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COMMISSION STAFF WORKING DOCUMENT

A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines

Accompanying the document

Proposal for a

Council Recommendation on promoting health-enhancing physical activity across sectors

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1. INTRODUCTION

In its 2011 Communication on sport¹ the European Commission noted that physical activity is one of the most important health determinants in modern society, that there are large differences in physical activity levels and public approaches between Member States and that the concept of health-enhancing physical activity (HEPA), covering a variety of sectors poses considerable challenges. To address the physical inactivity trend in Europe and to support the design and implementation of national physical activity guidelines the Communication announced a new EU policy initiative to promote HEPA, based on the EU Physical Activity Guidelines² including a review and coordination process.

Following this announcement, the Commission has consulted widely³ and, with the help of experts representing a variety of disciplines, has prepared the core elements for such a proposal.

According to literature and expert opinion and as confirmed in the preparatory work for this initiative, the Impact Assessment in particular, an effective promotion of HEPA should be based on an approach involving several relevant policy sectors (cross-sectoral approach) and should involve provisions for monitoring and evaluation. The availability of data to assess changes in the conditions that affect physical activity is recognised as being of value in guiding policy and practice.⁴ However, data that provides information on HEPA policies and interventions across many different sectors (e.g. sport, health, education, transport, etc.) is scarce or not made available in many EU Member States.

In November 2012, the Council, in its conclusions on HEPA, endorsed the idea of a new policy initiative based on the EU Physical Activity Guidelines and called on the Commission to make a proposal for a Council Recommendation on HEPA, including a light monitoring framework.⁵

This Staff Working Document (SWD) accompanies the Commission's proposal and contains two elements:

- An overview of indicators developed for the monitoring of the implementation of the proposed Council Recommendation on HEPA, which are based on thematic areas of the EU Physical Activity Guidelines (henceforth: EU PA GL);
- Additional information on the main existing information sources, databases and publications with relevance for the monitoring framework.

¹ COM(2011) 12 final., 18.1.2011

² http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008_en.pdf

³ The consultation process for the initiative has been described in detail in the Annex to the Impact Assessment accompanying the proposal.

⁴ The Lancet, Volume 380, Issue 9838, Pages 294 - 305, 21 July 2012

⁵ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/educ/133870.pdf

The SWD thereby aims at providing further details on the monitoring framework, in particular on the choice of the 23 indicators listed in the annex to the Commission's proposal for a Council Recommendation as well as on the information sources based on which the data should be collected.

The main input for this document is based on the work of a study team consisting of Economisti Associati srl (Lead Firm), The Evaluation Partnership (Partner), University of Zurich (sub-contractor), VU University Medical Center, Amsterdam (sub-contractor), which assisted the Commission in preparing its proposal for the monitoring framework. Special thanks are due the Institute for Social and Preventive Medicine, Zurich for the overall coordination of the development of the monitoring framework. The suggested approach, in particular the proposed indicator table has received further input from national and international experts in the field of HEPA and has been discussed within different fora at the EU level, including the EU structures for sport and for health.

2. INDICATORS ON THEMATIC AREAS OF THE EU PA GL

The proposed HEPA monitoring framework is based on the EU PA GL and the table of indicators annexed to the Commission's proposal for a Council Recommendation contains 23 indicators that relate to all thematic areas of the 41 EU PA GL. The sections hereafter explain the main steps and considerations that led to the choice of these indicators and provide detailed information on each of them with regard to their operationalization and data sources.

2.1. Definitions

Policy development and implementation comprises different elements which ideally should be captured by a comprehensive monitoring. In general, four different aspects of policy can be distinguished⁶. They form an important part of the work basis for the proposed monitoring framework, and it is useful to reiterate these definitions here.

- *Process* – comprising e.g. agenda-setting and formulation of a policy as well as administrative arrangements (coordination mechanisms to foster cross-sectoral cooperation, funding, responsibilities, budget, etc.);
- *Outputs* – all physical, informal or service products of a policy, such as programmes, community projects, information campaigns or courses carried out, coordination groups formed, etc., as well as the existence of a policy itself;
- *Outcome* – directly policy-related changes in conditions, e.g. raised awareness, knowledge, political commitment or capacity to address the issue (e.g. in terms of new workforce trained) and change in behaviours;

⁶ Rossi P, Lipsey MW, Freeman H (2004): Evaluation: a systematic approach. 7th ed., Newbury Park, California: Sage Publications.
Nutbeam D, Bauman A (2006): Evaluation in a Nutshell. Australia: Mc-Graw Hill.

- *Impacts* – totality of - intentional or unintentional - effects, including also more distal changes, e.g. health effects.⁷

Most of the proposed indicators are process or output-related. As indicators are a commonly used tool to assess the process and results of policies and programmes, it is also important to bear in mind the key principles for a “good” indicator, including⁸:

- *Validity* – it measures what it is supposed to measure, and at the desired level;
- *Clarity* – it is unambiguous and clear what data is needed to measure it
- *Objectivity* – anyone reviewing the indicator should reach the same conclusion about progress;
- *Sensitivity* – it is able to capture change at a realistic level, and for different sub-groups, if relevant;
- *Action orientation* – it is addressing issues that are of relevance to the topic and amenable to change;
- *Feasibility* – the necessary data is available and accurate or affordable to collect.

2.2. Overview of work carried out

The first step carried out by the contractor consisted of identifying successful national strategies, of collating relevant recent work through desk research as well as of familiarization interviews. This work addressed, amongst others, experiences regarding evaluation and monitoring of national policies relevant to the EU PA GL, problems that have prevented optimum implementation of the EU PA GL as well as expectations and concerns regarding monitoring and evaluation of the EU PA GL.

In addition, available information sources and databases of relevance with regard to monitoring and evaluation of the EU PA GL were collated. The work revealed several relevant existing information sources and one key database, namely the WHO Regional Office for Europe’s Nutrition, Obesity and Physical Activity (NOPA) database.

As a second step the scope, objectives and expected results of the evaluation of the implementation of the EU PA GL were defined. As presented above, a monitoring scheme could have predominantly focused on process and output, or

⁷ Aspects of possible impacts of the EU PA GL have already been addressed in the Impact assessment accompanying the Commission’s proposal and will therefore be less of a focus here; however, some discussed indicators might relate to impacts as well, and there will be iterations and cross-fertilisation across the two tasks in this regard.

⁸ Based on: Government Assessment Portal: What makes a "good" governance indicator? (<http://www.gaportal.org/how-to/define-and-select-indicators/what-makes-good-governance-indicator>)

also try to address outcome and impacts. In addition, the level of detail as well as direct attribution of Member States actions to the EU PA GL needed to be taken into account. Based on that work, three possible approaches to develop indicators for the monitoring of the EU PA GL were identified:

(a) Indicators on direct effects of the EU PA GL

This would consist of a monitoring of action taken by Member States as a direct effect of the EU PA GL

(b) Indicators on thematic areas of the EU PA GL

This would include a limited number of indicators covering the thematic areas of the GL, but not covering every single guideline.

(c) Detailed indicators on all 41 guidelines

This would include a detailed monitoring of the implementation of all 41 guidelines of the EU PA GL.

Direct attribution of EU Member States' actions to the EU PA GL as foreseen in approach A) would have faced a number of conceptual, methodological and logistical difficulties and limitations. With regard to approach C), it was considered unlikely that all Member States would implement all 41 sub-guidelines of the EU PA GL universally due to different political priority setting, cultural approach to HEPA promotion and available resources. Following the work on the Impact assessment accompanying the Commission's proposal, it was decided that indicators on the implementation of the EU PA GL for inclusion in a future Council Recommendation on HEPA should focus on a more aggregate level of information and more general aspects that can be expected to be more universally addressed by most or all EU Member States.

In addition, an initial analysis of the EU PA GL also revealed that many of the 41 Guidelines did not lend themselves easily to the development of specifically related indicators. Oftentimes, the guidelines contained several elements that would need to be addressed by different indicators. This was likely to lead to a very high total number of indicators. Moreover, not all Guidelines had been formulated specifically and unambiguously enough to be directly measurable. Therefore, approach C) was considered both impractical and methodologically problematic.

Subsequently, it was decided to develop indicators on thematic areas of the EU PA GL as proposed in approach B), leading both to a manageable number of indicators and an acceptable level of detail with regard to monitoring the implementation of the EU PA GL.⁹

The third step of the work focused on developing a finalised list of proposed indicators including a detailed description of the proposed methodology for their

⁹ This approach was the basis for the preferred policy option (Option C) in the Impact assessment accompanying the Commission's proposal.

collection. The availability of information and data sources turned out to be an important aspect to be considered, in light of Member States limited resources to invest in burdensome data collection.

The list of indicators was developed with the input of experts and consulted in expert fora, with the policy level and with stakeholders, in particular at the following EU level meetings:

- Workshop on indicators, 29 February 2012, Brussels;¹⁰
- 2nd and 3rd meeting of the Expert Group "Sport, Health and Participation" (XG SHP), 21 March and 27 June 2012;
- Informal meeting of EU Sport Directors, 31 May – 1 June 2012;
- Meeting of the High-level Group on Nutrition and Physical Activity, 14 June 2012¹¹;
- Expert seminar at EU Sport Forum 2012 in Cyprus, 19 September 2012¹².

¹⁰ The Commission would like to express sincere appreciation to the national and international experts that helped in the preparatory process to develop the monitoring framework and colleagues in the Commission (DG EAC, DG MOVE, DG SANCO). We thank in particular, Dr. Sonja KAHLMEIER (University of Zurich), Prof. Willem van MECHELEN (VU University Medical Center), Prof. Finn BERGGREN (Gerlev Physical Education and Sports Academy), Dr. Janine STUBBE (TNO), Prof. Dr. Roland NAUL (University of Duisburg-Essen), Ioanna PARASKEVOPOULOU (Cyprus Sport Organisation), Dr. Alfred RÜTTEN (University of Erlangen), Trudy WIJNHOFEN and Christian SCHWEIZER (WHO Regional Office for Europe), Dr. Radim ŠLACHTA (Palacky University), Prof. Dr. Therese STEENBERGHEN (University of Leuven), Martin KUEHNEMUND and Bradford ROHMER (The Evaluation Partnership). We wish to extend our special thanks to the members of the HEPA EUROPE EU CONTACT GROUP, the Expert Group "Sport, Health and Participation" and the High-level Group on Nutrition and Physical Activity for their support and contribution.

¹¹ General approach to develop a monitoring framework presented but not the detailed list of indicators.

