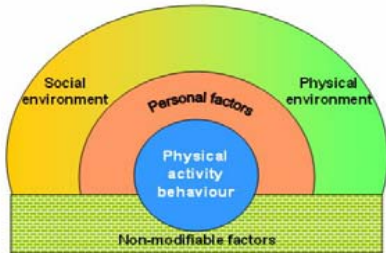
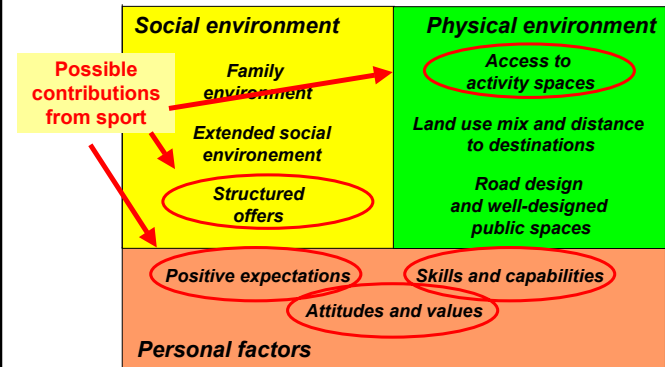


Figure 3. Factors influencing sport and physical activity behaviour (determinants). Behaviour is influenced by factors that cannot be changed (e. g. gender, age, cultural background). And also by factors that can be changed. These include personal factors and factors in the social and physical environment.

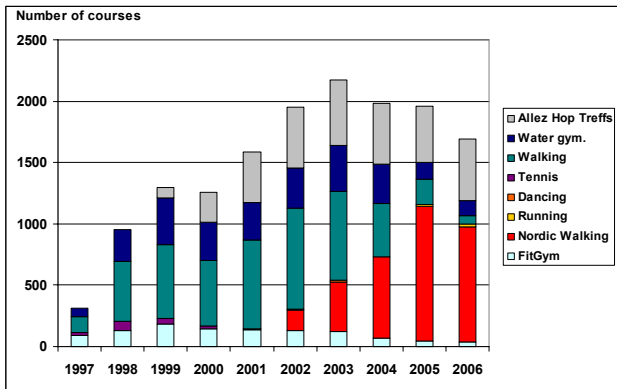
Physically active at every age. General principles and suggestions for the promotion of sport and physical activity. Manuscript February 2008.

Modifiable Determinants of Physical Activity



Physically active at every age. General principles and suggestions for the promotion of sport and physical activity. Manuscript February 2008.

Course development

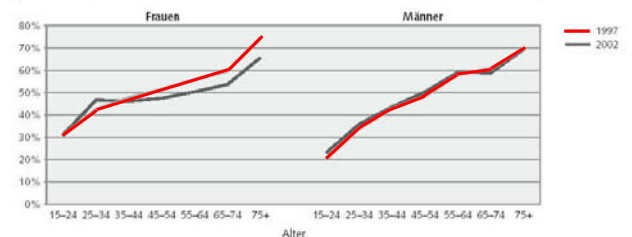


Martin-Diener E, Wanner M et al. Allez Hop: Did Switzerland „get moving“ after a decade of a national physical activity promotion programme? 2nd ICPAH Congress, Amsterdam, 15.04.2008



“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: 1995/28 (2002), 12/941 (1997).
Sportverhalten: 19/754 (2002), 17/004 (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.

Possibilities for collaboration between sports structures and HEPA promotion

- Independent development
- Partnership Health - Sport
- Leading role of sport sector

Martin BW, Martin E, Mengisen W. Promotion de l'activité physique: définir des stratégies intégrées en Europe. In Inserm. Activité physique et santé. Contextes et effets sur la santé. Expertise collective. Paris, Inserm 2008: 755-768.

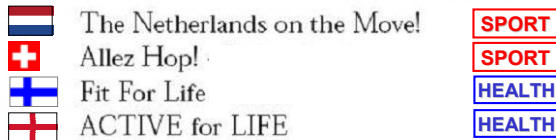
How have these guidelines been developed?

The guidelines are part of developmental work of the HEPA Network. They are based on the results of research, initiated and supervised by the UKK Institute and conducted as a commissioned task by the British Heart Foundation Health Promotion Research Group, from the University of Oxford. The contributors to the guidelines have been national HEPA programmes: staff and representatives of the following:

- The Netherlands on the Move! – The Netherlands
- Allez Hop! - Switzerland
- Fit For Life – Finland
- ACTIVE for LIFE – England

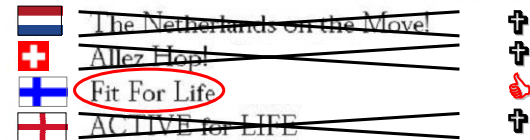
Foster C. Guidelines for health-enhancing physical activity promotion programmes. The European network for the promotion of health-enhancing physical activity. UKK Institute, Tampere 2000.

Institutional lead in national projects in 1990ies



Foster C. Guidelines for health-enhancing physical activity promotion programmes. The European network for the promotion of health-enhancing physical activity. UKK Institute, Tampere 2000.

Ten years later...



Institutional lead ten years later...



- Can sport be health-enhancing physical activity? ✓
- Do people active in sport meet current HEPA recommendations? (✓)
- Can physical activity promotion profit from sport promotion? ✓
- What is the institutional role of sport in HEPA promotion? ?

