EU
PHYSICAL
ACTIVITY ON
PRESCRIPTION

EUPAP

Post-conference executive summary

February 2023

Co-funded by
the Health Programme
of the European Union

This report was funded by the European Union's Health Programme (2014-2020).
Grant Agreement number: 847174 – EUPAP – HP-PJ-02-2018

This EUPAP post conference executive summary is part of the project "847174 / EUPAP" which has received funding from the European Union's Health Programme (2014-2020). The content of this publication represents the views of the authors only and is their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency
(HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

Introduction

The EUPAP Final Conference on physical activity on prescription (PAP) took place at the Public Health Agency of Sweden in Stockholm on the 14th of October 2023. The event convened senior executive officers, scholars, technical officers, and health educators from participating European countries including Belgium, Denmark, Germany, Italy, Lithuania, Malta, Portugal, Romania, Spain and Sweden as well as participants from countries on the African continent. Close to 40 participants attended the conference on site in Stockholm and additional 350 participants joined the conference digitally. The key objective of the conference was to acknowledge the results of the EU project which started in 2019 and to discuss and assess the implementation of PAP-S in different contexts and with different pre-conditions.

Proceedings

Opening session

The opening session was addressed by Karin Tegmark Wisell, Director of the Public Health Agency of Sweden, who welcomed the intercontinental audience and subsequently presented a brief overview of the EUPAP-project. Addressing the projects origins and the Swedish model chosen as a best practice model for physical activity on prescription (PAP-S) Tegmark Wisell, outlined the conference's objective as sharing results, experiences, and best practices of EUPAP and emphasised the importance of sharing knowledge for global health. Implementing country-specific physical activity on prescription was stressed as a successful method for preventing non-communicable diseases, while certain challenges have also been identified. Amongst them differences in documentation which complicate monitoring and structural challenges in different countries.

Before introducing the first keynote speaker Mai-Lis Hellenius, Annmarie Wesley from the Public Health Agency of Sweden, host of the day, invited the audience to reflect on which words they associate with physical activity on prescription. Their answers were collected in Menti where the words *health*, *wellbeing*, *opportunity*, *support,* and *life* emerged as those most associated with PAP.

Session 1: Why PAP - The magical solution

The speaker of the first session was Mai-Lis Hellenius PhD, professor of general medicine with a focus on cardiovascular prevention at Karolinska Institutet and member of the committee for the promotion of increased physical activity.

In her introductory address, Professor Hellenius began with asking audience members to consider standing up during her keynote address and stressed the importance of reducing sedentary behaviour by underlining the phrase “every move counts”. Professor Hellenius then gave a brief overview of the current knowledge on the links between sedentary behaviour and increased risks for non-communicable diseases, presenting several studies on behavioural patterns spanning both men and women of different ages in different countries, showing decreasing activity levels and a declining physical as well as mental health amongst numerous groups.

In her concluding remarks Professor Hellenius looked at a way forward to break the alarming trend of declining activity levels among most groups, risking a future deteriorating physical and mental health. She described how breaking prolonged sitting can have a considerable positive effect by presenting a study of 78.000 men and women over seven years which showed that a change from inactive to a moderate activity level seems to have a much greater effect on health than previously thought. Drawing upon this result as well as the result of a study showing that even a single exercise session has a strong impact on several molecules and proteins, Professor Hellenius advocated a pyramidal distribution of

people's movement needs, where everyday movement formed the largest base of the pyramid. A smaller proportion consisted of cardio, which, together with strength training, was presented as an important supplement to moving more generally and reducing sedentary behaviour. Finally, Professor Hellenius noted the importance of awareness and knowledge about health and activity amongst individuals but also amongst stakeholders and politicians.

After Professor Hellenius concluded her address, Annmarie Wesley facilitated a brief discussion asking what actions are most important to promote one’s health, upon which Professor Hellenius replied that multiple actions are necessary. She further stressed the importance of promoting a healthy lifestyle early on why educating mothers with young children was suggested as an action worth exploring further.

