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Promoting health-enhancing physical activity in Europe: Current state of surveillance, policy development and implementation

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ABSTRACT

This study aims to present information on the surveillance, policy developments, and implementation of physical activity policies in the 28 European Union (EU) countries.

Data was collected on the implementation of the EU Recommendation on health-enhancing physical activity (HEPA) across sectors. In line with the monitoring framework proposed in the Recommendation, a questionnaire was designed to capture information on 23 physical activity indicators.

Of the 27 EU countries that responded to the survey, 22 have implemented actions on more than 10 indicators, four countries have implemented more than 20 indicators, and one country has fully addressed and implemented all of the 23 indicators of the monitoring framework.

The data collected under this HEPA monitoring framework provided, for the first time, an overview of the implementation of HEPA-related policies and actions at the national level throughout the EU. Areas that need more investment are the “Senior Citizens” sector followed by the “Work Environment”, and the “Environment, Urban Planning, and Public Safety” sectors. This information also enabled comparison of the state of play of HEPA policy implementation between EU Member States and facilitated the exchange of good practices.

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1. Introduction

Physical activity is at the core of health and well-being. The benefits of physical activity – including reduced risk of noncommunicable diseases and lower levels of stress, anxiety, and depression – are well known [1]. The World Health Organization (WHO) recommends that adults (including elderly) engage in at least 150 min of moderate-intensity aerobic physical activity each week [2]. Figures from European Union (EU) countries indicate that six in every 10 people above 15 years of age never or seldom exercise or play any sports, and more than half never or seldom engage in other kind of physical activity, such as cycling or walking, household chores

or gardening [3]. Another study confirms this trend pointing out that one third of adults in Europe are insufficiently active [4], in particular those from low socioeconomic backgrounds, minority ethnic groups, and people with disabilities [5]. Physical activity levels have declined among adolescents of 11–15 years of age, with girls being consistently less active than boys [6]. Only 34% of 13–15 year olds are active enough to meet the current WHO recommendation for children and adolescents, which is to maintain at least 60 min of moderate-to-vigorous physical activity every day [2]. Such physical inactivity contributes further to overweight and obesity, especially in young people from low socioeconomic backgrounds [7]. Research from the WHO European Childhood Obesity Surveillance Initiative shows that in some European countries more than 40% children are overweight and approximately 25% are obese [8]. This pattern also continues into adulthood, with current data indicating that more than 50% of adults are overweight in the

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majority of European countries [9], thus further contributing to the proliferation of noncommunicable diseases [5].

To address the problem of physical inactivity, many governments of the 28 EU countries have started to act in the last few years, by adopting policies that promote health-enhancing physical activity (HEPA) [10]. Nonetheless, as high levels of insufficient physical activity show no sign of decline in the population, there is a clear need for governments to do more. EU Member States, meeting in the Council of the EU, acknowledged the benefits of action at EU level, leading to the adoption of the Council of the EU Recommendation on promoting HEPA across sectors in 2013 [11]. The Council's aim was to encourage Member States to develop a cross-sectoral approach involving policy areas such as sport, health, education, environment and transport in their national strategies and action plans. In September 2015, ministers of the 53 Member States of the WHO European Region adopted the first ever Physical Activity Strategy for the European Region 2016–2025 [12]. The strategy focuses on all forms of physical activity promotion throughout the life-course in order to address the burden of noncommunicable diseases associated with insufficient activity levels and sedentary behaviour, thus enabling all citizens to live healthier and longer lives.

In the Recommendation, the Council of the EU recognized that more data with reliable and timely information on the situation across Member States was instrumental to support national and regional policy-making. To address this need, the Council of the EU proposed a monitoring framework based on the EU Physical Activity guidelines [13], which contained 23 indicators covering different themes relevant for HEPA (referred to hereafter as the HEPA monitoring framework).

The aim of this paper is to present the findings from the first round of reporting on the HEPA monitoring framework. This information represents a basis for comparison of country-specific data collected on HEPA policy developments across sectors in EU Member States.

2. Materials and methods

The Council of the EU Recommendation called on each EU Member State to appoint a national HEPA focal point, in accordance with national legislation and practice. All 28 EU Member States designated their focal points by mid-2014 and the network of national HEPA focal points was launched in Rome in October 2014. Its main role, in line with the Recommendation, was to coordinate the national collection of information for the monitoring framework.

A survey tool was developed to explore national actions by Member States and describe their capacity in various sectors, as set out in the 23 specific indicators of the HEPA monitoring framework. An indicator was considered implemented when a Member State had introduced a policy or programme as described by this indicator, although information about the specific policies within each indicator was also provided. The survey also included the option to mention if an indicator implementation is being prepared and is foreseen in the next two years.

Detailed information on definitions, operationalization, and data sources for the indicators can be found in the European Commission's working document [14].

The survey was piloted between October 2014 and January 2015, and based on an initial subset of eight indicators. A revised questionnaire was sent out in April 2015 and the contact persons in each country were asked to submit information on all 23 indicators to the WHO Regional Office for Europe by the end of June 2015. Upon receipt, information was checked for completeness and clarification in order to improve the quality of the data. To enable validation, the policy documents cited were reviewed to identify

whether they had been adopted and endorsed by the government and whether clear objectives and policy actions were described. Data was assessed to evaluate the overall situation and the extent of the implementation of HEPA promotion policies.

2.1. Monitoring framework

The monitoring framework [14] is composed of 23 indicators relating to the following key themes of the Council of the EU Recommendation: international physical activity recommendations and guidelines; cross-sectoral approach; sport; health; education; environment, urban planning, and public safety; working environment, senior citizens, indicators evaluation; and public awareness (Table 1).

2.2. International physical activity recommendations and guidelines – indicators 1, 2 and 3

The survey asked whether or not officially adopted national recommendation on physical activity levels exists. If so, in which international recommendation(s) [2,13,15–17] (if any) are they based, and which population group(s) do they target (i.e. children, adolescents, adults, or older adults).

It was also asked if there was knowledge of the physical activity population levels and to report the prevalence of adults, and children and adolescents reaching the minimum levels of physical activity recommended by WHO [2].

Countries reported the instruments, methodologies, sources, and surveys that supported this data.

2.3. Cross-sectoral approach – indicators 4 and 5

The analysis assessed the implementation of a national specific coordination mechanism (e.g. working group, advisory board, coordinating institution, etc.) for HEPA promotion and leadership of such mechanisms. It also included the assessment of funding allocated specifically to HEPA promotion.

2.4. Sport – indicators 6, 7, 8 and 9

Information on HEPA policies adopted on Sport sector was collected.

Sport for All refers the systematic provision of opportunities for physical activity accessible for everybody, rather than mainly favouring elite athletes. Countries were asked whether a *Sport for All* policy and/or action plan exists; if so, whether it is a dedicated national *Sport for All* policy that deals exclusively with the issue, or if it was a part of a broader national policy. The survey also explored target groups addressed by the national HEPA policy, implementation of *Sport Clubs for Health* programmes, and the arrangements made for increasing access to exercise facilities for socially disadvantaged groups.

2.5. Health – indicators 10, 11 and 12

Information on the existence of a national health monitoring and surveillance system with population-based measures of physical activity was also collected. Such information is important for tracking trends and changes in physical activity levels over time. This is critical for developing or improving national policies on physical activity.

Information about population-based measures of physical activity used in the health surveillance systems was asked.

The survey also assessed the existence of programmes or schemes to promote counselling on physical activity by health pro-

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