¹² Participants: Prof. Finn BERGGREN (Gerlev Physical Education and Sports Academy), Alberto S. BICHI and Jerome Pero (Federation of the European Sporting Goods Industry), Charlotte BOETTICHER (European Olympic Committees' EU Office), Romana CAPUT-JOGUNICA and Heidi PEKKOLA (European Non-Governmental Sports Organisation), Cliff COLLINS (European Health and Fitness Association), Eric DE BOEVER (European Physical Education Association), Guy DE GRAUWE (European Federation for Company Sports), Aurélien FAVRE (European Observatoire of Sport and Employment), Benjamin FOLKMANN (Deutsche Sportjugend im Deutschen Olympischen Sportbund e.V.), Jorg FRANK (Council of European Municipalities and Regions), Dr. Borja GARCÍA GARCÍA (Loughborough University), Dr. Paul KELLY (Oxford University), Lena KNORR (Sports Department Stuttgart), Eerika LAALO-HÄIKIÖ (The Association For International Sport for All), Dr. Brian MARTIN (University of Zurich), Nicos MEGALEMOS (International School Sport Federation), Deborah NASH (EU Sports Platform), Prof. Dr. Roland NAUL (University of Duisburg-Essen), Ioanna PARASKEVOPOULOU (Cyprus Sport Organisation), Dr. Karen PETRY (European Network of Sport Science, Education and Employment), Bradford ROHMER (The Evaluation Partnership), Dr. Alfred RÜTTEN (University of Erlangen-Nürnberg), Christian SCHWEIZER (WHO Regional Office for Europe), Jacob SCHOUENBORG

These comments as well as those received in the Commission's inter-service work were taken into account in the present list of indicators as presented in the Commission's proposal for the Recommendation and in this SWD.

The work carried out at expert level lead to the conclusion to not include a number of potential indicators. The reasons are laid down in the annex to the Impact Assessment accompanying the Commission's proposal. As appropriate, and following a first evaluation of the monitoring framework, indicators could be refined and possible new indicators could be defined.

2.3. Overview of indicators for the monitoring of the implementation of the EU PA GL

The table below summarises the proposed list of indicators on the thematic areas of the EU PA GL. As the EU PA GL are mainly addressed to the national administration or other public authorities, indicators usually address this level and not actions or knowledge of all possible stakeholders or the general public. Exceptions were only made where thematic areas of the Guidelines specifically named responsible stakeholders outside the administration. In some cases, possible integration of sub-national information is considered in view of the decentralized political and government structure of some Member States with regard to sport or health.

(International Sport and Culture Association), Herman SMULDERS (European Confederation of Outdoor Employers), Stefan SZYMANSKI (European Sport Economics Association), Jean-François TOUSSAINT EU (chair of Expert Group "Sport, Health and Participation"), Prof. Willem van MECHELEN (VU University Medical Center).

Table 1 – Proposed indicators to evaluate the implementation of the EU Physical Activity Guidelines

| Thematic areas of the GL | Proposed indicators | Variables/units | Sources |
|--|---|---|--|
| “International PA recommendations and guidelines” (guidelines 1-2) | 1. National recommendation on physical activity for health | Yes/no | NOPA |
| | 2. Adults reaching the minimum WHO recommendation on physical activity for health | Percentage of adults reaching a minimum of 150 minutes of moderate-intensity physical activity per week, or 75 minutes of vigorous-intensity activity, or an equivalent combination | European Health Interview Survey (EHIS) or WHO global health data observatory Information on national surveys: NOPA |
| | 3. Children and adolescents reaching the minimum WHO recommendation on physical activity for health | Percentage of children and adolescents reaching at least 60 minutes of mode-rate- to vigorous-intensity physical activity daily or on at least 5 days / week | Health behaviour in school-aged children survey (HBSC) |
| | 4. National coordination mechanism on HEPA promotion | Yes/no; if yes: - Name? Since when in place? - Which sectors and stakeholders are participating (pre-defined list) - Which is the leading institution? - Has funding been allocated to this coordinating mechanism? If yes: o total funding; o per capita; o by gross domestic product at PPP per capita, in Euros | WHO/EC Monitoring project (all items but information on funding can be included in the future) |
| “Sport” (guidelines 6-13) | 5. Funding allocated specifically to HEPA promotion | By sector (health, sport, transport etc.): - total funding; - per capita; - by gross domestic product at PPP per capita, in Euros | HEPA PAT for 5 EU countries Future monitoring by Expert Group ‘Sport, Health and Participation’ |
| | 6. National sport for all policy and/or action plan | Yes/no; if yes: name, status, issuing body, policy areas covered, web-link. | NOPA |
| | 7. Sport Clubs for Health Programme | Implementation of the guidelines developed by HEPA Europe/TAFISA project: yes/no; if yes, description | Future monitoring by EU Expert Group ‘Sport, Health and Participation’* |
| | 8. Framework to support opportunities to increase access to recreational or exercise facilities for low socio-economic groups | Existence of a framework: yes/ foreseen within the next 2 years/no; and if yes, description | WHO/EC Monitoring project ⁺ (in the future also foreseen to ask on existences of a specific framework) Guidelines developed by IMPALA project [§] |

| Thematic areas of the GL | Proposed indicators | Variables/units | Sources |
|-----------------------------------|--|---|---|
| "Health" (guidelines 14-20) | 9. Target groups addressed by the national HEPA policy | By target group (groups in particular need of physical activity (e.g. low socio-economic groups, people with low levels of PA, elderly, ethnic minorities etc.). | NOPA (except for people with low levels of PA; this could be included in the future) |
| | 10. Monitoring and surveillance of physical activity | Physical activity included in the national health monitoring system: yes/no If yes: name of the survey, year, measured items, age groups, socioeconomic, link to survey | WHO/EC Monitoring project ⁺ |
| | 11. Counselling on physical activity | Counselling on physical activity: yes / no If yes: reimbursed as part of primary health care services: yes/no | Partly in NOPA (information on existence of a scheme, but not yet on reimbursement, this could be included in the future) |
| | 12. Training on physical activity in curriculum for health professionals | - number of hours for nurses, doctors: - mandatory or optional - clear assessment and accreditation structures to reflect the learning outcomes of the subject | Partly in WHO/EC Monitoring project ⁺ (hours not collected but foreseen to be pilot-tested in next data collection) |
| | 13. Physical education in primary and secondary schools | - number of hours per school level - mandatory or optional - national or sub-national regulation | Eurydice reporting WHO/EC Monitoring project ⁺ (hours not yet collected but foreseen to be pilot-tested in next data collection) |
| | 14. Schemes for school-related physical activity promotion | Existence of a national or sub-national (where relevant [#]) scheme Yes/no - active school breaks - active breaks during school lessons - after-school HEPA programmes (at schools, at sport clubs, in communities) | Not yet available, future monitoring by Expert Group 'Sport, Health and Participation' |
| "Education" (guidelines 21-24) | 15. HEPA in training of physical education teachers | HEPA being a module in training of PE teachers at bachelor's and/or master's degree level: yes/no; mandatory/optional | Partly in WHO/EC Monitoring project ⁺ (relating to teacher training to promote PA in general, new information foreseen to be pilot-tested in next data collection) |
| | 16. Schemes promoting active travel to school | National or sub-national (where relevant [#]) schemes to promote active travel to school (e.g. walking buses, cycling): Yes/no, if yes: description | WHO/EC Monitoring project ⁺ (information on existence of a scheme, but further information as provided by countries) |

| Thematic areas of the GL | Proposed indicators | Variables/units | Sources |
|--|--|--|--|
| “Environment, urban planning, public safety” (guidelines 25-32) | 17. Level of cycling / walking | Main mode of transport used for your daily activities (car, motorbike, public transport, walking, cycling, other) | Flash Eurobarometer or EHIS (wave 2) |
| | 18. European Guidelines for improving Infrastructures for Leisure-Time Physical Activity | European Guidelines for improving Infrastructures for Leisure-Time Physical Activity (addressing sport infrastructure, leisure-time infrastructure and urban and green spaces) being applied systematically to plan, build and manage infrastructures: Yes / not yet but foreseen within the next 2 years / no | Guidelines developed by IMPALA project [§] Future monitoring by Expert Group ‘Sport, Health and Participation’* |
| “Working environment” (guidelines 33-34) | 19. Schemes to promote active travel to work | Existence of a national or sub-national (where relevant [§]) incentive scheme for companies or employees to promote active travel to work (e.g. walking, cycling): yes/no, if yes: description | WHO/EC Monitoring project ⁺ (information on existence of a scheme, but further information as provided by countries) |
| | 20. Schemes to promote physical activity at the work place | Existence of a national or sub-national (where relevant [§]) incentive scheme for companies to promote physical activity at the work place (e.g. gyms, showers, walking stairs etc.): yes/no | Partly in WHO/EC Monitoring project ⁺ Exchange to be sought with WHO Global Plan of Action on Workers’ health 2008-2014 |
| “Senior citizens” (guidelines 35-37) | 21. Schemes for community interventions to promote PA in elderly people | Existence of a scheme for community interventions to promote PA in elderly people Yes/no, if yes: description | Initial information collected through EUNAAPA project in 15 countries in 2007/2008 ^o Possible future information from 2012 EC-funded projects “European Partnerships on Sport” (active ageing) Future monitoring by Expert Group ‘Sport, Health and Participation’* |
| | 22. National HEPA policies that include a plan for evaluation | Existence of a national HEPA policies (sport, health, transport, environment, by sector) include a clear intention or plan and plan for evaluation | Based on national policies in NOPA database, complemented by sector-specific targeted information collections |
| “Public awareness” (guideline 39) | 23. Existence of a national awareness raising campaign on physical activity | Yes/no, if yes: description | WHO/EC Monitoring project ⁺ |

- # Sub-national level only for countries with a decentralized or federal structure, otherwise only national level will be considered.
- * Not yet included in monitoring by the EU Expert Group 'Sport, Health and Participation' but could possibly be included in the future with limited additional reporting burden to Member States.
- ° The Sport Clubs for Health Programme Guidelines were developed as a joint HEPA Europe/TAFISA project supported under the Preparatory action in the field of sport in 2010 (see also <http://www.kunto.fi/en/home/>).
- + Information collected in the country information templates for the WHO/EC project on "Monitoring progress on improving nutrition and physical activity and preventing obesity in the EU", but the information is not yet directly available in the NOPA database (i.e. it is available offline in the templates as completed by the national focal points in 2008/9).
 - ° For more information see <http://www.eunaapa.org>. Initial inventory of good practices and recommendations compiled as part of the EC-funded EUNAAPA project in 2007/2008 in 14 EU MS and Norway, available at http://www.eunaapa.org/media/cross-national_report_expert_survey_on_pa_programmes_and_promotion_strategies_2008_.pdf.
 - § For more information on the EC-funded project "Improving infrastructure for leisure time physical activity in the local arena" (IMPALA) see: http://www.impala-eu.org/fileadmin/user_upload/IMPALA_guideline_draft.pdf
- # For more information see project on "Building Policy Capacities for Health Promotion through Physical Activity among Sedentary Older People" (PASEO), funded by the Public Health programme in 2009-2010, <http://www.paseonet.org> and http://ec.europa.eu/eahc/documents/news/PASEO_National_Alliances.pdf.

