



# PROMOTING PHYSICAL ACTIVITY IN THE HEALTH SECTOR

Current status and success stories from the European  
Union Member States of the WHO European Region



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This factsheet presents the results of a collaboration between WHO, the European Commission and European Union Member States. Information was collected by a network of physical activity focal points using a questionnaire with 23 indicators established to monitor implementation of the European Union “Physical activity guidelines” (1). In addition, “success stories” or examples of good practices in the promotion of physical activity in the health sector were compiled. The background, method and complete results of this exercise are given in the “2018 Physical activity factsheets for the European Union Member States of the WHO European Region”. The definitions used, operationalization and the data used to define the indicators are available in a European Commission working document (2), which also describes the monitoring framework.

# INTRODUCTION

The health care setting is crucial for health promotion, including prescribing physical activity in both primary and secondary prevention of noncommunicable diseases. Many health professionals can actively promote physical activity, including medical doctors, nurses, physiotherapists or kinesiologists. The health sector also establishes systems for tracking trends in physical activity, monitoring physical inactivity and sedentary behaviour and assessing the effectiveness of policies and strategies to increase physical activity.

Individual counselling on and prescription of physical activity can increase individual physical activity levels and can therefore be used in primary health care to promote an active lifestyle, particularly among populations that are difficult to reach and are at greatest risk of poor health due to physical inactivity (1).

Although it is clear that prescribing and counselling on exercise can increase physical activity among patients, such schemes meet with various difficulties. Lack of confidence, knowledge and skills by health professionals on providing effective counselling has been identified as a barrier to successful programmes (2). Solutions include training health care providers in counselling on physical activity and involving more specialized professionals such as physiotherapists and kinesiologists in delivering sessions. This may also increase the quality of the sessions and lighten the workload of general practitioners, who often provide the counselling; and the diverse expertise of different health professionals may result in more efficient use of resources (3).

One way to incentivize primary care physicians to promote physical activity among their patients is to offer financial rewards. Additionally, paying a small fee for participating in training can increase patients' motivation and therefore their adherence to a training programme (1).

Integration of physical activity promotion into health care systems and policies and the provision of adequate resources and support will strengthen the use of preventive exercise prescription in the management of patients with chronic diseases. For example, reimbursement of exercise prescription or counselling by national health insurance systems and provision of physical activity promotion according to standard practices and guidelines can increase the use and quality of programmes.

This report provides a snapshot of the current status of physical activity promotion in the health sector in European Union Member States. Data were collected on three indicators in the monitoring framework for of the European Union Physical Activity Focal Points Network, which gauge current monitoring and surveillance mechanisms, implementation of national schemes to promote exercise prescription and counselling as part of health care and determine whether training in physical activity for health is included in the curricula of health professionals.

*It is clear that if health professionals prescribe exercise or provide counselling on physical activity, their patients will be more active.*

Table 1. Indicators addressed in this report.



Monitoring and surveillance of physical activity and sedentary behaviour



Counselling on physical activity by health professionals



Training in physical activity in the curricula of health professionals

*Prescription of physical activity or exercise by health professionals is key to increasing population physical activity levels.*

**Indicator 10** was designed to determine whether a country had a national monitoring or surveillance system in the health sector. With regard to **indicator 11**, the question determined whether there was a programme or scheme to promote counselling on physical activity for health and whether counselling by health professionals is reimbursed as a part of primary care services. For **indicator 12**, the questions determined whether the curricula of health professionals (e.g. doctors, nurses and physiotherapists) included physical activity and health (e.g. health effects, determinants, effective interventions) at undergraduate or postgraduate level, whether this is mandatory or optional and how many hours of training are provided in each health profession.

# RESULTS

For **indicator 10**, the results from the questionnaire showed that 26 countries (93%) have an established national physical activity surveillance or monitoring system (Fig. 1). In 23 countries (88.5%), the system involves the health sector. Other sectors that are commonly involved in monitoring population physical activity levels include sports, education and transport.

