



# Master of Public Health

Master de Santé Publique

## **WHO Health Enhancing Physical Activity (HEPA) Policy Analysis Tool as an innovation to improve national policy making – an application to France**

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MPH2 2014 – 2015, Paris

**Location of the practicum:**

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# Acknowledgements

Firstly, I am grateful to my parents; without their help I wouldn't have been able to attend this master program.

I would like to thank Prof. Jean-François Toussaint and the IRMES team for welcoming me, giving me the opportunity to work in such an inspiring environment, always supporting and guiding my work.

I am grateful to Martine Bellanger, whose commitment and care made the MPH a great environment for our professional and personal development; to Eric Breton for his constant support, availability and valuable feedback, and to all EHESP professors and MPH colleagues who taught and inspired me all along the way.

Thank you dear Sofia, Ema, Ana, Riccardo, Dan, Matthias, Father Razvan, Father Nicolae, Father Daniil, Winston, Oana, Ile, Alex, Cornel, Natalia, Dan, Iuliana and Gabriela, for your support, care and inspiration; you have been essential on this wonderful journey.

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## List of acronyms

CNDS: National Center for Sports Development

CNOSF: National French Olympics and Sports Committee

FFEPGV: French Federation for Physical Education and Voluntary Gymnastics

HEPA: Health Enhancing Physical Activity

INPES: National Institute for Prevention and Health Education

InVS: Health Monitoring Institute

NCD: Non-communicable disease

PAMA: Action Plan for Active Mobility

PAT: Policy Audit Tool

PC3: 3rd Cancer Plan

PNNS3: 3<sup>rd</sup> National Program for Nutrition and Health

PNSSB: National Plan Sport Health Wellbeing

PNSE3: 3rd National Plan for Environment and Health

PO: National Obesity Plan

PP: Particles Plan

PRN2SBE: National Resources Center for Sports and Health

PST3: 3<sup>rd</sup> Plan for Health at Work

SNDDS: National Strategy of Sustainable Development of Sport

WHO: World Health Organisation

# Abstracts

## Abstract [en]

### **Background**

Physical inactivity has been identified as one of the leading risk factors for global mortality and is associated with many non-communicable diseases, while regular activity is associated with increased quality of life and healthy aging.

At global level, national health enhancing physical activity (HEPA) policies generate much interest; yet, due to the multiple determinants of physical activity in a population, the development of HEPA policies remains a daunting enterprise for governments, often generating incomplete and disconnected initiatives.

As part of its sustained work to support national HEPA policies, the WHO has built the HEPA Policy Analysis Tool (PAT), designed to help national bodies assess the scope of HEPA policy actions.

### **Objectives and methods**

The objective of this work is to report on the application of the HEPA PAT to the case of France.

Firstly, we identify the French HEPA policies and national projects. Then we analyze them, using the HEPA PAT and its key attributes for successful implementation. Finally, we pinpoint gaps and opportunities, and formulate operational recommendations.

The scope of the study is limited to national policies adopted after 2008 and targeting adults between 25 and 45 yo or the general population.

### **Results**

Nine national policies including HEPA measures and several projects have been identified. All policies involve all relevant stakeholders, are multi-sectorial, evidence based and develop multiple strategies. However, their impact is limited by unclear implementation plans, lack of evaluation criteria and lack of sustainable funding schemes.

### **Conclusions**

There is a strong awareness at political level about HEPA and its positive role in health prevention and health economics. However, political willingness must be enhanced by appropriate financial means, better coordination and management, and a more specific communication. We recommend that further work should focus on sub-national policies and projects.

The WHO HEPA PAT was essential in order to align the results to a global context, allowing comparability between France and other countries.

Key words: HEPA PAT, WHO, France, physical activity, health, policies, adults

## Abstract [fr]

### **HEPA PAT de l'OMS : un outil neuf pour améliorer les politiques de santé fondées sur l'activité physique ou sportive en France**

#### **Contexte**

L'inactivité physique représente un des risques majeurs de mortalité, associée au développement des maladies chroniques. A l'inverse, l'activité physique régulière améliore la qualité de vie et diminue les effets de l'avancement en âge.

Au niveau mondial, les politiques promouvant l'activité physique « bienfaisante pour la santé » (HEPA) génèrent un fort intérêt. Pourtant, à cause des déterminants complexes liés à la pratique, le développement de ces politiques reste encore un défi pour les gouvernements, générant souvent des initiatives incomplètes et mal coordonnées.

L'OMS a lancé une initiative pour soutenir le développement des politiques HEPA au niveau national. Dans ce cadre, elle a mis en place un outil, le HEPA Policy Analysis Tool (PAT), pour aider les organismes nationaux à évaluer la qualité de leurs actions.

#### **Objectif et méthodes**

L'objectif de cette étude est d'appliquer le HEPA PAT au contexte français actuel.

Ayant d'abord identifié les politiques et les projets HEPA au niveau national, nous analysons ensuite leur pertinence sur la base de l'HEPA PAT et de ses critères de qualité. Cette analyse nous permet d'identifier des opportunités et de proposer des recommandations.

Cette étude est centrée sur les politiques publiées après 2008, visant les adultes entre 25 et 45 ans et la population générale.