2.4. Operationalization, methodology and data by indicator

In this section the proposed methodology for each of the 23 indicators is described in more detail. The key data sources are presented in chapter 3.

2.4.1. Indicator 1: National recommendation on physical activity for health

What does this indicator tell us?

National recommendations on how much physical activity the population should carry out to achieve health benefits serves as a benchmark for progress made to promote physical activity and is an important element of a national strategy to promote physical activity.

Definitions and operationalization

A national recommendation on physical activity and health is an officially adopted national statement on the duration, intensity and frequency of physical activity behaviour that the population should reach. Recommendations issued by non-governmental bodies, which have not been officially endorsed by the national government, are not considered a national recommendation. Sub-national recommendations are only included for countries with a decentralized government structure, such as for federal states.

Operationalization:

Does a national recommendation on physical activity and health exist in your country, i.e. an officially adopted statement on the duration, intensity and frequency of physical activity behaviour that the population should reach?

Yes / no

If yes:

Currently being developed / not foreseen for development in the next 2 years

For adults / for young people / for elderly people

Data sources and methods used

Information on this indicator has been collected through a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. It is available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity (see also chapter 3).

Geographic and temporal coverage

The project’s “National Information Focal Persons” from 44 of the 53 WHO Member States responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information on national recommendations was updated in 2011 and is available for about 40 of 53 Member States.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Global recommendations on physical activity for health. Geneva, World Health Organization, 2010 (<http://www.who.int/dietphysicalactivity/global-PA-recs-2010.pdf>).
- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).

2.4.2. Indicator 2: Adults reaching the minimum WHO recommendation on physical activity for health

What does this indicator tell us?

Reaching the minimum recommendations is related to specific health benefits as identified by extensive scientific research. Thus, the proportion of adults reaching these recommendations illustrates the share of the adult population being sufficiently physically active not to risk negative health consequences related to insufficient physical activity.

Definitions and operationalization

The minimum WHO recommendation on physical activity for health for adults is as follows:

Adults should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity.

Operationalization:

Percentage of adults reaching at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or an equivalent of vigorous-intensity physical activity, or a combination of moderate- and vigorous-intensity activity.

Adults are often defined as 18–64 years olds but age ranges can differ and may in some countries also include the elderly. The minimum WHO recommendation for over 64-year olds is the same as for adults (but additional elements are recommended).

Data sources and methods used

Internationally comparable data

There are two potential data sources of international data for this indicator: 1) The Global Health Observatory of the WHO contains internationally comparable estimates on this indicator; and 2) the European Health Interview Survey (EHIS). For the second wave of EHIS (to be conducted in 2014)

Commission Regulation 141/2013¹³ was adopted and consequently these data will have to be used for the monitoring framework.

- Global Health Observatory

Description of method used for comparable estimates (source see references):

For comparable estimates of insufficient physical activity, surveys were included that presented sex- and age-specific prevalence with sample sizes (minimum: n=50), using the definition of not meeting any of the following criteria: at least 30 minutes of moderate-intensity activity per day on at least 5 days per week, or at least 20 minutes of vigorous-intensity activity per day on at least 3 days per week, or an equivalent combination. Only surveys were included that captured activity across all domains of life including work/household, transport and leisure time. Data had to come from a random sample of the general population, with clearly indicated survey methods.

In order to report comparable data for a standard year (2008) and standard age groups, adjustments were made for over-reporting of the International Physical Activity Questionnaire (IPAQ) (1-3) coverage (urban and rural), and age coverage of the survey. Using regression modelling techniques, crude adjusted prevalence values were produced for 5-year age groups, and then combined for ages 15+ years, using country population estimates. To further enable comparison among countries, age-standardized comparable estimates were produced. This was done by adjusting the crude estimates to an artificial population structure, the WHO Standard Population, that closely reflects the age and sex structure of most low and middle-income countries. This corrects for the differences in age and sex structure between countries. Uncertainty in estimates was analysed by taking into account sampling error and uncertainty due to statistical modelling.

Data are presented as crude and age-standardized estimates, by sex and as total.

- European Health Interview Survey (EHIS)

The EHIS instrument used in the first wave (2007/2010) was a questionnaire which was based on the IPAQ (short version) to measure the proportion of populations performing moderate and vigorous physical activity (days and/or hours per week), derived from the following questions (PE.1-6): During the past 7 days, a) days and time devoted to vigorous physical activities, b) days and time devoted to moderate physical activities, c) days and time spent walking. However, the EHIS wave 1 instrument used a different phrasing for the questions on time spent in vigorous or moderate activities than in the original IPAQ. Therefore, the exact measurement specifications for reliability, validity and specificity of the EHIS wave 1 questionnaire are unknown. In addition data on physical activity from the first wave of EHIS is only available for 12 countries. For EHIS wave 2 the variables and the questionnaire has been revised. The resulting outcome indicators of the EHIS wave 2 instrument cover three public-health-relevant domains of physical activity: (A) work-related physical activity, (B) transportation (commuting) activity, and (C) leisure-time physical activity. The new instrument is based on the framework of the Global Physical Activity Questionnaire (GPAQ) using a modified version of the current question from the Behaviour Risk Factor Surveillance System (BRFSS) to assess work-related physical activity, the current NHIS-PAQ question to assess muscle-strengthening physical activity and modified versions of the GPAQ questions to assess transportation physical activity, and leisure-time physical activity. In addition, it is designed to measure compliance with the new WHO physical activity recommendations for the adult population aged 18-64.

¹³ Commission Regulation 141/2013 of 19 February 2013 on EHIS: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:047:0020:0048:EN:PDF>. A derogation for the Netherlands was granted for the physical activity variables.

Data is foreseen to be available by country, calendar year, sex, age groups (15-64, 65+, or others) and socio-economic status (educational level, ISCED aggregated groups, etc.). Eurostat can also calculate age-standardized EHIS data.

Information on national surveys

Information on available national surveys in all EU countries on levels of physical activity in adults has been collected through a joint WHO/Commission project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. The information is included in the European database on nutrition, obesity and physical activity (NOPA) and will become available for the public before the summer 2013. An initial analysis published in the summary has shown that data from national surveys are usually not easily comparable across countries as they use different questionnaires and methodologies.

Geographic and temporal coverage

In the Global Observatory, data for 2008 is presented for all EU countries as well as some neighbouring countries, including Croatia, Iceland, Norway, Poland, Serbia, Switzerland and others).

Data on physical activity from the first wave of EHIS is available for 12 countries. The second wave is foreseen for implementation in all EU countries following the 2013 Commission Regulation on EHIS.

The national data from the WHO/Commission project is available for all EU countries and is covering largely varying time frames, as available on national level.

Frequency of update

Updates of the global observatory are foreseen to take place about every 2 to 3 years.

The EHIS is foreseen to be carried out every 5 years. MS are requested to provide micro data for the reference year 2014 (or 2013 or 2015 for some countries) to be made available at the latest by 30/9/2015 or 9 months after the end of the national data collection period in cases where the survey is carried out beyond 12/2014.

An update of information on national surveys is foreseen for 2012/2013; further updates depend on future funding.

Comments

With regard to the vigorous-intensity part of the recommendations it has to be noted that the global recommendations on physical activity for health recommend 75 minutes per week. The Global Health Observatory of the WHO used the definition of at least 20 minutes of vigorous-intensity activity per day on at least 3 days per week. Both definitions can be used by countries; the exact definition is to be reported along with the data

EHIS (wave 1) used the definition of percentage of the population practising at least 30 minutes of physical activity (moderate or intense) per day. The second wave of EHIS was adapted to include 8 basic variables on physical activity taking into account WHO recommendations of 2011.¹⁴

References

¹⁴ http://www.who.int/dietphysicalactivity/factsheet_adults/en/index.html

- Global recommendations on physical activity for health. Geneva, World Health Organization, 2010 (<http://www.who.int/dietphysicalactivity/global-PA-recs-2010.pdf>, accessed 20 April 2012).
- International Physical Activity Questionnaire (IPAQ). The IPAQ group (<https://sites.google.com/site/theipaq/home>, accessed 20 April 2012).
- Global Health Observatory: Prevalence of insufficient physical activity [website]. Geneva, World Health Organization, 2012 (http://www.who.int/gho/ncd/risk_factors/physical_activity_text/en/index.html, accessed).
- Global Health Observatory Data Repository (see Noncommunicable diseases, risk factors, physical inactivity) [website]. Geneva, World Health Organization, 2012 (<http://apps.who.int/ghodata/>, accessed 20 April 2012).
- European Health Interview Survey (EHIS wave 1) Questionnaire – English version. Brussels, European Commission EUROSTAT and Partnership on Public Health Statistics Group HIS, 2006 (http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf, accessed 1 November 2012).
- Commission Regulation (EU) No 141/2013 of 19 February 2013 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics based on the European Health Interview Survey (EHIS); <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:047:0020:0048:EN:PDF>
- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).
- Report of the workshop on integration of data on physical activity patterns. Zurich, Switzerland, 25–26 February 2009. WHO/Commission Project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union. Report no. 4. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/_data/assets/pdf_file/0004/87430/E93705.pdf).

2.4.3. *Indicator 3: Children and adolescents reaching the minimum WHO recommendation on physical activity for health*

What does this indicator tell us?

Reaching the minimum recommendations is related to specific health benefits as identified by extensive scientific research. Thus, the proportion of children and adolescents reaching these recommendations illustrates the share of the young population being sufficiently physically active not to risk negative health consequences related to insufficient physical activity.

Definitions and operationalization

The minimum WHO recommendation on physical activity for health for children and adolescents is as follows:

Children and youth should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.

Operationalization:

Percentage of children and adolescents reaching at least 60 minutes of moderate- to vigorous-intensity physical activity (MVPA) daily or on at least 5 days per week (the 2005/2006 HBSC analysis - see *Data sources* below - used daily activity as the cut-off point, the 2001/2002 used daily activity).

As part of the WHO's European Environment and Health Information System (ENHIS), a fact sheet fact sheet on "Percentage of physical active children and adolescents" was produced for which a special analysis of the data from the 2001/2002 survey was conducted using 60 minutes of MVPA on at least five days a week as cut-off point to allow for comparison of the results with those obtained from the 2001/2002 survey.

Children and adolescents have been defined as aged 5 to 17 years in the WHO Global Recommendations on Physical Activity for Health but this can differ and the exact age range used by countries is to be reported along with the data.

Data sources and methods used

The Health Behaviour in School-Aged Children (HBSC) study collects data on this indicator in 11, 13 and 15 year olds. It uses an internationally standardised questionnaire that has been validated against objective measurements in a US sample. To date, no internationally comparable data on younger children is available, and due to different instruments used, national data are often not comparable.