Session 2: Scaling up physical activity projects and initiatives in the WHO European Region

The keynote speaker of this session was Stephen Whiting, Technical Officer at the WHO European Office. Mr Whiting made a presentation on experience of scaling up a local project to the national level, providing case studies and experiences from different initiatives in the WHO European region. He spoke of upscaling not only from a local to a national level but also about experiences between regions and between countries, presenting examples and identifying promoting as well as hindering factors to scaling up. Lastly a conceptual framework to understand how to successfully scale up a project was discussed.

Mr Whiting spoke of scaling up as a process of replicating or extending interventions or projects in other cities or regions with the end goal of imbedding interventions and projects on a system level. The process of imbedding an intervention in a system was particularly emphasised as crucial for an intervention to have any real impact. Furthermore, Mr Whiting stressed this a necessity for an intervention to endure despite external factors such as elective cycles and the political environment. Other important factors identified in the examples presented by Mr Whiting are summarized below.

- Creating a resource team dedicated to scale up
- Securing (high level) political support
- The project itself must be regarded as important, feasible and acceptable
- The project must be easy to implement and cost effective
- Having a clear vision of how an intervention can eventually be embedded in the system is crucial
- One should not be deterred by limited resources and let a project grow organically if possible

To illustrate how the WHO can support in creating guidelines and developing tools for specific regions for scaling up, Mr Whiting highlighted a recently published report which showed how bringing together urban designers with architects and public health specialist helped promote a discussion on creating healthy environments which could then be expanded also to other regions. The support of sporting clubs was presented as another example of how the WHO can help in similar projects for up scaling.

When asked by the host Annmarie Wesley which factors, he considered to be key to have in place to scale up from the local to the national level, Mr Whiting again stressed that the projects need to be considered important. Furthermore, a high-level political commitment and support was underlined and third the importance of imbedding the projects withing the system to survive changes in political priorities. Lastly, Mr Whiting reflected on the need to seek multisectoral collaborations where more sectors need to feel ownership to become advocates.

Session 3: How to make it work- Know your context – EUPAP feasibility study

The last session of the first part of the conference was structured as a conversation between Sebastià Mas Alòs, National Institute of Physical Education of Catalonia, and Annmarie Wesley from the Public Health Agency of Sweden, where they talked about the challenges of transferring a method or a program from one context to another as well as the EUPAP Feasibility Study, first published in November 2020

The session was introduced by Annmarie Wesley who began with presenting an overview of the EUPAP-S five core components which must be implemented to some extent for full transfer of the method. Stressing the interplay between these five components as a central focus of the EUPAP method, Ms Wesley addressed the importance of understanding this as the basis for the upcoming discussion about evaluating how ready a society is to implement a new method in a new context.

Sebastià Mas Alòs acknowledged two main starting points for managing the complexity in assessing the transferring of a process from one context to another. He highlighted that a first filter was already in place through the partner selection where a preliminary analysis had been carried out by public health agencies, administrations for health, universities and other partners. Focusing on the goal of ultimately implementing the five components that had been successful in Sweden while also having a flexible view on how the implementation should be done was further stressed as important.

Talking about the process of creating the Feasibility Study on implementing EUPAP in the different European regions, Sebastià Mas Alòs described the strategy as creating a common database by collecting information provided by experts from each country. Rather than choosing a more comprehensive data collection method or making a systematic review study, the team relied on experts in each country to assess what they could observe from "reality", looking at policies, professionals' profiles, regulations, specific budgets allocated to PAP and specific stakeholders that may take part in the implementation. Their analysis also focused on specific agents, professionals, General Practitioners (GPs), community nurses, and others as well as end users such as patients, or specific groups without any disease or lower social economical groups. Each variable presented by each country expert was then coordinated and adapted in the Feasibility Study.