#### **Résultats**

Nous avons pu identifier neuf plans et stratégies nationales incluant des mesures HEPA. Ces politiques se basent sur la contribution de toutes les parties concernées, sont développées à partir des preuves scientifiques et proposent des stratégies complexes et multisectorielles. Toutefois, leur mise en œuvre peut se trouver limitée en raison de plans d'action insuffisamment définis ou de l'absence de critères d'évaluation et de financements durables.

#### **Conclusions**

La prise de conscience politique du rôle positif de l'HEPA dans la prévention et l'économie de la santé va croissant. Néanmoins, l'engagement politique doit être soutenu par un financement adapté, une meilleure coordination et gestion au niveau opérationnel et par une communication plus ciblée.

Pour la suite, ce travail devra être élargi afin d'inclure les politiques et les projets au niveau régional. Le WHO HEPA PAT représente un outil important afin d'intégrer ces évaluations dans un contexte international, permettant de comparer les nombreuses initiatives françaises avec celles des autres pays.

Mots-clés : HEPA PAT, OMS, France, activité physique, santé, politiques, adultes

# 1. Introduction

Physical inactivity has been identified as one of the leading risk factors for global mortality and is associated with a large spectrum of non-communicable diseases [1]. In addition, regular activity is associated with positive mental health, increased quality of life and healthy aging [2] [3].

At a global level, national health enhancing physical activity (HEPA) policy and its implementation has been a key area for development since the launch of the WHO Global Strategy for Diet, Physical Activity and Health in 2004 [4]. In France, over the last 15 years, HEPA promotion has gained political importance. Yet the level of physical activity among the young adult French population remains insufficient [5] and policy-makers still have problems designing and coordinating policies.

The WHO is developing tools to support the development and implementation of HEPA enhancing policies at national level. One of these tools is the HEPA Policy Analysis Tool (PAT), which provides a protocol and method for systematically compiling and communicating country level policy responses on physical inactivity.

This work aims to assess national policies in France, by applying the WHO-developed HEPA PAT.

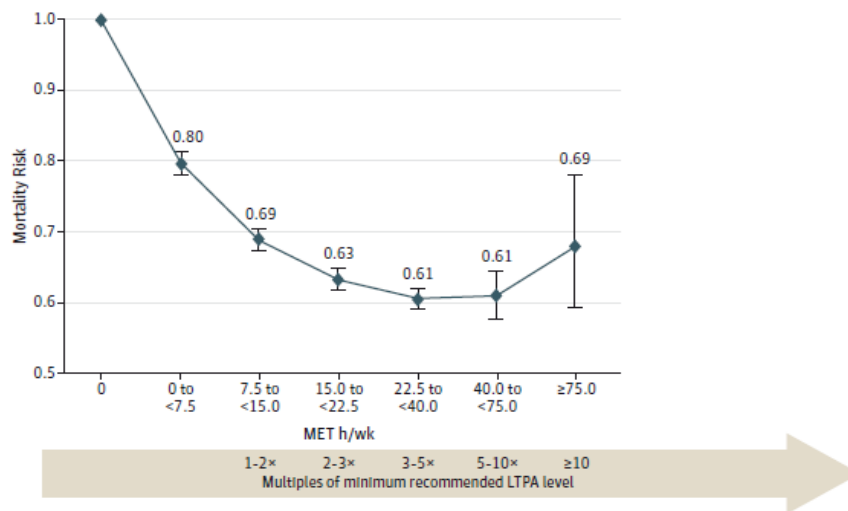
## Effect of physical activity and inactivity on health

Multiple scientific studies [2] [3] have proven the **positive effect of physical activity on health**. It has been shown [6] that people who exercise an average of 92 minutes per week or 15 minutes per day reduce their risk of mortality by 14%. Every additional 15 minutes of daily exercise beyond the minimum amount of 15 minutes a day further reduces all-cause mortality by 4%.

Additionally, **physical inactivity** is known to be **the fourth leading cause of global mortality**. Many of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active [7].

The authors of an article published in 2012 by The Lancet [1] argued that physical inactivity is the cause of 6% of the heart disease cases, 7% of type 2 diabetes cases, and 10% of breast and colon cancer cases. It also represents the cause of 9% of premature deaths.

Another recent prospective cohort study [8] involving 600,000 people between the age of 21 and 98 has proven that the greater the amount of physical activity, the greater the benefits. Even a very intense practice has substantial positive effects (1/3 reduction in the risk of mortality).



