



Physical Activity Expert Meeting

"Agita Europe"

Magglingen,
Switzerland
13.-15.06.2004

Meeting Report

Organised by the Swiss Federal Offices
of Sport and Public Health



Bundesamt
für Gesundheit
Office fédéral
de la santé publique
Ufficio federale
della sanità pubblica
Swiss Federal Office
of Public Health



FOSPO Federal office of sports Magglingen
BASPO Bundesamt für Sport Magglingen
OFSP Office fédéral du sport Macolin
UFSP Ufficio federale dello sport Macolin

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Foreword

Though the promotion of sports for all has a long history in Switzerland, the promotion of health-enhancing physical activity in the broader sense has only begun after 1995 and consistent strategies and action plans have only been developed in the last few years. In this development, international contacts have been crucial as they were provided through structures like the WHO Consultative Group on Active Living and the HEPA Europe Network. Recently also the international activities in the field of environment and health have begun to encompass transport-related physical activity, in particular the "Transnational Project Transport-Related Health Effects with a Particular Focus On Children" within the context of the "UNECE- WHO Pan-European Programme for Transport, Health and Environment - THE PEP".

Despite the ongoing efforts of WHO world and Agita Mundo on the global level, since the end of the HEPA Europe Network there is no more regular exchange and development platform for national physical activity promotion strategies on the European level. Therefore, from the view of Switzerland it has become clearly more difficult to keep up the exchange of experiences and approaches and the contact with experts in this field.

Using the momentum of the WHO Global Strategy on Diet, Physical Activity and Health and with the support of the "Agita Mundo" Network, the Magglingen Expert Meeting was a first step in the re-establishment of such an exchange and co-operation structure on the European level. This documentation contains the abstracts of the presentations given in Magglingen, the minutes of the discussion on the structure of the Network and an information leaflet summing up the main decisions of the meeting.

I am very glad that in the moment these lines are being written, the secretariat of the new Network has already begun its work at the WHO Regional Office for Europe, European Centre for Environment and Health in Rome and that the first joint project of the Network, "Collaboration between Physical Activity Promotion and the Transport Sector - Examples from European Countries" has been launched. Preparations for the first "Meeting of the European Network for the Promotion of Health-Enhancing Physical Activity" on 26 and 27 May 2005 at the Gerlev Sports Academy in Slagelse are well under way, and the UKK Institute of Health Promotion in Tampere has already offered to host the 2006 Network Meeting.

These facts and the growing interest in the emerging Network make me very optimistic about its future. I want to thank all the individuals and institutions involved in the process for their expertise and their commitment. The Swiss Federal Offices of Sports and of Public Health have funded the initial Meeting in Magglingen, the Network secretariat for the first year of its existence and the clearing house for the first joint project of the Network. By doing so they hope to contribute to the vision of our Network, which is better health through physical activity among all people in Europe.

Brian Martin,
Physical Activity and Health Unit
Swiss Federal Institute of Sports Magglingen
Swiss Federal Office of Sports

Programme

Sunday, 13.06.2004 (15.00-18.30)

Welcome

- Presentation of Agita Mundo (Victor Matsudo)
- Presentation WHO World (Hamadi Benaziza)
- Presentation WHO Europe (Francesca Racioppi)
- Experiences from the HEPA Europe Network (Pekka Oja; Ilkka Vuori)
- Presentation IPAQ (Michael Sjöström)

Monday, 14.06.2004 (08.30-17.30)

- Presentation of HEPA promotion activities in European countries (representatives and experts)
- (Re-) Development of a European Physical Activity Promotion Network/Agita Europe: discussion

Tuesday, 15.06.2004 (08.30-11.45)

- (Re-) Development of a European Physical Activity Promotion Network/Agita Europe: decision about further steps

Main Speakers

- Victor Matsudo M.D. is the President of the Physical Fitness Research Center of São Caetano do Sul - CELAFISCS, the General Manager of Programa Agita São Paulo in Brazil and the initiator of Agita Mundo, an international organisation dedicated to worldwide physical activity promotion.
- Hamadi Benaziza is a collaborator of the Department of Chronic Diseases and Health Promotion of WHO World. He has been actively involved in all of WHO World's activities in the promotion of physical activity.
- Francesca Racioppi is a technical officer at the WHO European Centre for Environment and Health, Rome Division. Her work includes participation in the project "A physically active life through everyday transport", in Health impact assessment of transport and in the Pan-European Programme Transport, Health and Environment THE PEP.
- Ilkka Vuori MD is the former director and Pekka Oja PhD the former research director of the UKK Institute for Health Promotion Research in Tampere, Finland. They both have been coordinating the former HEPA Europe Network.
- Michael Sjöström MD PhD from the Karolinska Institute in Stockholm is the chair of the executive committee coordinating the activities involving the International Physical Activity Questionnaire IPAQ

Organisation

Brian Martin,

Health Promotion Unit; Institute of Sport Sciences; Swiss Federal Office of Sports; Magglingen

Cornelia Diethelm, Martin Rumo, Kees de Keyzer, Eva Martin-Diener

Health Promotion Unit; Institute of Sport Sciences; Swiss Federal Office of Sports; Magglingen

Bernard Marti, Manuela Pflugi, Esther Puma, Hedi Winkelmann

Institute of Sport Sciences; Swiss Federal Office of Sports; Magglingen

Ursula Ulrich, Environment and Health Unit, Swiss Federal Office of Public Health, Berne

Ellen Leister, Federal Sports School, Swiss Federal Office of Sports; Magglingen

Infrastructure and logistics, Swiss Federal Office of Sports; Magglingen

Paul Greuter, Chief Sports Education, Swiss Armed Forces, Magglingen

Jerri Husch, Husch Consulting

Participants

	Name	Institution	Country
1	Sylvia Titze	University of Graz	Austria
2	Eva Rohrer	Fonds "Gesundes Österreich", Wien	Austria
3	Victor Matsudo	Agita Mundo	Brazil
4	Finn Berggren	Gerlev Idrætshøjskole, Slagelse	Denmark
5	Harry Rutter	South East Public Health Observatory, Oxford	UK
6	Katriina Kukkonen	UKK Institute	Finland
7	Mari Miettinen	HEPA advisory board in ministry of social affairs and health	Finland
8	Pekka Oja	Former Network HEPA Europe	Finland
9	Ilkka Vuori	Former Network HEPA Europe	Finland
10	Jean-Michel Oppert	Hotel Dieu de Paris service nutrition	France
11	Karim Abu-Omar	Institut für Sportwissenschaft und Sport der Universität Erlangen	Germany
12	Alfred Rütten	Institut für Sportwissenschaft und Sport der Universität Erlangen	Germany
13	Svandís Sigurðardóttir	University of Iceland, Reykjavik	Iceland
14	Mireille van Poppel	Faculty of Medicine/EMGO Institute, Amsterdam	Netherlands
15	Belinda Yeung	Ministry of Health, Welfare and Sports	Netherlands
16	Andrea Backovic-Jurican	CINDI Slovenia, "Slovenia on the Move"	Slovenia
17	Michael Sjöström	Karolinska Institute, Stockholm	Sweden
18	Kees de Keyzer	Institute of Sports Sciences, Federal Office of Sports	Switzerland
19	Jerri Husch	Institute of Sports Sciences, Federal Office of Sports	Switzerland
20	Bernard Marti	Institute of Sports Sciences, Federal Office of Sports	Switzerland
21	Brian Martin	Institute of Sports Sciences, Federal Office of Sports	Switzerland
22	Ursula Ulrich	Federal Office of Public Health, Environment and Health Unit	Switzerland
23	Hans-Peter Kistler	Federal Roads Authority, Non-Motorised Transport Unit	Switzerland
24	Denise Rudin	Health Promotion Switzerland	Switzerland
25	Francesca Racioppi	WHO Europe, Rome	
26	Hamadi Benaziza	WHO World, Geneva	

Mainstreaming physical activity across different sectors - Challenges and opportunities in Europe

*Francesca Racioppi,
WHO Europe*

1. The burden of disease from physical inactivity in the WHO European Region: key figures

According to the World Health Report 2002ⁱ, the prevalence of physical inactivity among the European population is estimated in the range 17 – 24 % (with highest levels of physical inactivity reported in the eastern part of the Region). Attributable mortality is estimated in the range of 600,000 deaths/year (5 – 10 % of total mortality in the Region, depending on countries), accounting for 5.3 million DALYs, i.e. approximately one fourth of the global burden of disease attributed to this risk factor.

2. Introducing more physical activity in daily life: opportunities of achieving the recommended daily chores through walking and cycling

The WHO Global Strategy on diet and physical activity, recently endorsed by the World Health Assembly¹ recommends that:

“Individuals engage in adequate levels [of physical activity] throughout their lives. Different types and amounts of physical activity are required for different health outcomes: at least 30 minutes of regular, moderate-intensity physical activity on most days reduces the risk of cardiovascular disease and diabetes, colon cancer and breast cancer. Muscle strengthening and balance training can reduce falls and increase functional status among older adults. More activity may be required for weight control.”

There is an opportunity of implementing this by promoting the integration of physical activity into daily life, in particular by creating conditions that make walking and cycling possible options as daily means of transportation.

European transport patterns and urban settings would be compatible with these options: for example, it is estimated that in European cities more than 50% of trips presently done by car are shorter than 5.0 km, i.e. a distance which could be conveniently covered by cycling (ca. 15 minutes) and more than 30% of trips are shorter than 3.0 km, i.e. a distance which could be conveniently covered by walking (ca. 20 minutes)ⁱⁱ.

Nevertheless, on average, cycling and walking account for a share of only 5% of urban trips. As a result, the “average European citizen” cycles ca. 0.5 km and walks ca. 1.0 km while traveling 27.5 km by car daily. Only in very few countries, such as Denmark and the Netherlands, does cycling account for a significant modal shareⁱⁱⁱ.

These arguments were advocated on the occasion of the World Health Day 2002 “Move for Health”, which in WHO EURO focused on promoting a physically active life through cycling and walking as transport means^{iv}.

3. Mainstreaming physical activity in European transport and environmental health policies

3.1 The Transport, Health and Environment Pan-European Programme (THE PEP)^v

The UNECE –WHO Transport, Health and Environment Pan-European Programme (THE PEP) was established by representatives of transport, environment and health Ministries in July 2002^{vi}, as a means towards integrating environmental and health aspects into transport policies. THE PEP provides a pan-European policy framework to take action on selected priority areas, among which the integration of environmental and health aspects into transport policy and issues related to the relation between urban transport, health and the environment feature prominently. THE PEP is a policy tool that allows bringing forward the implementation of WHO Charter on Transport, Environment and Health^{vii}, in particular with respect to the promotion of cycling and walking (in combination with public transport) as effective means to improve health and environment in the urban environment.

A project implemented under the framework of THE PEP2 has recently provided an opportunity, under the leadership of the Swiss Federal Office for Sports (BASPO), of reviewing the evidence and knowledge gaps

¹ Resolution WHA57.17

regarding the links between health effects of walking and cycling and transport policies. In addition, at its last meeting, THE PEP Steering Committee endorsed a project proposal aiming at the development of guidance for the promotion of "safe walking and cycling", building on the evidence and experiences developed by several member States and research groups across Europe.

3.2 *The Children's Environment and Health Action Plan for Europe (CEHAPE)*

The CEHAPE will be adopted at the Fourth Ministerial Conference on Environment and Health in Budapest, Hungary on 23–25 June 2004³. It is an international instrument that tackles the most important environmental risk factors for the health of European children and provides concrete tools to address them.

The Plan covers the whole European Region, providing a framework within which Member States can develop their national plans and policies by adapting it to their needs. The Plan articulates in four regional "goals" the commitments to be taken by European member States to protect children's health in key priority areas. In particular, it "aims to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children".

3.3 *Preventing road traffic injury: addressing a key barrier to cycling and walking*

The World Health Day 2004 stimulated the publication of a WHO European Report on road traffic injury prevention^{viii}, as a complement to the "World Report on Road Traffic Injury Prevention"^{ix}. The European Report frames the prevention of road traffic injury in the context of sustainable transport policies. In particular, it highlights that safety concerns are as the most important barrier preventing many people from choosing walking and cycling as means of transport and that addressing the road safety of vulnerable road users therefore appears to be a key determinant of whether more sustainable and healthier transport modes can increase or maintain their share of total transport.

4. Working with member States and international experts to develop methods and tools to take into account the health dimension of cycling and walking into transport and land use policies

Promoting physical activity through transport and land use policies requires developing evidence-based arguments that can be understood, valued and integrated in the work of transport and land use planners. To that extent, work is underway to develop Guidelines for Health Impact Assessment of transport-related policies, programmes, and legal measures that may have implications for levels of physical activity through walking and cycling. The guidelines intend to provide a common methodological framework and practical tools to assist decision makers with the development of cost-benefit analysis of transport and land-use policies which include consideration of the cost of the health effects resulting from changes in walking and cycling in relation to transport and land use interventions.

The Guidelines are being developed with input from a multi-disciplinary group of experts and are taking stock from recent developments in the understanding of the relation between physical activity, transport and health effects^x, as well as the economic implications of interventions directed at modifying modal shares of cycling and walking, and related health effects (e.g. in terms of changes in risks for selected non-communicable disease, such as coronary heart disease, hypertension, non-insulin dependent diabetes, some forms of cancer, and accidents involving cyclists and pedestrians)^{xi}.

i World Health Organization "World Health Report 2002: Reducing Risk, promoting healthy life" (2002) (URL: <http://www.who.int/whr/2002/en/>)

ii Environment DG, European Commission "Cycling: the way ahead for towns and cities" Brussels, European Commission 1999 (URL http://europa.eu.int/comm/environment/cycling/cycling_en.pdf).

iii European Commission Directorate-General for Energy and Transport "European Union Energy and Transport in Figures", 2003 (URL http://europa.eu.int/comm/dgs/energy_transport/figures/pocketbook/doc/etif_2003.pdf.)

iv World Health Organization Regional Office for Europe "A physically active life through everyday transport – with special focus on children and older people and examples and approaches from Europe" WHO, 2002 (URL <http://www.euro.who.int/document/e75662.pdf>)

² "Transport-related health effects, in particular on children – Towards an integrated assessment of their costs and benefits. State of the art knowledge, methodological aspects and policy recommendations" – Trans-national project of Austria, France, Malta, Netherlands, Sweden and Switzerland

³ www.euro.who.int/budapest2004

- v Transport, Health and Environment Pan-European Programme (THE PEP). Geneva, United Nations Economic Commission for Europe and World Health Organization – Regional Office for Europe, High-level Meeting on Transport, Environment and Health, 21 August 2002 (document ECE/AC.21/2002/9-EUR/02/5040828/9) <http://www.unece.org/doc/ece/ac/ece.ac.21.2002.9.e.pdf> (accessed on 14 August 2003)
- vi Ministerial Declaration adopted by the 2nd High-level Meeting on Transport, Environment and Health (5 July 2002, Geneva) (ECE/AC.21/2002/8-EUR/02/5040828/8) <http://www.unece.org/doc/ece/ac/ece.ac.21.2002.8.e.pdf> (accessed on 14 August 2003)
- vii World Health Organization Regional Office for Europe "Charter on Transport, Environment and Health" (1999) http://www.euro.who.int/document/peh-ehp/charter_transporte.pdf (accessed on 14 August 2003)
- viii WHO European Regional Office "Preventing Road Traffic Injury: a public health perspective for Europe" (2004) (URL: <http://www.euro.who.int/document/E82659.pdf> accessed on 10 May 2004)
- ix World Health Organization "World report on road traffic injury prevention" (2004.) (URL http://www.who.int/world-health-day/2004/infomaterials/world_report/en/)
- x For reference, see: <http://www.hepa.ch/gf/mat/thepep/> (accessed on 1 June 2004)
- xi Saelensminde, K. Walking and cycling track networks in Norwegian Cities – Cost-benefit analyses including health effects and external costs of road traffic. Institute of Transport Economics, Norway (2002) TOI report 567/2002 – (Norwegian language)
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Experiences from the European Network for the Promotion of Health-Enhancing Physical Activity (European HEPA Network)

*Ilkka Vuori,
former project manager, Tampere, Finland*

The European HEPA Network was one of the seven European Union Health Promotion Networks. It started out in 1996 as a European Union health promotion project that was funded by the European Commission from the Public Health Program. The project had three specific tasks: 1) to organize a meeting for developing European strategies for physical activity promotion, 2) to develop and maintain a European network for the promotion of health-enhancing physical activity and 3) to carry out two pilot projects as exercises and examples for joint European programs. The responsible organizations were the UKK Institute for Health Promotion Research, Tampere, Finland (coordinator), The Netherlands Olympic Committee* Netherlands Sports Confederation, the Finnish Worker's Sports Federation and the Finnish Rheumatism Association. The results of this project were 1) development of European strategy for HEPA promotion (adopted as The Tampere Document by the participants of a meeting representing 16 European countries, European Commission, Institute of European Food Studies, IUPHE/EURO, and WHO/EURO), 2) promotion of walking as an effective, safe, applicable and inexpensive mode of HEPA, and 3) development of HEPA Network for effective, flexible and inexpensive communication. These actions contributed to collection of information of the status of HEPA promotion in Europe, advocacy and marketing of HEPA in Europe, and increased involvement and cooperation between individuals, institutions and organizations interested in promoting HEPA.

