

## Factsheet n°2 – Physical Activity

### **Facts and Figures**

- Worldwide, 1 in 4 adults, and 3 in 4 adolescents, do not meet the global recommendations<sup>1</sup> for physical activity set by WHO.<sup>2</sup>
- In some countries, levels of inactivity can be as high as 70%, due to changing patterns of transportation, increased use of technology and urbanization.<sup>3</sup>
- The number of deaths associated with physical inactivity amounts to 10.4% in Europe, i.e. more than 500,000 preventable deaths.<sup>4</sup>
- EU Member States spend an average of €80.4 billion a year to treat diseases caused by a lack of physical activity.<sup>5</sup>
- Physical inactivity is the 4th modifiable risk factor for premature mortality and morbidity worldwide (6% or 3.2 million deaths/year).<sup>6</sup>
- Regular physical activity has significant benefits for both physical and mental health, but also social interaction and cohesion, empowerment, self-confidence, the environment and economies.<sup>7</sup>

### **AIM Recommendations**

- ***Improve health literacy as a booster of physical activity from an early age on.***

Health literacy is a critical factor in enabling healthy lifestyles. More specifically, “physical literacy”, which is defined as *“the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engagement in physical activities for life”*<sup>8</sup>, focuses on the promotion of physical activity and the development of several movement skills from an early age but also on how people can be motivated to be physically active for life. Empowering people to take control of their lives and health by providing them with information and tools to self-manage their condition is indeed of vital importance and leads to benefits at biological, mental and societal level. Such empowerment should start at an early stage for healthy behaviours to be internalised and their

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<sup>1</sup> WHO [recommends](#) “children and youth aged 5–17 to accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily; adults aged 18–64 to 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; and older adults to 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.”

<sup>2</sup> [OECD, Health at a glance, 2016](#)

<sup>3</sup> *Idem*

<sup>4</sup> ISCA, [The Economic Costs of Physical Inactivity in Europe](#), 2015, p. 7

<sup>5</sup> *Idem*

<sup>6</sup> *Idem*

<sup>7</sup> [WHO, Benefits of regular physical activity.](#)

<sup>8</sup> International Physical Literacy Association, 2014 - <https://physicalliteracy.ca/physical-literacy/>

benefits observed throughout the life course. Schools are therefore the perfect setting to raise awareness on the importance of physical activity and to prevent sedentary lifestyles from an early stage. As put forward by the EU Physical Activity Guidelines<sup>9</sup>, Member States should design health-enhancing physical education modules for the training of teachers in kindergartens, primary and secondary schools. Guidelines for physical activity teachers and other actors in the development of children and youth should be evaluated, adapted accordingly and implemented. When it comes to the wider population, Member States should promote the development of community-based programmes. Communication campaigns both at National and European level should be organised through mass and social media in order to raise awareness on the benefits of regular physical activity and less sedentary behaviour, according to capacity and ability. Key stakeholders such as healthcare payers, NGOs or healthcare professionals, should be involved in those campaigns.

- ***Strengthen primary health care and social services to promote physical activity at local level.***

Medical practitioners and social workers can play a key role in informing citizens and empowering them to live healthier and more active lives. They have the potential to act as facilitators between patients and physical activity programmes. In order to do so, they need to be properly trained so as to acquire the necessary skills and knowledge to efficiently promote physical activity and refer patients to existing community resources. Mandatory training on physical activity should be an integral part of the university medical curriculum and not a matter of personal choice. Patient assessment and counselling on increasing physical activity and reducing sedentary behaviour should be implemented and strengthened, in collaboration with key actors like sports clubs local NGOs. All Member States should allow for and promote physical activity to be available upon prescription<sup>10</sup>. Lack of training is one of the most common barriers to prescribing physical activity among general practitioners.

- ***Achieve more active workplaces.***

The EU has a clear responsibility regarding occupational health. The European Commission should propose a New Strategic Framework on Health and Safety at work, which gives priority to achieving more active workplaces.

Workplaces have a key role to play in keeping individuals physically active and reducing sedentary behaviour. Achieving more active workplaces has a beneficial impact on employee morale, productivity and performance. It reduces their stress and improves their mental well-being while at the same time reducing sickness absence.<sup>11</sup> Providing information, advice and counselling to employees alongside organised opportunities to take part in activities (e.g. through the integration of regular moderate physical activity as part of employees' daily work schedule) have proven to bring the best outcomes.<sup>12</sup> Increasing physical activity throughout the working days via workplace programmes, active commuting or activity breaks has the potential to contribute to increased productivity and reduction in injuries and absenteeism.<sup>13</sup>

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<sup>9</sup> [EU Physical Activity Guidelines \(2008\)](#)