Source: Leisure Time Physical Activity and Mortality. A Detailed Pooled Analysis of the Dose-Response Relationship, JAMA Intern Med 2015 [8]

National and international bodies (WHO [9], the CDC Center for Disease Control and Prevention [10], the British Heart Foundation [11], etc) recommend the following **minimum level of weekly physical activity** in order to maintain good health and prevent chronic disease: **150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic physical activity, muscle-strengthening activities, and flexibility and equilibrium exercises.**

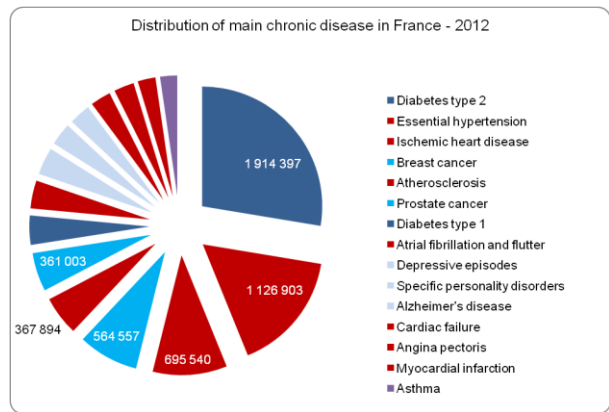
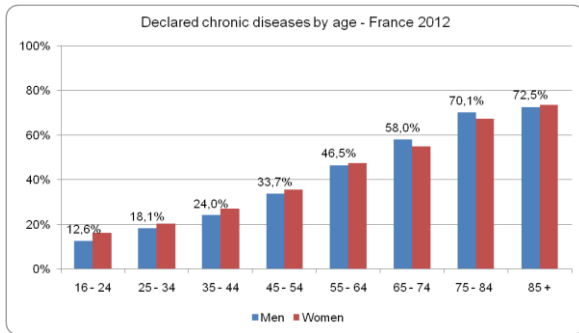
## Health status of French population

According to recent data published by the national health statistics authorities [12][13], the most frequent diseases among French adult population (main death and morbidity causes) are cancers, cardio-vascular diseases, nervous system diseases, respiratory system diseases, osteo-articular system and metabolic diseases.

Malignant tumors and cardio-vascular diseases are the **main causes of death in France**, with 300,000 cases each year [12]. These non-communicable chronic diseases are very common and slowly spreading, becoming the first cause of death worldwide. [14]

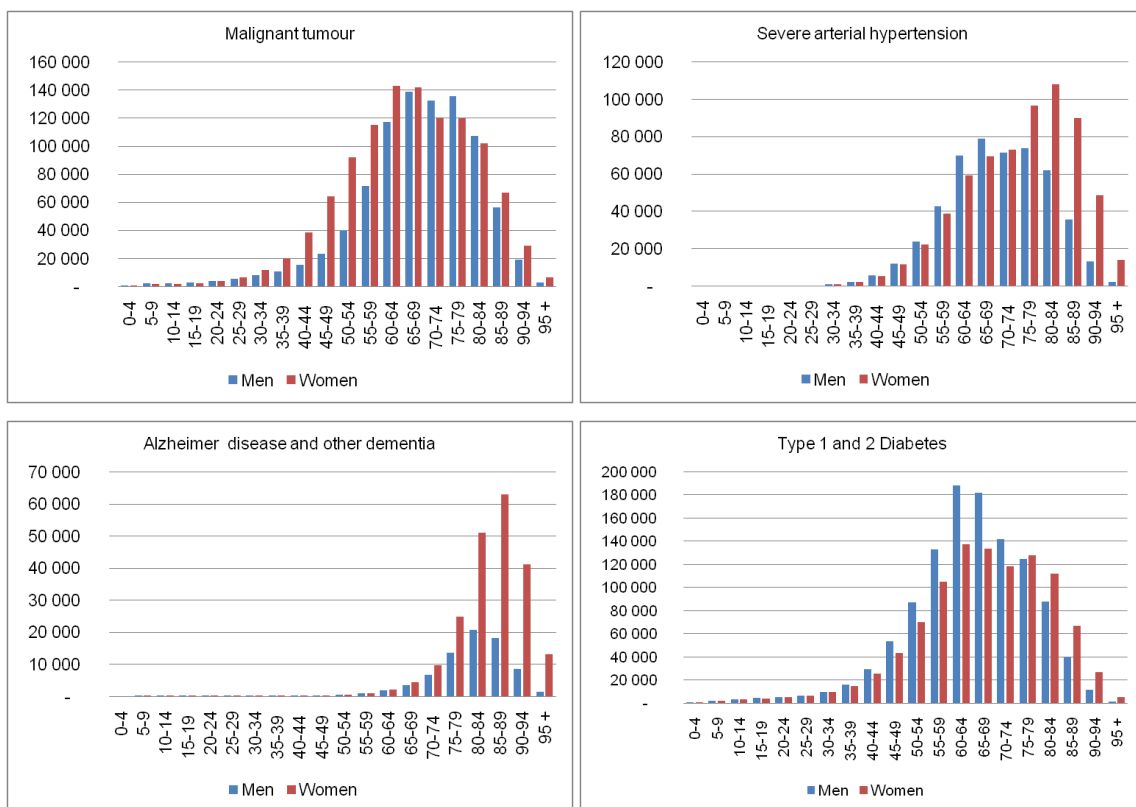
Generally, the prevalence of chronic disease increases with age. The main chronic diseases in France as of 2012 are diabetes, cardiovascular diseases, breast and prostate cancer, as well as neuro-degenerative diseases.





Source: DREES – Health status of French population - 2015 [12]  
 Source: AMELI – Rates distribution for the main long term diseases, as of End December 2012 [13]

As seen in the charts below, all main chronic diseases have a similar evolution, the first signs being usually diagnosed after the age of 40-45, with prevalence increasing exponentially.