During the next years the project continued as The Promotion of Health-Enhancing Physical Activity project. Between 1997 – 2001 its aims included stimulation of HEPA policy and program development in the EU-countries, strengthening the HEPA Network and its activities in changing information and experiences, promotion of walking as well as cycling, production of materials to facilitate effective HEPA promotion, follow-up of the development of HEPA policies and strategies in Europe, and having European Conferences of HEPA promotion. These goals were met. During the project e.g. the number of national policies and strategies increased from zero to eight, very probably in part facilitated by the project. The project produced materials for promotion of walking as leisure, walking and cycling in transport, guidelines for health-enhancing physical activity programs and for HEPA promotion in general. Two successful European conferences on HEPA promotion were organized in Papendal, the Netherlands and in Belfast, Northern Ireland. The HEPA Network included about 200 members, and the communication was facilitated by a website, newsletters and maintaining two databases, one including information of members and the other containing country-based information related to HEPA.

The experiences of the European HEPA Project and Network can be summarized as follows:

the project Project and the Network were successful in bringing together individuals, institutions and organizations representing all EU countries and in addition Estonia, Iceland, Israel, Norway, Slovenia and Switzerland, both from private and public sector. These partners had previously had no or only occasional contacts and no collaboration. The enthusiasm, energy and commitment of the network members, stimulated by the network activities, facilitated significantly awareness, interest, initiatives and activities related to HEPA and its promotion in most if not all countries mentioned above.

The Project and the Network failed in making their functions continuing or permanent, and in getting HEPA on sufficiently high political agenda in EU in order to get HEPA accepted as an important policy area. This failure is shown by the cessation of the funding of the Project at a point, when it had proposed HEPA to be a topic of the health-related meeting under the Danish presidency in 2001, already accepted by the Danish government. Reasons for the failure include weakness of the Network in terms of political mandate of its country representatives, and inexperience in approaching politicians and policy and decision makers in EU, EC and the participating countries. The in large part unofficial nature of the Network made it also highly dependent on the funding from the European Commission. This was a serious obstacle to undertake any activities that were not included in the detailed budget made at least one year previously.

The European network for the promotion of health enhancing physical activity 1996-2001 – What did member countries achieve?

*Pekka Oja,
Tampere, Finland*

The European HEPA network was a European Union's health promotion program funded during 1996-2001. The program was coordinated by the UKK Institute for Health Promotion Research and the National Rheumatism Association from Finland and the Olympic Committee/National Central Sport Federation from the Netherlands.

The main objective of the program was to facilitate the development of national HEPA programs, strategies and policies in the member countries. The activities included development of contact network among EU member and associate member countries, meetings among the national contacts, European HEPA congresses, strategy and program guidelines, publications, training and consultation.

By the end of the program in 2001 the HEPA situation in the member countries by the stages of change was as follows:

Precontemplation

Austria: many regional HEPA programs organised by Austrian Sports Federation with partners

Germany: no information

Greece: no information

Italy: no information

Portugal: no information

Contemplation

France: plan to develop national HEPA policy by the French Federation for Physical Activity and Health + 8 sports organisations

Iceland: national Health Plan includes HEPA promotion

Ireland: physical activity included in National Health Strategy

Preparation

Spain: physical activity recommendations for youth in preparation by Ministry of Health, development of national strategy initiated

Action

Belgium: Flemish HEPA position statement and recommendations published

Denmark: national Forum for Physical Activity created by Ministry of Health

England: Department of Health preparing a new physical activity strategy, National Quality Assurance Framework for Exercise Referral Systems launched by the Secretary of State for Health

Northern Ireland: national campaign "Get a Life Get Active" continues, national HEPA strategy?

Norway: National Council on Nutrition and Physical Activity created, issued recommendations for physical activity and health

Slovenia: preparation of national HEPA strategy in progress with the support of the European HEPA network, national HEPA program "Slovenia on the Move" continues

Sweden: national program "Sweden on the Move" launched, 2001 the "national physical activity year"

Maintenance

Finland: national HEPA strategy done by Ministry of Social Affairs and Health and Ministry of Education, national HEPA program "Fit for Life" continues for second 5-year phase

The Netherlands: national HEPA program "The Netherlands on the Move" continues with broad committed partnership

The European HEPA network ceased to function as a EU funded program at the end of 2001. It has continued as an open, free-for-all network.

Assessment of Physical Activity at population level; The development of IPAQ

Sjöström Michael

PrevNut at Novum, Dept Biosciences, Karolinska Institutet, Stockholm, Sweden

Introduction. The World Health Organisation now urges other International bodies, national authorities, industry, etc to collaborate with WHO in implementing a global strategy on diet, physical activity and health for the prevention and control of non-communicable diseases (*WHA, May, 2004*). Such a strategy to promote physical activity demands, to be efficient, above all a better understanding of how much, and in what way, the populations are physically active.

The scope of the inactivity problem around the world, and in Europe as well, has been difficult to gauge, however. Although a number of countries have assessed physical activity as part of national health surveys, they have used a variety of definitions and questionnaires. A greater degree of standardization in definitions and assessment is required, which is also emphasized in the global strategy document. The development of such a standardized questionnaire for use across many different cultural milieus, with the specific socio-demographic and cultural factors operating within these various milieus, is a huge challenge, however.

How it started. The challenge was tackled by a group of physical activity researchers from Asia, Australia, North and South America, Africa, and Europe. They came together in Geneva in April of 1998 to propose the International Physical Activity Questionnaire (IPAQ), with the support of CDC (Atlanta), the Karolinska Institute (Stockholm), and the WHO, Geneva. The Questionnaires (IPAQ - short and long versions) were subsequently piloted in 10 different countries in 14 sites to assess reliability and validity (*Craig, Marshall, Sjöström, Bauman, Booth, Ainsworth, Pratt, Ekelund, Yngve, Sallis, Oja; International Physical Activity Questionnaire: 12 Country Reliability and Validity. Med Sci Sports Exerc 35, 1381-1395, 2003*). The results suggested that the questionnaires have acceptable measurement properties for use in many settings and in different languages, and are suitable for national population based prevalence studies.

The results also suggested that important demographic and cultural factors (e.g. education level, degree of urbanisation, employment, and hard physical labour in daily life) affected the overall reliability and validity of the instrument. In addition, the reliability and validity of reported activity in different domains (e.g. occupation, transport, work and chores, recreation and sport) varied by country and sample characteristics, as did the proportion of total daily physical activity arising from each domain. Together these findings provide important insights into the challenge associated with developing standardized instruments for use across different cultural milieus, as well as specific socio-demographic and cultural factors operating within the various milieus, which potentially can affect results in population-based and other cross-cultural research.

The Model. Directions for future work, strategies for approaching cross-cultural research, important methodological issues and potential applications of the IPAQ have been delineated by the IPAQ Executive Committee. The EC has initiated further developmental projects, such as the *International Prevalence Study (IPS)*, and the collaboration with WHO about *GPAQ*, and has organised several symposia at different international meetings, workshops, etc. It has had several telephone conferences (more than 50 conferences so far). The different studies and activities have been a substantial undertaking, largely carried out through the energy and vision of the members of the EC, and also of the investigators at each center across the world. Little if any financial support from any national authority or international organization has been available.

The IPAQ Core group is still, after 5-6 years, intact and active, perhaps due to its independency and flexible organisation. Maybe the process behind the development of IPAQ can serve as a model when different aspects of the promotion of physical activity in the European context will be discussed and possible task forces will be established.

Situation of HEPA promotion activities in Austria (2004)

*Sylvia Titze,
Austria*

In Austria, there are distinct activities to promote HEPA but until now no national HEPA programme along with scientific guidance and evaluation has been implemented.

(1) On the governmental level the Federal Ministry for Health and Women's Issues, the Federal Ministry for Education, Science and Culture and the State Secretariat for Sport are responsible for health promotion, promotion of physical activity at school, and promotion of sport.

Campaign "iSch": In September 2003 a campaign was launched by the Federal Ministry for Health and Women's Issues. The basic idea of the campaign is that in order to succeed we have to fight the proverbial "baser instincts". One's baser instincts - in German the so called "innere Schweinehund" and short: iSch – is namely the cause that actually prevents us from translating the knowledge on healthy lifestyle into action.

The initiative is based on 5 pillars:

1. Nutrition
2. Physical Activity
3. Coping with Stress and Relaxation
4. Prevention of injuries and addiction
5. Preventive medical checks

To disseminate the information all stakeholders (i.e. for example individuals, NGOs, companies) are invited to join the initiative and take appropriate action in their relevant sphere. For example t-mobile (an Austrian mobile networkprovider) informs its clients about health related issues and also offers a download version of the symbol of the campaign (iSch).

2004 - European Year of Education through Sport: Austria like other 28 countries participates in the European Year of Education through Sport coordinated by the Ministry for Education, Science and Culture. In Austria about 100 projects have been submitted.

(2) On the legislative level the Fund for a Healthy Austria was created on the basis of the health promotion Act passed by the Austrian parliament in February 1998. In its second Three Year Programme from 2003 to 2005 the three priority topics are: exercise, nutrition, and mental health. The priority target groups are: children and adolescents in non-school settings, employees at small and medium-sized enterprises, and the elderly in cities and towns.

Altogether 7 Mill Euros per year are provided for health promotion projects.

In Autumn 2003 the Fund for a Healthy Austria initiated a physical activity promotion campaign called "*It is never too late to make the first step*". The strategies to promote physical activity on a population level are: Providing information (TV-sports, advertisement, and posters), building cooperation with sport organisations and the Forum of Austrian Health Associations and conducting action days. The campaign lasts until summer 2004. Some evaluation has been done.

(3) On the university level all four Austrian Institutes of Sport Sciences (Graz, Innsbruck, Salzburg, and Vienna) do research focusing on HEPA.

Major research topics: Physical activity and environment (S. Titze, University of Graz), Physical activity and metabolic syndrome (S. Ring, University of Salzburg), Loading parameters in walking, hiking and running (H. Schwameder, University of Salzburg)

Postgraduate study programme "Health & Fitness" (University of Salzburg)

UKK walk test tester courses (University of Graz)

(4) On the voluntary sport sector the three major sport organisations provide different programmes. "Hopsi Hopper" a programme for kids (ASKÖ), "Physical activity 50+" (ASVÖ), "Fit is a hit" a programme for beginners (SPORTUNION).

Since 1987 regional health associations (joined together in the Forum of Austrian Health Associations) have been founded to support the implementation of health promotion programmes in different regions of Austria.

(5) Recent physical activity surveys in Austria

In 1998 a microcensus survey, which is performed regularly, was especially focussed on culture and leisure-time activities (N=62783). The sample included subjects over 6 years of age. Physical activity was assessed with one question: "Which of the following activities do you participate in regularly (that is, during the whole year or during the whole season), occasionally, or not at all?" (Zeidler, 2000). The list included 24 sport activities. No information was obtained about the duration of the activity sessions.

Altogether, 84% of the subjects participated in some kind of activity, whereas 16% reported no sport activities at all.

In 2000 a physical activity survey was conducted by the Gallup opinion research institute. The physical activity of 1000 Austrian men and women aged 14 years and older was assessed. The subjects were asked: Which sports activities do you participate in? How often per week do you participate in any sports? (Pratscher, 2000). The durations of the activity sessions were not assessed.

In total, 24% of the subjects participated daily or several times a week in sports activities, 16% participated once a week and 27% reported sports activities 1-2 times a month or less. A third of the Austrian population reported no sports.

In 2002 the Special European Union Eurobarometer survey including physical activity was also conducted in Austria like in the other 14 member countries. The proportion of people not performing vigorous-intensity physical activity per week was slightly higher in Austria in comparison to the European average. Moderate-intensity physical activity on 4-7 days per week was reported by about 30 % of the population.

In 1997/98 the Health Behaviour School-Aged Children Study (HBSC), a cross-national study by the WHO indicates that in Austria at least 70% and 80% of 11 to 13 years old girls and boys report exercising for two or more hours a week.

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„It is never too late to make the first step“ – Physical activity as a main topic in the Fund for a Healthy Austria

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Introduction

The new Fonds Gesundes Österreich (Fund for a healthy Austria) was created on the basis of the Health Promotion Act passed by the Austrian parliament in February 1998. It is related to the holistic concept of health of the Ottawa Charter for health promotion (WHO). Therefore the FGÖ wants to help make the various spheres of life and life styles of people in Austria healthier. Annually 7,25 Mill Euros are available to the Fund to fulfil its mission. Financing results from tax revenue of the Austrian republic.

Priorities

In the period of its three Year Program from 2003 to 2005, the FGÖ has set three subject priorities and three target group priorities in settings:

- Physical activity
- Nutrition
- Mental and emotional health
- Children and adolescents in non-school settings
- Employees at small and medium-size enterprises
- Older people in rural und urban settings

The FGÖ intends to facilitate numerous activities and heighten public awareness in these six priority areas. It will do so by pushing practical projects, scientific projects and studies, by networking, setting up structures, with PR work and political lobbying. The FGÖ will also stimulate and coordinate the development of descriptive and explanatory models of health-related behavior taking into account characteristics such as age, gender, family status, education, occupation, socioeconomic status and nationality.

Challenges: Unhealthy lifestyles and living conditions

Physical activities in everyday life has fallen off significantly. Proper motion is more and more replaced with different kinds of passive transport. This passiveness has extensive consequences not only on musculo-skeletal system (backache, overweight), but also in passive mental and psychic consumption.

A lack of exercise is one of the risk factors responsible for lifestyle-related diseases. According to the WHO report 2002 five of the risk factors for noncommunicable diseases are closely related to diet and physical activity.

Datas from Austria: 60 percent of the Austrian population are inactive to rarely active in sports. According to the Austrian Nutrition Report 2003 37 percent of the Austrian adults are overweight and about 9 percent suffer from obesity. Experts estimate that about 25 percent of the adult population suffer from psychogenic fluctuations and illnesses, first of all depression is increasing.

Concerning children recently a lot of studies show bad posture and insecurity in motion which increases the danger of injuries. The physical fitness of children and adolescents is alarming, as a study diagnosed as well as overweight and obesity. A lack of concentration and insufficient coping with stress is evident.

So proper and regular exercise in appropriate dose is crucial to a person's overall sense of well-being: physically, psychosocially and cognitively.

