



University of Zurich

Institute of Social and Preventive Medicine

HEPA-based Networks around the World

Brian Martin, MD MPH
Physical Activity and Health Unit, Institute of Social and Preventive Medicine

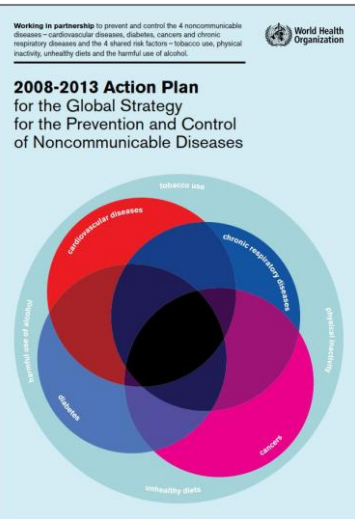
Global Forum 2012 for Physical Education Pedagogy,
09.-11.05.2012, SportSchloss Velen, Germany

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.



Cardiovascular diseases

Harmful use of alcohol

Diabetes

Unhealthy diets

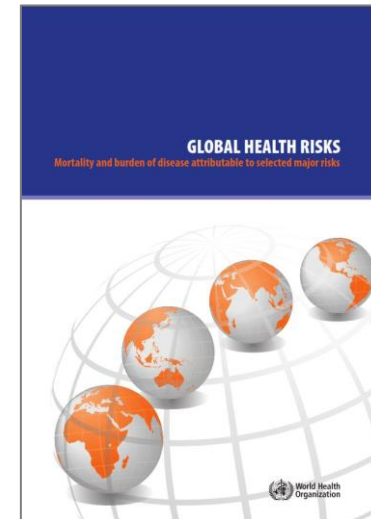
Tobacco use

Chronic respiratory diseases

Physical inactivity

Cancers

2008



2009

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.

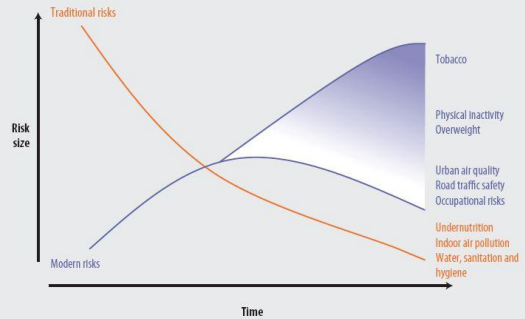


Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.

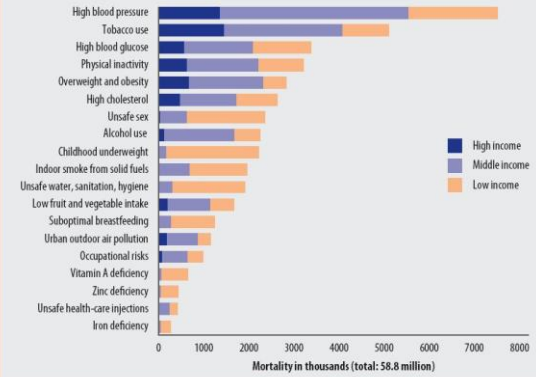
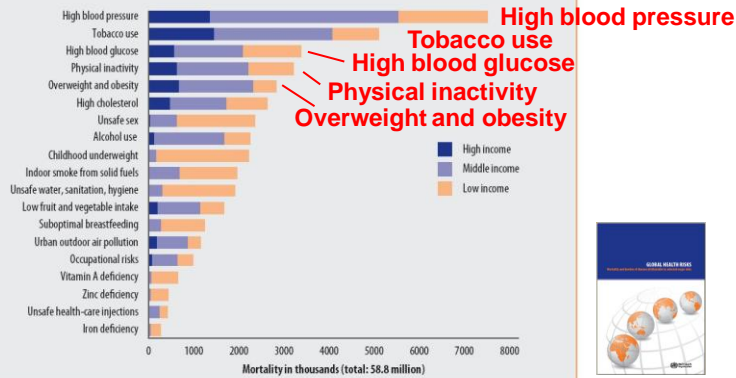


Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.



2009

Basis for 2008 US and 2010 WHO recommendations

683 pages

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

www.health.gov/paguidelines

Physical Activity Guidelines Advisory Committee Report, 2008

To the Secretary of Health and Human Services



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.

HEPA promotion in global public health



(2000)

2004

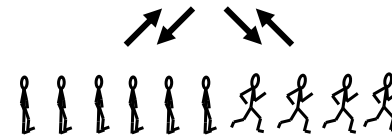
2008

2009

2010

The local, national and international level in HEPA promotion

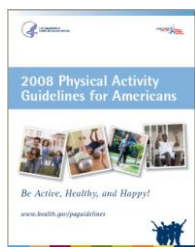
International experiences
 ↓ ↑
 National level support
 ↓ ↑
 Local HEPA promoters



HEPA promotion in the US



1996



2008



2010

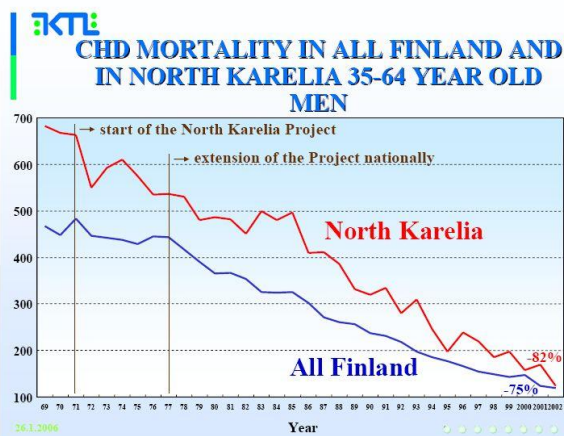
HEPA promotion in Finland



- 1960s Concerns about prevalence of non-communicable disease NCD
- 1970s The North Karelia Project
- 1980s National extension of HEPA promotion
 - 1980 First Sports Act
 - 1983 National plans for health education
 - 1992 Policy and action plan on cycling promotion
 - 1991 Finland on the Move Programme
 - 1994 Fit for Life Programme
- ...