HEPA Europe 2009

European Network for the Promotion of Health-Enhancing Physical Activity



5th Annual meeting and symposium

Bologna
11-12 November 2009



www.euro.who.int/hepa

HEPA Europe – Objectives (1 of 2)

- to promote a better understanding of health-enhancing physical activity and to give a stronger voice to physical activity promotion in health policy and in other relevant sectors in Europe, including support for workforce development
- to develop, support, and disseminate effective strategies and multi-sectoral approaches in the promotion of health-enhancing physical activity

HEPA Europe – Objectives (2 of 2)

- to foster the preservation and creation of social and physical environments as well as values and lifestyles supportive of health-enhancing physical activity
- together with other relevant institutions and organizations, to improve coordination in physical activity promotion across sectors and administrative structures

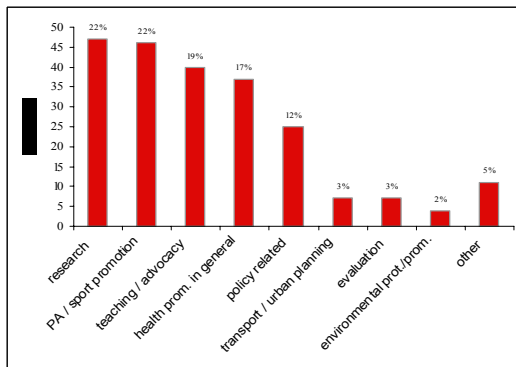
HEPA Europe Members September 2008

	Country	No. of members	Country	No. of members	
1	Austria	2	14	Italy	2
2	Belgium	1	15	Lithuania	2
3	Bosnia and Herzegovina	1	16	The Netherlands	3
4	Bulgaria	1	17	Norway	1
5	Croatia	1	18	Portugal	2
6	Czech Republic	1	19	Slovenia	1
7	Denmark	3	20	Spain	4
8	Finland	10	21	Sweden	3
9	France	3	22	Switzerland	3
10	Germany	6	23	The former Yugoslav Republic of Macedonia	1
11	Hungary	1	24	The Netherlands	5
12	Iceland	2	25	Turkey	1
13	Ireland	2	26	United Kingdom	22

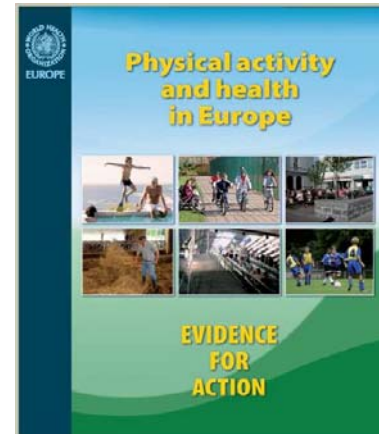
Plus 1 observer from Mexico

Total: 82 member institutions and 2 individual members from 26 countries

HEPA Europe – main activities of members



Up to 5 responses per member, N = 213



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.

Analyses of selected approaches



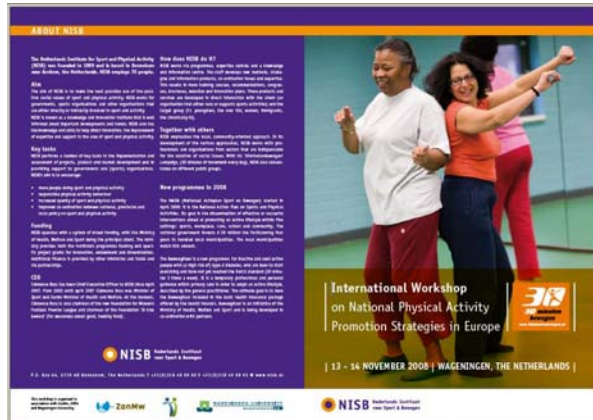
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Meetings and working groups on specific topics

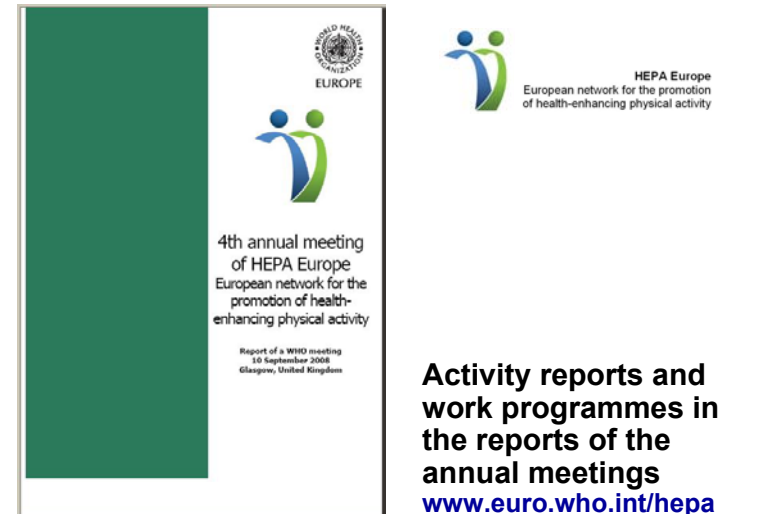


www.euro.who.int/hepa

Meetings and working groups on specific topics



www.euro.who.int/hepa



Activity reports and work programmes in the reports of the annual meetings
www.euro.who.int/hepa