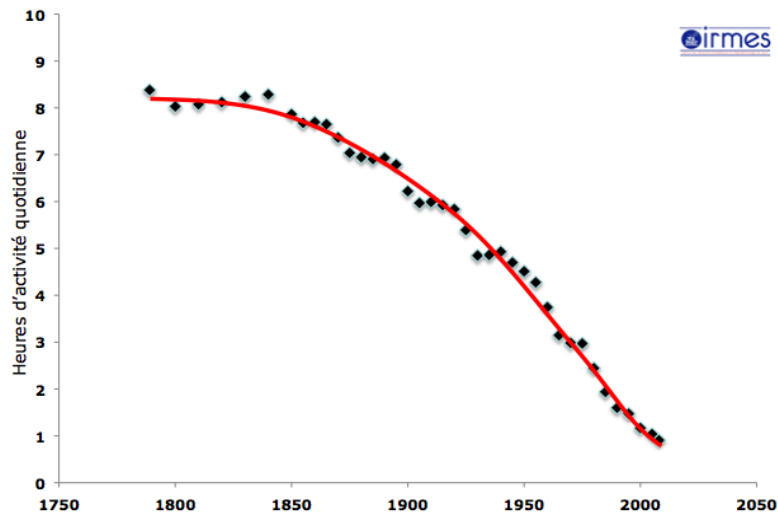
Source: AMELI – Rates distribution for the main long term diseases, as of End December 2012 [13]

If symptoms are visible only after a certain age, they usually develop well before, enhanced by unfavorable environments, lifestyle choices and behaviors, such as overeating, physical inactivity, smoking, pollution, etc. [15].

Chronic diseases represent a **major public health concern** in France. A life style based on healthy food choices, without smoking and with a sufficient level of physical activity practice, must be considered as efficient and long-term solutions [16].

## Level of physical activity in France

Physical inactivity has mainly developed in the second half of the 20th century. It now affects half, if not two thirds of the European population, and increases in the younger generations. The main causes which favor sedentary behavior are the increased availability of motorized transportation and the changes in communication means (television and internet), which lead people to a less and less active everyday life [17].

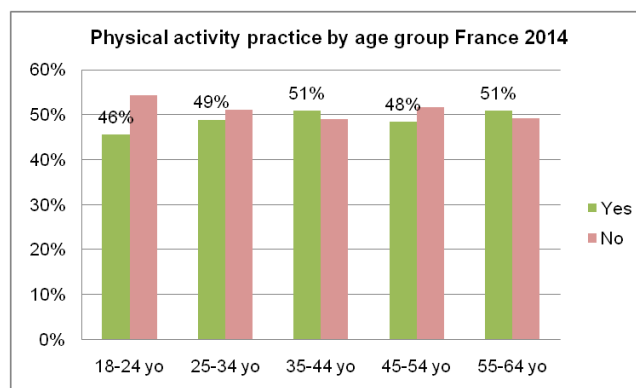


Source: Evolution of daily physical activity levels in French population. PNAPS 2008 [17]

According to the 2014 Eurobarometer on Sport and Physical Activity [5], **42% of French people declare they never practice physical activity** (close to the European mean). This percentage has **increased** by 8 points compared to the same data collected in 2009. Only 8% exercise or play sports regularly (this percentage decreased by 5 points compared to 2009) and 35% with some regularity.

In Europe, the highest levels of regular practice are in Sweden (70%), Finland (66%) and Netherlands (58%).

The low level of physical activity in France has been confirmed by a recent study carried out by IRMES and Assureurs Prévention [18].



Source: Third national study on the levels of physical activity in French population Assureurs Prévention, June 2014 [18]

## HEPA Policy Audit Tool

Health enhancing physical activity (HEPA) has been a key area for development since the launch of the WHO Global Strategy for Diet, Physical Activity and Health in 2004 and the subsequent WHO NCD Action Plan 2008-2013. National policy development and implementation have been given an important role [4].

**Consistent national HEPA policies** give support, coherence and visibility at a political level, help the involved institutions to follow common objectives and strategies, better allocate resources and increase accountability.

Based on several reports from different countries, the WHO has identified **key features of successful country level action**, and has developed the **HEPA Policy Audit Tool (HEPA PAT)** available since 2011. **This standardized policy audit tool provides a protocol and method for systematically compiling and communicating country level policy responses on physical inactivity.**

It is designed to help agencies, institutes or other relevant groups working on the promotion of physical activity to assess, within their own country, the scope for policy action aimed at promoting and increasing HEPA.

HEPA PAT defines the following seventeen criteria as **successful elements for policy approaches to physical activity**:

- |   |  |
|---|--|
| 1.Consultative approach in development                              | 9.Surveilliance or health monitoring systems |
| 2.Evidence based  | 10.Political commitment                      |
| 3.Integration across other sectors and policies                     | 11.On-going funding                          |
| 4.National recommendations on physical activity levels              | 12.Leadership and coordination               |
| 5.National goals and targets  | 13.Working in partnership                    |
| 6.Implementation plan with a specified timeframe for implementation | 14.Links between policy and practice         |
| 7.Multiple strategies   | 15.Communication Strategy                    |
| 8.Evaluation  | 16.Identity (branding/logo/slogan)           |
|   | 17.Network supporting professionals          |

## 2. Objective

The objective of this work is, first, to analyze HEPA policies currently in place in France, using the WHO-developed HEPA Policy Analysis Tool and its success criteria.