Physical activity – Activities in the Fund for a Healthy Austria

- Projects in different settings
- Brochure "Physical activity: Better living by awareness"
- Member and co-financier of the Austrian network of the "European Year of Education through Sport 2004"
- Lifestyle campaigns in the last years

- Physical activity campaign "It is never too late to make the first step" 2003/2004

"It is never too late to make the first step" Physical activity campaign 2003/2004

Since 1999 the Fund realized campaigns which have the motto "Better living by awareness" with the aim to give the public reason for a health enhancing lifestyle. 2001 three new lifestyle campaigns were resolved to promote physical activity, nutrition and mental health. With the first campaign started in Oct. 2003 – in cooperation with the ministry of health and women - under the slogan "It is never too late to make the first step" the Austrian public is to be made more aware of the benefits of regular, health-promoting physical activity and to be motivated to engage in it regularly as a positive habit in their everyday life and in their leisure time. A special emphasis was put here on physically inactive Austrians.

Targets of the campaign

- Put a special emphasis on physically inactive Austrians
- Put a focus on habitual physical activity and "sport light"
- Enhance social dimension of health physical activity
- Aim a realistic target instead of inaccessible records
- Try the first step
- Motivate professional health promoters to submit more practical projects with the aim to enhance physical activity in the different settings.

Elements of the campaign

- TV-Spots and advertisements
- "Below the line"-media: stickers, coasters, school cards, boomerang cards
- PR as well as regional PR activities
- A microsite on the homepage www.gesundesleben.at with informations about the campaign, basic informations about physical activity as well as a fitness-check
- Co-operation with the major sport organisations
- 3 Media awards "Health promotion and prevention" for the most qualified reports on physical activity
- Monitoring the campaign "Physical activity days": in co-operation with the aks Austria (Network of Federal Health Promoters) 10 physical activity days in each of the nine federal states of Austria took place in different settings as working places, Healthy Communities, schools and kindergartens. In order to communicate the topic to the basis, the public could participate in so called "physical activity parcours": professionals showed how little exercise can be integrated in daily life, how everyday physical activity as to lift, to carry loads etc. could be carried out correctly as well as an offer of the UKK walking test .

Evaluation of the campaign

40 Percent of the Austrian public were be reached through the campaign – more women than men. Answering the question "And what are you willing to do for your health?" most of the people (65 percent) answered that they want to do more physical activity, followed by more healthy nutrition (50 percent), regular screenings (25 percent), etc. This question was asked annually since 1999 in surveys of the institute. Astonishingly more people are interested in increasing their physical activities over the years although the other items are descending.

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The Danish Model of Sport for All, Physical Activity and Health

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Chairman, Research Institute for Sport, Culture and Civil Society.

Denmark

Denmark signed the Council of Europe "Sport for All" charter in 1972. The idea, however, that sport and exercise are beneficial for both the individual and society and, therefore, ought to be practised by as many people as possible is not new in Denmark nor, of course, in a number of other countries.

In fact, "Sport for All" has deep roots far back in Danish history.

On a number of points, Sport for All in Denmark differs from Sport for All in many other countries.

In the first place, the roots for Sport for all in Denmark can be traced all the way back to the beginning of modern sport and physical culture in the beginning of the 1860th, even though it was well known by other names. For more than one and a half century Sport for All has taken place as a natural part of the daily life in Denmark.

Secondly, The Danish Gymnastics based on mass participation and at the same time focussing on the individuals well being has always been a strong player in the Sport for All movement.

Thirdly, the development of sport for all has been entrusted almost exclusively to the voluntary sector, while the public sector has played a comparatively minor role, apart from subsidising much of the cost of Sport for All in the voluntary associations and organisations.

To day the society is not able to depend on the Sport for All organisations as the only player in the physical activity and health promotion. The problem of inactivity and health risks are too serious. The question is how to change the environment and milieu to make it easy, safe and enjoyable to have an active daily lifestyle.

Sport for All – a historical perspective

For more than 150 years the interest in Sport for All has grown, the differentiation between the various types of activities and the efforts to encourage involvement by particular social groups, new organisations and committees have emerged that encourage Sport for All. Especially the Danish patient organisations like the Heart organisation, Diabetic and Cancer organisation have been strongly involved in promoting physical activity during the last years.

Sport for All in Denmark has not been exclusively a question of enjoyment, fun, competitions or even good health. The educational, character building, solidarity and democratic aspects have been considered at least as important.

This attitude and special value in Sport for All is rooted in our culture and in the historical background for the offspring of our sports organisations.

Two different cultures developed in tandem from the late 19th century until approx. 1950: one with its roots in gymnastics all the way back in the 1860s and with its main bastion in rural Denmark, the other with its roots in the sport that originated in the 1880s urban bourgeois environment inspired by the sport in England. (Ibsen, B & Jorgensen P, Sport for All)

Sport for All and Physical Activity in modern society

The two old "systems" still exist to this day. Gymnastics and shooting are still organised mainly by Danish Gymnastics and Sports Association (DGI) and sport mainly by Denmark's Sports Federation (DIF). Both of them are national organisations, they are more or less the same size approx. 1.5 million members each. The population in Denmark is app. 5 mill inhabitants; the most significant difference is that DIF is the only one involved in international competitions.

DGI has no elite-sport but wants to promote "folkelig idræt", a term used in Denmark to mean "sport for all" with a specific cultural meaning. The aim of DGI is "... to strengthen voluntary association work by means of sports and other cultural activity, in order to promote popular enlightenment".

To day the sports policy in both organisations has changed totally – especially in DGI - as the health aspect and the responsibility of being part of the national health promotion strategy gives way for new programs in the sports organisations. The eagerness with which the sports organisations now are introducing their health

and fitness programs may also be related to the fact that they want to reach out for the many possible new members who are practising their physical activity (jogging, Nordic walking and cycling) in non organisational groups or just by themselves.

Denmark also has a third Sport for All organization, the Danish Companies' Sports Federation, founded in 1946. The Federation has about 350.000 members, and consists of about 75 local associations of company sports clubs. Unlike traditional sports clubs, where sport is the primary bond of fellowship, a company sports club consists of members, whose primary bond is that they work in the same company. Most of the company sports clubs do not organise training and exercise, and the members primarily participate in local tournaments in football, bowling, badminton, etc. During the last 15 years there has been a strong movement to improve health at the worksite through implementation of physical activity programmes. This development will be outlined as a case later in the article.

Danish School Sport

Of course, school and school sports history are also part of our country's social history, and neither sport, school sport nor "Sport for All" can be considered in isolation from the way our society has developed as a whole. As early as the 1814 school reform, attempts were made to introduce sport for both boys and girls in Danish schools in the form of physical education inspired by educational ideals of the day and by the German pedagogue J.C.F. GutsMuth in particular. In fact Denmark was the first country in the world to include Physical Education as a compulsory subject. However, if any sport was introduced in schools, it was primarily for boys, and the original, Rousseau-inspired humanist objectives were quickly replaced by obviously military, nationalist objectives. Later school reforms saw sport as part of the school's total curriculum. In the 19th century, training through sport was characterised by military and national ideals. In the first half of the 20th century, school sport would, however, concentrate on teaching pupils about hygiene, health and self-discipline - and later about how to be citizen in a well fare state. But even though the school system has been used in this way to propagate Sport for All, it has, to an extent, been a part of general education. To day the focus is on optimize the quality of the teaching in the two hours physical education a week, which is the general picture in the Danish school system. Many schools in Denmark is part of the international Health Promoting Schools strategy, but the health enhancing physical activity aspect is not the main interest until now.

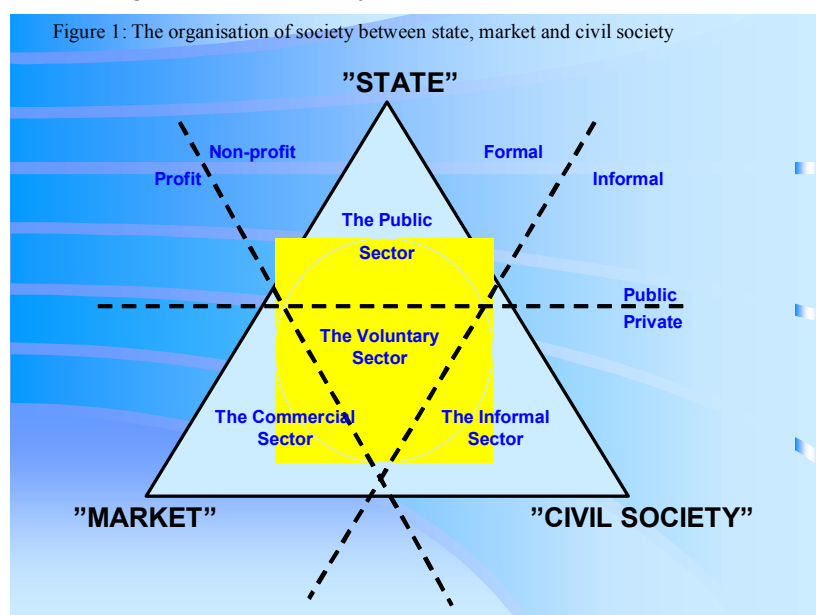
However, beside the physical education in general the independent School Sport Organisation is promoting a lot of out of school activities and is strongly involved in health promotion.

Sport for All / Physical Activity and Health

As interest in health enhancing physical activity has grown and new settings and new organisations have emerged that encourage Sport for All and physical activity it may be beneficial to look at the Danish society in general.

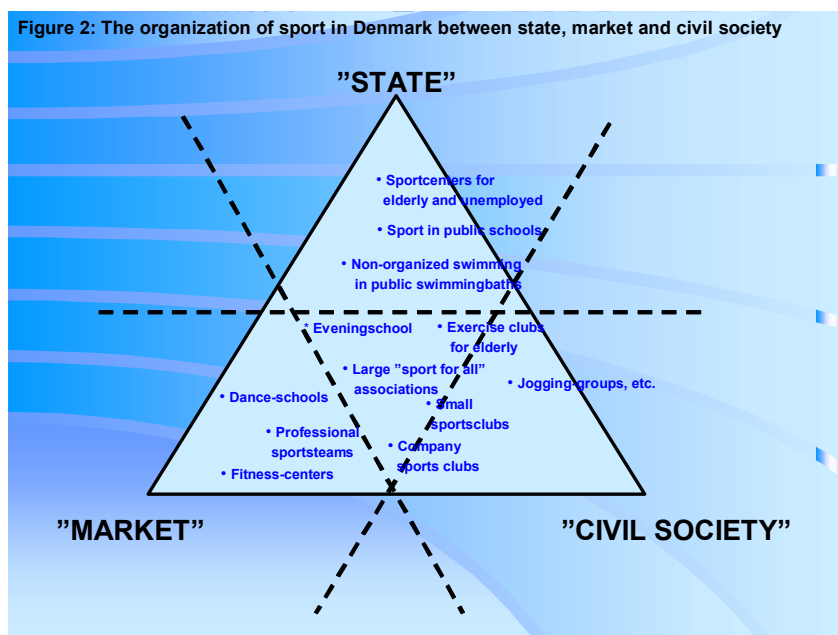
The following Analysis model (Ibsen, 2003) clarify a distinction between three "social orders", which are abstract ideal types: the "state", the "market" and the "civil society". These three social orders differ from each other in three social dimensions: a) public versus private, b) non-profit versus profit and c) formal versus informal. These three social dimensions divide the society in four different sectors, consisting of different organisational forms: The commercial sector, the public sector, the informal sector and the voluntary sector.

Figure 1. The organisation of society between state, market and civil society



In the same model you are able to recognize as well the social dimensions which are emphasizing the Sport for All and similar where the Health perspective is implemented or promoted. The main interest of the Sport Industry which also find it lucrative to be part of the health promotion has primarily been focussing on the commercial sector.

Figure 2. The organisation of sport in Denmark between state market and civil society



It is in the voluntary sector that we have the large Sport for All organisations. However, it is under less formal organisational set-ups in the informal sector that most adult Danes participate in sporting activities. 84 pct. participate in sporting activity on their own or in small informal groups - in the family, with close friends, etc. Yet, the survey reveals that most of them are involved in sporting activities under the auspices of more than one form of organisation. First and foremost, they combine their organised sport with independent sport – either alone or with friends or family. Nevertheless, a large proportion of those who participate in organised sport also participate in sporting activities under the auspices of more than one form of organisation. (Ottosen and Ibsen 1998)

World Health Organization – Active or Sleeping Partner in the sport for all movement in Denmark?

One of the milestones in the international promotion of Sport for All and physical activity has since late 90s been the WHO. The organization has in one way or another always talked about physical activity but never been frontrunner in that matter. That changed dramatically in 1998 when a global expert group wrote the official guidelines "The WHO Global Initiative for Active Living" and one year later followed up with a new statement "Active Living In and Through Schools".

The objective with the WHO Global Initiative on Active Living was

- to promote health and quality of life through physical activity;
- to strengthen world-wide advocacy on physical activity for health;
- to provide support to the development of national policies, strategies and programmes;
- to provide support to promoting community programmes and capacity building;

In the new strategy WHO strongly states that opportunities for physical activity must be an essential right of every person and the provision is the responsibility of the parents, the local community, the educational system and the entire society. This message was introduced to the Danish politicians in the public health sector as well as in the sport field. The strategy influenced the health policy in Denmark, however it would have been much more effective if WHO itself had been able to follow up on the strategy, but internal organisational changes put the progress in slow motion.

Case:

To give a picture of the development in one classic setting, the workplace will be more detailed described.

- a historical outline

Physical activity at the workplace is not a recent phenomenon, although other aspects of physical activity have taken centre stage in a modern company. Traditional company sports began more than half a century

ago and were organised in a national association. The primary aim of this association over the years has been to organise competitions and tournaments among various firms and companies. So it has not previously been a forum where there was any particular interest in using sport as a catalyst for health and well-being among those employed at the workplace or as a building block in the corporate culture.

Conscious political utilisation of physical activity at the workplace as part of general health-promoting initiatives first surfaced when the Danish government in 1987 presented the Governmental Preventive Programme, influenced by WHO's strategy 'Health for All - Year 2000'. In the subsequent action plans it is the relation between physical activity and the prevention of illness that is the constant theme - although the 90s have seen a change of emphasis, with the so-called 'soft' values of well-being and psycho-social relations being upgraded. This is reflected partly in new educational initiatives in the Promotion of Physical Activity and Fitness at the universities and partly in the Danish National Board of Health's official guidelines for the implementation of physical activity at workplaces from 1997 onwards ('Towards a healthier workplace - focus on physical activity', Berggren F. & Skovgaard T., National Board of Health 1997).

Results of the national survey on physical activity at the workplace.

19% of all Danish workplaces with at least 100 employees offer regular physical activity. If this figure is compared with results from the above pilot project, this represents more than a doubling of the physical activity on offer in workplaces over a four-year period. The national survey also shows that roughly every seventh workplace has established the offer of physical activity within the last decade. It is perhaps more surprising that 18% state that they had such an offer before the year 1980.

Half of the Danish workplaces in the survey offering regular physical activity (49%) have between 100 and 199 employees, while about a third of the workplaces (32%) lie within the 200-499 range. The somewhat lesser share of really big workplaces, i.e. those with over 500 employees, offering physical activity corresponds as a percentage to the number of really big companies in Denmark. The offer of physical activity at the workplace has had its greatest impact on smaller and medium-sized workplaces, where it has perhaps been easier to agree on perspectives and aims.

The survey shows that the majority of workplaces offering physical activity belongs to the public sector (55%), while a somewhat smaller group is made up of private companies (40%). This state of affairs is also reflected in the division of such workplaces according to business type, since the three most 'active' areas are health and welfare institutions (27%), manufacturing companies (23%) and public administration (20%).

Who has taken the initiative as regards physical activity at the workplace - and why

Most of the Danish labour market have for quite a number of years been interested in and worked with employee participation as well as the so-called 'flat' organisational and decision-making structure. This is reflected in who has taken the initiative in introducing physical activity at the workplace. At almost half the workplaces (44%) it is the employees themselves that have taken the initiative. If one includes joint initiatives, the influence of employees swells to 79%. Initiative coming from management alone only applies to 19% of workplaces. No matter who has initiated physical activity at the workplace, visible back-up - from both management and the employees - is essential if it is going to be possible to successfully implement it and continue it for any length of time.