With regard to **indicator 11**, 21 European Union Member States (75%) had counselling schemes for promoting or prescribing physical activity. Some countries that did not have an established national programme had local or regional schemes (**Fig. 2**). Seven countries (25%) reported that counselling was fully reimbursed as part of the health care services, while 21 countries (75%) responded that it is not reimbursed or did not respond (**Fig. 3**).

Concerning **indicator 12**, 22 countries (79%) responded that physical activity for health was a module in the curricula of health professionals at national level. Of these, 21 countries (96%) included training for medical doctors, while 17 (81%) offered training to physiotherapists, 17 (81%) to nurses and 11 countries (52%) to other health professionals such as nutritionists, occupational therapists, kinesiologists and pharmacists (**Fig. 4**). In about half the countries that included physical activity and health in the curricula, it was mandatory.

In 25 countries, national physical activity policies or action plans involved the health sector. In 22 countries, funding specifically for physical activity promotion was provided by the health sector.

*Funding for the promotion of physical activity is most often provided through the health sector.*



Fig. 1. Countries with established physical activity surveillance or monitoring systems

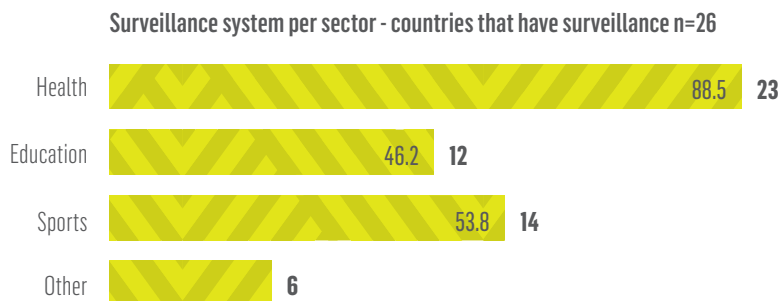


Fig. 2. Countries with a national programme or scheme to promote counselling on physical activity for health by health professionals.

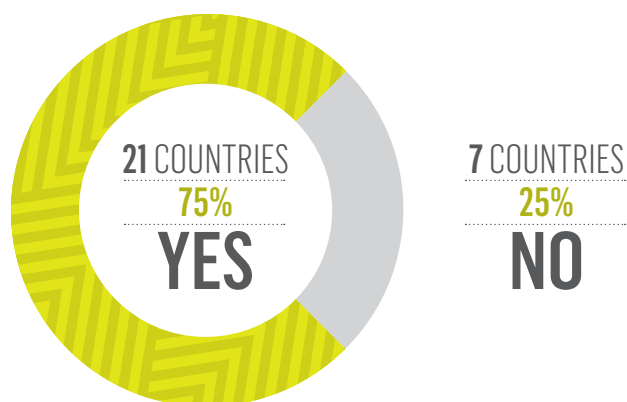


Fig. 3. Countries in which reimbursement for physical activity-related counselling or prescription is provided as part of the national health insurance system.

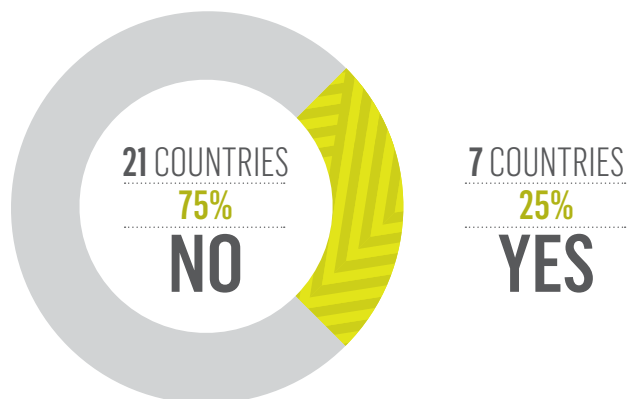


Fig. 4. Countries providing training on physical activity for health in the curriculum of health professionals.