Geographic and temporal coverage

Twenty-five EU countries participate in the study, as listed on the HBSC website (see references below). Data on physical activity in youth was collected in 2001/2001, 2005/2006 and 2009/10.

Frequency of update

HBSC surveys are carried out at four-year intervals.

References

- The Health Behaviour in School-Aged Children: WHO Collaborative Cross-National Study (HBSC) [website]. St Andrews, The University of St Andrews, 2002 (<http://www.hbsc.org>, accessed 23 April 2012).
- A fact sheet fact sheet on "Percentage of physically active children and adolescents". WHO's European Environment and Health Information System (ENHIS). Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/__data/assets/pdf_file/0012/96987/2.4.-Percentage-of-physically-active-children-EDITED_layoutedV2.pdf, accessed 23 April 2012).

2.4.4. Indicator 4: National coordination mechanism on HEPA promotion

What does this indicator tell us?

HEPA promotion needs to take an intersectoral approach to be successful. Coordinated and concerted action of all relevant sectors is crucial to avoid duplication or contradictory action. The existence of a

national coordination mechanism shows that steps have been taken to promote concerted action across sectors.

Definitions and operationalization

In order to ensure coordinated action of all relevant government sectors and stakeholders, some countries have installed a national coordination mechanism. Such a mechanism can for example take the form of an informal working group, an advisory body or a formal intersectoral government body. In order to be applicable for this indicator, the body must have a clear mandate on the promotion of physical activity, and not focus mainly on NCDs, obesity or other areas.

Stakeholder: any person, group or organisation who holds an important or influential community position, and who might have an interest, investment or involvement in the issue being investigated. Stakeholders include people in government and other positions of power at a national, regional or city level; local policy makers and service providers, people in the community where projects may be introduced; and people who may benefit (or lose out in some way) from the intervention

Operationalization:

Has a specific coordinating mechanism (e.g. working group, advisory body, coordinating institution etc) been developed for HEPA promotion in your country?

Yes / no.

If yes:

What is the name of the body?

Since when is it in place?

Which stakeholders are participating (pre-defined list)

Which is the leading institution?

Has funding been allocated to this coordinating mechanism?

If yes, how much (in EUR)?

1) total funding;

2) funding per capita;

3) funding by gross domestic product at PPP per capita.

Data sources and methods used

Information on this indicator has been collected in 2009 and 2010 for all items but information on funding (which could be included in the future) through a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. It is available publicly in the European database on nutrition, obesity and physical activity (NOPA). A summary of the available information as at 2010 has been published.

Geographic and temporal coverage

The WHO/EC project's "National Information Focal Persons" responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on the new structures to be set up as part of the proposed Recommendation on HEPA and related funding.

References

- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).
- Review of physical activity promotion policy development and legislation in European Union Member States. WHO/EC Project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union. Report no. 10. Copenhagen WHO Regional Office for Europe, 2010 (http://www.euro.who.int/__data/assets/pdf_file/0015/146220/e95150.pdf, accessed 4 July 2012).

2.4.5. Indicator 5: Funding allocated specifically to HEPA promotion

What does this indicator tell us?

Financial resources allocated specifically to HEPA promotion is a strong indicator of the importance a country attaches to this topic within its policy agenda. Broken down into the sources from which the funding comes from also gives an indication on the 'intersectorality' of a country's approach.

Definitions and operationalization

HEPA promotion includes all forms of physical activity that are beneficial for health without undue harm or risk, i.e. health, sport, transport, environment or leisure time approaches.

Operationalization:

Yearly funding (in Euros) allocated specifically to HEPA promotion.

Sources from all relevant sectors have to be included; it is preferable to report data by sector, including if possible information on the development of funding over the last 5 years if reported for the first time. In general, only national funding from government sources should be included; in countries with a decentralized and/or federal structure, sub-national funding can be included if relevant.

To correct for country size and economic development, information has to be reported as: 1) total funding; 2) funding per capita; 3) funding by gross domestic product at purchasing power parity per capita.

In cases where it is not possible at the current stage to report quantitative information, the state of funding can be described qualitatively, including if possible information on the development of funding over the last 5 years if reported for the first time.

Data sources

Information on this indicator has been collected in 7 countries within the framework of a project of the HEPA Europe working group on “National approaches to physical activity” on the HEPA Policy Audit Tool (PAT) – see above and chapter 3. The PAT provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity.

In the future, the information would need to be collected by questionnaire through the Expert Group on “Sport, Health and Participation” (XG SHP).

Geographic and temporal coverage

So far, information is available for 2010 for Finland, Italy, Norway, the Netherlands, Portugal, Slovenia, and Switzerland from the HEPA PAT project.

The XG SHP is supposed to cover all EU countries.

Frequency of update

An update of NOPA is foreseen for 2012/2013; further updates depend on future funding. The Expert Group monitoring frequency of update can be further defined, based on need and feasibility.

References

- Gross domestic product based on purchasing-power-parity (PPP) per capita GDP:
World Economic Outlook Database. Washington, International Monetary Fund, 2012 (<http://www.imf.org/external/pubs/ft/weo/2012/01/weodata/index.aspx>, accessed 21 April 2012).
World Development Indicators database, Washington, World Bank, 2012 (<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>, accessed 21 April 2012).
- Bull FC, Milton K, Kahlmeier S. Health-enhancing physical activity (HEPA) policy audit tool. Copenhagen, WHO Regional Office for Europe, 2011 (www.euro.who.int/hepapat, accessed 21 April 2012).

2.4.6. Indicator 6: National Sport for All policy or action plan

What does this indicator tell us?

Sport promotion is a crucial part of a comprehensive HEPA promotion strategy, provided that it includes a strong focus on Sport for All approaches and does not mainly favour elite sports. The development of a national Sport for All policy or action plan illustrates such a focus.

Definitions and operationalization

Sport for All: refers to the systematic provision of opportunities for physical activity that are accessible for everybody.

Policy: written document that contains strategies and priorities, define goals and objectives, and is issued by a part of the administration. It may also include an action plan on implementation.

Action plan: usually prepared according to a policy and strategic directions and should ideally define who does what, when, how, for how much, and have a mechanism for monitoring and evaluation.

Operationalization:

Does your country have a national policy and/or a national action plan on Sport for All promotion? Alternatively, is Sport for All addressed specifically in other policy documents?

Yes / no.

If yes, please provide: name, year of publication, status (adopted, final version, draft version), issuing body, policy areas covered, web link to the document.

Data sources

Information on this indicator has been collected in 2009 and 2010 through a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Information on sport policies has been complemented through the joint WHO/DG EAC project NET-SPORT-HEALTH which analysed sport policies in the European region, with a focus on synergies between sport and health policies. The data is available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity (see also chapter 3).

Geographic and temporal coverage

The WHO/DG SANCO project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

The NET-SPORT-HEALTH project collected information in 2010, receiving replies from 20 of the 28 EU countries.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).
- Promoting sport and enhancing health in European Union countries: a policy content analysis to support action. Copenhagen, WHO Regional Office for Europe, 2011 (<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/publications/2011/promoting-sport-and-enhancing-health-in-european-union-countries-a-policy-content-analysis-to-support-action>, accessed 7 July 2012).
- Christiansen N, Kahlmeier S, Racioppi F: Sport promotion policies in the European Union: results of a contents analysis. *Scandinavian Journal of Medicine and Science in Sports*, in press.
- Review of physical activity promotion policy development and legislation in European Union Member States. WHO/EC Project on monitoring progress on improving nutrition and

physical activity and preventing obesity in the European Union. Report no. 10. Copenhagen WHO Regional Office for Europe, 2010 (http://www.euro.who.int/__data/assets/pdf_file/0015/146220/e95150.pdf, accessed 4 July 2012).

2.4.7. *Indicator 7: Sport Clubs for Health Programme*

What does this indicator tell us?

Sport promotion is an important part of a comprehensive HEPA promotion strategy and sport clubs, the backbone of the sport movement, can make an important contribution to address low levels of physical activity in Europe. However, an analysis of current approaches has shown that the link between sport and health promotion can be further strengthened. The Sport Clubs for Health Programme has been specifically designed to support Sport Clubs in providing programmes with a stronger health promotion approach.

Definitions and operationalization

Sport Club: the basic local functional unit of many sport systems, usually voluntary civic-organisations in which people engage in sport.

Sport Club for Health (SCforH): an approach in which sport clubs are encouraged to invest into health-related sport activities and /or health promotion within sport activities. Health-oriented sport clubs recognises health in their activities. Health promotion is not the main orientation, but has been recognised as one of the main operating principles.

Guidelines for SCforH: a manual has been developed as part of a HEPA Europe/TAFISA working group, supported by a grant of DG EAC as part of the "2009 Preparatory action in the field of sport".

Operationalization:

Are the Sport Clubs for Health Guidelines implemented in sport clubs in your country?

Yes / no

If yes: description of implementation activities (outline of number of sport clubs that implement the programme, support provided from the national or sub-national level for the implementation of the programme, existence of a coordinator and if yes, contact information for further information).

Data sources

Data on this indicator is not yet being collected. The information could be collected by questionnaire through the Expert Group on "Sport, Health and Participation" (XG SHP).

Geographic and temporal coverage

Data should be collected from all EU countries by year. The XG SHP is supposed to cover all EU countries.

Data should be updated yearly.

References

- Sport Clubs for Health project. Helsinki, Finnish Sport for All Association, 2011 (<http://www.kunto.fi/en/sports-club-for-health/>, accessed 7 July 2012).
- Kokko S, Oja P, Foster C, Koski P, Laalo-Haikio E, Savola J (Eds.): Sports Club for Health – Guidelines for health-oriented sports activities in a club setting. Nurmijarvi, Finnish Sport for All Association, 2011 (http://www.kunto.fi/@Bin/463608/SCforH_Guidelines.pdf, accessed 7 July 2012).
- Sport clubs for health (<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/activities/sport-clubs-for-health>, accessed 7 July 2012). Copenhagen, WHO Regional Office for Europe.

2.4.8. Indicator 8: Framework to support offers to increase access to exercise facilities for socially disadvantaged groups

What does this indicator tell us?

While low levels of physical activity are widespread across Europe, they are particularly prevalent in low socio-economic groups. This is of particular concern as often, detrimental health behaviours are clustered within these groups, such as unhealthy nutrition, inactivity and smoking. Thus, addressing such groups by targeted approaches is crucial from a health, social and economic point of view. Classic sport or health promotion approaches are often not sufficient to reach such groups. Providing specific frameworks addressing low socio-economic groups is therefore indicative of the recognition of this problem and the willingness to invest into particular activities directed at such groups.