Puska P. The North Karelia Project – pioneering work to improve national public health. National Public Health Institute – KTL. www.ktl.fi

Vuori I, Lankenau B, Pratt M. Physical Activity Policy and Program Development: The Experience in Finland. Public Health Reports 2004; 119: 331-345



Puska P. The North Karelia Project – pioneering work to improve national public health. National Public Health Institute – KTL. www.ktl.fi

HEPA promotion in Finland



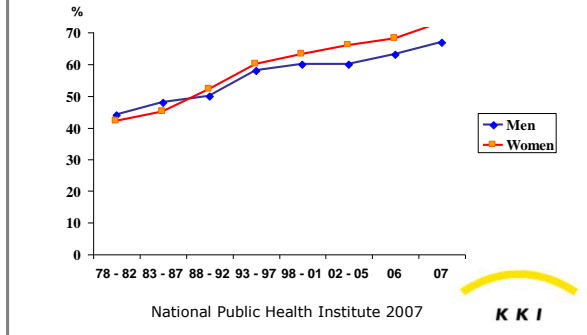
- 1960s Concerns about prevalence of non-communicable disease NCD
- 1970s The North Karelia Project
- 1980s National extension of HEPA promotion
- + Monitoring and evaluation

Puska P. The North Karelia Project – pioneering work to improve national public health. National Public Health Institute – KTL. www.ktl.fi

Vuori I, Lankenau B, Pratt M. Physical Activity Policy and Program Development: The Experience in Finland. Public Health Reports 2004; 119: 331-345

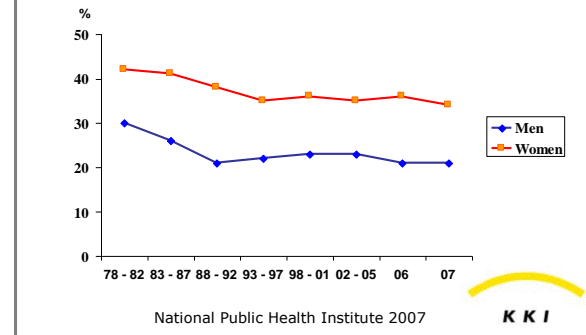
Cavill N, Foster C, Oja P, Martin BW. An evidence-based approach to physical activity promotion and policy development in Europe: contrasting case studies. Promotion and Education 2006; 8: 104-111.

Participation in leisure time physical activity at least twice a week of Finnish adults during past decades (%)



Komulainen J. Fit for Life Program: Tailored campaigns for promoting physical activity and healthy life-style in adults. World Sport for All Congress, Genting Highlands, Malaysia 2008

Commuting to job by biking or walking at least 15 minutes per day during past decades (%)



Komulainen J. Fit for Life Program: Tailored campaigns for promoting physical activity and healthy life-style in adults. World Sport for All Congress, Genting Highlands, Malaysia 2008

Europe on the Move!
European Network for the Promotion of Health-Enhancing Physical Activity HEPA
1996

newsletter
European Network for the Promotion of Health-Enhancing Physical Activity

EDITORIAL
Another year of Europe on the Move has gone by very fast. Among other things, the network has organized an annual meeting and four seminars. The newsletter is now being sent to over 600 organizations interested in Health-Enhancing Physical Activity. 1996 was also the year of the First European Conference on the Promotion of Health-Enhancing Physical Activity. Read more about it later on. You can read more about it in the newsletter.

This newsletter also gave you further information on leading to meet the WHO's criteria on the International Day of Older Persons, the new healthy ageing advice for the Netherlands, and on the anti-European smoking or cigarette advertising health physical activity being sought in Spain.

The newsletter also gave you further information on leading to meet the WHO's criteria on the International Day of Older Persons, the new healthy ageing advice for the Netherlands, and on the anti-European smoking or cigarette advertising health physical activity being sought in Spain.

in 1996 Michèle Lacroix will be your network contact with Michèle Helmer, Ingrid and Bert Coumans taking up other tasks at INCA/NEP. We hope to be able to continue promoting HEPA in Europe through its activities. If you have any questions, if you want to contribute to the newsletter or network, don't hesitate to contact us. Good luck with your efforts to get people moving in 1996!

Bert Coumans, Michèle Helmer and Michèle Lacroix
Co-ordinators Europe on the Move Network.

HEPA on the Move!
The First European Conference on the Promotion of Health-Enhancing Physical Activity (HEPA) among the Member States of the European Commission under the Health Promotion Programme, was held on 27-29 November 1996 in excellent conditions in the National Sports Centre "Pignatelli" in Rome, the Netherlands.

The 160 participants from 28 countries (all EU member states, Canada, Japan and the USA), representing researchers, practitioners, administrators and organizations (e.g. ACSM, CSCS, ICSGPE, WHO) closely involved and involved in promoting HEPA in Europe and worldwide.

The conference was organized together with the partner organizations and great hospitality provided by the host (Spain) hosts (Madrid) and local family atmosphere for working life and relationships, taking contacts and friendships and acquiring new knowledge and skills. The work in "network business, but not in a serious mood" in attempting to find ways and means to get HEPA right on the political and sports agenda and to implement it effectively through various policies and strategies at the local level.