Mr Mas Alòs affirmed Annmarie Wesley's claim that the Feasibility Study should be considered an analysis on how equipped a country is to start implementing a program and referred to the data of the study showing that a country's readiness is strongly related to its previous experiences. With this in mind, he stressed that if a country for example lacks evidence-based recommendations it could not be considered realistic to plan a program with all the five core components nationwide. Whether a region or country has previous experiences or not, Mr Mas

Alòs underlined the potential risks of advocating that the Swedish model should entirely replace local structures and instead recommended finding what in the Swedish model that can create added value to a system already in place, finding synergies and conditions for implementation of PAP where the guidelines to help set specific goals in each region presented in the study could be helpful.

When addressing the administrative challenges of the written prescription and the process of follow up Mr Mas Alòs concluded that while the entrance gate for the EU-PAP can be the health sector, the exit gate must be the community sector in order to build an understanding, a deeper collaboration and building structures for long term implementation. In this discussion, he reflected on the possibilities of using existing resources in the community such as sports clubs, NGOs, or private fitness centres in order to create a link between the health sector and the community sector.

In his concluding remarks, Mr Mas Alòs was asked to discuss and elaborate on a process implemented in Catalonia where local, regional, and national political structures pose different challenges than in many other European regions. Mr Mas Alòs described how creating smaller programs, setting up physical electronic screening and having a governmental plan on physical promotion helped set the ground for implementation.

Session 4: How do you do it? EUPAP implementation process

This session was structured as a panel discussion. It was facilitated by Bruno Avelar Rosa, the General-Directorate of Health of Portugal. Other panellists were Ms Sandra Sabonienė, Public Institute Centre of Poliklinika of Lithuania, Ciprian Ursu, National Institute of Public Health Romania, and Roberta Zarb Adami, Health Promotion and Disease Prevention Directorate of Malta.

In his introductory address, Bruno Avelar Rosa gave a brief overview of the challenges identified in the implementation of PAP-S in some contexts. A common denominator of the challenges presented, were the different realities that the EUPAP encountered in the different countries where Mr Avelar Rosa reflected on the difficulty of transferring best practices and the five core elements of the Swedish model to countries with diverse maturity levels. The fact that the project was to be implemented and scaled at the same time as the covid-19 pandemic was ongoing was highlighted as another challenge as resources within the healthcare system had to be reallocated.

Mr Avelar Rosa facilitated the discussion, inviting the panellists to reflect on main achievements, experiences from different settings as well as the future of the implementation of PAP. The main points that emerged during the discussions are outlined below.

Challenges with implementation

- One of the main challenges shared by the countries of all panellists was the pandemic which caused patients to refrain from meeting with their GP as well as the activity itself due to the risk of infection. Because of extensive restrictions, many had to postpone the implementation process, why only little time remained in some cases to fulfil the project.
- Lack of time and interest from GPs led to a perceived greater workload and less basis for follow-up in, among other places, Malta

Main achievements

- Getting access to GPs posed a challenge for many. Several different solutions to this problem were found, among other things, approaching and using other professional groups such as physiotherapists in different ways.

Future implementation in different settings

- In Malta enforcing community involvement is a clear goal as well as advocating for a mandatory training course for GPs.
- In Lithuania the team presented the PAP project to the Health Ministry who took an interest in the program and who are now exploring the possibilities to discuss a combination with other existing health programs.
- In Romania a study was conducted on broader opportunities and applying the Swedish model locally, which showed good opportunities to twist the adaptation despite limitations such as the fact that only GPs are allowed to prescribe physical activity.

In summing up the conclusions of the session, Bruno Avelar Rosa again noted the different realities that require different approaches and flexible planning and implementation of the five core elements, something that was enhanced during the pandemic.

Session 5: How do you do it? How to work with stakeholders

This session was structured as a panel discussion on how EUPAP partners have worked with stakeholders and policy makers. It was facilitated by Annmarie Wesley from the Public Health Agency of Sweden. Other panellists were Luc Lipkens, Flanders Institute of Healthy Living in Belgium, Christina Godinha General Directorate of Health of Portugal and Laura Merlo, Local Health Authority Italy.