Based on this analysis, **gaps and opportunities** will be identified, which will allow the formulation of **operational recommendations**.

## 3. Methods

Using the structure provided by the WHO HEPA PAT, this paper first gives an overview of the **political background and context for HEPA promotion**, including a general French institutional structure.

It then identifies and presents **key policy documents** which outline the government's intention and strategy to increase national levels of physical activity. Further on, it analyses the content and development of the identified policies. For a complete assessment, each policy is mapped using the **17 criteria of the WHO HEPA Policy Analysis Tool**, in order to produce a general assessment.

Finally, the work identifies the **HEPA projects** at a national level, aiming to give a complete image of the implementation status.

Based on this analysis we are able to pinpoint gaps and opportunities for further development, and to formulate operational recommendations.

For this work, following resources have been used:

- Expert knowledge and resources available at IRMES - Institut de Recherche Bio-Médicale et d'Epidémiologie du Sport
- French public bodies websites and publications,
- WHO International inventory of documents on physical activity promotion [\[20\]](#)

Due to the limited resources allotted to this study, we adopted several **selection criteria** to restrict the amount of data processed. We therefore only focused on **national level policies, adopted after 2008 and targeting the general population or the adult population between 25 and 45 years old**.

Because the topic of physical activity and health has been given a special attention in France over the past 15 years, there are several policies that are now in their 2<sup>nd</sup> or 3<sup>rd</sup> versions. They build upon the knowledge acquired during previous ones. The paper therefore focuses on **the most recent documents, from 2008 onwards**.

Considering the chosen target group, the analysis will focus only on the documents and measures concerning the **adult population between 25 and 45 years old**. This excludes, for example, the

National Plan to Healthy Aging (*Plan National Bien Vieillir*) 2007-2009, which concerns adults older than 55. The measures concerning children and adolescents have also not been examined.

## 4. Results

### General political context

Politics in France takes place within the framework of a presidential system. Even if a 2003 constitutional revision has significantly changed the legal framework toward a more decentralized system and increased the powers of local government, France is still one of the most centralized countries in the world.

The main ministries involved in the improvement of health and physical activity promotion are:

- Ministry of Urban Affairs, Youth and Sport
  - The Department Office for public protection, health promotion and doping prevention (Bureau de la protection des publics, de la promotion de la santé et de la prévention du dopage DSB2) is responsible at national level for managing the HEPA policies
- Ministry of Social Affairs, Health and Women's Rights
- Ministry of Ecology, Sustainable Development and Energy
- Ministry of Labor
- Ministry of National Education, Higher Education and Research

### Public health objectives

In 2010 the French High Council for Public Health (*Haut Conseil de la Santé Publique*) defined the objectives aimed at guiding and evaluating the nutrition policy, in terms of improving the health of the population and reducing its exposure to various risks [21]. Along with reducing obesity and the prevalence of nutrition-related health conditions, the objectives target the **increase in physical activity and the decrease in sedentary behavior in all age groups: “within 5 years, increase “high” intensity practice by at least 20% among men and at least 25% among women and “moderate” intensity practice by at least 20%”**.

These objectives represent the basis for the strategic framework and guide the action planning of the French National Nutrition and Health Program (PNNS) and the Obesity Plan (PO).

A research committee under the stewardship of the PNNS is now preparing a research-based update which will be available soon.

## **National physical activity recommendations**

At national level, the recommended PA level for adults is a **minimum of 30 minutes of rapid walking a day**. This level has been issued by the National Strategy for Nutrition and Health (PNNS) in 2002, following the recommendations of the American College of Sports Medicine in 1995 [55].

## **National policies for HEPA promotion**

For the last 15 years [20], France has developed several research projects, plans and programs that aim to promote HEPA as one of the main elements of chronic disease prevention. The main ones are presented below.

### **Ministry of Urban Affairs, Youth and Sport**

► **National Strategy for Sustainable Sports Development 2010-2013** (*Stratégie Nationale de Développement Durable du Sport - SNDDS*)

The SNDDS [22] was developed by the Ministry of Sports as an extension of the National Strategy of Sustainable Development. Out of nine focus areas, one is dedicated to sports and health. It must be mentioned that sports practice is the term used all along the document, which indicates a possible lack of perspective on physical activity as a whole.

The actions foreseen are:

- Promotion of sports practice to improve health and quality of life
- Use of sports as a non-medical therapeutic element
- Improvement of health and safety of athletes and spectators
- Improvement of practice environments
- Optimization of health benefits by defining optimal practice levels
- Enhancing collaboration with regional health agencies and departments for sports, youth and social cohesion
- Integration of 'sports for health' concept in all sport-related education
- Enhancing the **connection between sports and health** by transforming the medical commissions of sports federations into commissions for sports, health and well-being; increasing the cooperation between the Ministries of Sports and Health and adopting the amount of sports practiced as an indicator of quality of life.