The nearly 200 invited participants to the well-attended sessions as well as the short presentations covered the key issues and new developments of the field and were enthusiastically received by the audience. It became evident that there is a great interest and a lot of progress in HEPA and its promotion. You can work for this by discussing the matter with the responsible person in your Ministry of Health.

Our skills and energy have an important role, continuously as well as just during these times when the health promotion programme of the European Commission is under preparation. HEPA deserves a prominent status in this programme and among its seven health promotion networks. HEPA should also gain increasing visibility and appreciation in other areas, notably in

1998

14 pages

NATIONAL IMPLEMENTATION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

There is no official governmental health-enhancing physical activity policy in the Netherlands. However, the importance of stimulating (public) health by a physically active lifestyle is recognised by the Dutch government by mentioning the importance in several governmental policy documents. There is a nationwide eight year programme (1995-2003) for the promotion of health-enhancing physical activity: *The Netherlands on the Move!* initiated and co-ordinated by the Netherlands Olympic Committee * Netherlands Sports Confederation (NOC*NSF). This programme aims at

Database report '97/ '98

23 institutions

NATIONAL IMPLEMENTATION OF HEALTH-ENHANCING PHYSICAL ACTIVITY

Dutch Association of Sports Medicine
 Dutch Cancer Society
 Dutch Centre Workplace Health Promotion
 Dutch Diabetes Association
 Dutch Federation for Adapted Sports
 Dutch Association for the Mentally Handicapped
 Fitvak
 Foundation „Heart on the Move“
 Foundation Senior Sporting Rotterdam
 Free University of Amsterdam, EMGO Institute
 Fysio Educatif
 Healthy Cities Project
 Maastricht University, Human Biology

Maastricht University, Movement Sciences
 National Commission of the Chronically Ill
 National Foundation more Exercise for Seniors
 National Institute of Public Health and the Environment RIVM
 NOC*NSF
 NVFS Netherlands Association for Sports Physiotherapy
 TNO Prevention and Health, Public Health and Prevention
 United Patients Organisations of the Chronically Ill WOCZ
 University of Groningen, Human Movement Sciences

Database report '97/ '98

European Network for the Promotion of HEPA I

Important contacts, meetings and conferences, reports

The European Network for the Promotion of Health-Enhancing Physical Activity

Guidelines for Health-Enhancing Physical Activity Promotion Programmes

The HEPA Network's Executive, supported by the European Commission

The European Network for the Promotion of Health-Enhancing Physical Activity

Promotion of Transport Walking and Cycling in Europe:
Strategy, Collections

The HEPA Network's Executive, supported by the European Commission

Promotion of Physical Activity

Guidelines for the development of national policies and strategies of health promotion by physical activity

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.

Europe on the Move!

European Network for
the Promotion of
Health-Enhancing
Physical Activity HEPA
1996-2001 (†)

World Health Day 2002 – local event Geneva with WHO HQ



Copyright:
WHO/Pierre Viot
2002

World Health Day 2002 – global main event São Paulo



European Situation in 2004

- Scientific exchange on physical activity and health ↑ ↑
 - Development of methods ↑ ↑
 - WHO Global Strategy on Diet, Physical Activity and Health
 - Global networks like Agita Mundo and GAPA
 - No more regular exchange and development platform for national physical activity promotion strategies at the European level
- ➔ Decision to re-launch HEPA Europe

Expert Meeting Magglingen June 2004



Slagelse, 26./27.05.2005



Tampere, (14.) 15.-16.06.2006



Graz,
(16.)
17.-18.05.
2007



Annual Conference &
Meeting of HEPA Europe
Glasgow, 08.-10.09.2008



Symposium & Network Meeting
Bologna, 11.-12.11.2009





**HEPA Europe Conference and Network Meeting
Olomouc, 24.-26.11.10**



Co-sponsored by



**Conference and Network Meeting of HEPA Europe
Amsterdam, 10.-13.10.2011**



In conjunction with the annual meeting of Agita Mundo, the Global Network for Physical Activity Promotion

Co-sponsored by



**Announcing the 8th Annual Meeting and Symposium of
HEPA Europe in Cardiff, Wales.**

**Getting to the grassroots: Using the 'green'
environment to promote physical activity.**

Date: 26th – 27th September 2012.

Symposium venue: The Millenium Stadium,
Cardiff.

Meeting Venue: Cardiff University (tbc)

Hosts: The Physical Activity & Nutrition Networks
for Wales (Public Health Wales).



HEPA Europe – Membership

- **Membership is open to organizations and institutions active at the international, national or sub-national level willing to contribute to the goals and objectives of the network.**
- **These include for example government bodies, scientific institutions, NGOs.**

World Health Organization
Regional Office for Europe

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Physical activity

HEPA Europe members

Austria
Dr Verena Zeuschner
Health Promotion Officer
Austrian Health Promotion Foundation
a division of the Gesundheit Österreich GmbH

Austria
Mr Claus Mollinger
Managing Director
Austrian Mobility Research FGM AMOR
http://www.fgm.at

Austria
Ms Karin Gruber

University of Graz
Institute of Sports Science
http://www.uni-graz.at

Related health topics
• Cancer
• Cardiovascular diseases
• Nutrition
• Obesity
• Transport and health