<sup>10</sup> Ten 10 European countries collaborate on the elaboration of a 'Physical Activity on Prescription'-[model](#) (EUPAP)

<sup>11</sup> [European Week of Sports – Handbook \(2019\)](#)

<sup>12</sup> [European Commission, Physical Activity at the Workplace, 2017](#)

<sup>13</sup> [Global Action Plan on Physical Activity \(2018-2030\)](#)

- ***Create healthier environments through healthy urban design and active mobility.***

Urban planning is a key determinant of health. It shapes social, economic and environmental impacts, which affect citizens' health and well-being. Planning should be about achieving sustainable development, while focussing on the needs of people and their communities. Achieving healthier environments is a multi-dimensional task. It covers a wide range of aspects like housing (materials used, safe neighbourhood, etc.), employment (encouraging people to work close to their homes, incentives for active mobility or public transport use, setting of the workplace etc.), air quality, noise levels, access to qualitative public transport, availability of public green spaces, etc. It therefore requires intersectoral collaboration, which also the approach of "Health in All Policies" aims at. Planning should also adhere to the principle of equity, making healthy environments a reality for people of all ages, abilities, and socio-economic background (including migrants and refugees).

The European Union, through the EU Green Deal, has a clear role to play in improving air quality, reducing exposure to toxic chemicals in citizens' environments, and achieving truly sustainable economies. Furthermore, through initiatives such as the Urban Agenda for the EU, best practice exchange between Member States and key stakeholders can be encouraged. They could feed, in some cases, into EU legislation on relevant issues (transport, renewable energy, State Aid, climate, etc.). Based on those exchanges, the EU has the potential to provide guidance to Member States on how to best achieve healthier cities. The WHO Europe Region can also play a key role through its European Programme of Work (2020-2025) by encouraging Member States to "support initiatives such as Healthy Cities for the Regions for Health Networks; Health Promoting Hospitals and Health Promoting Schools, and the child, adolescent and age-friendly local environments and settings approach".<sup>14</sup>

- ***Unleash the potential of safe and high-quality innovation in supporting an active life style.***

The COVID-19 pandemic has shown the potential of innovation for health. A wide range of innovative approaches to staying physically active have emerged like online exercise platforms, health activities in social media and physical activity promotional campaigns. Several countries have also found creative ways to support populations to stay active during quarantine while protecting their health.<sup>15</sup> On top of that, apps and connected devices have a clear potential for health promotion and disease prevention, as well as for patient empowerment. eHealth and mHealth can make prevention more accessible to the wider public, regardless of their socio-economic status, and can compensate for low health literacy and promote healthy lifestyles. However, they also carry the risk of reinforcing inequities if the digital divide is not bridged. These innovations need to be accessible for everyone without any discrimination on the socio-economic status, sex, age, religion or ethnical background. Other challenges remain, such as ensuring the quality and safety of those apps and devices, guaranteeing their wider use, and ensuring interoperability at EU level. The European Union should play a decisive role in regulating the market for those apps and devices and ensuring their safety and adherence to data protection rules, while putting citizens' health and well-being at the centre of its concerns and involving them in its discussions in order to pave the way towards a better and wider implementation of ICT tools.

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<sup>14</sup> WHO Europe, [United action for better Health in Europe, Draft European Programme of Work](#), 2020-2025, 2020, p. 12.

<sup>15</sup> [WHO](#), Rising to the challenge of staying physically active during COVID-19 restrictions.

- ***Improve data collection for more active societies.***

Apart from the key role mentioned above regarding eHealth and mHealth, the European Union can also contribute to improve the scientific and empirical bases for policies. Risk prevention policies should be based on sound scientific research and improved data gathering should be put in place. Programmes and interventions should only be implemented if there is evidence on their effectiveness. Cost-effectiveness analysis should also be used to identify “high, medium and low rated” priority interventions, which enables to focus on actions which are both cost-effective, affordable and which lead to the greatest possible improvements in public health for the resources available. Through the European Semester, the EU can evaluate Member States’ progress towards more active societies. It should encourage them to gather data on the physical activity and sedentary behaviour of their populations; to develop new digital technologies on basis of that data; and to monitor and report on policy implementation across all sectors in order to ensure accountability and inform policy and practice.<sup>16</sup>

- ***Update the EU Guidelines for Physical Activity and the Fight against Sedentary Lifestyles.***

AIM is convinced of the added value of the EU Guidelines on Physical Activity in supporting and inspiring Member States to develop policies that promote increased physical activity. AIM believes those guidelines should be updated on basis of the evidence available concerning the efficiency of the different measures and actions proposed in the 2008 document. Reducing sedentary behaviour should also be a key objective of those guidelines. Moreover, since then, technological progress has deeply transformed the health promotion and disease prevention sector. Developments in mHealth and eHealth should be included in the new set of guidelines, which should also be linked to the European Commission work programme and its initiatives. As such, they should also reflect the three main pillars of the EC’s agenda: social, green and digital.