# DISCUSSION

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The responses to the survey and the "success stories" submitted suggest that Member States recognize the importance of adequate surveillance of the physical activity of their populations for designing targeted interventions and that surveillance is embedded in their health care systems. Many countries were able to demonstrate the effectiveness of their interventions by evaluation. Although not all programmes are national schemes, many countries appeared to be well placed to extend subnational schemes to the national level.

The inclusion of physical activity modules in the curricula of medical doctors, nurses, physiotherapists and others indicates the importance given to high-quality training in physical activity for health for relevant professions. Such training should be continued to give them the skills to effectively prescribe physical activity and counsel patients to become more active and extended to as many health care professionals.

It is encouraging that most Member States include training on physical activity for health in the curricula of health professionals. The fact that only some countries make such courses mandatory indicates that training in physical activity of all health professionals who are in a position to promote physical activity among patients could be made a higher priority. That might increase the use and improve the quality of prescription of physical activity for health and help to increase physical activity levels, particularly among vulnerable and at-risk groups.

While many promising programmes and schemes for counselling and prescription of physical activity are in place in most European Union Member States, further geographical reach and financial support for these programmes would optimize the benefits. If counselling on physical activity is not integrated into national health care systems, its use and effectiveness will be limited.

*While many promising programmes and schemes for counselling and prescription of physical activity are in place in most European Union Member States, more support is needed.*

# SUCCESS STORIES

Member States provided examples of good practice at national or subnational level of physical activity initiatives in the health sector. The examples presented below may serve as inspiration for policy-makers, health professionals and researchers by providing details of the types of action taken to establish monitoring and surveillance systems in the health sector, prescription and counselling on physical activity for health and training in health-enhancing physical activity for health care professionals throughout the European Union.



## AUSTRIA

Several pilot projects on health counselling have been implemented in Austria. The Medical Association provides advanced courses for doctors in counselling for a healthy lifestyle, called "Doctors as health managers". Some insurance companies have schemes to promote a healthy lifestyle, including "Exercise as medicine – the ambulant physical activity program" (Bewegung als Medikament – Das ambulante Bewegungsprogramm) (<https://www.vaeb.at/cdscontent/load?contentid=10008.617578&version=1427466024>), which promotes long-term, sustainable change in physical activity patterns. It targets people over 18 years with one or more risk factors, such as physical inactivity, overweight and stress. The programme is multimodal and multiprofessional, involving sport science, medicine, nutrition and psychology for behaviour modification and barrier management. The "Jackpot" programme includes several projects for linking primary care units with quality-controlled physical activity offers in local sports clubs ([www.jackpot.fit](http://www.jackpot.fit)).



## BELGIUM

The aim of the "Physical activity on referral" (Bewegen Op Verwijzing, BOV) initiative, initiated in 2016, is to increase physical activity levels during subsidized sessions with personal physical activity coaches, comprising a wide network of general practitioners. Priority is given to vulnerable groups such as those with a lower socio-economic background, but the project is also open to general inactive and/or sedentary populations. The goal is to improve their physical, mental and social well-being. The project was tested between 2010 and 2015 in Leuven by the charitable organization Riso Flemish Brabant and the district health centre De Ridderbuurt. During the evaluation, more than half the respondents said that their general health had improved through participation in BOV, and their physical activity had increased significantly, particularly moderate and vigorous physical activity. Furthermore, participants reported positive changes in their lifestyle, such as less sedentary behaviour, including less time watching television, reduced smoking and better sleep.