Unite in the fight against NCDs

English - Full screen
Français
Русский

Currently 116 member organisations
from 32 European countries

www.euro.who.int/hepa

HEPA Europe – Membership (October 2010)

| | Country | No. | Country | No. | |
|----|------------------------|-----|---------|---|----|
| 1 | Austria | 4 | 17 | Israel | 2 |
| 2 | Belgium | 2 | 18 | Italy | 6 |
| 3 | Bosnia and Herzegovina | 1 | 19 | Lithuania | 2 |
| 4 | Bulgaria | 1 | 20 | Norway | 1 |
| 5 | Croatia | 2 | 21 | Poland | 1 |
| 6 | Cyprus | 1 | 22 | Portugal | 1 |
| 7 | Czech Republic | 2 | 23 | Russian Federation | 1 |
| 8 | Denmark | 3 | 24 | Slovenia | 4 |
| 9 | Finland | 12 | 24 | Spain | 6 |
| 10 | France | 3 | 26 | Sweden | 5 |
| 11 | Georgia | 1 | 27 | Switzerland | 6 |
| 12 | Germany | 8 | 28 | The former Yugoslav Republic of Macedonia | 1 |
| 13 | Greece | 3 | 29 | The Netherlands | 6 |
| 14 | Hungary | 1 | 30 | Turkey | 1 |
| 15 | Iceland | 2 | 31 | Ukraine | 1 |
| 16 | Ireland | 5 | 32 | United Kingdom | 24 |

Plus 3 observers

HEPA Europe – Membership (October 2010)

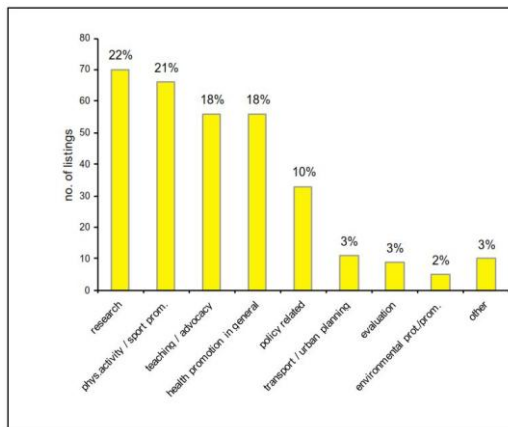
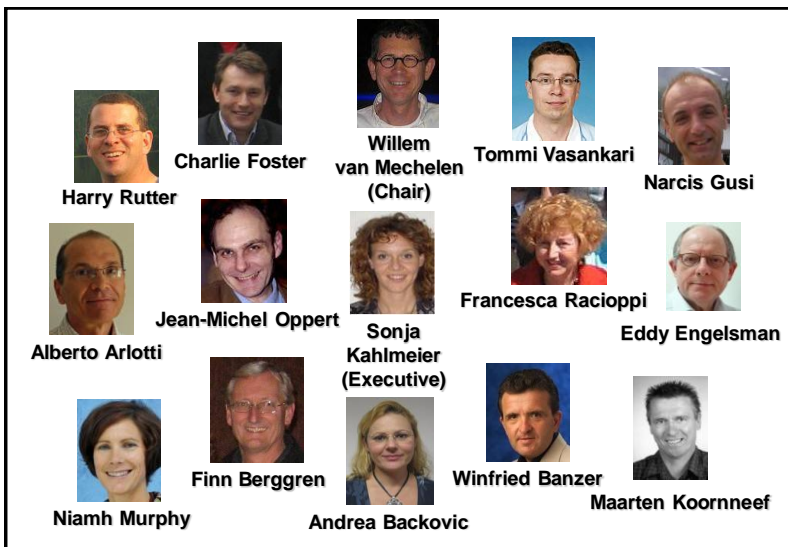


Fig. 2: Main type of activity reported by member institutions and organizations (up to 5 activities per member, N=316), number and percent of listings

Steering Committee – since October 2011

- **Willem van Mechelen**, VU Medical School, Amsterdam, NL (Chair)
- **Alberto Arlotti**, Public Health Office, Emilia-Romagna Region, Italy
- **Andrea Backović Juričan**, CINDI Slovenia
- **Winfried Banzer**, Olympics Sports Confederation, Germany
- **Finn Berggren**, Gerlev PE and Sports Academy, Denmark
- **Eddy Engelsman**, NISB, the Netherlands
- **Charlie Foster**, BHF Health Promotion Research Group, UK
- **Narcis Gusi**, Faculty of Sport Sciences, University of Extremadura, Spain
- **Marteen Koorneef**, Ministry of Health, Welfare and Sport, NL
- **Sonja Kahlmeier**, University of Zurich, Switzerland
- **Niamh Murphy**, Waterford Institute of Technology, Ireland
- **Jean-Michel Oppert**, Paris VI University, Hotel Dieu, France
- **Francesca Racioppi**, WHO Regional Office for Europe
- **Harry Rutter**, National Obesity Observatory England, UK
- **Tommi Vasankari**, UKK Institute, Tampere, Finland
- *Observer: Fiona Bull, GAPA*

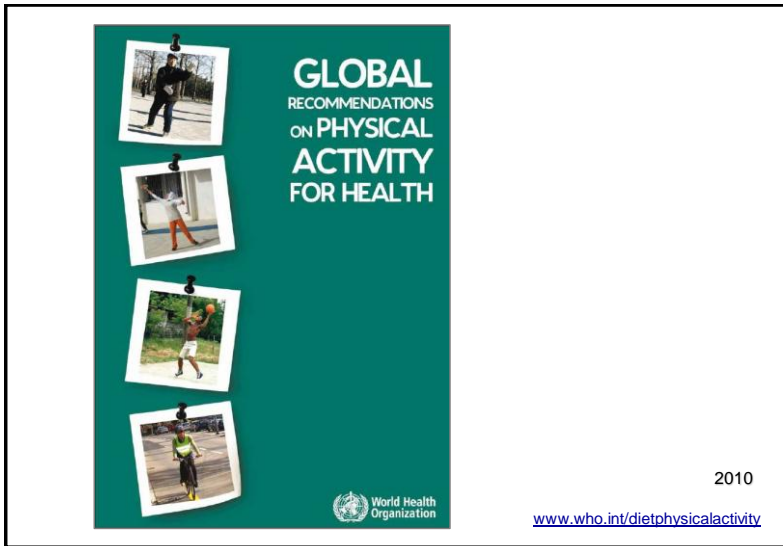


HEPA Europe
 European Network for the promotion of health-enhancing physical activity
www.euro.who.int/hepa

HEPA Europe work programme 2010 / 2011

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Physical activity and health in Europe
EVIDENCE FOR ACTION
Information dissemination
 Russian Danish Italian
 Portuguese Slovenian
 More language versions available or in preparation
 Cavill N, Racioppi F, Kahlmeier S. Physical Activity and Health in Europe. Evidence for Action. Copenhagen: WHO, 2006.