### ***Best Practices from AIM Members***

#### **Austria - SVS**

In the sense of intersectoral collaboration the areas of social security, organized sports and science in Austria have cooperated and developed a unique programme called “Jackpot.fit”, aiming at the promotion of physical activity for all people across Austria. It offers health sports units in groups that are scientifically supported and therefore meet evidence-based standards and guidelines of health enhancing physical activity. As an incentive and for motivating people to take part the participation in the first semester is free of charge. Due to the COVID-19 pandemic group courses were also held online.

In addition, the SVS offers different health weeks and sports camps for their members to promote a healthier and more active lifestyle. They focus, for example, on getting to know different sports, on strengthening fitness, endurance and performance or on improving physical complaints like back problems by an active lifestyle.

Considering a holistic view of health physical activity is also part of every other prevention and health promotion offer of the SVS (for example, physical activity units like nordic walking or

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<sup>16</sup> [EU Physical Activity Guidelines](#) (2008)

strengthening exercises are a vital part of programmes for burnout prevention as it creates balance and also affects mental health in many positive ways).

#### Belgium – LLM

The Liberal sickness funds organizes accessible moving lessons and provides a financial support for moving. They also support and distribute the [campaigns](#) of the Flemish government that promote a healthy mix of sitting, staying and moving.

#### Belgium – ‘Socialistische Mutualiteiten’

The ‘Socialistische Mutualiteiten’ support their members by organizing accessible exercise classes, organizing personal training in which fitness is rebuilt, providing financial intervention for exercise, supporting multi-sports clubs throughout Flanders. They support and spread the campaigns of the Flemish government, promoting 10,000 steps per day – avoiding sedentary behaviour.

#### Belgium - MLOZ

In Flanders the initiative ‘[Bewegen op Verwijzing](#)’ is supported by the mutuals (facturation- and reimbursement-system) and actively promoted by them. It aims to support and coach people with sedentary and unhealthy lifestyles (often also with obesity as consequence). MLOZ is notably represented in the board that selects and evaluates local applicants..

MLOZ member Partena has a campaign called [#toerkedoen](#) which encourages people to go for walks.

MLOZ member OZ has a ‘[fittrailer](#)’ that goes around the country to test and advise people on how to move and sport more. The OZ fit trailer travels around Flanders together with a professional movement coach who provides personal advice.

#### Germany - SVLFG

"[Trittsicher durchs Leben](#)" (sure-footed through life) is the name of a programme that was developed in cooperation with the Deutscher LandFrauenverband (dlv), the Robert-Bosch-Krankenhaus Stuttgart (RBK) and the Deutscher Turner-Bund (DTB). With this programme, the SVLFG wants to support older people from rural areas in maintaining their independence and autonomy. The activities of daily life, such as going for walks, gardening or working on the farm, should be maintained until old age.

The programme covers issues such as the preservation of mobility (sure-footed movement courses), bone health and safety around the house and yard. Specially trained course leaders offer the step-safe movement courses. Gymnastics and sports clubs or physiotherapeutic practices also provide on-site instruction and advice by experienced SVLFG staff of the prevention department is possible within the framework of those courses. Under certain conditions, health insurance companies will cover the costs of a bone density measurement (so-called osteoporosis diagnostics).

### Germany – VDEK

Project title: [My district moves](#)

“(M)EIN STADTTEIL BEWEGT SICH” is jointly financed by 8 health insurance companies (Techniker Krankenkasse, BARMER, DAK-Gesundheit, BKK Mobil Oil, IKK classic, KKH-Kaufmännische Krankenkasse, KNAPPSCHAFT, AOK) and is supported by the Munich Action Workshop Health e.V. (MAGs) in a district in Munich. The project is aimed at all people, whether young or old, mobile or not. Attractive and easily accessible, offers are used to show how health promotion with physical activity programmes can be successful in the district while at the same time strengthening individual health competence.

### Germany – IKK

For primary schools that are or would like to be active in health promotion and want to integrate movement and relaxation exercises into their lessons, the IKK Brandenburg and Berlin offers the programme “NIKKY - Bewegungshits für Klasse Kids”.

An introductory workshop helps the teaching staff to get prepared for the project contents. The aim is to integrate exercises harmoniously into the lessons. In everyday school life, movement is thus established as an integrative part of teaching. This makes an important contribution to health at school, in which short breaks help to give the lessons a rhythm. Accordingly, the lessons are structured through movement. This promotes the pupils' concentration and receptiveness. The exercises for integrating movement in school are described on individual cards. Collected in a sturdy box and placed in the classroom, the card collection provides ideas for combining teaching and movement at any time.