The Flemish Institute of Healthy Living coordinates the project, which is funded and supported by the Flemish Government and implemented by an intersectoral network of local organizations. The main instrument of the programme is a written referral by primary care physicians to people who are identified as inactive and/or sedentary, with a focus on disadvantaged groups. It gives patients access to up to 7 h with a personal physical activity coach at a reduced rate, adjusted to their income. Currently, about half the municipalities in Flanders offer the programme. Between April and June 2018, more than 350 coaching sessions were offered per month. The project is to be extended to more municipalities.



<https://www.gezondleven.be/projecten/bewegen-op-verwijzing/evaluatieresultaten>

# CROATIA

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## Prescribing exercise and physical activity in medical practice

Prescribing exercise and physical activity in medical practice is offered as a course by the Fitness College and the Educational Institute of Public Health. Its aim is to encourage and build capacity among primary health care practitioners in including exercise and physical activity in treatment plans for patients. The course is based on WHO recommendations on the place and role of the health system and health care personnel in promoting health-enhancing physical activity. The course includes topics such as physical inactivity and noncommunicable diseases, the health benefits of physical activity, counselling for physical activity in medical practice and exercise prescription.

Over 1000 physicians have so far received the necessary training for prescribing physical activity for health, and the course is to be offered to physicians on a regular basis.



<https://fitnes-uciliste.hr/tecaj-za-lijecnike-zagreb/>

# CYPRUS

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## Eurofit for adults

Although Cyprus has no official national programme for promoting counselling on physical activity by health professionals, the Cyprus Sports Medicine and Research Centre (KaeK), run by the Cyprus Sport Organization, examines and evaluates the physical fitness of the adult population of Cyprus and counsels them on physical activity in a scheme called "Eurofit for adults".



<https://www.cyprussports.org/gr/activities/special-programs/ερευνητικό-πρόγραμμα-eurofit-for-adults.html>

# CZECHIA

## Short intervention web

The project "Short intervention web" is supported by the National Health Programme of the Ministry of Health. It provides for short interventions by professionals who are trained by the National Institute of Health in the "short intervention method", which teaches communication and motivation. The method is suitable for workers in health care, social services and education who are interested in educating their patients, clients or pupils about risk factors and health-enhancing lifestyle behaviour, including physical activity, diet, smoking and alcohol consumption.

Between 2013 and 2015, multiple training seminars were provided free of charge in a pilot programme. In 2016 and 2017, the project was implemented in 11 health facilities and selected higher education institutions. The project continues in 2018 and now provides materials free of charge on its website.

 <http://kratke-intervence.info/>

# DENMARK

## Prevention package on physical activity

The Prevention package on physical activity is used by the 98 Danish municipalities to give opportunities to the general population to be physically active throughout the life-course, in order to prevent disease and support well-being. The package comprises 26 recommendations for primary prevention and concrete recommendations on how to support physical activity in everyday life. It includes cross-sectoral policy to improve the physical environment, prevention initiatives for citizens, information and education about physical activity and early identification of disease.

The recommendations for municipalities are for:

- city planning; infrastructure and outdoor areas that allow all citizens to be physically active;
- easy access to sports facilities in the immediate neighbourhood of all citizens;
- 45 min of movement and physical activity each day in primary school, with at least some moderate- and high-intensity physical activity; and
- systematic focus on motor skills and movement in day care centres.

The effect of the package is monitored every second year. The latest monitoring round, in 2017, showed that physical activity is a high priority in day care centres and schools. Several municipalities reported activities to promote physical activity among elderly and overweight people, people with mental or physical disabilities and children with motor skills difficulties.




 <https://www.sst.dk/da/planlaegning/kommuner/-/media/F6E14F0561DA4AD8ADD0D8853F3CC4DB.ashx>

# ENGLAND

## Moving health care professionals

“Moving health care professionals” is a multi-component, partnership-based programme to increase the awareness and skills of health professionals and to change their clinical practice in promoting physical activity to patients at high risk of or with health conditions. The programme provided physical activity sessions to over 20 000 health care professionals, and its e-learning modules have been completed over 10 000 times by these professionals.