► **National Plan for Sports, Health, and Well-being 2012** (*Plan National Sport Santé Bien-être PNSSB*)

The Ministry of Sports published in 2012 the National Plan for Sports, Health and Well-being [23], aiming to promote and develop physical activity practice as a public health

factor. The regional implementation of the plan is supported by the Ministries of Health and Labor [24].

This plan includes 15 measures and a total of 47 actions targeting the general population, including disabled persons, persons with low socio-economic status, schools and companies.

The plan will provide an operational support for regional authorities for Health and Youth, Sport and Social Development in their work to

- ▶ Increase the amount of leisure activities involving physical activity and sports in the general population
- ▶ Increase the amount of physical activity and sports undertaken by persons under social and medical care
- ▶ Increase the amount of physical activity and sports undertaken by persons suffering from chronic diseases

The plan is supported at inter-ministerial level and regional representatives are directly involved in its development.

The strength of this plan is to be found in its regional implementation. This is done under national surveillance, but responsibility for the outcome belongs to the regional directors of regional health agencies (ARS).

In 2013, 1.5 million Euros were invested by the National Centre for Sports Development (CNDS) at a national level.

## Ministry of Social Affairs and Health

### ▶ **New national health policy**

A very important element to consider is the **new national Healthcare Law** [25]. The 1st draft was voted by the National Assembly in April 2014 ('1ère lecture') and is currently being examined by Parliament. **Its main focus is on prevention, local primary healthcare services provided by general practitioners and patients' rights.**

However, despite the fact that increasing life expectancy and lowering the burden of chronic disease are main objectives of this change in legislation [25], and therefore prevention is given a central place, none of the proposed measures mention physical activity specifically [26].

### ▶ **Parliamentary amendment related to the medical prescription of physical activity**

In March 2015, the National Assembly introduced a new amendment to public health law [27] which states that medical doctors can prescribe physical activity to patients suffering from chronic diseases.

Adapted physical activities will be provided by organizations that are subject to the sports codes and that have been certified by Regional Health Agencies and relevant national bodies.

Education for this purpose will be integrated into medical and paramedical studies.

► **3<sup>rd</sup> National Program for Nutrition and Health 2011-2015** (*3<sup>ème</sup> Programme National Nutrition Santé – PNNS3*)

The 3<sup>rd</sup> PNNS [21] has been developed under **the stewardship of the Ministry of Social Affairs and Health**. It was initiated in 2001 and extended in 2006 and 2011, providing a reference framework, incentive tools and mechanisms to support actions.

While in the 1<sup>st</sup> PNNS physical activity represented only one out of nine objectives with the rest focusing on nutrition, in the 3<sup>rd</sup> PNNS it ranks as one of the four focus areas.

The PNNS adopts a complex inter-ministerial and inter-sectorial approach. Moreover, a specific version of the actions is to be put in place for the French overseas.

The program ties in with the other public health programs implemented by the Ministry of Health, such as the Cancer Plan, the plan to improve the living conditions of people suffering from chronic illnesses, and the national health and environment action plan (PNSE).

The PNNS is divided into four **action areas**, one of which is dedicated to **increasing the scope and amount of physical and sporting activities and limit sedentary behavior**.

The actions of the PNNS aim, on one hand, to **communicate and inform** the general population and professionals whose work influences people's physical activity on the benefits and practice of physical activity, and on the other hand to **increase access to sports, adapt and customize training, adapt and expand infrastructures, develop active modes of transport and adapt urban policies**.

The target populations are the general adult population, disabled people, people suffering from chronic diseases, disadvantaged population groups, as well as members of their respective environments: employers, works councils and local authorities, healthcare and welfare workers, and teachers.

The **implementation** is monitored by the program's president, with the support of a committee composed of the ministries, agencies and organizations which contribute to the PNNS, as well as civil society representatives and experts from the scientific field.

At the national level, the PNNS:

- ensures the **coordination and coherence** of interventions and monitors their implementation;
- provides the **scientific material** necessary for implementing the actions;



- proposes ways to **encourage involvement** from the numerous institutional and private stakeholders and associations
- **guides and supports** the actions of all involved parties.

At the regional level, regional health agencies (“ARS or Agence Régionale de Santé”) are responsible for the implementation.

► **Obesity Plan 2010-2013** (*Plan Obésité - PO*)

While the PNNS deals with nutrition as a determining factor in health, the Obesity Plan (PO) [28] ties in with the PNNS and complements it by dealing with **obesity detection, patient treatment and care. The Plan has also a significant research component.**

For this purpose, the government has mobilized stakeholders in the health system, institutional partners, associations, media, and economic actors.

The implementation team includes the Ministries of Health, Sports, Food and Agriculture

Just like for the PNNS, some of the measures and actions are included in other plans or initiatives and are managed by an inter-ministerial committee: the National Food Strategy (PNA), the National Environment and Health Plan (PNSE), the National Food and Integration Plan (PAI), and the Health in Schools Plan (PSE).

The local application of the PNNS and PO, and the coordination of specific measures with regional health agencies (ARS), both aim to reduce health inequalities between social classes and regions.

Out of the PO’s four **focus areas**, one is dedicated to **prevention**, especially as related to **environment changes** and the promotion of **physical activity**.