Information dissemination

Oja et al. *BMC Public Health* 2010, **10**:10
<http://www.biomedcentral.com/1471-2458/10/10>



DEBATE **Open Access**

**Physical activity recommendations for health:
 what should Europe do?**

Pekka Oja^{1*}, Fiona C Bull², Mikael Fogelholm³, Brian W Martin⁴

Analyses of selected approaches







www.euro.who.int/hepa

Working groups on specific topics

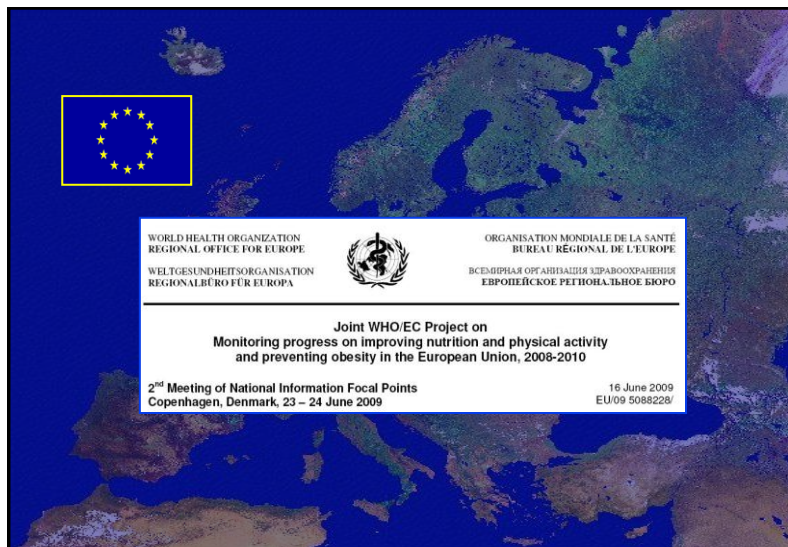








www.euro.who.int/hepa



World Health Organization
Regional Office for Europe

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WHO European database on nutrition, obesity and physical activity (NOPA)

About NOPA | Country profile | Regional view | Acknowledgements

The NOPA database compiles information for the WHO European Member States to monitor progress on nutrition, diet, physical activity and obesity. The country information contains national and subnational surveillance data, policy documents, action to implement policy and examples of good practice in programmes and interventions.

As a monitoring tool, the NOPA database can stimulate policy-makers to identify gaps and needs in data collection and policy development, or to show progress in their fight against obesity. At present the database contains information on policy documents in the 53 Member States in the WHO European Region. It will be continuously updated and expanded with data on nutritional status, food consumption, nutrient intake, physical-activity levels and policy implementation in each Member State.

Information can be searched and viewed by country. This facilitates the sharing of information by Member States and making of comparisons across the Region.

The NOPA database is one of the deliverables of the three year collaborative project between WHO and the Directorate-General for Health and Consumers of the European Commission, which began in 2008 (2007/WHO/EC) under the title "Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union".

WHO/Europe manages the NOPA database in close collaboration with information focal points and WHO nutrition counterparts in countries.

To make comments or inquiries, contact WHO/Europe at nutrition@euro.who.int

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<http://data.euro.who.int/nopa>

World Health Organization
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Review of physical activity promotion policy development and legislation in European Union Member States

WHO/EC Project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union

Report no. 10

www.euro.who.int/hepa

World Health Organization
Regional Office for Europe

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

Seventh annual meeting of HEPA Europe
European network for the promotion of health-enhancing physical activity

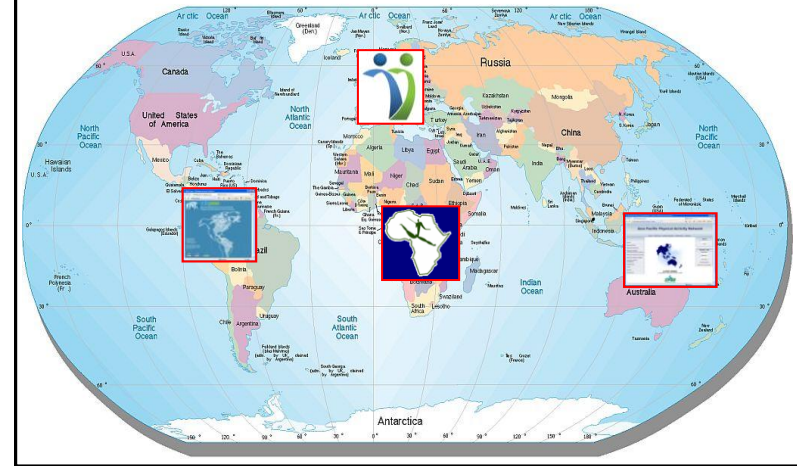
Report of a WHO meeting
12-13 October 2011
Amsterdam, Netherlands