The survey shows that within the space of just five years a shift has taken place in the primary reasons for introducing physical activity in Danish workplaces. Both the regional pilot study and questionnaires at selected workplaces showed previously a clear emphasis on such aims as 'to reduce absence due to illness' and 'to increase efficiency', while the national survey shows that the three most cited aims are:

- to increase social contact between employees
- to contribute to better staff care
- to satisfy the wishes of employees.

There should not, however, be any doubting the fact that management of all workplaces hope that the above soft values of well-being and psycho-social relations can contribute to reducing absence due to illness. But the success criterion cannot be solely dependent on a reduction in absence due to illness. The latest statistics in Denmark show a rise in, for example, the number of work-related back problems and workplace accidents as well as an increase in absence due to illness.

Offers and activities

The feeling of being able to bring about a change in one's lifestyle - in this case, active participation in physical activity - is crucial for it being possible to sustain such a change. A wide range of physical activities increases the likelihood of the greatest number of employees gaining such a feeling.

A contributory variable in this connection is to what extent the workplace offers activities that can be called individual or group-based. Drop-out is normally less at workplaces where the emphasis is on group activities

and where the social aspects and qualities found in physical activity are given high priority and included in the instruction.

The survey shows that the three most frequent activities on offer at the workplace are bodybuilding, circulation training and aerobics. This underlines the fact that physical activity at the workplace is to a great extent inspired by the fitness industry, where precisely these types of physical activity are the most common.

While almost 80% of all Danish workplaces state that bodybuilding is offered, this figure falls to 70% if the requirement is for both bodybuilding and circulation training to be offered. The fall becomes dramatic if activities such as aerobics and general gymnastics are included.

This is hardly a surprising discovery. On the contrary, it is quite remarkable that just over 10% of all workplaces actually have such a wide range on offer that it includes all four types of activity.

Insofar as the point of departure is those workplaces that state that all activities take place on the premises, i.e. at the workplace's own facilities, the three most frequently offered types of physical activity are still bodybuilding, circulation training and aerobics.

It is notable that the workplaces that offer physical activities using their own facilities have, for the most part, a narrower range, i.e. a smaller number of types of activity, than all companies considered together. This affects the number of participants, the broadness of the activities and the employees' drop-out rate.

Since this problem really exists, why actually aim to offer exercise solely at the workplace? Why not choose to pay for the employees to take part in activities in either sports associations or fitness centres?

An initiative that seeks to raise the level of physical activity among employees at a workplace does not necessarily have to have 'more physical activity at the workplace' as its objective. The aim can just as well be 'more physical activity among the employees via help and assistance from the workplace', organised in such a way that the employees become aware of the advantages of physical activity and thus become inspired to lead a more active life.

BUT this would mean the workplace dispensing with the possibility of strengthening the internal social relations and of using the offer of physical activity as part of a visible corporate culture and positive staff care.

Conclusion

The increased and more equal participation in sport in Denmark can be attributed to a great extent to increased participation in sport organised under organisational auspices that do not receive public-sector funding (commercial institutes, sport at work, independently organised sport, etc.) and that this is particularly the case for those groups (women and older citizens) who used to be less active in sport.

To a great extent, the objective of sport for all has been reached in Denmark, even though participation is not on the same high level as it is in the other Scandinavian countries. Since the 1960s, the number of Danes actively involved in sport and physical activity has grown extremely quickly.. In addition, women are just as active as men and participation levels among the elderly are approaching the high levels of the young. However, this development is not solely due to the political and organisational initiatives (large-scale public sector subsidies, more sports facilities and a wider range of options within the voluntary sector) that have been taken to encourage the population to become involved in sport. The growing and more equally distributed participation in sport and physical activity in Denmark can also be explained by the general social and cultural modernisation of Danish society.

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Physical activity – current initiatives in England

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Aim

To reduce mortality rates from the major killer diseases, and reduce health inequalities, by action to tackle the major lifestyle risk factors of smoking, poor diet and inactivity, and the underlying causes of ill health.

Key objectives

Relevant targets

- To reduce substantially the mortality rates from the major killer diseases by 2010; from heart disease by at least 40% in people under 75; from cancer by at least 20% in people under 75 (public service agreement (PSA) target)
- By 2010 reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth (public service agreement (PSA) target)
- In primary care...ensure that patients with coronary heart disease (CHD) and diabetes continue to receive appropriate advice and treatment in line with national service framework (NSF) standards and by March 2006, ensure...systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of CHD, particularly those with hypertension, diabetes and a BMI greater than 30 (planning and priorities framework (PPF) target)
- Contribute to a national reduction in cancer death rates of at least 12% in people under 75 by 2005 compared to 1995-1997, targeting the 20% of areas with the highest rates of cancer (planning and priorities framework (PPF) target)

Initiatives

Activity co-ordination team (ACT)

Jointly with the Department of Culture, Media and Sport (DCMS), the Department of Health (DH) is developing a cross-government strategy to increase levels of physical activity and sport in England from 32% to 70% by 2020.

Local exercise action pilots (LEAP)

Ten Local Exercise Action Pilots are underway across England supported by £2.6m funding. Pilots, based in Neighbourhood Renewal Areas, will evaluate different primary care trust (PCT) led community approaches to increasing levels of and access to physical activity, making a significant contribution to the evidence base on what works. Five pilots are adopting a community wide approach and the remainder are targeting specific populations including younger and older people. One of the pilots is specifically focused on the free-swimming concept for young people.

Pedometers

DH is co-funding a pilot project with the Countryside Agency and the British Heart Foundation to distribute 10,000 pedometers to PCTs in areas of high deprivation as a motivational tool to encourage increased walking. The pilot will be fully evaluated and the final report will be available shortly.

Exercise referral

There are over 700 GP exercise referral schemes prescribing physical activity to improve health and wellbeing.

Background information

- Six out of ten men and seven out of ten women are not active enough to benefit their health
- Four out of ten boys and six out of ten girls are not meeting the recommended hour a day physical activity for children.
- Physical activity decreases with age: just over seven out of ten men and eight out of ten women aged 75 years and above are inactive.

- In the 25 years between National Travel Surveys in 1975-76 and 1999-2001 total miles travelled per year on foot and miles travelled by bicycle both fell by 26%

DH Physical Activity Recommendations

- Adults: half an hour of moderate intensity physical activity, on five or more days of the week
- Young people: one hour of moderate intensity physical activity every day with further advice that at least twice a week activities should enhance and maintain strength, flexibility and bone health
- Supplementary advice: at least twice a week some of these activities should help to enhance and maintain muscular strength and flexibility and bone health.

Choosing activity consultation

On 3 March 2004, the UK government launched Choosing Health? a consultation on action to improve the people's health (available on the Department of Health website). The consultation set out the major health challenges in England and started a debate on the range of levers available to bring about change and how they can be used by Government and other stakeholders. The ideas that develop from the Choosing Health? consultation will lead to a White Paper on improving health, to be published in autumn 2004.

Following on from Choosing Health a consultation on physical activity was launched in April 2004. This states, *inter alia*, that:

"1.4 The Choosing Activity consultation is an important strand of the Choosing Health? debate. It presents an opportunity to prioritise the actions that different stakeholders might take towards increasing physical activity. To stimulate discussion this document sets out potential goals for an activity action plan. There is already a wide-ranging programme of initiatives aimed at increasing activity levels. This consultation offers the opportunity to prioritise these within a more coherent strategy for increasing activity and improving health."

"1.5 An activity action plan will also contribute to the delivery of Game Plan – the strategy for delivering the Government's sport and physical activity objectives published by the Prime Minister's Strategy Unit. Game Plan sets out a vision for increasing sports participation and physical activity by 2020. In particular, this action plan will bring together the themes, information and ideas generated by the Government's Activity Coordination Team (ACT) and Sport England's Framework for Sport in England. ACT was established to prepare a national strategy for raising activity levels and is jointly chaired by the Department for Culture, Media and Sport and the Department of Health."

Activity co-ordination team

ACT has been established as a process not a policy. It consists of:

- 9 Government departments and 4 national agencies
- There are ACT meetings every 2 months
- Ministers chair every ACT meeting
- Every 6 months there are full Ministerial meetings
- There is a delivery team in place led by DCMS & DH which includes Sport England and the Department for Transport
- Team led by a dedicated programme manager

- Two specialist sub groups established:
 - Monitoring and Research
 - Communications

ACT objectives

- Prepare a Delivery Plan to increase physical activity
- Target resources most effectively
- Share best practice and develop innovative approaches

ACT delivery plan

Structure consists of 6 work strands led by departments, co-ordinated by ACT, plus the monitoring & research & communications sub groups:

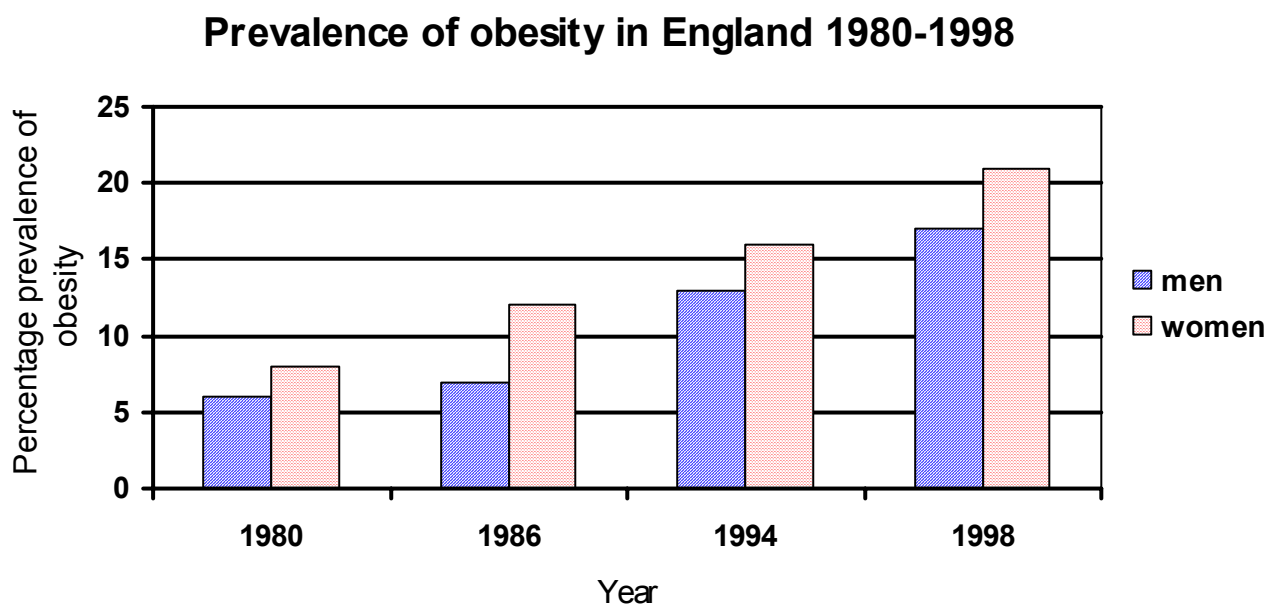
- sport and active recreation
- active travel
- education
- workplace
- healthcare
- environment

Role of Monitoring & Research sub group:

- Map existing on-going research across ACT
- Review need to commission national methodology for collecting participation and fitness data
- Commission research to address new issues requiring a longer-term approach and new pilot activity.

Role of Communications sub group

- Develop new messages around DH recommendations and explore options for a national campaign
- Co-ordinate cross government communications



Finnish national HEPA promotion program "Fit for Life": some lessons learned

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Fit for Life national HEPA program has been conducted in Finland since 1996. The founders of the program were the ministry of education and the ministry of social affairs and health. The creation of the program was a logical step in the chain of events to establish HEPA as part of national agenda to develop the well-being of the population.

The main aim of the first 5-year phase of FFL was to double the increase in the proportion of physically active 40-60-year old Finns. This meant a 2 percent point annual increase starting from approximately 60 % of active people (at least twice-a-week leisure-time activity with slight sweating). FFL was based on "bottom-up" operational strategy, i.e. creating a national network of local initiatives by support measures of competition-based funding, information, training and consultation. Up till mid-2003 about 1300 such projects have been funded. At the end of the first FFL phase the results of an opinion poll were interpreted as indicative of successful increase in the physical activity of the target population, and the second 5-year phase of FFL was launched.

The ministries of sport and health continued as the responsible leaders of the program together with the ministries of transport and environment and the National Forest and Park Service. FFL II targeted to increase the physical activity of adult population 40 years and older with no quantitative measures of increase. Secondary aims were: to create a national network of HEPA actors, to develop permanent and high-quality HEPA services at local level, to involve transport and environment sectors in HEPA development, and to develop international HEPA contacts. The same operational "bottom-up" strategy as in the first phase was continued with the project funding as the main working instrument.

In 2003 an external evaluation of FFL was commissioned. Intermediate results of the evaluation suggest some important lessons that have been learned so far. These are summarised as follows:

- aims and objectives well justified, challenging but achievable
- several strategic objectives not dealt with systematically
- the bottom-up operational mode innovative and effective, still unused potential
- real new collaboration created through networking, unused potential remains
- unique effective cross-sectorial collaboration generated at both national and local level: especially sport/health
- light organisational structure cost-effective but weak in strategic leadership
- project funding, "seed money", key instrument in supporting bottom-up operation, but small project money to many projects has led to fragmented and diffuse overall impact
- key communication messages have been modern, explicit and well targeted, but need more target-oriented and interactive methods
- training should be a stronger element in program services via exploitation of expert institutions services
- international activities have been (by choice) secondary, EU HEPA program analysis was not exploited
- research mostly limited to internal follow-up
- population PA survey results interpreted presumptuously
- research community not whole-heartedly on board
- according to FFL actors program impact good new collaboration, improved HEPA conditions, increased HEPA knowledge, improved HEPA services, improved population health and function
population impact on PA, health and function disputable

The external evaluation of FFL will be completed by the end of 2004.

Government Resolution - on policies to develop health-enhancing physical activity in Finland

Mari Miettinen, Finland

Government Resolution on policies to develop health-enhancing physical activity

The Government Programme aims to promote, in particular, health-enhancing physical activity among the adult population and physical activity that supports the healthy growth of children and young people. In the Health 2015 public health programme approved by the Government physical activity is seen as an important means of promoting the population's health. The Ministry of Social Affairs and Health appointed at the end of 2000 a Committee on Development of Health-Enhancing Physical Activity including participants from the Ministry of Social Affairs and Health and the Ministry of Education and their sectors of administration, as well as from other ministries and NGOs in the field. The Committee submitted its report (Committee Report 2001:12) in November 2001.

There is indisputable research-based evidence of favourable health effects of physical activity. By increasing physical activity it is possible to improve considerably the functional capacity, health and well-being of the population as well as to save on public expenditure.

In the recent 25 years pursuing physical activity as a hobby has increased among the Finnish adult population, but at the same time everyday physical activity, such as journeys between home and work and other active living, has decreased. It is noteworthy that less than half of the adult population move enough from the health point of view. Physical activity among children and young people is strongly divided. Some studies indicate that only one third of children move enough in view of their healthy growth and as much as one fifth of young people aged 15 to 18 years do not take any exercise. For older people too little physical activity means weakened physical capacity, which restricts their independent living and causes premature need for care.

Physical inactivity essentially increases the risk of many diseases. It has been estimated that the risk of illness in physically non-active people is, in relation to those pursuing physical activity moderately: in regard to coronary heart disease, cerebral palsy and development of obesity about the double, in adult diabetes 20 – 60 per cent, in hypertension 30 per cent, in colon cancer 40 – 50 per cent, and in osteoporotic fractures 30 – 50 per cent higher. Finnish regional research has shown that the use of hospital services is 25 – 35 per cent less among the third of the population that is the most active, compared with the least active third.