Some of the defined actions are carried out as part of the PNNS. In this context, the actions proposed by the PO are meant to enhance and support the development of PNNS in specific settings. They include

- Developing the **practice of physical and sporting activities** and limiting sedentary behavior,
- Increasing the amount of **information** related to sedentary behavior and “screen time” in particular

In terms of the National Environment and Health Plan, two actions related to urban mobility are included in the PO:

- Encouraging the inclusion of health and nutrition themes (food and physical activity) in **training programs for city health workshop** (ASV) coordinators and facilitators of Urban Contracts for Social Cohesion (*Contrats urbains de cohésion sociale CUCS*)
- Promoting **active travel options**

Additional measures encourage and support **research** and **international exchanges**.

The PO targets the general population, children and adults, obese individuals, groups that are socially and economically vulnerable, people suffering from obesity associated with rare diseases, the mentally disabled, and entire families..

► **3rd Cancer Plan 2014-2019** (*3<sup>ème</sup> Plan Cancer PC3*)

The Cancer Plan [29] is under the stewardship of the Ministry of Social Affairs and Health and the Ministry of Education and Research. The operational and monitoring parts are managed by the National Cancer Institute (INCa). Medical insurance companies, Regional Health Agencies (ARS), the ministries of education and social affairs, research institutes, the National League Against Cancer, etc., are also very involved in the project. The ARS are involved in the management and evaluation at national and regional levels.

Out of four areas of development, one is dedicated to **prevention and research**, where one out of 17 objectives focuses on **cancer risk reduction**. Here, nutrition and physical activity are seen as key elements, both for first cancers and relapses. Targets include

- Developing **education and the promotion** of physical activity
- **Facilitating the daily practice** of physical activity for everybody and at every age.
- Promoting **adapted physical activity** in patients already diagnosed with cancer

The plan has a very concrete and **clear monitoring system**. **Key indicators** for physical activity include patients' **weight**, the **prevalence of excessive weight** in the adult population and the percentage of people **practicing physical activity at a moderate or intense level**.

**Ministry of Ecology and Sustainable Development**

► **The Grenelle Law II 2010** (*Loi Grenelle II*)

The Grenelle Law II [30] increases the national commitment to preserving the environment. It calls for major changes in the national transportation structure, aiming to reduce pollution and build a **sustainable urban transportation network**.

► **3rd National Plan for Environment and Health 2015-2019** (*3<sup>ème</sup> Plan National Santé Environnement – PNSE3*)

The PNSE3 [31] is under the stewardship of both the Ministry of Ecology and Sustainable Development and Ministry of Social Affairs and Health, as it **links national policies in the health and environmental sectors**. The plan focuses on reducing environmental risks, especially air, soil, water and noise pollution. It additionally focuses on food quality.

There is a strong connection with other plans (e.g. Cancer Plan, Health at Work Plan and the National Health Nutrition Plan, etc.) and to the national health and research strategy.

Its objectives align with international strategies presented by the European OMS member countries in 2010 as part of the Parma Declaration, and at the General Assembly of the United Nations which took place in New York in 2011.

Out of more than 100 actions, two can be **related to physical activity**: (15) gather and analyze scientific data on the role of environmental factors (including physical activity practice) on the chronic diseases, and (89) create a collective expertise on the positive role on health of green areas in and outside cities.

- ▶ Additionally, an **Ad-hoc transport group** has been created following the recommendation of the High Council of Public Health (*Haut Conseil de Santé Publique*), to separate from the PNSE specific topics like health-environment-transportation, as they require specific governance. Still, the link between the two remains strong. The work is also closely coordinated with related public health plans like PNNS3 and Cancer Plan, as well as with the declaration of 56 European states from 2014 (Paris), on environment, transportation and health.

The Ad-hoc Transport Group is represented by members of the Health Environment Group of the PNSE and other specialists. The follow-up and surveillance is integrated in the PNSE timetable.

The group is working on the following actions:

- Include health-environment issues in **territorial planning** (transportation, urbanism, planning). The work aims to analyze local plans and project and design recommendations for improvement and integration at national level.
  - **Promote active mobility**, evaluate and promote **health-related effects**. This work is already being developed by the Action Plan for Active Mobility (PAMA), so the group has here the role to support implementation. The focus of their actions is on analysis, on development of tools and methodologies and on communication.
  - Increase knowledge of **health impact of the quality of daily transportation**
- ▶ The **Action Plan for Active Mobility** (*Plan d'Action Mobilités Actives PAMA*) is managed by a working group within the Ministry of Ecology and Sustainable Development, with the goal of supporting and enhancing local and regional initiatives developing active mobility. Some of the proposals issued by the group have already been integrated in public laws adopted in 2013
    - Develop inter-modality of transportation means to allow integration of active mobility
    - Develop the public space and insure safety
    - Promote economic gains of cycling
    - Integrate mobility policies with urbanism and housing

- Develop itineraries for leisure activities and develop biking tourism
- Communicate the positive effects of walking and biking

The role of active mobility is well integrated in the national strategy of pollution reduction. The **Plan for urban travel** (Plan de déplacements urbains (PDU)), which has been created by the 'air law LAURE', is a local tool to diminish air pollution. This tool plans and manages global transportation at the level of urban centers, ensuring equilibrium between mobility needs and health and environment protection.