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

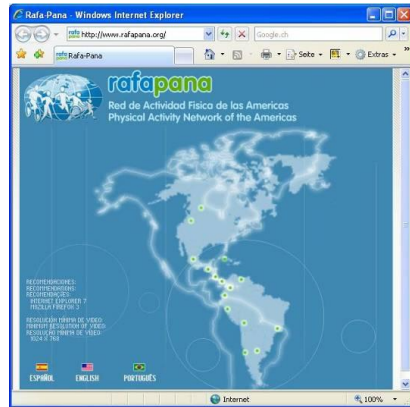
Regional Networks for Physical Activity and Health



Regional Networks for Physical Activity and Health



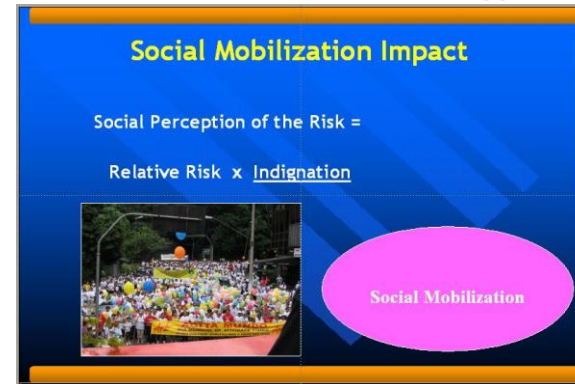
Regional Networks for Physical Activity and Health



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

www.rafapana.org

The role of evidence in multi-sectoral approaches



Victor Matsudo in ICPAPH 2008 Symposium: Large scale and regional physical activity networks: getting the message through in developed and developing countries

Agenda MUNDO World Day for Physical Activity



Examples of good practice in multi-sectoral approaches

Sorocaba, Sao Paolo



Cortesia do Dr Vitor Lippi



Victor Matsudo in ICPAPH 2008 Symposium: Large scale and regional physical activity networks: getting the message through in developed and developing countries

Regional Networks for Physical Activity and Health



HEPA Europe



European Network for the promotion of health-enhancing physical activity

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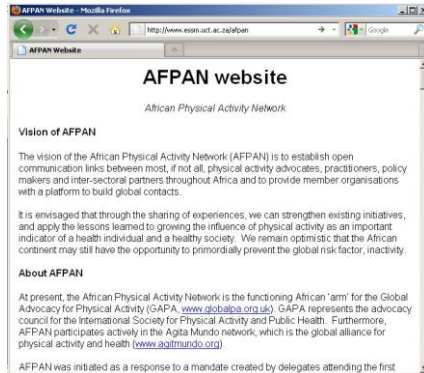
Regional Networks for Physical Activity and Health



Asia Pacific Physical Activity Network

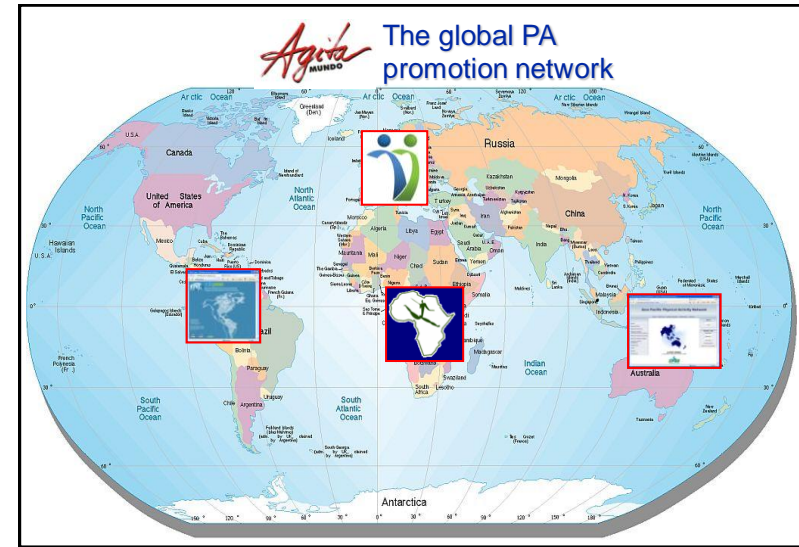
www.ap-pan.org

Regional Networks for Physical Activity and Health



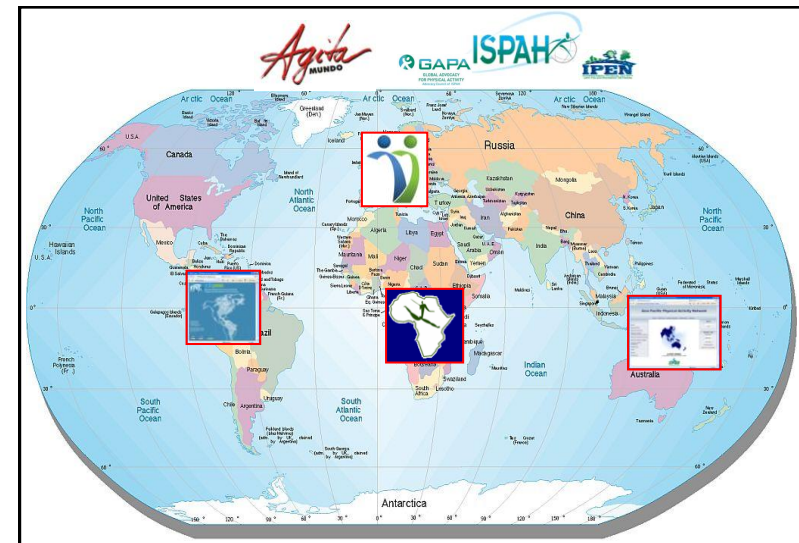
African Physical Activity Network

www.essm.uct.ac.za/afpan



Agita MUNDO Executive Board 2011-2012

| | | |
|--|--|--|
| | Brian Martin HEPA Europe; University of Zurich, Switzerland (Chairman) | |
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Scientific Society on Physical Activity and Health