The objective of the Sports Act (1054/1998) is, among others, to promote the well-being and health of the population, and to support the growth and development of children and young people by means of physical activity. The Ministry of Education is responsible for the general direction, development and co-ordination of the sports provision within the state administration. The local authorities shall create the prerequisites for physical activities of municipal inhabitants by developing health-enhancing physical activity, supporting relevant civic activities, providing sports facilities and by arranging physical activity also for special groups. The expert body at the Ministry of Education that is in charge of tasks under the Sports Act is the National Sports Council. Health-enhancing physical activity and prerequisites for pursuing it are developed and realised in several other sectors of administration and by many other actors as well. The co-operation has been developed by the Ministry of Social Affairs and Health, the Ministry of Transport and Communications, the Ministry of the Environment and Metsähallitus, the Forest and Park Service. Sports organisations, and increasingly also NGOs in the field of social and health care, are important actors in developing health-enhancing physical activity.

With a view to increasing health-enhancing physical activity and boosting related activities in a balanced way it is necessary to intensify the cross-sectoral co-operation. This presupposes a more efficient co-ordination of the co-operation between the relevant actors and NGOs. In addition, it must be ensured that the resources allocated for health-enhancing activity are adequate and used as appropriate.

In accordance with the proposal of the Committee on Development of Health-Enhancing Physical Activity the Government hereby adopts a Resolution to develop health-enhancing physical activity.

Measures will be prepared and undertaken in accordance with the Government Resolution, and the present activities of the Ministries in the field of health-enhancing physical activity will be intensified as follows:

I Organisation of the co-operation on health-enhancing physical activity (PP 1-2)

1. Different ministries are responsible for developing health-enhancing physical activity and circumstances supporting it in their sectors. The Ministry of Social Affairs and Health is responsible for public health work, preventive health care, and for development of rehabilitation. The Ministry of Education is responsible for the general direction, development and co-ordination of sports provision and for the co-operation on physical activity in the state administration.
2. The relevant ministries and interest groups are represented in the Advisory Committee on Health-Enhancing Physical Activity set up by the Government to develop the co-operation of ministries and other bodies. The Committee gives proposals and opinions related to health-enhancing physical activity, but it has no power e.g. to distribute grants.

II Financing of health-enhancing physical activity (PP 3-4)

3. More resources are allocated to the development of health-enhancing physical activity within the framework of the customary appropriations by increasing and reallocating the present grants from the profits of the Slot Machine Association meant for the promotion of public health and the national pools and lottery profits meant for sports.
4. The criteria for State financing for municipal social welfare and health care and sports provision are adjusted so that account is taken of the local authorities' own measures to develop health-enhancing physical activity for inhabitants.

III Community structure and everyday settings promoting physical activity (PP 5-7)

5. The importance and needs of health-enhancing physical activity are taken into account in setting the goals for land use planning, in drawing up the plans and in the assessment of their impact. Improving the flow of information and interaction practices will facilitate the genuine participation by experts in physical activity and health care, inhabitants and service users in the planning of their environment in co-operation with experts in land use planning and decision-makers.
6. The sports facilities most used by the population are developed in line with the objectives of health-enhancing physical activity. Development of community sports facilities by taking account of the needs of, in particular, children, young people, older people, special groups, and families is determined as an area of emphasis in building municipal sports facilities.
7. The use of routes for bicycle and pedestrian traffic, public yards and parks as places for physical activity is intensified in co-operation of experts in physical activity, health care, the environment and traffic.

IV Promoting physical activity at the different stages of lifespan (PP 8-13)

8. Ensure that every child and young person has an opportunity for pursuing physical activity in day care and school by integrating physical activity into the daily programme of day care and schools and by increasing the role of physical activity in the afternoon activities arranged for small schoolchildren.
9. Develop, in 2003, a diversified, joyful model of a 'sports school' teaching basic skills in physical activity for children aged 4 -13, which can be used in various settings, and develop new type of non-competitive sport activities for young people aged 13 - 18.
10. Develop ways and services to promote the physical activity of families in co-operation of various actors. Establish in co-operation of various actors a national network for promoting family exercise in 2003.
11. Strengthen the role of occupational health care in the planning of physical activity at work and health-enhancing exercise at the workplace, and use experts in physical activity to a larger extent in the provision of occupational health service.
12. Introduce in 2004 a national plan for increasing the strength training of older persons living in their own homes with the aim of improving the functional capacity of their musculoskeletal system.
13. Prepare in 2003 quality criteria for guided health-enhancing exercise for older people, making use of the evidence-based information of older persons' physical activity, as well as related ethical guidelines and recommendations.

V Integrating health-enhancing physical activity into the municipal welfare policy (PP 14-16)

14. Municipalities include their strategies for health-enhancing physical activity in their welfare strategies and strategies for different sectors. The responsibilities and division of labour is agreed upon between the different sectors and levels of administration. Groups in need of special support, such as mental health patients, older people and people with disabilities, are taken into account. The local authorities are provided with expert aid and their experimental and development projects are supported. Various experimental projects will be started in 2003.

15. Support the co-ordination responsibility of municipal leadership and sports authorities in the development of health-enhancing physical activity, and strengthen the emphasis and status of health-enhancing physical activity within the municipal sports provision.

16. Integrate the promotion of physical activity into the municipal health care, sports and youth service chains implemented by municipal bodies and NGOs.

VI Education in health-enhancing physical activity

17. The role of health-enhancing physical activity in education, in particular in vocational, polytechnic and university education, will be studied separately in 2003. The aim is to survey the present extent and content of the instruction related to health-enhancing physical activity and to put forward proposals for harmonising and developing the education and for enhancing the co-operation of the bodies organising the education. The study will be made as a part of the national work for developing the curricula and criteria for degrees.

VII Research programme for health-enhancing physical activity

18. Establish and implement a research programme in support of the measures to develop health-enhancing physical activity as a part of the physical education research supported by the Ministry of Education. The programme shall focus on studying on a large scale the health effects of physical activity in different target groups as well as the possibilities to promote health-enhancing physical activity at the individual, community and environmental level. The aim is to bring about a solid knowledge basis for measures to develop health-enhancing physical activity. The preparation of the research programme will start in 2003.

VIII Monitoring the population's physical activity and functional capacity

19. Create in 2004 a permanent framework for follow-up studies in order to provide information about the state of physical activity and functional capacity of the whole of the Finnish population and changes in them. The National Public Health Institute's follow-up studies at the population level and other relevant studies will be made use of in the planning and implementation of the research.

IX Implementation of the Government Resolution, prerequisites for its implementation, and monitoring (PP 20-22)

20. The Government considers it important that different authorities, organisations, municipalities and NGOs implement proposals of the Committee on Development of Health-Enhancing Physical Activity (Committee Report 2001:12) to as large an extent as possible taking into account the statements in the Resolution.

21. The Government sees it important that resources are allocated in the different sectors of administration to the measures proposed in the Resolution.

22. The implementation of the Resolution is co-ordinated and monitored by the Ministry of Social Affairs and Health and the Ministry of Education in their sectors and by the Advisory Committee to be established hereby as an advisory body.

18 April 2002

National HEPA-strategy and its implementation in Finland

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In recent years, health-enhancing physical activity (HEPA) has gained significant importance at the national level in Finland. Behind this policy have been concerns about the ageing of the population as well as the notable increase in many chronic diseases such as adult diabetes and obesity. Although the positive health effects of physical activity are well-established, less than half of the adult population move enough from the health point of view. Physical activity among children and young people is strongly divided. Only one third of children move enough in view of their healthy growth and as many as one fifth of young people do not take any exercise.

Background

The promotion of every citizen's wellbeing by means of physical activity was the stated goal of sports policy for the 1990s. Also Experimental programmes to increase HEPA among the population had already been started in the 1990s. For instance the national programme Fit for Life has made a vital contribution to increasing regular physical activity among adults and older people.

An important milestone was the entry into force of the new Sports Act in 1999. The amended Act calls for improving the conditions for HEPA and encouraging the population to pursue such activity.

Another important step forward was taken at the end of 2000 when the Ministry of Social Affairs and Health set up a Committee on the Development of Health-Enhancing Physical Activity. The Committee determined the objectives for the near future and drew up a proposal for a Government Resolution on the matter. The Resolution was adopted on April 2002 and it lays out a framework for the development work over the next few years.

The Government Resolution of HEPA

The resolution aims to increase the physical activity of the whole population. It emphasises the co-operation of actors in this field, promoting physical activity of different age groups, creating community structure and everyday settings that promote physical activity as well as reinforcing the position of HEPA in the municipalities. Special attention is paid to passive groups and those who would significantly gain from an increase in physical activity. Children, young people and older people are the main target groups. With respect to all age groups, the importance of daily exercise and the creation of circumstances supporting physical activity are emphasised.

Areas of HEPA

There are eight main areas of the development work. The basis of all are the organisation, co-operation and financing of HEPA. The emphasis of this work is on developing everyday settings of people and promoting physical activity in different lifespan. It is also very challenging to improve the state of HEPA in the municipalities. All age groups and special groups are taken into consideration. In addition there are proposals for the improvement of HEPA in municipalities as well as developing the education and research.

Organising and financing of HEPA

The promotion work requires good co-operation of the actors in this field, including different ministries, municipalities, sport and health organisations, research- and sports institutes, service homes and many other actors. In order to build up co-operation between the ministries and other bodies the Government set up on June 2002 an Advisory Committee on HEPA in connection with the Ministry of Social Affairs and Health, with representatives from other relevant ministries and interest groups. The most important task of the Committee is to ensure the implementation of the Resolution by co-ordinating the development activities. Another key task is to strengthen the financing of HEPA.

Ten different working groups were appointed under the Committee for the implementation work. On the basis of project plans prepared by the working groups, several projects for research and development have been established mainly with joint financing from different ministries. In all, there are more than thirty projects or programmes for co-operation. Last year the Ministry of Social Affairs and Health had for the first time a separate appropriation for HEPA amounting to 300 000 euros. This year The Ministry of Education has also a similar appropriation. Last year three ministries funded different HEPA projects collectively with approximately 1.3 million euros. In addition, the Finnish Slot Machine Association funded HEPA projects with almost 900 000 euros. The aim is to further strengthen the financing in this area and the emphasis is on joint financing from different ministries. The Slot Machine Association will have a vital importance in funding the promotion of the functional capacity of the elderly people also in the next few years.

Community structure and everyday settings

For the development of everyday settings promoting physical activity, it is important that land use planning takes into consideration the needs of HEPA. The genuine participation of experts in physical activity and health care, inhabitants as well as service users in the planning of their environment in co-operation with experts in land use planning and decision-makers is facilitated. For example this year the national Housing Exhibition area has been planned from the viewpoint of physical activity. Our universities are studying the problems and needs for development of town planning from the viewpoint of physical activity. All the project results will be included in the Ministry of the Environment directions for town planning and the Ministry of Education directions for sport facilities.

Also the Architect education is developed from the viewpoint of physical activity. The aim is to include a 40 credit-unit course on building of sports facilities in the education programme for architects. Surveys have been conducted on the need for extension studies in the planning, town planning and building of sports facilities. The purpose is to combine the information gained from all the projects and to launch extension education in cooperation with four different universities.

Community sports facilities are developed from the point of view of especially children and young people, families as well as older people. There has just been made a wide survey of the present state of sport facilities in schoolyards. The results showed, that one third of the schoolyards needs immediate repairing and the biggest problem is the shortage of facilities for physical activities. This is why a large programme to develop schoolyards in the whole country will be started after few months.

Also the use of routes for bicycle and pedestrian traffic, public yards and parks as places for physical activity is intensified in co-operation with experts in different sectors. The Ministry of Transport and Communications has financed a large programme for promoting bicycle and pedestrian traffic in Finland. Also recommendations for planners of transportation will be produced in order to facilitate that routes for bicycle and pedestrian traffic are planned to be safe, accessible and attractive as a sport facilities. Wintertime physical activity and its safety has been improved by creating a weather conditions indicator for pedestrians, which will be utilised in the information flow on weather conditions for pedestrians.

When we think older peoples needs, it is necessary to examine what kinds of pedestrian routes encourage older people to travel on foot or with the help of an assistive device from sheltered homes or old-age homes to recreational areas, parks and daily services. A research of this has been made and a guidebook will be published on the environment planning of areas close to sheltered homes and old-age homes so as to promote the opportunities and needs of older people to stay physically active.

HEPA through lifespan

It is important for children to gain positive experience of physical activity early in life in order to form an active lifestyle. The opportunities of all the children for pursuing physical activity are increased by integrating physical activity into the daily programme of day care and schools and by increasing the role of physical activity in the afternoon activities arranged for small schoolchildren. Ministry of Social Affairs and Health is financing a large programme for increasing physical activity in day-care centres. Last year almost 28 000 children took part in the programme. There has been produced a set of guidelines for the personnel in day-care centres to arrange physical activity. Experts and day-care personnel will together compile recommendations for physical activity in day care during this year.

Ministry of Education is financing a large programme to promote physical activity of schoolchildren and young people. One of the main purposes is to develop the contents and operational models for physical activity in the morning and afternoon activities arranged for children in the first and second grade of comprehensive school. The project has for example produced a handbook on afternoon activities to assist especially municipal providers of such activities. Another task is to develop leisure-time activities in the form of diversified physical activities for schoolchildren in the grades 3–9 of comprehensive school. National model will be

produced on the basis of pilot models. It is also necessary to integrate physical activity to other school subjects and encourage children to come to school by walking or by bike. Also diversified opportunities for physical activity are developed for teenagers allowing them to influence the contents of the activities arranged.

In today's hectic way of life, physical activity is one natural way to bring the family together. At best, the physical activity of families supports the bringing up of children and increases social interaction. A national network of actors in family exercise has been established. The network has actively developed operational models for family exercise as well as increased the general awareness of family exercise by distributing information. In addition, education for instructors of family exercise are developed and arranged. The quality recommendations for physical activity vacations for families are under preparation.

When we think of those adults, who are physically too inactive from the health point of view, the importance of occupational health care is highlighted. The role of occupational health care in the planning of exercise at work as well as physical activity arranged in the workplace will be facilitated. Experts in physical activity should be more comprehensively employed in the implementation of occupational health care. Persons who from health point of view are too inactive are encouraged to take up exercising with the help of prescriptions for exercise. It is vital to develop and increase the training of physicians for increasing the use of prescriptions for exercise. On the basis of an research project will be compiled a guidebook on good practices of HEPA in occupational health.

Older peoples health and functional capacity is one of the main areas to be promoted. The physical activity programme for older persons living in their own homes that emphasises strength training will be launched this autumn. The programme aims at increasing the awareness of older persons on the importance of strength training and increasing the popularity of strength training among older people. It will also improve the training opportunities and facilities of older persons. The guiding skills of the personnel in social welfare and health care as well as in rehabilitation and sports are improved by education. There is already a huge amount of projects under way promoting older peoples strength training in Finland. This national programme will support all these projects by education and materials and also finance new, innovative projects in the area. The programme will be continued for five years and it will be funded by the Finnish Slot Machine Association and the ministries.

Quality recommendations for guided HEPA

Ministries and research institutes have together prepared Quality recommendations for guided HEPA for older people. These recommendations are needed in order to secure the quality of guided health-enhancing exercise for older people with varying functional capacity. The recommendations define a target level for the quality of guided HEPA and they serve all those who decide on, plan, arrange or instruct HEPA for older people or who advise their clients to make use of physical activity services.

HEPA into municipal wellness policies

Municipalities are very important actors in promoting HEPA in Finland. The resolution recommends, that HEPA should be included as a welfare factor in the strategies for the whole municipality and different sectors. The municipalities should create a permanent operational model organised jointly by different administrative sectors as well as a network of actors in order to promote physical activity. At best, physical activity is a part of the municipal health, transport, social, environmental, youth and educational policies as well as land use planning. In order to improve the status of HEPA in municipalities the ministries finance different kind of development projects. Also groups in need of special support, such as mental health patients and people with disabilities are taken into account. There has also been developed an education programme for municipal sports and recreational workers.