The session started with Mr Lipkens inviting the audience to engage in a thought experiment asking how many stakeholders they thought need to be involved in PAP. Mr Lipkens assumed that the list would be long for most people, which illustrated the need for a stakeholder analysis. The session proceeded with a short presentation of the analysis where stakeholders had been divided into four fields, divided by a horizontal axis showing their influence on physical activity on prescription, and a vertical axis showing in what sense *they* are affected by physical activity on prescription. In this way, the division of stakeholders outlines where time and resources must be placed to achieve results. Mr Lipkens especially emphasised the need for information. Even if a stakeholder is not directly affected by PAP, they might have an important say on how to do it and need to be consulted.

Using Menti, Mr Lipkens asked the audience in which sense they believed that different stakeholders have an influence on physical activity on prescription. The audience were asked to conduct a stakeholder analysis of their own, placing five different stakeholders (GPs, administrators of sports, medical schools, Ministries of Health, and patients), on a scale from having a small to having a big influence. While administrators of sports were considered to have the smallest influence, General Practitioners and the Ministries of Health were considered to have the greatest influence on physical activity on prescription. Another Menti was then set up to ask the question of how the same stakeholders were considered to be affected by physical activity on prescription, with a scale from being little affected to being highly affected. Patients were considered most affected while medical schools were considered the least affected. Mr Lipkens acknowledged that the answers most likely would differ in different settings and countries.

Ms Annmarie Wesley facilitated the subsequent discussion on the results of the stakeholder analysis, inviting the panellists to reflect on the process. The main points that emerged during the discussions are outlined below.

An initial plan was made but adaptions had to be made due to external factors.

- Laura Merlo discussed the initial strategy of working with the most suitable patients (type 2 non complicated diabetes, metabolic syndrome, sedentary individuals) rather than patients with more complicated diagnoses. However, as GPs often did not refer patients according to the set criteria, many patients with more complicated diagnoses were referred despite having more complicated diagnoses. As a result, the number of activates possible to prescribe for this group were limited as they often were not physically able to engage in any. Ms Merlo described how changing the strategy thus became a necessity where they opened the door to new subsets of patients, amongst them patients referred from emergency departments showing for example symptoms of heart attack but who were later sent home. In these cases, preventing symptoms from progressing became the focus. In addition to obstacles with inclusion criteria, Ms Merlo highlighted a lack of referral, overwhelmed GPs, the pandemic and lack of extra resources as obstacles to implement the initial strategy.

It is all about personal interest, engagement, and motivation of a person

- Christina Godinha spoke of the importance of motivated individuals especially amongst them responsible for implementing interventions. As having a "clinical champion" in the units, focusing on solutions rather than problems, could make all the difference in their experience, the team sought to assess the motivational levels of the different units in addition to identifying which health care units had the *capacity* to implement the project. By looking at the administrative regions of health in Portugal through these criteria of both capacity and motivation, the implementation sights were selected. Although motivated individuals are important, Ms Godinha stressed that this is not enough since motivated individuals tend to become less motivated the more barriers they encounter. Thus, a leadership aligned with the project and a strong support system was highlighted as equally important factors. Ms Godinha further emphasised the need to build a resilient system, otherwise success will risk to depend solely on key individuals.

For some PAP is science fiction

- With a comic illustration, Luc Lipkens highlighted how some policymakers and GPs consider PAP to be "science fiction" as it is not top of mind. Here, Lipkens highlighted that early innovators and adopters can be important.

Online communication is ok for existing contacts that are positively involved, but not to engage with new and skeptical groups

- Christina Godinha noted the importance of building trust with stakeholders while at the same time acknowledging this process to be resource heavy. To get people to engage in and implement a new model, informal physical meetings were considered important to achieve goals such as building relations, trust and motivation. However, in her experience the pandemic showed that the divide was perhaps not so much between online versus in person. Instead, creating a personal environment rather than a standardized one to illustrate the method was identified as key.

You can convince skeptical groups by understanding their drivers and barriers. Help them overcome difficulties and resolve misunderstandings.