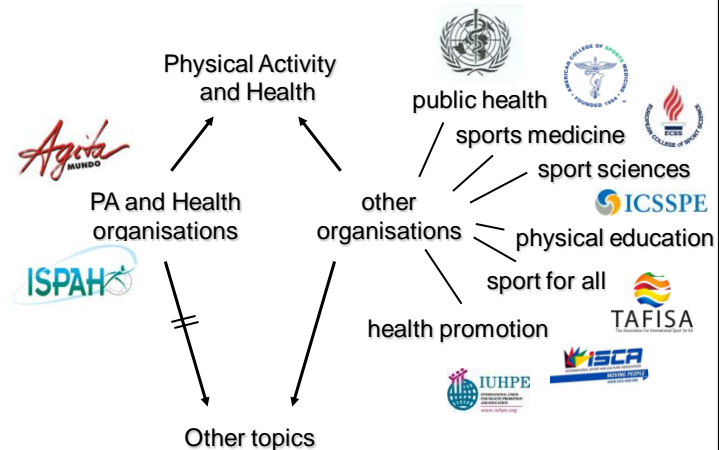


Other Councils

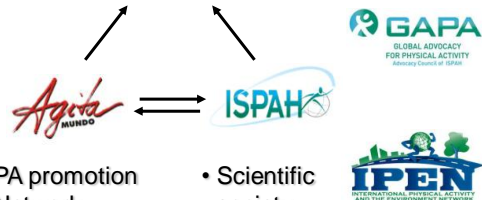


www.ispah.org

Global structures in physical activity and health



Physical Activity and Health



- PA promotion Network

- Institutional membership

- Multilingual

- Scientific society

- Individual membership

- English



GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

4. Primary health care systems

5. Public education

6. Integrated community-wide programmes

7. „Sport for all“ systems and programmes

3. Urban design regulations and infrastructure

2. Transport policies and systems

1. „Whole-of-school“ programmes

Whole-of-community approaches where people live, work and recreate have the opportunity to mobilize large numbers of people.

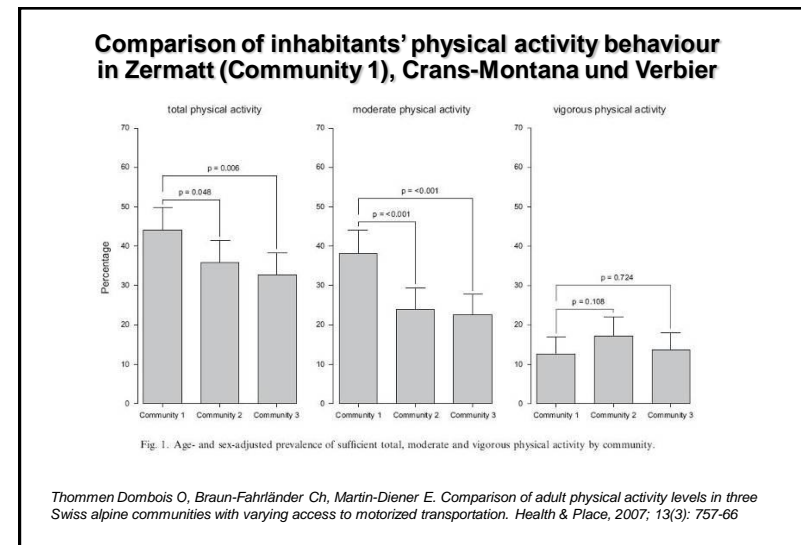
GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

SwitzerlandMobility

www.switzerlandmobility.ch

SwitzerlandMobility

www.switzerlandmobility.ch



American College of Sports Medicine
**59th Annual Meeting and
 3rd World Congress on
 Exercise is Medicine®**

May 29-June 2, 2012
 San Francisco, California
acsmanualmeeting.org

ACSM
 Annual Meeting
 World Congress on
 Exercise is Medicine®

Your Prescription for Health
Exercise is Medicine™
www.ExerciseIsMedicine.org

Calling on all health care providers to assess and review every patient's physical activity program at every visit.

Schweizerische Gesellschaft für Sportmedizin
 Société Suisse de Médecine du Sport
 Società Svizzera di Medicina dello Sport
 Swiss Society for Sports Medicine

Swiss Congress for Sports Medicine

**Main topic 19.10.2012 (in English):
 Physical activity promotion
 in health care settings**

Speakers:

- Raphael Bize, Institute of Social and Preventive Medicine, University of Lausanne; Public Health Switzerland
- Adrian Hutber, Vice President "Exercise is Medicine", American College of Sports Medicine ACSM
- Matti Leijon, Center for Primary Health Care Research, Malmö; HEPA Europe working group on HEPA promotion in health care settings
- Stefan Neuner, Swiss College of Primary Care Medicine, Prevention Committee

Swiss Congress for Sports Medicine
 Schweizer Sportmedizin Kongress
 Congrès Suisse de Médecine du Sport
 18./19.10.2012
 Casino Kursaal Interlaken.

www.sqsm.ch

Potential of population wide campaigns

HEALTH EDUCATION RESEARCH Vol.22 no.3 2007
 Pages 406-413
 Advance Access publication 13 September 2006

**Twelve-month effects of Canada on the Move:
 a population-wide campaign to promote
 pedometer use and walking**

C. L. Craig^{1,2*}, C. Tudor-Locke^{1,3} and A. Bauman⁴

Potential of population wide campaigns

Abstract dissemination and adoption of an easy-to-use tool for self-monitoring purposes.

Message recall and pedometer ownership were associated with increased odds of self-reported walking.

The effectiveness of health promotion to increase walking may be enhanced by combining motivational health-related messages with the dissemination and adoption of an easy-to-use tool for self-monitoring purposes.