Education and research in HEPA

The incoherence of education is a big challenge in HEPA promotion. That is why the Committee examined the extent and content of the present level of teaching in HEPA. The aim was to examine the role of teaching in the education, particularly in vocational, polytechnic and university education and it concentrated on examining the education of persons who need expertise to guide, plan and instruct HEPA. On the basis of the survey results the Committee made proposals for developing the curricula and teaching in HEPA, the material for vocational education in HEPA and the extension education of teachers of HEPA.

A research programme needs to be established in order to support all these measures. The programme will focus on studying comprehensively the health effects of physical activity in different target groups as well as the possibilities to promote HEPA at the individual, community and environmental level. This programme will

start before 2006. In this autumn the Committee will also start planning the permanent monitoring system for HEPA.

We have a large challenge to promote physical activity in Finland. However, the outlook for improving Finns' health and functional capacity is favourable, since the majority of Finns appreciate physical activity as a factor maintaining health and wellbeing. In the near future, the emphasis will be more and more on encouraging people to pursue physical activity in everyday routines. Finnish nature and the good network of facilities offer a lot of possibilities for pursuing various sports, and the network of routes for bicycle and pedestrian traffic provides a fine framework for everyday physical activity.

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Physical activity and health in France: recent initiatives

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There are few recent data documenting the current level of habitual physical activity in the general French population (HCSP, 2000). From the data available, about 40-50% of French adults do not meet the public health guidelines of at least 30-minutes per day of moderate-intensity physical activity on most days of the week (Bertrais et al, 2004; www.inpes.sante.fr).

An important step was the inclusion of increased everyday-life physical activity as one of the major objectives of the National Nutrition and Health Programme (Programme National Nutrition Santé, PNNS, www.sante.gouv.fr). This 5-year programme, prepared through a multisectorial approach, was launched in year 2001 by the Prime Minister and has received continuous political support since then. Nine priority objectives and six strategic main lines were defined. One of the nine major objectives was to increase by 25% the proportion of subjects performing the equivalent of half an hour of brisk walking every day. The six major axes include 1) information and education about nutrition at large (including physical activity), 2) screening, prevention and management of nutritional deficiencies within the health care system, 3) involvement of the food industry, catering and consumers, 4) implementation of nutritional surveillance and monitoring (including physical activity), 5) help the development of human nutrition research (including physical activity), 6) specific public health measures targeted to specific sub-groups (such as lower socioeconomic populations). The programme is managed both at central and local levels by the public health administration.

In February 2004, a first national campaign on physical activity was launched in the framework of the National Nutrition Programme by the Ministry of Health, the Social Insurance System and the Institute for Prevention and Health Education (INPES, www.inpes.sante.fr). The three main orientations were: 1) To increase awareness among the public and opinion leaders towards the importance of physical activity promotion as a public health issue through a media campaign in the national daily press; 2) To demonstrate that physical activity was part of everyday life and not restricted to vigorous exercise or sports through a TV campaign entitled: « Habits that one should not lose »; 3) To help to move towards action with information on means to reach the minimum level of 30 min of moderate-intensity physical activity (brisk walking) through a 3-week radio campaign and signs in public transports and enterprises. Leaflets have been sent to various categories of health professionals across the country. A physical activity guide for the general public and health professionals will be available soon, complementing a national food guide published in 2001 (2,5 million copies). Additionally, local projects and initiatives are supported. Research projects focused on implementation of various aspects of the programme, including physical activity, are funded through annual calls from the Ministry of Health. Some examples of such projects will be given.

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Promotion of Health-Enhancing Physical Activity: The German situation

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For understanding the German situation for the promotion of physical activity, it is important to note the federal structures of the German political system. In Germany, to date, the promotion of sports and physical activity are not a mayor responsibility of the federal government, neither do exist, on a federal level, institutions that would have the legal authority to initiate national level health promotion campaigns in the area of physical activity. While the federal government maintains control over high performance sports, the Bundesländer (states) have responsibility for the promotion of leisure-time physical activity. While some Bundesländer did have some type of physical activity promotion campaigns in the past, these are usually not organized between the Bundesländer and have not had a lasting impact.

However, this does not necessarily mean that physical activity promotion is not taking place in Germany. It has to be recognized that associations of sport clubs, and here in particular the German Sport Association (Deutscher Sportbund) and the German Gymnastics Association (Deutscher Turnerbund) have a long tradition in supporting leisure-time physical activities and have initiated physical activity promotion campaigns since the early 70ths. While these campaigns might have stimulated very high participation rates in the German sports club system (currently about 27 million members), leisure-time physical activity rates of adults in Germany are average in comparison to other European nations.

Currently, the government is debating a legal framework for health promotion, and recent changes in the health system seem to indicate a strengthening of primary prevention within the system. Considering these aspects, there might be an opportunity to receive some type of federal support for a German participation in a HEPA-network.



Promotion of health enhancing physical activity (HEPA) in Iceland

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Surveys on physical activity in Iceland 1997 and 2000 showed that more than half the adult population needs to be more physically active to maintain and improve their health. A study on 9 and 15 year old Icelanders (2003) shows that close to 20% of them are overweight or obese and that physical inactivity is mainly to blame.

The Icelandic Health Plan to 2010 (issued in 2000) includes the ACSM/CDC recommendation of regular moderate physical activity. In the following some recent HEPA initiatives will be presented.

"Iceland on the Move" (2002-) is a project initiated by the Icelandic Sports and Olympic Federation (ISI) to encourage Icelanders to be more physically active. It has included regular radio programs and messages on the topic as well as issuing of a booklet on healthy lifestyles (May 2003) which was delivered to every household in the country. For the last two years there has been a promotion of "Biking to Work" for one week in May. The annual Women's Run in June is managed by the ISI and was held for the 15th time this year (2 km, 5 km, 7 km and 10 km walk, jog, run). About 18.000 women participated last June at 90 locations in Iceland and about 500 women at 15 locations in other countries. Altogether this amounts to 12,5% of all Icelandic women and the oldest participant celebrated her 89th birthday that day.

International Physical Activity Day has been recognized in Iceland for the last two years. On May 10 2003 there were parliamentary elections and Icelanders were encouraged to walk, bike or jog to the voting stations. May 10 2004 was celebrated by school children especially.

A multidisciplinary **Association of Public Health** was founded in 2002 and some of the members of the steering committee are concerned mainly with physical activity.

Most members of the association work within the health care sector. The association has supervised some seminars on public health topics in cooperation with the University of Iceland, where there are usually both foreign and local lecturers.

On a monthly basis, there are also noon hour lectures on various topics of public health including physical activity.

In 2003 a **Public Health Center** was established in Reykjavik. There are already several divisions involved (previously those divisions worked independently). The divisions include: Nutrition, Tobacco, and Drugs/Alcohol. A Physical Activity Council did not exist prior to the establishment of the Center and therefore it may take some time and effort to incorporate it.

"Walk in Iceland" is a joint project of The Icelandic Tourist Board, The Icelandic Youth Association and The National Land Survey of Iceland which started in January 2004. They have created a database of 500 longer paths and 300 shorter paths. Their goal is to encourage people to walk all over Iceland and get to know the country in a healthy way.

"LazyTown" was created in the nineties by an Icelandic entrepreneur, Magnus Scheving, in response to parents' questions about exercise and nutrition for children. LazyTown (the laziest town on Earth) has appeared as a musical in Iceland and is loved by kids for its entertainment and by parents for its healthy message. The philosophy of LazyTown is to activate children and inspire them to live a healthy life. Now LazyTown has been turned into a TV series and will start on N-American television in August 2004. Early next year Icelandic kids will enjoy LazyTown on their TV and the series are being sold to other countries as well.

And to finish up; The Icelandic Heart Association recently published a booklet on physical activity **"Move for your Heart"**.

Move for Health – (Iccaqlaq ghal Sahhtek) Initiative

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The theme proposed by the World Health Organisation (WHO) for 'Move for Health Day 2004' is 'Active Youth' and offered a unique opportunity to raise awareness on the importance of regular physical activity among children and young adults, in and out of school. The 2002 Health Behaviour of School-age Children Study (HBSC) carried out by the Health Promotion Department (HPD) under the auspices of the (WHO) showed that the proportion of 11-15 year old children meeting physical activity guidelines was: 41.7% among 11 year olds, 36.5% among 13 year olds and 24.5% among 15 year olds. These statistics show that there is a need for more relevant intersectoral policies and initiatives which encourage young people to engage in regular physical activity and sport.

In order to celebrate "Move for Health Day 2004", the HPD collaborated with the Maltese Council for Sports and the Department of Local Government to organise initiatives for 'Move for health Day 2004', with the aim of encouraging and promoting physical activity among youth, in and out of school and, to empower communities to take care of their health in a positive way whilst motivating them to do regular physical activity.

In March 2004, a seminar was organised by HPD about the 'Move for Health Initiative' for representatives of all Local Councils. Participants were given the opportunity to share ideas and discuss the preparatory work required to organise the activities. Participants were also given handouts with information on 'Move for Health Day'. To reach as many participants as possible, this seminar was spread over three days: one of which took place at the Gozo Sports Complex, Rabat Gozo and the other two at the Cottonera Sports Complex, Cottonera.

8 out of 68 Local Councils took part and organised physical activity programmes to celebrate 'Move for Health Day 2004' in different communities (see list below). Leaflets about the importance of regular physical activity, stickers and hats with the 'Caqlaq ghal Sahhtek' logo were distributed to the public present at these activities. HPD produced also a poster to highlight this year's theme and was distributed to schools, institutes, university, PSD (Personal and Social Development) teachers, youth clubs and youth organisations.

To mark 'Move for Health Day 2004' a press conference was held on 10th May 2004 which was attended by various journalists from the local press. The Parliamentary Secretary for the Elderly and Community Care, the Hon. Helen D'Amato praised this initiative, encouraged other Local Councils, departments and other stakeholders to participate in this initiative. She also emphasised the government's commitment towards enhancing health in the community.

Following these events for 'Move for Health Day 2004', HPD along with its partners would like to continue working with personnel appointed by each Local Council to maintain realistic 'on-going' physical activity programmes within each community. The aim of these 'on-going' programmes is to promote healthy behaviours and lifestyles, and to address health-related issues through sports and physical activity throughout communities.

The following physical activities were carried out to celebrate 'Move for Health Day 2004':

Local Council	Activities
Balzan	In conjunction with 'Jum Hal Balzan' (17 th April) celebrations: Fun Run, Display of Martial Arts and gymnastics, fun games for children/ youth and tug of war. Participants were given a token.
Sannat	Field Day at Sannat Primary School including disabled students and students from Hal Lija Primary School. (1 st April) Aerobics Classes twice a week (26 th March) Football tournament for Nurseries at Sannat (24 th April) 5-a-side football tournament. A 10 kilometre Fun run for everyone over 15 years (8 th May) Fun/sport games to be organized over the summer holidays Sports Marathon to be held in October
Mqabba	Physical activity Day at Mqabba Primary School (7 th May) Fun walk from Mqabba to Qrendi and back to Mqabba (7 th May)
Birzebbuga in collaboration with Gudja	Cultural Walk from Gnien San Gorg to Ghar Dalam back to Birzebbuga. (16 th May) Healthy Breakfast Display of Taekwondo Keep-fit Classes twice a week
Zurrieq	5 km 'Fun Run' through the main streets of Zurrieq (28 th May 2004) Cultural Walk starting from Mithna tax-Xarolla (29 th May 2004)
Fontana (Gozo)	'Fun Run' through the main streets of Fontana (other activities to be handed at a later date)
Iklin	Activities to be handed at a later date – in conjunction with 'Jum I-Iklin' in September 2004

Living longer in good health - Also a question of a healthy lifestyle

Netherlands Health-Care Prevention Policy

SUMMARY from Ministry of Health, Welfare and Sport – NL: International Publication Series: Health, Welfare and Sport no. 19

Unhealthy lifestyles: The Netherlands is falling behind internationally

Last year, with the publication of the report, 2002 Public Health Future Exploration (Volksgezondheid Toekomst Verkenning 2002 – VTV), the National Institute for Public Health and the Environment (Het Rijksinstituut voor Volksgezondheid en Milieu - RIVM) presented a probing picture of the health situation in the Netherlands. Although people in the Netherlands are increasingly living longer, healthier lives, unhealthy lifestyles in the Netherlands have pushed the nation towards the middle bracket in Europe. The life expectancy of people in other European Union countries is currently increasing faster than the life expectancy of the Dutch population. Since the early 1990s, the average life expectancy of women in the Netherlands is even lower than that of the European Union (EU). Unhealthy lifestyles among young people are rampant, which is not encouraging for the future. Even more worrying is that poor health, illness and premature death are more prevalent in some population groups than in others. Particularly people with limited education and low incomes are less healthy, including many immigrants.

Several observations about the unhealthy lifestyles of the Dutch population:

- One out of three smokes tobacco
- Nine out of ten people eat too much saturated fat
- Three-quarters of the population eat too few fruit and vegetables
- More than half the population gets too little exercise
- Half of the male population and a third of the female population are too heavy
- The incidence of sexually transmissible disorders (STDs) is rising, along with the incidence of abortions among teenagers

Unhealthy lifestyles have serious consequences. Among other things, they lead to increased cardiovascular diseases, cancer, asthma and other pulmonary diseases, diabetes and symptoms of the motor system. That represents a major loss of quality of life. Moreover, these diseases and symptoms cost society between € 2.5 and € 4 billion (thousand million). In the first instance, if these costs are to go down, it is the responsibility of individuals: it is primarily a question of healthy lifestyles.

The benefits of healthy lifestyles

Prevention is better than cure. That certainly applies to health. The RIVM has calculated that 15 percent of disabling illnesses (the aggregate of shorter and poorer quality life through illness) is attributable to smoking, 7 percent to excessive use of alcohol and 6 percent to obesity. The cabinet estimates that at least 20 percent of all disabling illnesses are attributable to unhealthy lifestyles. The RIVM has also calculated that between 5 and 9 percent of total expenses for health care are the result of unhealthy lifestyles, obesity and high blood pressure.

For these reasons, the government – national and local authorities – have invested in prevention for years. Current vaccination programmes against infectious diseases are good examples of preventive measures that reduce (high) health-care costs in the longer term. In 2004, the ministry of Health, Welfare and Sport (Volksgezondheid, Welzijn en Sport – VWS) plans to invest some € 625 million in prevention policy via the Special Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten – AWBZ), particularly in national prevention programmes, youth health care, public health information, health protection and research. In recent years, the cabinet has strengthened youth health care, for example, and introduced a vaccination against meningitis C, including a campaign to help young people in arrears to catch up.

However, the government is not the only source of prevention investment. Health insurers, social organisations (e.g. in sport), social partners and businesses increasingly do so, since they also realise that action is necessary.

Health benefits start by adopting different attitudes in a changing society, in which inactivity stemming from technological developments, organisation of work, leisure time and transport patterns increasingly threatens to become the norm. Prevention policy will only succeed if we hold citizens directly accountable for their behaviours. Health standards deserve greater attention. The changing attitudes towards smoking are a good example of this. Most people are now convinced that non-smoking should be the social norm at work and in public places. Similarly, healthy lifestyles should again become the norm for everyone – except, perhaps, for people with disabilities or chronic illnesses.

Practical aims in three action plans

The cabinet's policy document treats a large number of subjects in the field of prevention that require action. This will also receive attention in the coming years. They encompass three themes as spearheads. These themes stand out best in a negative sense and are the ones that require the most attention.

These themes are:

- Smoking
- Obesity
- Diabetes

These spearheads concern the major risk factors of poor health, illness and premature death. There will be an action plan with a practical goal for each spearhead. For example, the number of smokers should decline by nearly a fifth; the number of persons who are overweight should not increase; and diabetes among young people must be reduced.