Definitions and operationalization

Socially disadvantaged groups: groups of the society which are disadvantaged with regard to socio-economic aspects (income, socio-economic status, education or employment), age and social determinants such as gender, ethnicity, culture or religion.

Framework to support offers to increase access to recreational or exercise facilities: such frameworks can take different forms, such as a specific national or sub-national programme on this topic, incentive schemes to address such aspects within existing facilities or the development of specifically designed offers.

Recreational facilities: include buildings or places that provide services aimed specifically at spending leisure time outside of work or school or home duties. This can include sport/exercise facilities, leisure time infrastructure and urban and green spaces (e.g. gyms, public pools, parks, cycling paths, water fronts, woods, play grounds, etc.).

Exercise facilities: include buildings or places that provide services aimed specifically at being physically active to improve health or wellbeing.

Operationalization:

Does a specific framework exist to support offers to increase access to recreational or exercise facilities for socially disadvantaged groups in your country?

Yes / foreseen within the next 2 years / no

If yes: please describe the nature of the framework (name, year(s) of implementation, expansion across the country, leading institution, funding).

Data sources

As part of the joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, information was collected on whether there was a specific focus on disadvantaged social or socioeconomic groups in a list of 42 activities, programmes and strategies of national governments addressing, amongst others, active transport, physical activity and sport promotion and education in physical activity. Information on the existence of a specific national or sub-national framework was not specifically collected but is foreseen for the next data collection. The information is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity.

Geographic and temporal coverage

The project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.9. Indicator 9: Target groups addressed by the national HEPA policy

What does this indicator tell us?

There are notable differences in levels of physical activity and sport participation between different socioeconomic and cultural subgroups of populations in European countries. It is thus important to develop target-group specific activities as part of an overall national HEPA promotion policy. Evidence of a specific focus on different target groups is thus illustrative of the recognition of the need to devise target-group specific action in order to achieve an overall increase in physical activity levels.

Definitions and operationalization

Policy: written document that contains strategies and priorities, define goals and objectives, and is issued by a part of the administration. It may also include an action plan on implementation.

HEPA promotion policy: a policy aimed at increasing health-enhancing physical activity, i.e. any type of a physical activity that is beneficial to one’s health bearing minimum risks. It can include health, sport, transport or environmental approaches.

Operationalization:

Which target groups does / do the national or sub-national (where relevant, i.e. in countries with a decentralized or federal structure) HEPA promotion policy/policies address, especially regarding groups in particular need of physical activity (e.g. low socio-economic groups, people with low levels of physical activity, elderly people, ethnic minorities etc.)?

Data sources

As part of the joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, information was collected on all items of this indicator except for groups with low levels of physical activity (which could be included in the future). The information is available publicly in the European database on nutrition, obesity and physical activity (NOPA) for each policy document except for groups with low levels of physical activity.

The project on “Improving Infrastructures for leisure-time physical activity in the local arena” (IMPALA), which received support by the Commission, developed guidelines on planning, building, financing, and managing infrastructures for leisure-time physical activity with a special focus on social equity. Aspects highlighted include an assessment of whether existing infrastructure policies support social equity, the use of participatory approaches in infrastructure planning, the consideration of social equity issues in the design of new infrastructures, the use of financing mechanisms that reduce entry barriers, and the use of facility management models that improve access for socially disadvantaged groups.

Geographic and temporal coverage

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

IMPALA Project: The guidelines were developed based on information collected in 11 EU countries and Norway in 2009 and 2010.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).
- Proposed European guidelines: Improving infrastructures for leisure-time physical activity in the local arena. Towards social equity, intersectoral collaboration and participation. Erlangen Nürnberg, Friedrich-Alexander-University of Erlangen-Nuremberg and Institute of Sport Science and Sport, 2010 (www.impala-eu.org/fileadmin/user_upload/IMPALA_guideline_draft.pdf, accessed 9 July 2012).

2.4.10. *Indicator 10: Monitoring and surveillance of physical activity*

What does this indicator tell us?

Knowledge on the levels and trends of physical activity over time are a crucial pre-requisite to develop a comprehensive, targeted national strategy to increase physical activity. Inclusion of physical activity into the national health monitoring and surveillance system is an important indication of the recognition of its importance as a health determinant and policy area.

Definitions and operationalization

National health monitoring and surveillance system: systematic collection, consolidation, analysis and dissemination of data on the health status of the population for use in public health action to reduce morbidity, mortality and to improve health.

Operationalization:

Does your country have an established surveillance or health monitoring system that includes population-based measures of physical activity?

Yes / no.

If yes, please provide survey name and year(s), measured items (frequency, duration, intensity, cycling/walking, sedentary behaviour), age groups and socio-economic items covered, link to survey.

Data sources

Information on this indicator was collected as part of the joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. The information is not yet available publicly through the European database on nutrition, obesity and physical activity (NOPA) but is foreseen for inclusion.

Geographic and temporal coverage

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.11. *Indicator 11: Counselling on physical activity*

What does this indicator tell us?

Individualized counselling on and prescription of physical activity can increase physical activity levels. Thus, it can be suitable in an ordinary primary health care setting to promote a more physically active lifestyle, in particular in target groups that are otherwise difficult to reach. As it has been shown that it can be difficult to encourage health care providers to include yet another topic into their general counselling activities, financial incentives can be provided. For example, physicians in primary health care can be financially rewarded for encouraging patients to move more. Including counselling on physical activity into, for example, schemes of insurance providers allows defining and monitoring quality criteria related to the processes and outcomes of counselling programmes.

Definitions and operationalization

Operationalization:

Does a programme or scheme to promote counselling on physical activity exist in your country?

Yes / no.

If yes, is it reimbursed as part of primary health care services, e.g. by insurance companies? Please provide information on the programme or scheme to promote counselling.

Data sources

As part of the joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union” information was collected on this indicator, in particular whether such a scheme was a) not existing, or not clearly stated in any policy document, and not planned within 2 years; b) clearly stated, partly implemented or enforced; or c) clearly stated and entirely implemented and enforced. No information on reimbursement schemes was collected but this could be included in the future. The information is not yet available publicly in the European database on nutrition, obesity and physical activity (NOPA) but foreseen for inclusion.

Geographic and temporal coverage

The WHO/EC's project's “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.12. Indicator 12: Training on physical activity in curriculum for health professionals

What does this indicator tell us?

Health professionals can play an important role in advocating for physical activity and as facilitators between health insurance providers, their members or clients, and providers of physical activity programmes. To fulfil this role, they need to be appropriately trained on physical activity and health matters. This indicator illustrates the degree to which this topic is addressed in their curricula.

Definitions and operationalization

Number of hours of training in curriculum for health professionals (nurses, doctors) addressing physical activity, and whether mandatory or optional

Operationalization:

- (a) Is physical activity and health (health effects, determinants, effective interventions etc.) taught in a module of the curriculum of medical doctors?

Yes / no

If yes: provide more information:

- on the number of hours of the respective module (or give a range of hours in case of different sub-national programmes, or give a qualitative description)
- if the respective course is mandatory or optional
- if there are clear assessment and accreditation structures to reflect the learning outcomes on the subject.

- (b) Is physical activity and health (health effects, determinants, effective interventions etc.) taught in a module of the curriculum of nurses?

Yes / no

If yes: provide more information:

- on the number of hours of the respective module (or give a range of hours in case of different sub-national programmes, or give a qualitative description)
- if the respective course is mandatory or optional
- if there are clear assessment and accreditation structures to reflect the learning outcomes on the subject.

Data sources

Within the framework of a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, some information on this indicator has been collected in 2009 and 2010. The reporting template asked if “physical activity was included in the curriculum of health professionals training” (programme not existing, or not clearly stated in any policy document, and not planned within 2 years / clearly stated, partly implemented or enforced / clearly stated and entirely implemented and enforced). Further information as suggested above was not collected but is foreseen to be included as a pilot-test into the next round of data collection. The information is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity but foreseen for publication.

Geographic and temporal coverage

The WHO/EC project's "National Information Focal Persons" responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on "Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union". Copenhagen, WHO Regional Office for Europe, 2009.

2.4.13. Indicator 13: Physical education in primary and secondary schools

What does this indicator tell us?

Schools are an important setting to enhance physical activity of young people. School-based physical education contributes to levels of physical activity and to improve motor skills. In the last years, physical education lessons were reduced in some countries due to economic or academic pressures. This indicator provides an overview of amount of physical education provided at different age ranges.

Definitions and operationalization

Operationalization:

- (a) What is the number of hours of physical education provided in primary schools?
- Are all of them or part of them mandatory or optional?
 - Has this number of hours changed over the last 3 years?
 - Please provide a qualitative overview in case of sub-national regulations of physical education at schools.
- (b) What is the number of hours of physical education provided in secondary schools?
- Are all of them or part of them mandatory or optional?
 - Has this number of hours changed over the last 3 years?
 - Please provide a qualitative overview in case of sub-national regulations of physical education at schools.

Data sources

The Eurydice Network provides information on and analyses of European education systems and policies. Information on physical education as a percentage of taught time has been included in key data on education, which was published last in 2012. Absolute numbers of hours of physical education

taught in compulsory education are included in the annual reports on taught time, last in 2012/2013. The absolute has also been covered in the framework of a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, some information on this indicator has been collected in 2009 and 2010. The reporting template asked on “mandatory inclusion of physical education in the curriculum of primary and secondary school pupils” (not existing, or not clearly stated in any policy document, and not planned within 2 years / clearly stated, partly implemented or enforced / clearly stated and entirely implemented and enforced). Further information as suggested above was not collected but is foreseen to be pilot-tested in the next round of data collection. The information is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity but foreseen for publication.

Geographic and temporal coverage

As from 2013 the Eurydice network consists of 40 national units based in all 36 countries participating in the EU's Lifelong Learning programme (EU Member States, EFTA countries, Croatia, the former Yugoslav Republic of Macedonia, Montenegro, Serbia, and Turkey). It is co-ordinated and managed by the EU Education, Audiovisual and Culture Executive Agency in Brussels, which drafts its studies and provides a range of online resources.

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

Key data on Education (including information on physical education) is published every three years. Taught time diagrams are published annually.

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.14. Indicator 14: Schemes for school-related physical activity promotion

What does this indicator tell us?

Schools are an important setting to enhance physical activity of young people. While school-based physical education is an important contribution, it is only provided a few times per week and thus, additional school-related physical activity offers are crucial to contribute to the recommended at least one hour of daily physical activity for young people. This indicator gives an overview of the provision of selected offers of school-related physical activity promotion.

Definitions and operationalization

Active school breaks: provision of offers and appropriate infrastructure to support young people to include physical activity into their school breaks, including e.g. walking paths around school ovals, adequate playground facilities or access to equipment.

Active breaks during school lessons: structured brief activity sessions during school lessons to break up longer sitting periods.