 <https://publichealthmatters.blog.gov.uk/2015/10/19/moving-healthcare-professionals-at-every-level-2/>

## Embedding physical activity into the undergraduate health care curriculum

In England, physical activity is embedded in the undergraduate health care curriculum in various ways. An initiative to increase knowledge about physical activity and health to students in various health-related courses is being pilot-tested in 11 medical schools through a web platform for teaching and learning. The platform includes resources and evidence of the benefits of physical activity for the prevention and treatment of various conditions, including cardiovascular diseases, hypertension, diabetes, mental health and obesity. New opportunities are being explored to include physical activity in the curricula of other health-related programmes, including degrees in medicine, nursing, paramedical science, physiotherapy and occupational therapy.

# FINLAND

## Lifestyle counselling for social and health care

The programme on lifestyle counselling for social and health care through a multisectoral network (VESOTE) is designed to reinforce and develop lifestyle counselling in social and health care, to increase physical activity, decrease sedentary behaviour, improve diet and sleeping patterns and reduce health inequalities. Led by the UKK Institute and funded by the Ministry of Social Affairs and Health, it is one of the Government's key projects. The programme will be implemented in 2017–2018 and cover over 4 million people in 184 municipalities.



 <http://www.ukkinstituutti.fi/en/research-development/physical-activity-as-a-medicine/vesote-effective-life-style-counselling-for-social-and-health-care>

VESOTE includes adopting and reinforcing lifestyle counselling models, capacity-building for lifestyle counselling and using and extending good practices. The programme offers activities such as web-based training for professionals, e-lectures, development and improvement of treatment and service chains among different units in health care and objective population-based monitoring of physical activity and sleep. A future plan is to establish a virtual lifestyle counselling clinic to provide tools and methods to professionals. A lifestyle service “palette” will be created for clinics to help professionals in directing individuals to counselling.



# FRANCE

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## Adapted physical activity

Adapted physical activity has been used in France to enable people with chronic diseases to have a physically active lifestyle in order to reduce their risk factors and the functional limitations due to their condition. Several local authorities have introduced “sport on prescription”, a similar concept, but with different approaches. The aim of all the schemes is to encourage people with long-term conditions to practise regular, sustainable, adapted physical activity. Usually, a general practitioner identifies a patient’s needs in terms of physical activity and prescribes it as part of care. The beneficiary is then referred to local sports associations that offer sport–health programmes supervised by trained educators, after an interview and physical tests to design a personalized programme adapted to the individual. Once the programme is finished, personalized follow-up and support are offered. Some of the results of this programme include increased physical activity time and less time spent in sedentary activities, improved physical capacity and more motivation to practise physical activity.



<http://www.onaps.fr/publications/etudes/rapport-sport-sante-sur-ordonnance-contexte-et-exemples-de-mise-en-oeuvre/>

# GERMANY

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## The Preventive Health Care Act

The Preventive Health Care Act came into force in Germany in July 2015, with the aim of preventing disease by strengthening prevention and health promotion in settings where people live, learn and work. It emphasizes common risk factors and health inequalities. Health examinations are included, in which individual health stressors and risk factors are recorded, such as unhealthy diets, insufficient physical activity and smoking. If necessary, the examination includes tailored counselling and recommendations for prevention in the form of a medical attestation, which is taken into account in granting benefits by the statutory health insurance funds.

# HUNGARY

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## Health promoting offices

“Health promoting offices” are an element of the Hungarian framework for health promotion and disease prevention in local communities. The aim of these offices is to improve individuals’ health by promoting healthy lifestyles and preventing premature mortality by averting noncommunicable diseases through personalized assessment of risk factors, health counselling and lifestyle programmes and evaluating their effectiveness. The services are offered free of charge, and referral by a health professional is not required. The most frequently attended programmes are those for physical activity, such as Nordic walking, guided dancing, swimming, physiotherapy and programmes promoting healthy eating, such as cooking clubs and energy balance clubs.