Elaboration of the action plans will include advice from the Public Health Council (2001) (Raad voor de Volksgezondheid en Zorg – RVZ) from Health and Lifestyle (2003) (Gezondheid en Gedrag) and from the 'Obesity' Health Council (2003) (Overgewicht en obesitas).

Working with a package whose effectiveness has generally been demonstrated, smoking policy is now firmly embedded. The aim is to continue this policy forcefully during the coming years. In addition, there will be priority measures to deal with obesity and diabetes, which are closely related. These are relatively 'new' problems that require strong measures to counteract rising trends. The approach to these spearheads will entail knowledge and insights from other aspects of prevention policy. We concur with the actions started to make healthy eating easier and to get people to exercise more, as presented in the cabinet's policy document, 'Sport, Exercise and Health'. Besides the three spearheads, this prevention policy document also focuses considerable attention on psychological symptoms and alcohol addiction.

The action plans cannot be implemented without the co-operation of people in the field. Of course, these parties also have a responsibility for taking action. The cabinet would like to invite these parties in the Netherlands to co-operate actively in implementing the action plans and to develop individual initiatives. Although people are primarily responsible for their healthy (and unhealthy) lifestyles, people's health does not always depend on their own actions. For example, municipalities, companies, manufacturers, schools, health-care services and health insurers also bear responsibility. The relevant parties, including the public at large, must bear their share of the responsibility.

The public must again be more closely involved in prevention policy. Public health is the sum total of the health of individual members of society. The cabinet has therefore decided on an approach that will effectively reach people in practice – at home, at school, at work, at places where people spend their leisure time, in local neighbourhoods and in the doctor's consultation room. It is only in this way, for example, that one can trace and deal with local health arrears or reach specific target groups (youth, immigrants).

This policy document describes the actions that the cabinet plans to employ in achieving the aims of the three spearheads. Here are some examples:

- There will be more emphatic reminders to the public of the dangerous effects of unhealthy lifestyles. In the first instance this will take place through intensive public information, geared towards target groups. In addition, inducements will be necessary to confront people with the consequences of their own behaviours. One such inducement is the increase in tobacco tax on 1 February 2004. There are also others who, besides the government, could offer similar inducements. Health insurers, for example, could offer incentives for healthier lifestyles in their supplementary insurance policies.
- Consultation will take place with municipalities, which have a legal responsibility in the area of prevention, to adapt the spearheads (more fully) to local health policies. The health theme will be part of the 'Metropolitan Areas Policy Framework' (2005-2009) (Beleidskader grotestedenbeleid). This will enable metropolitan areas to tackle health arrears integrally (lifestyles, living environments, access to health care).
- Businesses will receive reminders of their social responsibility for public health. The cabinet encourages self-regulation (healthy foods, non-smoking catering establishments, public announcements aimed at children) and, if this does not work, will propose suitable legislation.
- There will be incentives for health insurers, both in the preventive and curative sectors (hospitals, general practitioners) to identify health risks in a timely manner that are the consequence of unhealthy lifestyles and to address these issues with their patients. There should be more frequent discussions between doctors and patients about changing lifestyles than is currently the case. Health insurers should monitor more closely the creation of a 'health-care chain' (from the patient's perspective, getting maximum guidance through the care process), including prevention and the application of existing standards and protocols in health care.

- Schools will receive support in further realising the notion of the 'healthy school' – actions relating to school fruit in primary schools and healthy school canteens in secondary education will continue for the time being.

For the most part, these actions are possible by making better use of existing funds, by linking them to the main problem areas and by better practical utilisation of existing opportunities. To do this, the cabinet is deliberately seeking co-operation with other parties. Additionally, in 2004, the cabinet has set aside an extra € 5 million and, from 2005, a structural amount of € 10 million. These moneys will primarily go towards implementing the spearheads, mainly for public information activities and projects, and for activities in the large cities (due to the huge health arrears there). Starting in January 2006, an amount of € 5 million will go to help cover the € 10-million cut in the national sport federation's budget. The federation will use half of this re-investment to stimulate amateur sports, of which Neighbourhood, Education and Sport is the spearhead. The other half will go towards activities designed to promote physical exercise. These activities will dovetail with the spearheads from prevention policy, with particular emphasis on youth and poorly educated workers with low incomes. The cabinet assumes that other parties will also take responsibility for and continue to invest in prevention policies.

Holding on to high-level health protection

Besides the action plans for the three spearheads, simultaneously, there will be a continuation of other aspects of prevention policy that have clearly demonstrated their value in the past. As a densely populated country, the Netherlands has a high level of health protection. This is partly due to vaccination programmes, hygiene measures, the tracking system of youth health care, medical screening of the population and measures relating to health and the environment, product and food safety. The high level of health protection must remain in effect. The policy document therefore describes specific developments in this area.

We have had to confront threats of wanton outbreaks of infection diseases as a consequence of terrorism (smallpox), epidemics of new, unexpected infectious diseases (SARS), along with other incidents and disasters (the fireworks explosion in Enschede, the pub fire in Volendam, fowl pest). These events emphasise the potential need for a rapid, large-scale response and the importance of crisis management and after-care. Under the leadership of the Ministry of the Interior and Kingdom Relations (Binnenlandse Zaken en Koninkrijksrelaties - BZK), the joint government departments are working on the implementation of the 'Crisis Management Policy Plan, 2003-2007'. A crisis involving the risk and spread of infection calls for a separate approach and adjustments in the implementation structure.

Effective research and targeted subsidies

Investment in health care pays off, but it is expensive. The economy is stagnating. We face choices, also in the area of prevention. We can only make these choices if we clearly understand the nature and scale of health-care risks, the options for dealing with them, the cost and benefits of reducing risks or of measures to improve health and, equally important, matters that the public itself considers important.

Continuing research and transfers of knowledge are essential. Our new subsidy policy places emphasis on three aims: (1) maintaining and sharing fundamental knowledge, (2) (temporary) stimulation of innovation and (3) strengthening the position of vulnerable groups. Research in the field of health should focus in the coming years on major problems, but also on the opportunities that prevention offers for health. Much more than is the case at present, research and transfer of knowledge are going to bolster (local) practices. Local partners should be able to take immediate advantage of the knowledge acquired. Simultaneously, this increases the effectiveness of the knowledge infrastructure.

Prevention, a Matter of Patience

Health is a valuable possession. Healthy people feel better, are seldom ill, work more and longer. In short, they are more active. Improved health, reduction of disabling illnesses and premature death benefit the public as well as society. However, health benefits through prevention are also a matter of patience. Naturally, the effects of this policy are closely monitored. The cabinet would like to elevate healthy lifestyles – naturally, within the limits of individual citizens – to the status of a social norm and, together with those who share this responsibility, make good health a permanent feature of the Dutch landscape.

Health enhancing physical activity promotion in slovene primary health care

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Introduction

After two major cross-sectional studies according to the WHO-CINDI protocol, which were conducted in Slovenia's capital Ljubljana, first in 1990/91 and the second in 1996/97, it became evident that only around 1/3 of the adult Slovene population (in the age group from 25-64 years of age) is adequately physically active for protection against chronic non-communicable, especially cardiovascular diseases. Moreover, in the observed period the situation worsened, since the share physically inactive increased significantly.

High prevalence of physical inactivity and other risk factors for chronic non-communicable diseases urged Slovene authorities, non-governmental organisations and profession to start developing Health Enhancing Physical Activity (HEPA) strategies and implementing nationwide programme of promotion of healthy lifestyle and prevention of cardiovascular diseases in Slovene primary health care practice.

Aims

Regarding physical activity the purpose of the national health enhancing and disease preventative programmes is to encourage active involvement of adults and more senior citizens of Slovenia to practice regular moderate physical activity as frequently and wide as possible. The main goal is a relative 20% increase in the share of the adult Slovenes who perform at least half an hour of moderate intensity physical activity daily. Furthermore, a 20% increase of use of physical activity as a therapy in patients with manifest diseases is also expected in the next 5 years.

Methods and designs

Two project of direct and indirect promotion of HEPA are currently running in primary health care centres all around Slovenia at the moment, where specially educated and trained health professional teams are educating adult Slovenes who are at high-risk to develop chronic non-communicable diseases. They are mainly financed through annual agreement signed with the national Institute of Health Insurance of Slovenia with health care providers to perform certain amount of preventative health services.

The first project that is running at the national level is called **Slovenia on the Move - Move for Health**. It started as a joint project of sports and health care professionals within the framework of the so-called Local Promotion/ Prevention Groups- LPPG's at the end of the year 1999. The project is managed jointly by two institutions, CINDI Slovenia programme and Sports Union of Slovenia. It includes media coverage on national and local levels to promote regular and safe as possible physical activity as one of the most important component of healthy lifestyle. The main method used in this project is the UKK Walk Test, which predicts maximal aerobic power. This is simple, safe, reliable and repeatable field test also representing an excellent tool for promoting HEPA, especially walking. Other methods of HEPA promotion are several different local programmes (e.g. Rainbow Walking Programme, which includes: 2 walk tests, 10 weeks of organised walking programme, organised family weekend trips in the nature and healthy lifestyle lectures) as well as national actions/campaigns (e.g. Slovenia on the Move with Healthy Nutrition Day, which represents Slovenian example of activities under the WHO Move for Health Day).

The second project is running under the common national **Programme of Primary Prevention of Cardiovascular and other Chronic Non-Communicable Diseases**. It is also organised at the level of primary health care and consists primarily of screening of the whole adult population in certain age groups (35-65 years of age for men and 45-70 years of age for women). Its regular performance started in 2002. The most important component of this national-wide programme is certainly its interventional part, delivered in Health Education Centres which were appointed by the Ministry of Health of the Republic of Slovenia (there are 61 centres appointed in Slovenia at the moment). Health education is delivered according to the methodology

taught by the CINDI Slovenia Programme and is based on teamwork. Teams consist of physicians, nurses, physiotherapists and others. The main goal of these health education programmes is to achieve positive changes in lifestyle of those Slovene adults, who are at cardiovascular risk of more than 20% in next 10 years. Promotion of physical activity is essential component taught in 3 health educational workshops (Health Promotion and Risk Factor School with Walk Test; Physical Activity Workshop; and Weight Reduction Workshop).

Results and conclusions

From 1998 till the end of 2003, CINDI Slovenia and other health care institutions managed to educate about 1,500 health professionals (mostly working in primary health care centres) all over the country on health promotion and disease prevention. They are also able to perform the 2 km UKK walking test and to advise to the tested individuals on HEPA in their everyday life.

In the same period more than 364 walking tests were carried out under Slovenia on the Move Project in 130 Slovenian towns. All together, there were approximately 14,000 people tested. The average fitness index was 90 (women 93, men 87). On average 47 people were tested at each occasion (66% women, 34% men). The majority of the participants were between 35 and 60 years old. In the future we would like to expand the number and places of walk tests by 20% and also to recruit younger people, who are physically inactive and overweight.

Rainbow Walking Program was very well accepted among elderly in many local communities (especially in the Slovene capital, Ljubljana). With national action Slovenia on the Move with Healthy Nutrition Day 2003 we attracted 12,046 people. They could choose among 42 different sport disciplines at the different sports events in 41 towns all over the country and received healthy physical activity and nutrition counselling.

Till the end of the March 2004 CINDI Slovenia trained several health professionals for performing the health educational programmes which require HEPA counselling as well (at above mentioned Health Education Centres). For the running of Workshops on weight reduction there have been 267 medical doctors and other health workers educated. For the purpose of conducting Workshops on physical activity 232 professionals have been trained and most of them are physical therapists. In early 2002 health educational workshops were started in practice. In the year 2003 health professionals from 61 health education centres conducted: 174 Weight Reduction Workshops (2,610 participants), 56 Physical Activity Workshops (560 participants), 584 Health Promotion Schools (5,840 participants) and 362 Walk Tests (3,620 participants). It can be predicted that significant changes in lifestyle of the Slovene population regarding more regular and moderate exercising can be expected in future 5 years.

National HEPA strategy, which describes the way of HEPA promotion at all possible levels of life and for different special population and age groups (and not only through primary health care programmes as it is promoted at the moment), is prepared as a part in the national resolution on Healthy Lifestyle through Healthy Nutrition and HEPA. It is fully developed and currently waiting to be adopted and confirmed by Slovene parliament in next few months.



Promotion of Health-Enhancing Physical Activity HEPA in Switzerland

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1995 and before

Since the beginning of industrialisation and even more since the technical developments of the last few years, physical activity behaviour in Switzerland – as in other countries - has undergone fundamental changes. The fact that physical activity has ceased to be a necessity of daily life has contributed to the growing importance of sports for all population groups and not only for upper class “amateurs”. Since the 1972 Federal Law the promotion of sports has been defined as a federal responsibility with regard to the development of youth, to public health and to physical performance. In the following year a whole range of “sports for all” activities was developed by both public and private partners. The priorities of public authorities were physical education in schools and the federal programme “Youth + Sports” available in all regions of the country and in German, French and Italian. The sports clubs and the sports associations have developed activities in both elite sports and in sports for all; they have their umbrella organisation in Swiss Olympic.

The Magglingen Symposium 1995 „Sports Physical Activity – Health“ was the beginning of a new approach to health-enhancing physical activity HEPA based on a broader understanding of physical activity and on the latest international scientific evidence. Intervention projects were being developed and informal meetings of individuals and institutions interested in HEPA were held. The expert meeting “Health Promotion through Physical Activity and Sports 1998” was the first time an overview of ongoing national activities in this field was available.

Development of the Network HEPA Switzerland

On 20 April 1999, 13 national institutions have founded the Network HEPA Switzerland. Organisations interested in health promotion through physical activity and sports were defined as potential members, a steering committee was created and a secretariat located at the Federal Office of Sports in Magglingen was financed jointly by the Federal Office of Sports and by the foundation Health Promotion Switzerland. In July 1999 the network consisted of 22 organisations, in May 2001 it had grown to 60 and in February 2004 to 80 members.

The first Annual Reunion of the network took place in Magglingen in October 1999 with the Federal President Adolf Ogi as the guest of honour, Autumn Reunions have been held in Magglingen each year since. The Spring Reunions were organised at Swiss Olympic headquarters in Bern in the years 2000 and 2001, in Winterthur in 2002 (with the local office of sports and with the health insurance company Helsana), in Lucerne in 2003 (with the Swiss National Accident Insurance Fund SNAIF/SUVA) and in Lausanne in 2004 (with the Sports Service of the Swiss Federal Institute of Technology and of the University of Lausanne). In addition, a celebration was organised in Geneva together with local partners and with WHO headquarters on the occasion of the 2002 World Health Day “Move for Health / Agita Mundo”. Network Reunions are organised jointly with local partners and with other network members and have usually between about 50 and 120 participants. The 2003 Spring Reunion was linked to the launching of the Internet physical activity counselling programme www.active-online, the Spring Reunion 2004 to the “Move for Health / Agita Mundo” Day.

The website www.hepa.ch has been online in German, French and Italian and partially also in English since February 2000 and has been completely redesigned in 2003. It contains all of the information material of the Network and has areas with information about the member organisation which can be edited by them directly. The website is highly valued by the member organisation, as a systematic evaluation has shown in 2003.

The network newsletter exists since Spring 2000 and is edited usually about three times per year in German, French and Italian, on special occasions like the World Health Day “Move for Health” 2002 or the “Move for Health” Day 2004 also in English. In addition, monthly mailings in German and French are sent out to all

network member organisation and – in a slightly abbreviated version – also to other members of the respective open mailing list on www.hepa.ch.

Following the Dutch example, a manifesto containing the 10 principles of Health-Enhancing Physical Activity in Switzerland has been created at the start of the network and updated in 2002. The network has also been involved in the elaboration of three scientific position statements on the health relevance of physical activity and sports during childhood and adolescence, on physical activity behaviour in the Swiss population and on the economic effects of health-enhancing physical activity.