After-school HEPA promotion programmes (at schools, at sport clubs or in communities): provision of offers and appropriate infrastructure as well as access to community infrastructure (e.g. bowling club, aquatic centre, cycling arena etc.) to support young people to include physical activity into their after-school programme. This can also include sports homework.

Operationalization:

Existence of a national or sub-national (where relevant, i.e. in countries with a decentralized or federal structure) scheme for:

- (a) active school breaks
- (b) active breaks during school lessons
- (c) after-school HEPA promotion programmes (at schools, at sport clubs or in communities)

Yes / no

If yes, please provide a brief description of the scheme(s) (lead institution, main contents, funders, spread).

Data sources

Data on this indicator is not yet being collected. The information could be collected by questionnaire through the Expert Group on “Sport, Health and Participation” (XG SHP). Some information on 'Active school day measures' and 'Extracurricular activities' is provided in the 2013 Eurydice report on Physical Education and Sport at School in Europe (p. 19, 41, 45): http://eacea.ec.europa.eu/education/eurydice/documents/thematic_reports/150EN.pdf

Geographic and temporal coverage

Data should be collected from all EU countries by year. The XG SHP is supposed to cover all EU countries.

Frequency of update

Information on this indicator should be updated every 2 to 3 years.

2.4.15. Indicator 15: HEPA in training of physical education teachers

What does this indicator tell us?

Through the provision of regular physical education (PE) classes, PE teachers play an important role with regard to the promotion of physical activity and sport in young people and as role models. It is thus important that they are fully trained on the broader concept of HEPA, including all forms inside and outside the sport arena and not only on classic sport approaches which are often not adequate to

reach those young people most in need of more activity. This indicator illustrates to which degree the broader HEPA topic is addressed in the training of PE teachers.

Definitions and operationalization

HEPA promotion: includes all forms of physical activity that are beneficial for health without undue harm or risk, including sport, health, transport, environment or leisure time approaches.

Operationalization:

Is HEPA a module in the training curriculum of PE teachers at bachelor's and/or master's degree level?

Yes / no

If yes: is this module mandatory or optional?

Please provide a qualitative overview in case of sub-national regulations on teacher training.

Data sources

Within the framework of a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, information on general teacher training to promote physical activity has been collected in 2009 and 2010. Specific information on PE teacher training has not been collected but is foreseen to be pilot-tested in the next round of data collection. Some related information is provided in the 2013 Eurydice report on Physical Education and Sport at School in Europe (chapter 5): http://eacea.ec.europa.eu/education/eurydice/documents/thematic_reports/150EN.pdf

Geographic and temporal coverage

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.16. Indicator 16: Schemes promoting active travel to school

What does this indicator tell us?

Active transport, i.e. walking, cycling, rollerblading, kick-boarding etc., is increasingly recognised as an important possibility to increase overall physical activity. It could be illustrated in different

countries that young people who travel to school in a physically active way are also overall more physically active. This indicator informs on the existence of schemes to promote active school travel.

Definitions and operationalization

Active travel: all non-motorised forms of travel to school, walking, cycling, rollerblading, kick-boarding etc. In most countries, the most prevalent forms will be walking or cycling.

Scheme to promote active travel to school: such schemes can either consist of structured offers such as “Safe Routes to School” or “Walking Bus” projects or can take the form of a specific focus being put on the topic of active school travel in a national transport or school policy.

Operationalization:

Does a national or sub-national (where relevant, i.e. in countries with a decentralized and/or federal structure) scheme exist to promote active travel to school (e.g. walking buses, cycling)?

Yes / no

If yes, please provide a brief description (national / sub-national, lead institution government, schools, NGO etc., funding, spread)

Data sources

Within the framework of a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, some information on this indicator has been collected in 2009 and 2010. The reporting template asked if there was a programme existing or planned “promoting active travel (e.g. walking buses, cycling) for school children”. Further information as suggested above would need to be retrieved from the additional information, if provided, in the country information templates. The data is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity but foreseen for publication.

Geographic and temporal coverage

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

2.4.17. Indicator 17: Level of cycling and walking

What does this indicator tell us?

Cycling and walking are increasingly recognized as an important contribution to overall physical activity, especially since these are forms of activity which are accessible to almost everybody and which can be easily integrated into an already busy day, e.g. during commuting, shopping or social activities, and require minimal personal financial investments. The level of cycling and walking thus illustrates the level of development of a country in this field and can highlight potentials to increase investments into this area of physical activity promotion.

Definitions and operationalization

Data on the level of cycling and walking: such data can be collected in different ways, including through objective measurements (e.g. GPS-tracking), national travel surveys using detailed individual travel diaries or as part of other national surveys. From national travel surveys, data are usually collected as “kilometres travelled (or time spent) cycling / walking per day for all travel purposes (commuting, shopping, leisure, work)”. Alternatively, the level of cycling / walking can also be defined as “main mode of transport used to get around on a daily basis”.

Operationalization:

As a recent EU-funded study showed that currently, the availability of comparable data on “kilometres travelled (or time spent) cycling / walking per day” is insufficient (see Data sources below), it is suggested to operationalize this indicator as follows:

What is the main mode of transport that you use for your daily activities?

Car, motorbike, public transport, walking, cycling, other, no daily / regular mobility.

As an alternative EHIS wave 2 can offer data on walking and bicycling as its module on physical activity foresees to measure time per day and number of days per week on walking and bicycling. (see indicator 2 for references)

Data sources

A recent EC study (led by DG MOVE) on “Harmonised collection of European data and statistics in the field of urban transport and mobility” described existing projects which have collected and harmonized data on urban mobility at European and/or international scale and to collect information on the availability of, and satisfaction with existing data and statistics at local level. For this purpose, data from 64 cities in all 27 EU countries has been collected by online survey and interview. The final project report was due by end of 2012. Preliminary results show that many countries have carry out a national travel survey. However, currently there are no standardized data on the level of walking and cycling across all EU countries available from these surveys. In a number of countries, walking and cycling are included in the national travel surveys, while others still focus on motorized transport only. Sampling frameworks and data collection methods are also not standardized. The study underlines the need for European survey standards to accurately assess walking as well as cycling. First attempts are underway, in particular through the project “Measuring walking”, a joint project of the European COST Action 358 “Pedestrian Quality Needs” and the WALK21 international conference series.

Information on this indicator has also been collected for the first time in a Flash Eurobarometer in 2011.

Geographic and temporal coverage

The Flash Eurobarometer on “Future of transport” was carried out in 2011. Eurobarometer surveys cover all 28 EU countries with a representative sample of about 1000 respondents aged 15 and older per country. Statistical results were weighted to correct for known demographic discrepancies.

The above study covers selected cities in all EU countries.

Frequency of update

Flash Eurobarometers are usually not carried out on a regular basis. No information exists as to when to repeat this survey in the future.

Comments

It should be borne in mind that data from general surveys such as a Eurobarometer has some weaknesses in comparison to data from national travel surveys. Travel surveys are based on very detailed travel diaries where every bout of movement of a certain length has to be recorded, in some cases starting as of 50 metres or 100 metres of length, depending on the methodology used. Respondents are well instructed and accompanied during the survey, which is carried out over the whole year to avoid a bias due to seasonality. Usually, the sample sizes of such surveys are much larger than for normal phone surveys. This methodological approach leads to more precise and reliable data. Also, the use of different modes of transport throughout the survey day(s) is recorded, while in the Eurobarometer survey, respondents had to decide on one mode of transport only. Fieldwork was carried out during one month only (October 2011). In addition, the Eurobarometer surveys might be more prone to underreporting non-motorized modes of transport if they are not yet fully recognized as a standard means of transport, which is still often the case for walking, and to some degree, cycling, in some countries.

For the future, further standardized collection of travel survey data on countries' transport systems, including collection of separate data on the amount of walking and of cycling, should be encouraged.

References

- Flash Eurobarometer Series no. 312: Future of transport. Analytical report. Survey requested by the Directorate General Mobility and Transport. Brussels, European Commission, 2011 (http://ec.europa.eu/public_opinion/flash/fl_312_en.pdf, accessed 4 July 2012).
- Study on “Harmonised collection of European data and statistics in the field of urban transport and mobility” (MOVE/B4/196-2/2010). University of Leuven, the Netherlands, on behalf of DG for Mobility and Transport (MOVE). Final draft report_revision July 2012.
- Measuring Walking: Towards internationally standardised monitoring methods of walking and public space (website). (<http://www.measuring-walking.org/project/index.html>, accessed 21 August 2012).

2.4.18. Indicator 18: European Guidelines for improving Infrastructures for Leisure-Time Physical Activity

What does this indicator tell us?

Leisure-time is an important setting for physical activity, including but also extending beyond classic sport activities. Availability and access for all population groups to infrastructure for active leisure-time pursuits is a prerequisite for active leisure time choices. European Guidelines have been developed to promote comprehensive concepts to improve such infrastructure and this indicator will inform on their diffusion and implementation.

Definitions and operationalization

Infrastructures for leisure-time physical activity: includes sport infrastructure, leisure-time infrastructure and urban and green spaces;

Improvement of infrastructures: includes development of appropriate policies as well as aspects pertaining to planning, building, financing and management of infrastructures;

European Guidelines for improving Infrastructures for Leisure-Time Physical Activity: these guidelines were developed with eleven EU Member States and Norway as part of the EC-funded IMPALA project. They were presented in 2010 and include good practice criteria and examples.

Operationalization:

Are the “European Guidelines for Improving Infrastructures for Leisure-Time Physical Activity” applied systematically to develop leisure-time infrastructure?

Yes / not yet but foreseen within the next 2 years / no.

Data sources

Information on existing national mechanisms, policies and processes to plan infrastructure was collected as part of the IMPALA project. Based on its project results, IMPALA proposed “European Guidelines for Improving Infrastructures for Leisure-Time Physical Activity in the Local Arena”. Aspects highlighted include the involvement of relevant decision-making levels and policy sectors; the application of appropriate and participatory planning procedures; the use of a systematic assessment of existing infrastructures, physical activity behaviour, and public needs; the development of accessible, ecological, safe, multi-use infrastructures; the selection of appropriate and socially acceptable funding mechanisms; and the choice of appropriate and flexible owner and operation models.

Information on the future application of the guidelines in the 28 EU countries could be collected by questionnaire through the Expert Group on “Sport, Health and Participation”.

Geographic and temporal coverage

IMPALA: The guidelines were developed based on information collected in 11 EU countries and Norway in 2009 and 2010.

Future data should be collected from all EU countries by year. The Expert Group covers all EU countries.

Frequency of update

Information on this indicator should be updated every 2 to 3 years.