Introduction

... of the public health burden posed by risk factors for chronic disease, the World Health Organization developed a Global Strategy on Diet and Physical Activity in 2004. The objective of the strategy was to recommend population-wide campaigns with the goal of encouraging individuals to undertake at least 30 min of moderate-intensity physical activity on most days of the week. The World Health Organization (WHO) has recommended public health recommendations [2] and Canada [3]. The objective of the present study was to evaluate the effectiveness of a feasible way of promoting walking among the inactive. The study was designed to assess a form of moderate-intensity physical activity that can be undertaken in the context of daily life, and that requires no special skill [4]. Recently, the use of pedometers has been widely used to successfully track progress in physical activity for health [6, 7]. In 2002, the Institute of Medicine (IOM) [8]

The Toronto Charter for Physical Activity: A Global Call for Action

Why a Charter on physical activity?

The Toronto Charter for Physical Activity is a call for action and an advocacy tool to create sustainable opportunities for physical activity for all. Organizations and individuals interested in promoting physical activity can use this Charter to influence and inform decision makers at national, regional and local levels to achieve a shared goal. These Organizations include health, transport, environment, sport and recreation, education, urban design and planning as well as government, civil society and the private sector.

Physical activity – a powerful investment in people, health, the economy and sustainability

Throughout the world, technology, automation, increasingly sedentary work environments and administrative/technical commitments design have eroded much physical activity out of daily life. More lifestyles, commuting practices, changing family structures and loss of social communities may also be contributing to unhealthy opportunities for physical activity, resulting in decline while the prevalence of sedentary lifestyles is increasing in most countries, resulting in major negative health, social and economic consequences.

For health, physical inactivity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, diabetes, cancer, contributing to more than 5 million premature deaths annually worldwide. Physical inactivity also contributes to the increasing level of childhood and adult obesity. Physical activity can greatly improve all of these. It leads to healthy growth and mental development in children and reduces risk of chronic disease and improved mental health in adults. It is more fun than to do physical activity. For older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.

Approach

Physical activity provides wellbeing, physical and mental health, prevents disease, improves social connections and quality of life, provides economic benefits and contributes to environmental sustainability. Communities that support health enhancing physical activity, in a variety of accessible and affordable ways, across different settings and throughout the day, achieve more of these benefits.

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www.globalpa.org.uk

The Toronto Charter for Physical Activity: A Global Call for Action

A framework for action

1. IMPLEMENT A NATIONAL POLICY AND ACTION PLAN

Identify clear leadership for physical activity, which may come from government sector, other relevant non-government agencies or from a cross sector collaboration.

Develop the roles and actions that government, not-for-profit, volunteer and private sector Organizations at national, regional and local levels should take to implement the plan and promote physical activity.

Provide an implementation plan that defines accountability, timelines and funding.

Include contributions of different strategies to influence individual, social, cultural and built environment factors that will inform, motivate and support individuals and communities to be active in ways that are safe and enjoyable.

Address evidence based problems on physical activity and health.

2. INTRODUCE POLICIES THAT SUPPORT PHYSICAL ACTIVITY

Introduce policies that support physical activity, which may come from government sector, other relevant non-government agencies or from a cross sector collaboration.

Develop the roles and actions that government, not-for-profit, volunteer and private sector Organizations at national, regional and local levels should take to implement the plan and promote physical activity.

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Address evidence based problems on physical activity and health.

3. REORIENT SERVICES AND FUNDING TO PRIORITIZE PHYSICAL ACTIVITY

Identify clear leadership for physical activity, which may come from government sector, other relevant non-government agencies or from a cross sector collaboration.

Develop the roles and actions that government, not-for-profit, volunteer and private sector Organizations at national, regional and local levels should take to implement the plan and promote physical activity.

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Address evidence based problems on physical activity and health.

4. DEVELOP PARTNERSHIPS FOR ACTION

Identify clear leadership for physical activity, which may come from government sector, other relevant non-government agencies or from a cross sector collaboration.

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Agita MUNDO Network Meeting

4th International Congress on Physical Activity and Public Health

National Institute for Sport and Physical Activity NISB

Sydney, Australia

31.10-03.11.12



4th International Congress on PHYSICAL ACTIVITY AND PUBLIC HEALTH

OCT 31 – NOV 3 2012, SYDNEY AUSTRALIA

ISPAH

Thoughts about the role of Physical Education Pedagogy

4. Primary health care systems

1. „Whole-of-school“ programmes

2. Transport policies and systems

3. Urban design regulations and infrastructure

5. Public education

6. Integrated community-wide programmes

7. „Sport for all“ systems and programmes

NON COMMUNICABLE DISEASE PREVENTION: Investments that Work for Physical Activity
A complementary document for The Toronto Charter for Physical Activity: A Global Call to Action

Whole-of-community approaches where people live, work and recreate have the opportunity to mobilize large numbers of people.

GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

The Toronto Charter for Physical Activity: A Global Call to Action

1. IMPLEMENT A NATIONAL POLICY AND ACTION PLAN

2. INTRODUCE POLICIES THAT SUPPORT PHYSICAL ACTIVITY

3. REORIENT SERVICES AND FUNDING TO PRIORITIZE PHYSICAL ACTIVITY

4. DEVELOP PARTNERSHIPS FOR ACTION

In education:

- Education systems that prioritize high-quality compulsory physical education curriculum with an emphasis on non competitive sports in schools and enhancing physical education training for all teachers;
- Physical activity programs that focus on a range of activities that maximize participation regardless of skill level and that focus on enjoyment;
- Opportunity for students to be active during class, in breaks, at lunch time and after school.

Education policies that support high quality compulsory physical education, active travel to school, physical activity during the school day and healthy school environments;

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