A project contest has been carried out annually since 2000, since 2001 with financial support from the Concordia health insurance, one of the network members. It has been possible to integrate the presentation of the winners in official events of the Federal Counsellor or member of the federal government responsible for sports in Switzerland.

Since the coming into existence of the network, a growing number of HEPA promotion approaches has been developed and implemented. "Allez Hop" and "Active-online" are two typical examples of how these larger initiatives are usually run by a group of network members, but not by the network itself.

Conclusions

The structures of the Network HEPA Network have been successful in allowing a substantial growth of the network and in allowing the necessary adaptations to the members' needs and wishes. The members of the network have been able to contribute to the development of national policy documents such as the Concept for a Sports Policy in Switzerland, the Action Plan Environment and Health and the Directory Plan on Non-Motorised Transport. All these documents have stated objectives for health-enhancing physical activity on the national level and respective measures have begun to be implemented.

The first effects of these activities can be seen. A remarkable increase in media coverage of the positive effects of physical activity has occurred, probably being one of the main reasons for the observed increase in knowledge about current HEPA recommendations in the general public from 12.6% in 1999 to 16.9% in 2001. According to the latest data from the Swiss Health Survey 2002, the proportion of at least partially active individuals (one day or more per week with sweating induced by leisure time activities) has increased from 60.7% to 63.2% since 1997, after a 3.6% decrease in the five years before.

Though these observations are doubtlessly encouraging, there can be no doubt that further efforts will be necessary to achieve lasting effects in the sense of the first objective of the Concept for a Sports Policy in Switzerland: more physically active people.

The development described above in Switzerland was greatly influenced by international experiences, particularly the ones made in Finland, in the Netherlands, and in England. There can no doubt that international contacts and experiences continue to be of great importance for the further development of health-enhancing physical activity and related fields.

A more extensive evaluation report of the Network HEPA Switzerland in German and in French and the respective annexes are available at www.hepa.ch/gf/mat/hepa/evaluation.

Possible steps towards the discussion about a European physical activity promotion network

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The following paragraphs are written in an attempt to facilitate the discussion about the need for and next steps towards a European Physical Activity Promotion Network. They are suggesting certain aspects to be considered, but can in no way pretend to cover the issue exhaustively. The author is also well aware of the fact that these lines are only written from the perspective of physical activity promotion in Switzerland and therefore do not necessarily represent the experiences of other countries.

Physical activity promotion in Switzerland and the international perspective

Though the promotion of sports for all has a long history in Switzerland and infrastructures like the Swiss Hiking Path Network with more than 60'000 kilometres have existed for decades, the promotion of health-enhancing physical activity in the broader sense has only begun after 1995 and consistent strategies and action plans have only been developed in the last few years. Though some individual experts had been working in the field before, no expertise was available for the development of integrated national approaches. Therefore, international contacts have been crucial in this first phase of the development in Switzerland which was greatly influenced by the experiences made in Finland, in the Netherlands, and in England. The flow of information was multiplied when contact was made first with the WHO Consultative Group on Active Living and then with the HEPA Europe Network. Both groups have provided regular contacts with experts and institutions which could then be approached for specific questions. The specific products of the HEPA Europe Network – specifically the “Guidelines for Health-Enhancing Physical Activity Promotion Programmes” and “Promotion of Transport Walking and Cycling in Europe: Strategy Directions” – have been very influential not only because of their content but also because of the process of their elaboration. For example the inclusion of the «Allez Hop!» project in the analyses for the “Guidelines for Health-Enhancing Physical Activity Promotion Programmes” has had a political impact on the national scale.

Recently the international contacts existing already for some year in the field of environment and health have begun to encompass transport-related physical activity. Here again, the “Promotion of Transport Walking and Cycling in Europe: Strategy Directions” document has provided some valuable basis for the further development for example of the “Transnational Project Transport-Related Health Effects with a Particular Focus On Children” within the context of the “UNECE- WHO Pan-European Programme for Transport, Health and Environment - THE PEP”. Typically here the collaboration is centred around specific projects with the WHO European Centre for Environment and Health as a central partner.

The number of congresses and publications covering physical activity and health has increased considerably over the last few years and the possibilities for exchange about the scientific aspects of health effects of physical activity, about methodological issues and about the effectiveness of interventions have improved accordingly.

Despite the ongoing efforts of WHO world and Agita Mundo on the global level, since the end of the HEPA Europe Network there is no more regular exchange and development platform for national physical activity promotion strategies on the European level. Therefore, from the view of Switzerland it has become clearly more difficult to keep up the exchange of experiences and approaches and the contact with experts in this field.

Suggested topics for discussion

Based on the situation outlined above, the following issues are suggested for a broader discussion and will be commented upon briefly:

- What can be the goals and objectives of a European Physical Activity Promotion Network?
- What are potential synergies or forms of cooperation with other networks or organisations?
- Who can be the target group of the network?
- What are the rules for membership?
- What should be the elements of the network?
- Is there a need for a secretariat?
- What can be possible secretariat structures?

- How can the network be financed?
- What is a realistic timeline?

Comments to specific topics

- What can be the goals and objectives of a European Physical Activity Promotion Network?

A European Physical Activity Promotion Network should probably have the goal to contribute to the promotion of physical activity in European and possibly also in other countries. It could try to achieve this goal for example by providing contacts between and an exchange platform for experts, by producing and providing background materials for decision makers or for physical activity promoters, or by coordinating and implementing physical activity promotion strategies.

- What are potential synergies or forms of cooperation with other networks or organisations?

There are a whole number of existing or developing network structures or international organisations in related fields like public health, health promotion, nutrition, sports sciences, sports medicine, transport planning, environment etc. Do any of them have related, similar or even identical goals and what potential synergies or forms of cooperation should be further explored?

- Who can be the target group of the network?

The network could target for example individual experts, representatives from national institutions in charge of physical activity promotion, decision makers or the general public.

- What are the rules for membership?

All members should be willing to contribute to the promotion of physical activity, but criteria can be rather inclusive or restrictive. Members could be either institutions or individuals, membership could be formal or informal and linked to a membership fee or free. The travel costs and other costs of the members could be covered by the network or by themselves. The latter solution would have the advantage of a certain self-selecting effect, but could also lead to inequalities.

- What should be the elements of the network?

Possible elements include communication tools (website, data bank, newsletters, mailings), meetings of the entire network or of specific working groups, conferences (organised alone or jointly with other institutions, or organised by others but recommended by the network) or other specific products like reports or recommendations.

- Is there a need for a secretariat?

Any services that should be provided continuously and over a longer period of time, will probably be dependent on some kind of permanent structure. Based on the objectives and the elements agreed upon, concrete tasks for the secretariat should be defined and the necessary resources should be estimated.

- What can be possible secretariat structures?

Such a structure could be permanently linked to a national institution, linked to changing national institutions or permanently linked to an international structure. Could resources possibly be shared with any other related networks or organisations?

- How can the network be financed?

Depending on the aspects mentioned above, a rough estimate of the necessary financial resources will have to be made. The necessary funds could be obtained through a membership fee, through donations from single institutions or single countries or through fund raising.

- What is a realistic timeline?

This question will have to be answered after the points above all have been decided upon.

Obviously the decision taken about any one of these questions has also consequences for the other ones. Therefore the comments made certainly have to be complemented by other options and by other aspects. The author nevertheless hopes that these thoughts can contribute to the discussion.

Notes from the discussion on the development of a European Physical Activity Promotion Network/Agita Europe

Jerri Husch, Husch Consulting

A. Title of Network

From 13-15 June 2004, experts in the field of Health Enhancing Physical Activities (HEPA) met in Magglingen, Switzerland, to develop a platform to launch a new European Network for Promoting Health Enhancing Physical Activity.

Potential names for the network included:

- "EU HEPA";
- "EURO HEPA"
- European Network for Health Enhancing Physical Activity Promotion
- E Physical Activity Promotion- EPAP Network
- European Network Physical Activity Promotion ENPAP

Subsequent to further discussions and a consensus decision, "HEPA EURONet" will be the working title used in this reporting document.

B. HEPA EURONet Calendar

Future meetings were tentatively scheduled including:

Closure of the new HEPA Network Expert Planning Meeting: Magglingen 15.06.04
Environment and Health Conference, THE PEP 20.6.04 (CH intervention re: HEPA network)
Meeting of HEPA EURONet Spring 05, Denmark
Meeting of HEPA EURONet September 05 Zurich/Magglingen at "Satellite Symposium" "Walk 21"
Meeting of HEPA EURONet Spring 06 Finland at: "UKK Institute Tampere"
Meeting of HEPA EURONet Summer 06 Lausanne at ECSS
(European College of Sport Sciences)

C. HEPA EURONet Management Framework

The following shared framework provides the basis for HEPA EURONet activities and product development, implementation, monitoring and evaluation.

HEPA EURONet Vision:

To support better health through physical activity among all peoples in Europe.

HEPA EURONet Goal:

To strengthen and support efforts and actions that increase participation and improve the conditions favourable to a healthy lifestyle; in particular health enhancing physical activity.

HEPA EURONet Objectives:

- To contribute to the development and implementation of national policies and strategies for the promotion of health enhancing physical activities(HEPA) in European countries;
- To facilitate the development of multi-sector and integrated approaches for the promotion of HEPA;
- To promote and disseminate innovative HEPA strategies, programmes, approaches, good practice and experiences.

HEPA EURONet Guiding Principles

- All activities are based on accepted policy statements including the WHO Global Strategy for Diet and Physical Activity.
- The inclusive network seeks to integrate the activities of organizations and institutions from national, regional and international levels.
- Activities evolve from evidence derived from population-based research, are subject to rigorous evaluation and emphasize the use of best available scientific methods and practices;
- The network encourages the ongoing exchange, dissemination and sharing of experience and knowledge;
- Membership in the network assumes participant responsibility for the personnel and financial resources necessary for active commitment and involvement.
- Network activities support cooperation, partnerships and collaboration with other related sectors, networks and approaches.

D. HEPA EURONet Products

Based on discussions at the HEPA EURONet Planning Meeting, the following products will be completed:

1. Report of June 2004 HEPA EURONet Planning Meeting.

This briefing document will contain participant approved materials as sent to the meeting organizers. This will include:

- participant abstracts,
- country reports and organizational reports,
- summary of key discussions and
- agreed upon next steps.

The document will serve as a framework for the next HEPA EURONet meeting in Denmark (05) and will be disseminated via the web. Materials derived from this summary will be used in an information HEPA EURONet Leaflet/flyer to be available at other upcoming meetings.

2. Research/ Assessment/ Working Paper:

“HEPA and the Transport Sector: Actions, Insights, and Strengthening Collaboration”

The background document will serve as the basis for future collaboration and the development of integrated activities between HEPA advocates and the transport sector. The working draft will be available for Denmark 05 for final discussion and approval.

Responsibility for writing the report has been accepted by BASPO Switzerland and will be a continuation of THE PEP and related work currently underway at the University of Basel. All countries are invited to make contributions. It will be a joint publication of HEPA EURONet and WHO/EU.

3. Ongoing dissemination of materials on the web.

As HEPA EURONet continues to evolve, all updates, lists of additional meetings, conferences and related events will be posted on the web.

E. HEPA EURONet Organizational/Management Structures

1. Secretariat:

To facilitate HEPA EURONet activities a stable secretariat is required. The secretariat will serve as the Focal Point, and be responsible for meeting logistics and administrative support: This will include:

- Organizing/maintaining HEPA EURONet Website,
- newsletters,
- meeting preparation and logistics;
- maintaining updated membership and contacts file

It is requested that the HEPA EURONet Secretariat be located WHO Regional Office for Europe, European Centre for Environment and Health in Rome.

2. Membership

To maintain a dynamic and productive network the following are core criteria for membership:

- Willingness to seek/finance participation in meetings
- Commitment to contributing to the goals, objectives and activities of network

Further refinement of membership criteria, and adherence criteria will be established at a later date.

3. Financing Network Resource Development

As resource and financing solutions are closely related, two current issues are under discussion.

- Members financial commitments will be a variable for membership. Membership criteria and financial models will be further developed by the interim steering committee. However, the following are the minimal responsibilities of the participants:
 - cover own costs for meeting attendance and;
 - strive to make funds available for support of network
- Finances/Resources for HEPA EURONet Secretariat: Options for independent Core funding:
 - all members contribute an amount every year: ie. 10,000-20,000E a year (restrictive solution due to financial constraints by institutions)
 - One country donate the money (rotating payment schedule)

A more thorough discussion and decisions of finances are scheduled for the 2005 meeting in Denmark.

F. Follow-up Actions

To follow-up on the preceding action points a HEPA EURONet Interim Steering Committee will be created. Potential members (subject to acceptance) include:

- 5-7 people
- Finland, Netherlands, UK, Switzerland, Denmark, France and Slovenia

The Interim Steering Committee will be active and in place until the Spring 05 meeting in Denmark.

Responsibilities of the Interim Steering committee include:

- Confirm goals and objectives
- Set up network protocols;
- Develop the management/admin systems of network;
- Establish and develop all necessary draft protocols for final approval.
- Review and comment on "Background Report of HEPA and Transport"
- Maintain communication about HEPA EURONet at other related meetings



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European Network for the Promotion of Health-Enhancing Physical Activity



European Network for the Promotion of Health-Enhancing Physical Activity

Based on the recommendations of the WHO Global Strategy for Diet, Physical Activity and Health and on other initiatives like the "Agita Mundo" Network, in June 2004 a preparatory Physical Activity Expert Meeting in Magglingen, Switzerland, has agreed on the creation of the European Network for the Promotion of Health-Enhancing Physical Activity.

- In the Magglingen Meeting, institutions and organisations from the following European countries were represented: Austria, Denmark, England, Finland, France, Germany, Iceland, the Netherlands, Slovenia, Sweden, Switzerland.
- Vision, goals, objectives and guiding principles of the Network have been defined in the Magglingen Meeting (see reverse).
- The first official Network Reunion will take place at the Gerlev Idrætshøjskole in Slagelse, Denmark in spring or summer 2005.
- An intermediate Steering Committee is chaired by the Swiss Federal Office of Sports. The WHO European Centre for Environment and Health has been invited to host the secretariat of the Network.
- The first product of the Network will be the report "Collaboration between Physical Activity Promotion and the Transport Sector – Examples from European Countries" to be presented in autumn 2005.
- Organisations and institutions of regional, national or international importance are invited to join the Network and to contribute to the report.

Website: [WHO European Centre for Environment and Health
\(www.euro.who.int/transport\)](http://www.euro.who.int/transport) -> "Walking and Cycling" or "Related Links"

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European Network for the Promotion of Health-Enhancing Physical Activity

Cornerstones of the Network established in the Magglingen Meeting in June 2004

Vision

- Better health through physical activity among all people in Europe.

Goal

- The Network has the goal to strengthen and support efforts and actions that increase participation in and improve the conditions favourable to a healthy lifestyle, in particular with respect to health-enhancing physical activity.

Objectives

- The Network contributes to the development and implementation of national policies and strategies for the promotion of health-enhancing physical activity (HEPA) in European countries.
- It facilitates the development of multi-sector approaches for the promotion of HEPA.
- It promotes and disseminates innovative HEPA strategies, programmes, approaches and other examples of good practice.

Guiding Principles

- All activities of the Network are based on accepted policy statements as the WHO Global Strategy for Diet and Physical Activity.
- The network focuses on population-based approaches for the promotion of health-enhancing physical activity using the best available scientific evidence.
- The network emphasises the importance of monitoring and evaluation; it encourages the development of standardised measurement methods and systematic research.
- The network encourages the ongoing exchange, dissemination and sharing of experience and knowledge.
- Membership is open to organisations and institutions of regional, national or international importance willing to contribute to the goals and objectives of the Network
- Network activities support cooperation, partnerships and collaboration with other related sectors, networks and approaches.

Website: WHO European Centre for Environment and Health
(www.euro.who.int/transport) -> "Walking and Cycling" or "Related Links"