References

- Proposed European guidelines: Improving infrastructures for leisure-time physical activity in the local arena. Towards social equity, intersectoral collaboration and participation. Erlangen Nürnberg, Friedrich-Alexander-University of Erlangen-Nuremberg and Institute of Sport Science and Sport, 2010 (www.impala-eu.org/fileadmin/user_upload/IMPALA_guideline_draft.pdf, accessed 9 July 2012).
- Engbers LH et al.: Improving Leisure-time Physical Activity in the Local Arena (IMPALA): Report on work package 1 (European comparison of national policies). Leiden, TNO Quality of Life, 2010 (http://www.impala-eu.org/fileadmin/user_upload/impala_report_wp1_policies.pdf, accessed 9 July 2012).

2.4.19. Indicator 19: Schemes to promote active travel to work

What does this indicator tell us?

Active transport, i.e. walking, cycling, rollerblading, kick-boarding etc., is increasingly recognised as an important possibility to increase overall physical activity. It has been shown in different countries that adults who commute to work in a physically active way are also overall more physically active and, for example, less overweight. This indicator informs on the existence of schemes to promote active travel to work.

Definitions and operationalization

Active travel: all non-motorised forms of travel to school, walking, cycling, rollerblading, kick-boarding etc. In most countries, the most prevalent forms will be walking or cycling.

Schemes to promote active travel to work: such schemes can either be directed at employers, e.g. in the form of a requirement to develop mobility plans above a certain number of employees, a financial incentive schemes or of an NGO-lead programme, or can provide incentives or subsidies to employees who use active forms of commuting.

Operationalization:

Does a national or sub-national (where relevant, i.e. in countries with a decentralized and/or federal structure) scheme exist to promote active travel to work (e.g. walking, cycling)?

Yes / no

If yes, please provide a brief description (national / sub-national, lead institution - government, NGO etc. -, contents, funding, spread)

Data sources

Within the framework of a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, some information on this indicator has been collected in 2009 and 2010. The reporting template asked if there was a programme existing or planned “promoting active travel (walking or cycling) to work”. Further information as suggested above would need to be retrieved from the additional information, if provided, in the country information templates. The data is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity but foreseen for publication.

Geographic and temporal coverage

The project's "National Information Focal Persons" responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on "Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union". Copenhagen, WHO Regional Office for Europe, 2009.

2.4.20. Indicator 20: Schemes to promote physical activity at the work place

What does this indicator tell us?

The work place is increasingly recognised as a setting where physical activity can be promoted. Provided that provisions are taken to reach all groups of employees, work place-related physical activity promotion can contribute to increasing levels of physical activity. This indicator informs on the existence of schemes to promote physical activity at the work place.

Definitions and operationalization

Schemes to promote physical activity at work: such schemes can include structured offers, e.g. sport programmes or walking classes during lunch time, provision of infrastructure (gym, showers, walking tracks etc.), systematic consideration of the topic in all work processes (stand-up desks, walking meetings etc.), or incentives or subsidies for employees who use specific offers. In this setting it has been shown to be important to take provisions to reach all groups of employees and not, for example, mostly those who are already physically active.

Operationalization:

Does a national or sub-national (where relevant, i.e. in countries with a decentralised and/or federal structure) scheme exist to promote physical activity at work places?

Yes / no

If yes, please provide a brief description (national / sub-national scheme, lead institution - government, NGO etc. - , contents, funding, spread)

Data sources

Within the framework of a joint WHO/EC project on "Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union", some information on this indicator has been collected in 2009 and 2010. The reporting template asked if there was a programme existing or planned "providing facilities for physical activity at the work place (e.g. gym, basketball court, field etc.)". Further information as suggested above is not being collected and feasibility would

need to be assessed in the next round of data collection. The data is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity (see also Annex) but foreseen for publication.

Exchange should also be sought with the WHO's Global Plan of Action on Workers' health 2008-2014 which includes the promotion of physical activity at the workplace and is foreseeing a monitoring framework on its implementation.

Geographic and temporal coverage

The WHO/EC project's "National Information Focal Persons" responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collection for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on "Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union". Copenhagen, WHO Regional Office for Europe, 2009.
- Occupational health [website] (including link to Global Plan of Action on Workers' health 2008-2014). Geneva, World Health Organization, 2012.

2.4.21. Indicator 21: Schemes for community interventions to promote PA in elderly people

What does this indicator tell us?

Remaining physically active is of particular importance for older adults to maintain mental and functional capacity and independence and to prevent falls. In view of the ageing of most European societies, this topic will be of increasing importance. This indicator will highlight the existence of specific schemes for community interventions to promote physical activity in this age group.

Definitions and operationalization

Scheme for community interventions to promote PA in elderly people: such schemes can take different forms, such as government-run programmes with specific offers for elderly, investment in suitable leisure-time infrastructure or to increase access to existing infrastructures (including transport infrastructures), NGO-run projects and programmes in the general community or directed at specific settings, such as nursing homes.

Operationalization:

Existence of a specific scheme or programme for community interventions to promote PA in elderly people

Data sources

An initial collection of good practices of physical activity programmes and physical activity promotion strategies for older people was compiled as part of the EC-supported project "European Network for Action on Ageing and Physical Activity" (EUNAAPA) in 2007/2008 in 14 EU Member States and Norway. The information collected included an overview of programmes and strategies deemed "successful" by national-level experts and policy-makers, and an overview of existing recommendations for the design of such programmes and strategies.

Future information could possibly come from one of the EC-funded projects on "European Partnerships on Sport" (promoting physical activity supporting active ageing) that started in 2013. Otherwise, information could be collected by questionnaire through the Expert Group on "Sport, Health and Participation".

Geographic and temporal coverage

EUNAAPA: Data were collected in 14 EU Member States and Norway in 2007 and 2008.

Future data should be collected from all EU countries. The Expert Group is supposed to cover all EU countries.

Frequency of update

Information on this indicator should be updated every 2 to 3 years.

References

- Scott F et al. Expert survey on physical activity programmes and physical activity promotion strategies for older people. Cross-national report. EUNAAPA – Work Package 5, 2008 (http://www.eunaapa.org/media/cross-national_report_expert_survey_on_pa_programmes_and_promotion_strategies_2008_.pdf, accessed 9 July 2012)

2.4.22. Indicator 22: National HEPA policies that include a plan for evaluation

What does this indicator tell us?

National policies are a centre-piece of a national strategy to promote physical activity. They will give support, coherence and visibility at the political level, and at the same time make it possible for the institutions involved, such as national government sectors, regions or local authorities, stakeholders and the private sector, to be coherent and consistent by following common objectives and strategies as well as to assign roles and responsibilities. Recent analyses have shown that evaluation is not yet a sufficiently strong element in many national policies. Evaluation is crucial for accountability and to support adaptation of implementation to address weaknesses and improve effectiveness. This indicator will provide an overview of the existence of national policies and which of those have a clear commitment and plan for evaluation included.

Definitions and operationalization

Policy: written document that contains strategies and priorities, define goals and objectives, and is issued by a part of the administration. It may also include an action plan on implementation.

Action Plan: usually prepared according to a policy and strategic directions and should ideally define who does what, when, how, for how much, and have a mechanism for monitoring and evaluation.

HEPA promotion: includes all forms of physical activity that are beneficial for health without undue harm or risk, including sport, health, transport, environment or leisure time approaches.

Operationalization:

Share of national or sub-national (where relevant, i.e. in countries with a decentralized or federal structure) HEPA policies (sport, health, transport, environment) that include a clear intention or plan for evaluation;

X out of y policies (by sector) include a clear intention or plan for evaluation (alternatively: all / many / some / few / none¹⁵);

Data sources

Information on this indicator has been collected in 2009 and 2010 through a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. The policy documents are available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity. The information provided also includes whether a monitoring and evaluation plan for the policy document exists.

Geographic, topical and temporal coverage

The WHO/DG SANCO project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

An earlier complementary collection of sport-related policies (see also indicator 8: National Sport for All policy or action plan) identified more than 100 additional policy documents, showing that it is likely that the currently available information in NOPA is more complete for directly health-related information than for other sectors. For a more complete coverage in particular of transport and environment policies relating to physical activity, targeted information collection projects would be advisable, based for example on the approach taken in the NET-SPORT-HEALTH project.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- WHO European database on nutrition, obesity and physical activity (NOPA). Copenhagen, WHO Regional Office for Europe, 2010 (<http://data.euro.who.int/nopa/default.aspx>, accessed 21 June 2012).

2.4.23. Indicator 23: National awareness raising campaign on physical activity

What does this indicator tell us?

¹⁵ A percentage would be prone to misinterpretation here: For example, if a country just has one policy that includes evaluation they would get 100% but a country with a comprehensive range of policies but only 8 out of 10 policies have evaluation built-in would only get 80%.

A national awareness raising campaign is a frequent element of national strategies to promote physical activity. It can contribute to the dissemination of knowledge and change of attitudes and, if complemented by specific offers, support a behaviour change. This indicator will inform on the existence of such campaigns.

Definitions and operationalization

Awareness-raising campaign: a mass media based approach to inform a community's attitudes, behaviours and beliefs

Operationalization:

Does a clearly formulated, national campaign for physical activity education and public awareness raising exist?

Yes / no

If yes, please specify: name and link to web site, topics covered, responsible body, yearly budget in Euros.

To correct for country size and economic development, information has to be reported as: 1) total funding; 2) funding per capita; 3) funding by gross domestic product at purchasing power parity per capita.

Data sources

Information on this indicator has been collected in 2009 and 2010 through a joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, except for correcting the funding information for country size and economic development. The information is not yet available in the European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity but foreseen for publication.

Geographic and temporal coverage

The WHO/EC project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions filled in reporting templates in 2009 and 2010. Information is available from 44 of the 53 WHO Member States, including all EU countries.

Frequency of update

An update of the information collected for NOPA is foreseen for 2012/2013; further updates depend on future funding.

References

- Reporting template 1 (2009). WHO/EC Project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”. Copenhagen, WHO Regional Office for Europe, 2009.

3. KEY INFORMATION SOURCES

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

The most comprehensive overview on HEPA policy-related aspects is now available from the joint WHO/EC project on “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union”, which was carried out from 2008 to 2010. Its main goal was to develop a European database on nutrition, obesity and physical activity (NOPA), an internet-based information and reporting system to describe and monitor progress diet, nutrition and physical activity in the fight against obesity. The system aims at assisting the EU and Member States in monitoring action to implement policies with regard to key commitments contained in the three main policy documents: the European Charter on Counteracting Obesity, the EC White Paper “A strategy for Europe on nutrition, overweight and obesity related health issues” and the WHO European Action Plan for Food and Nutrition Policy 2007–2012.

It compiles information for most of the 53 WHO European Member States from different available sources as well as reporting templates filled in by the project’s “National Information Focal Persons” responsible to collate all necessary information from the relevant ministries and institutions; 44 of 53 Member States provided information which was (and on some items currently still is being) verified before inclusion into the database. The database contains information on all EU Member States.