Of the 61 health promoting offices in the country, 18 are situated in the most disadvantaged areas. They receive continual professional support and guidance from the National Institute for Health Development, which is also responsible for collecting and evaluating data on their performance.

 <http://www.eurohealthnet-magazine.eu/interview/health-promoting-offices/>

# IRELAND

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## Making every contact count

“Making every contact count” was established by the Irish Health Service Executive in 2016 to include implementation of “Healthy Ireland” in health services. The aim of the programme is the prevention and management of chronic diseases. Its inclusion in the Irish Health Service will make chronic disease prevention an integral part of clinical care. The programme capitalizes on the daily opportunities that health care professionals have during routine consultations to raise the issue of lifestyle behaviour change with patients and to support them in making healthier lifestyle choices. The programme addresses the main lifestyle risk factors for chronic disease, namely physical inactivity, an unhealthy diet and use of tobacco, alcohol and drugs. A “blended learning” training programme has been developed to build the capacity of health care professionals to raise these issues in a supportive way with their patients and to conduct brief interventions.

“Making every contact count” was introduced in late 2017 as part of the chronic disease prevention module in the undergraduate curricula of all health professionals. This will ensure that future health professionals understand the importance of chronic disease prevention and are trained to conduct brief interventions with their patients.

 <https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count/about/about.html>

# LITHUANIA

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## Public health bureaus

Since 2006, public health bureaus have been in operation throughout the country, as one of the most important elements of the Lithuanian health promotion system. The main aims of the bureaus are to strengthen local public health services (including disease prevention and healthy lifestyle promotion), increase the health literacy of the general population and provide integrated health services in all Lithuanian municipalities. The main duty of the bureaus is to work directly with the population on health issues, such as health promotion and monitoring, tackling obesity and addiction, organizing events on physical activity and other health issues and running noncommunicable disease prevention programmes.

Public health bureaus are structural units of municipal governments, but their activities are financed by the Ministry of Health for State-delegated functions and by the municipalities for local health improvement. The bureaus work directly with local communities on numerous health-promoting events, with about 15 000 events on physical activity, nutrition and obesity prevention every year and over 350 000 participants.



<https://sam.lrv.lt/lt/veiklos-sritys/visuomenes-sveikatos-prieziura/visuomenes-sveikatos-biuru-metai>

# LUXEMBOURG

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## Sport-Santé™ actimeter

The Sport-Santé™ actimeter was introduced in early 2018 to increase the number of patients who are advised by their medical doctors to engage regularly in physical activity. The actimeter is a cardboard folder containing four A5 pages that give instructions for use, definitions of physical activity levels, the WHO recommendations on health-enhancing physical activity for adults and an algorithm to help caregivers give guidance suitable for their patient. The back cover shows the actimeter, which is a coloured wheel that enables health workers to identify whether patients meet the recommendations from the answers to two questions on the frequency with which they engage in physical activity. The wheel can be used to align the number of days per week with the number of minutes per session, and a colour code shows whether the patient meets the WHO recommendations.

The proportion of patients who are advised to engage in physical activity is evaluated before the actimeter is sent to general practitioners and again 1 month after the mailing. The actimeter may remind medical doctors to assess patients' physical activity level, facilitate the assessment, simplify the results for patients and inform them about current recommendations. The tool can be an efficient means of promoting physical activity in primary care and can be distributed to other health care professionals.