- Mr Lipkens stated that common misconceptions of PAP require consistent efforts that may take time to help skeptics better understand and want to implement PAP Common barriers, and solutions, important to keep in mind when seeking to help sceptical stakeholders are listed below.

1) There is a serious lack of time.
Help explain about PAP and try to have all components available to help support giving evidence-based medicine.

2) There is a view that physical activity is too expensive.

Help explain that activities such as outdoor walking, cycling or other things one can do without extra expenses.

1) Some feel PAP will not work.

There is enough evidence that it does work. Help them take part of information.

Session 6: Panel discussions

Annmarie Wesley facilitated and introduced three panel discussions, initially explaining how the session was planned to further help the participants in the conference understand how to overcome obstacles identified in the EUPAP-project by further discussing: how to reach specific patients groups, how to reach stakeholders and policy makers, how to reach medical clinicians in health care.

How to reach specific patients groups

The panel consisted of Elin Laurila, physiotherapist working at the Centre for Physical Activity in the Gothenburg region Sweden, Victoria Massalha physiotherapist from the physiotherapist service in Malta and Luc Lipkens, Flanders Institute of Healthy Living in Belgium. The main points that emerged during the discussions are outlined below.

- The person cantered approach was emphasised as crucial to successfully manage also more comorbid patient groups afraid for example of increased pain or with a lack of motivation due to mental illnesses. As these groups more often than others lack the initiative to get started there is a greater need for information in order to evoke the motivation of the patient
- When working with children and PAP, there is not as much evidence at hand as for adults, however extensive experience from Sweden shows that working with a family centered approach is very successful since the activity level of children depends strongly on the parents. Furthermore, although the prescription is for children, parents tend to also become more physically active where activities such as walking to school together have proven efficient. Other examples presented where football practice or other sports.
- Patients from lower socio-economic groups might need different prescriptions due to lack of time, resources and knowledge which much be taken into account.
- Professionals trained in cultural sensitivity can help overcome some barriers for some groups where, again, the person cantered approach is important.
- Opening PAP for all patient groups has proven to be challenging in places such as in Flanders. Some suggestions to focus on one or two diseases were therefore put forward.

How to reach stakeholders and policy makers.

The second panel consisted of Matti Lejon, Generation PEP, Sebastià Mas Alòs, National Institute of Physical Education of Catalonia and Stefan Lundquist, Centre for Physical Activity in the Gothenburg region Sweden. The main points that emerged during the discussions are outlined below.

- There is a need to create a sense of urgency for physical activity on prescription among stakeholders and policy makers. To succeed with this endeavour, it is

essential to understand the priorities and needs of organizations and agencies to help find ways to create a greater awareness.

- Being on the agenda has been identified as a key factor to bring actual change and impact. Thus, working more actively with health promotion with a system-based approach is important.
- PAP has been established as a cost-effective method which should be used as an incentive for certain stake holders with concerns about financing.
- In societies just starting to implement PAP the local context is important to bear in mind. Using the feasibility study guidelines was suggested to promote a successful implementation in these contexts.
- In settings where PAP is already in place, many processes are established However, the gap between policy and practice still persists as well as the gap between policy and research. Here, considering incorporating knowledge and skills from other fields was suggested to integrate more actors in research and in policy development.

How to reach medical clinicians in healthcare

The last panel consisted of Mai-Lis Hellenius PhD, professor of general medicine with a focus on cardiovascular prevention at Karolinska Institutet, Laura Merlo, Local Health Authority Italy and Malin Skogström, Regions Skåne, Sweden, talking about how to create incentives for health professionals to work more with physical activity. The main points that emerged during the discussions are outlined below.