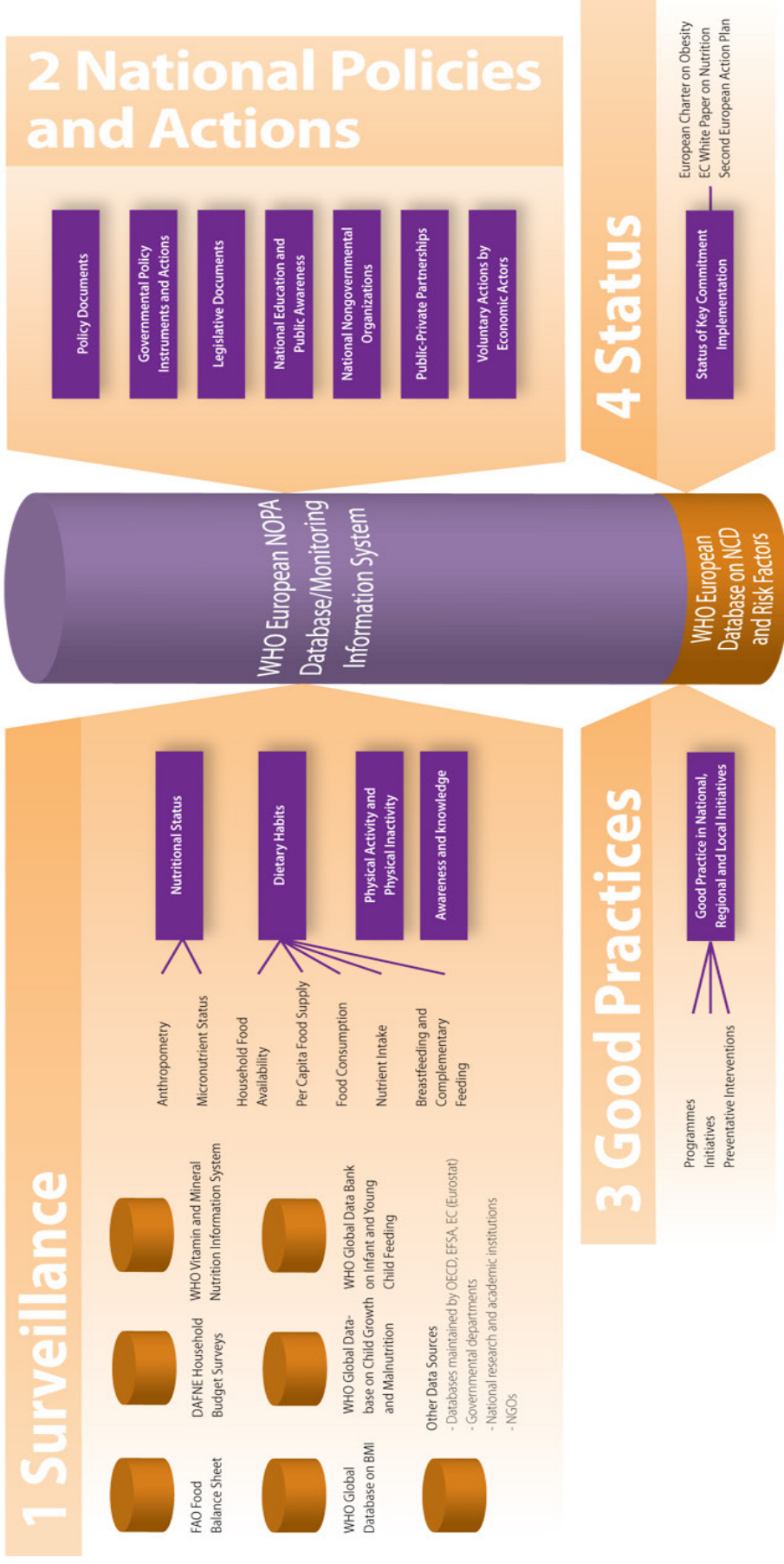
The chart hereafter gives an overview of NOPA. It illustrates that NOPA contains a range of process and outcome related information (e.g. national coordination, national policy documents national physical activity recommendations). In addition, action on different community interventions is included¹⁶ (not existing and not planned within 2 years, clearly stated, partly implemented or enforced, clearly stated and entirely implemented and enforced, or not yet existing, but planned within the next 2 years).

While NOPA contains a unique range of documents and information on physical activity, a project to analyse the state of affairs regarding physical activity recommendations showed that the database needs continuous updating to preserve its high value as information repository, as most of the information was collected in 2009 and 2010. The specific scope and frequency of updating NOPA has been up until now negotiated between WHO and the EC (DG SANCO). In some cases, the National Information Focal Persons might have had better access to nutrition-related information than to data and documents on physical activity, especially on aspects outside the health sector. This fact will be addressed by the proposed Council Recommendation that foresees the establishment of HEPA focal points.

¹⁶

With regard to PA, these include: promotion of physical activity in schools, physical education in primary and secondary schools, promoting active travel (e.g. walking buses, cycling) to school or work, teacher training to promote physical activity, provision of facilities for physical activity at work places, government subsidy scheme for companies to support active travel, programmes to increase traffic safety for pedestrians and cyclists, expansion of pedestrian zones (car-free zones) in cities, expansion of green spaces and play areas in urban areas and of cycle and walking lanes, provision of sport facilities and equipment to schools stated in national school policies, offers to increase access to recreational or exercise facilities (e.g. subsidy schemes), promotion of better urban design to provide safe and attractive structures everyday physical activity, cycling and walking, e.g. through Healthy Urban Planning, promoting stair use at workplace, physical activity counselling in primary health care, physical activity included in the curriculum of health professionals training.

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



From: Wijnhoven T, Bollars C, Racioppi R: WHO European Database on Nutrition, Obesity and Physical Activity (NOPA). Presentation at the 2nd Meeting of the HEPA Europe-EU Contact Group, Amsterdam, 12 October 2011.

- **Overviews and content analyses of national policies**

Internationally, one of the first analyses of selected national policies was published in 2004¹⁷.

For Europe, Daugbjerg et al.¹⁸ published the state of affairs as of April 2007, based on the International Inventory of Physical Activity Promotion. 54 national HEPA policy documents from 24 countries had been identified, of which 27 documents published in English were included in a systematic content analysis. Studied elements were publication date, legal status, target groups, implementation mechanisms, budget and evaluation and surveillance. Analysis showed that many general recommendations for policy developments were being followed. However, limited evidence for cross-sectoral collaboration was found and quantified goals for physical activity were the exception. Population groups most in need were rarely specifically targeted. Only about half of the policies indicated an intention or requirement for evaluation. While this study provided for the first time an overview on the state of affairs regarding HEPA promotion in Europe and provided important findings, the content analysis only analysed information as provided in the written policy documents.

The overview of HEPA policy documents has been updated for the EU Member States recently¹⁹.

With regard to sport policies, the joint WHO/EC (EAC) project NET-SPORT-HEALTH reviewed sport policies in the European region, with a focus on synergies between sport and health policies²⁰. 72% of the analysed documents (and about 80% of all identified national policies) had been published before 2009 and therefore could not have been developed to reflect the recommendations in the EU PA GL. This aspect was also part of the content analysis of 25 selected policy documents, where international policy frameworks that the national strategies referred to were identified. In the 25 analysed documents, the EU PA GL were not mentioned as a basis. However, only a sub-set of documents was analysed and not mentioning them specifically does not necessarily mean that the EU PA GL were not considered in the development of a policy document.

- **WHO Global InfoBase and Global Health Data Observatory**

Since the adoption of the Global Strategy on Diet, Physical Activity and Health in 2004, the WHO has undertaken activities to collect information on the prevalence of

¹⁷ Bull FC, Bellew B, Schoppe S, Bauman AE. (2004) Developments in national physical activity policy: an international review and recommendations towards better practice. *Journal of Science and Medicine in Sport, Physical Activity Suppl*, 7(1), 93-104.

¹⁸ Daugbjerg SB, Kahlmeier S, Racioppi F et al. (2009): Promotion of physical activity in the European region: content analysis of 27 national policy documents. *Journal of Physical Activity and Health*, 6, 805-817.

¹⁹ As of 2009, almost 140 national policies or legislative documents were identified from 26 Member States. Seventy-three documents from 24 countries took a public health approach to HEPA promotion, 34 documents from 16 countries had a sport focus and 22 documents from ten countries were on transport approaches, while environmental approaches were even more rarely identified. To a certain extent, this might be a problem of underreporting non-health related documents

²⁰ (http://www.euro.who.int/_data/assets/pdf_file/0015/146220/e95150.pdf).

²⁰ (http://www.euro.who.int/_data/assets/pdf_file/0006/147237/e95168.pdf)

NCDs as well as important risk factors, including insufficient physical activity. Global surveillance data is available in the WHO Global InfoBase. However, inter-country comparisons of national data on physical activity from most European countries is difficult since most of them use nationally-developed questionnaires that are not comparable; in addition methodological challenges around the Eurobarometer surveys have been mentioned elsewhere²¹.

- **HEPA Policy Audit Tool**

Based on previous analyses and international guidance on the development of national approaches, work by the HEPA Europe working group on “National approaches to physical activity” led to the HEPA Policy Audit Tool (PAT)²². It provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity. It is structured around a set of 17 key attributes identified as essential for successful implementation of a population-wide approach to the promotion of physical activity across the life course, using the experience of several previous international comparative studies of physical activity policy:

- (1) Consultative approach in development
- (2) Evidence based
- (3) Integration across other sectors and policies
- (4) National recommendations on physical activity levels
- (5) National goals and targets
- (6) Implementation plan with a specified timeframe for implementation
- (7) Multiple strategies
- (8) Evaluation
- (9) Surveillance or health monitoring systems
- (10) Political commitment
- (11) On-going funding
- (12) Leadership and coordination
- (13) Working in partnership
- (14) Links between policy and practice

²¹ WHO Regional Office for Europe (2010): Review of physical activity surveillance data sources in European Union Member States. WHO/EC Project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union. Report no. 6. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/_data/assets/pdf_file/0005/148784/e95584.pdf).

²² <http://www.euro.who.int/hepat>

- (15) Communication strategy
- (16) Identity (branding/logo/slogan)
- (17) Network supporting professionals

Completion of the HEPA PAT provides a comprehensive overview of the breadth of current policies related to HEPA and can identify synergies and discrepancies between policy documents as well as possible gaps. It does not, however, provide a quantified assessment or scoring of a national HEPA policy approach.

The HEPA PAT has been applied in 7 pilot countries (Finland, Italy, the Netherlands, Norway, Portugal, Slovenia, and Switzerland); a cross-country analysis is currently underway. Further updates are foreseen.