[www.sport-sante.lu/images/Documents/Actimeter/Sport-Sante-ACTIMETER2018\\_en\\_web.pdf](http://www.sport-sante.lu/images/Documents/Actimeter/Sport-Sante-ACTIMETER2018_en_web.pdf)



[www.sport-sante.lu](http://www.sport-sante.lu)

# PORTUGAL

## Physical activity as a vital sign in Portuguese primary health care

Portugal has decided to promote physical activity in the population, mainly in primary health care, and the Directorate-General of Health and the Shared Services of the Ministry of Health designed a tool to assess physical activity as vital sign; it was introduced in September 2017. The tool allows assessment of weekly moderate-to-vigorous physical activity (min/week) and daily sitting-time (h/day) in a database and software platform "SCLínico – primary health care". The platform is used as an electronic medical record in primary health care to track vital signs, code health problems and support and record consultations with many health professionals. A "traffic light" feedback system is included for health professionals to facilitate interpretation of the results in accordance with the WHO recommendations on physical activity for adults.

Currently, three types of health professional can use the tool: medical doctors, nurses and registered dietitians and nutritionists. It is already available in most primary health care units in the country, and full national coverage of the software is expected by the end of 2018. Other health care professionals (e.g. psychologists) are expected to be given access to the system in the near future. Assessment of the physical activity of children, with new questions and appropriate cut-offs (i.e. 60 min/day of moderate-to-vigorous physical activity), is being prepared, and extension of the tool to the Portuguese hospital network is being studied.



<http://www.panaf.gov.pt/iniciativa/atividade-fisica-como-sinal-vital/?categoria=saude>

# SLOVENIA

## Integration of kinesiologists into the health system

Kinesiologists are highly qualified professionals in the areas of sport and health, whose expertise includes planning and implementing physical activity and preparing exercise or sports plans for individuals and local communities. In 2016, Slovenia started a pilot project for integrating kinesiologists into the work of the health system, mainly through public health institutions. The goals are both to upgrade the competence of kinesiologists and to involve specialists in prescribing physical activity, which was previously done by professionals without specific competence. The cooperation consists mainly of preventive and rehabilitation exercise programmes coordinated by a physician but prepared by kinesiologists, who also monitor the programme and report back to the physician on effects and progress. By integrating kinesiologists into their work, health care institutions relieve physiotherapists and nurses of work in areas outside their core expertise. The response and results of this initiative have been positive and have even exceeded expectations.

# SPAIN

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## “Live active”

The “Live active” (Viu actiu) programme is a local service in Benicarló, Castellón, in the autonomous community of Valencia. It comprises assessment and prescription of customized physical activity programmes in health and sport centres for patients with conditions or diseases such as diabetes and obesity, supervised by health practitioners such as doctors, nurses and physiotherapists and by professionals in physical activity and sports. After diagnosis by a general practitioner, a physical activity or sports professional interviews the patient and offers either an individual programme comprising local walks or group activities for muscle strengthening or aerobic activities. Patients are monitored annually and individual reports issued.

 <http://www.ajuntamentdebenicarlo.org/r2h/files/19634.pdf>

# SWEDEN

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## Physical activity on prescription

“Physical activity on prescription” (Fysisk aktivitet på recept - FaR®) is an individualized, patient-centred initiative in the Swedish health care system. Health professionals in primary care (such as general practitioners, physiotherapists and nurses) and specialists can write a prescription for physical activity for disease prevention and treatment. The practice is increasingly being used in psychiatric clinics and hospitals. The prescription includes the type and dose of physical activity, potential contraindications and a plan for follow-up, which are documented in the patient's clinical record.

 [www.fyss.se](http://www.fyss.se)

In FaR®, physical activity is performed outside health care services and can include both everyday activities and more structured exercise. An essential component is integration of physical activity into everyday life and behaviour change. An important component is therefore collaboration with organizers of activities, such as sports associations, pensioner and patient associations, municipal facilities and private businesses like gyms and fitness centres. To support health professionals in prescribing physical activity, a handbook entitled “Physical activity in the prevention and treatment of disease” is used, which summarizes scientific knowledge on preventing and treating various diseases and conditions with physical activity.

The European Union has chosen the FaR® model as best practice for use in other European Union countries. FaR® has also been implemented in Iceland, Norway and Viet Nam.



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## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

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