- As the health care system is already overwhelmed, finding a way to avoid giving clinicians an extra burden is essential. Here, the panellists stressed that there is not one size fits all since different clinicians might be inclined to different incentives such.
- The importance of education was stressed repeatedly as a crucial tool to evoke the enthusiasm in clinicians. Providing evidence-based results, preferably in streamlined and accessible databases, was put forward as an important factor to achieve this.
- Universities and medical school were pointed put as central stakeholders for educating clinicians and involving physical activity to a greater extent in the training curriculum
- Successful results from the Skåne regions were highlighted where Malin Skogström attributed the success to:

  1) borrowing other successful models, in this case a model från Jönköping and one from Västra Götaland.
  2) Wokring with a targeted health dialogue in the larger regions
  3) Creating a model where trained healthcare professionals, physicians, physical therapists, occupational therapists, dietitians and nurses work together.
  4) Training health professionals in motivational interviewing to be able to perform a good person centered dialogue

- A reason for professionals being opposed of PAP was presented as different profession protecting their own area of expertise why a greater emphasis must be put on synergies and creating an understanding of the need to implement PAP and a mindset for an active lifestyle on a broader level.

Session 7: How to increase patient compliance

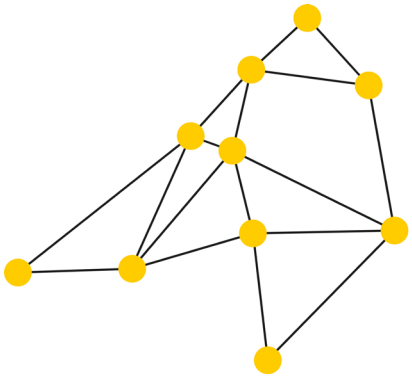
The sessions introductory address was delivered by Stefan Lundquist from the Centre for Physical Activity in the Gothenburg region Sweden. Stefan talked about how to increase patient compliance emphasising the need to start on a low or moderate level in order for the patients to succeed in the long term. Furthermore, keeping it simple has been proven to be a productive way to motivate patients why walking and other simple activities should be considered. Mr Lundquist also talked about the established PAP centres in the Gothenburg region, as a way to help those patients who need the most support to get started. Lastly, the prescriber being responsible for the follow-up with the patient was presented as an important key.

Elin Laurila, physiotherapist working at the Centre for Physical Activity in the Gothenburg region Sweden, delved deeper into the function of the PAP centres and the process that patients go through. At the center the patients are given enhanced support and feedback so that the patient receives help both with starting and continuing their activity. At the same time, the prescriber of PAP maintains the medical responsibility. Together with the person centered approach, making clear plans and setting goals was presented as key components. In an individualized plan the centre together with the patient states important steps forward to help them establish new long term habits Patience are performing their physical activity independently with the goal of eventually become solely responsible for their activity and goals. a take home message Ms Laurila presented not to use a standard action and that the PAP centers are considered an offer for those who need it.

Session 8: How to increase patient compliance

In her concluding keynote address Mai-Lis Hellenius PhD, professor of general medicine with a focus on cardiovascular prevention at Karolinska Institutet, again addressed PAP as a solution to the emerging health crisis caused by sedentary behaviour. In her presentation, Professor Hellenius discussed evaluations of the effects PAP looking at a study of four different groups. The discussion focused on results for cardiovascular death, cancer and other diseases and showed significant decreases in premature death. As a concluding remark, professor Hellenius highlighted how the results presented should be used as compelling arguments for PAP.

The session marked the closure of the EUPAP conference. Annmarie Wesley invited the EUPAP steering group on stage to discuss thoughts and experiences about the project. Ms Wesley thanked everyone present and all those who had contributed to the success of the Conference and was finally thanked for her role as conference host herself.



EU
PHYSICAL
ACTIVITY ON
PRESCRIPTION

GOVERNMENT OF MALTA
OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH

GOETHE
UNIVERSITÄT
FRANKFURT AM MAIN

VLAAMS INSTITUUT
GEZOND
LEVEN

INSP

Folkhälsomyndigheten

midt
regionmidtjylland

INEFC
Institut Nacional d'Educació Física de Catalunya
Generalitat de Catalunya

REGIONE DEL VENETO
ULSS2
MARCA TREVIGIANA

DGS desde 1899
Direção-Geral da Saúde

CENTRO POLIKLINIKA

www.eupap.org