- **Compensation of biking to work-related expenses** (*Indemnité Kilométrique vélo IKv*)  
**2015**

The compensation of the expenses for biking for work has been recently (May 2015) maintained in the law for energetic transition, after some political debate [32]. The employer will take over, completely or partially, employees' expenses related to biking to work. The amount to be taken over will be fixed by decree. The law foresees also a fiscal incentive for companies that provide bikes to employees, supporting active transportation to work.

- ▶ **Particule Plan 2010** (*Plan Particules PP*)

The Particule Plan [33] has been developed under the stewardship of the Ministry of Ecology and Sustainable development and launched in 2010. Its target is to diminish by 30% the PM2.5 particles until 2015 and increase the knowledge on the topic, covering the areas of industry, tertiary sector, household heating, transportation and agriculture.

The action in transportation sector focus, among others, on

- improving mobility at local level and develop sustainable cities,
- developing inter-modal transportation means
- improving parking situation for cars and bikes
- enhancing active transportation, also by adapting the traffic regulations
- encouraging and supporting companies to integrate active transportation to their policies

## Ministry of Labour

- ▶ **2<sup>nd</sup> and 3<sup>rd</sup> Health at Work Plan 2010-2014 & 2015-2019** (*Plan Santé Travail PST3*)

The 2<sup>nd</sup> Health at Work Plan [34], developed under the stewardship of the Ministry of Labour, **does not mention at any point physical activity**. The action 12, concerning musculoskeletal disorders, recommends prevention plans several times a year, again without any mention of physical activity.

The drafting lines of the 3<sup>rd</sup> Health at Work Plan, published in 2014, [35] emphasize that prevention should become a priority, while switching away from a curative towards a

preventive approach. Prevention should be part of companies' strategy and managerial decisions, based on scientific evidence showing that it increases return on investment.

The document proposes to adapt solutions and services in order to properly respond to specificities of small and medium companies and independent workers, across all sectors. It also recommends putting in place the 'prevention specialists' job. Work and health should be given a global approach, being included in the education and training system, especially for the training of managers.

**Life quality at work** is among the strategic priorities and should be addressed through communication and information measures, supported by managers and integrated in the structure of companies. Prevention of cardio-vascular disease at work is one of the public health-related strategic priorities of the new plan. Yet, there is no concrete mention of physical activity in this document.

## Policies assessment

After having identified the national HEPA policies, we proceed in this section with their assessment against the 17 criteria defined by HEPA PAT as key elements for a successful national implementation. We have built a summary table, followed by a more detailed assessment around each element.

	PNSSB	SNDDS	PNNS3	PO	PC3	PNSE3	PAMA	PP	PST3
Consultative approach in development	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evidence based	✓	✓	✓	✓	✓	✓	✓	✓	✓
Integration across other sectors and policies	✓	✓	✓	✓	✓	✓	✓	✓	✓
National recomm. on physical activity levels	-	-	✓	-	(✓)	-	-	-	-
National goals and targets	-	-	✓	-	-	-	-	-	-
Implementation plan with a specified timeframe for implementation	(✓)	-	-	(✓)	✓	-	-	-	-
Multiple strategies	✓	✓	✓	✓	✓	✓	✓	✓	✓
Evaluation	(✓)	-	-	(✓)	✓	(✓)	-	(✓)	-

Surveillance or health monitoring systems	-	✓	✓	✓	✓	✓	✓	(✓)	(✓)
Political commitment	✓	✓	✓	✓	✓	✓	✓	✓	✓
On-going funding	✓	-	-	-	-	-	-	(✓)	-
Leadership and coordination	✓	-	✓	✓	✓	✓	✓	✓	✓
Working in partnership	✓	✓	✓	✓	✓	✓	✓	✓	✓
Links between policy and practice	✓	✓	✓	✓	✓	✓	✓	✓	✓
Communication Strategy + Identity (branding/logo/slogan)	(✓)	-	✓	(✓)	(✓)	(✓)	(✓)	(✓)	-
Network supporting professionals	✓	✓	✓	✓	✓	✓	-	-	✓

All policies adopt a **consultative approach** in their development. First, most of the plans are continuation of previous ones; therefore they sum up already acquired knowledge and feedback. This includes **scientifically proven and evidence-based** arguments.

Secondly, the plans are built on a **multi-sectorial approach**, including health, environment, transportation, urbanism, education and labor **and their measures complete and support each other**. In order to enhance this integration, the implementation management consists of multi-sectorial committees.

Third, all relevant political representatives are involved, from government to local administration, as well as representatives of relevant NGOs, associations and private actors. This ensures a **high political commitment**.

As mentioned before, the **national physical recommendation levels** are part of the National Plan for Nutrition and Health. All other plans including strategies and measures related to physical activity practice do not formulate specific goals. The **national goals and targets, taken up by the PNNS3**, have originally been set in 2010 by The French High Council for Public Health, as presented above.

The Cancer Plan has one indicator related to physical activity practice: (n°42) percentage of people practicing physical activity at a moderate or high level, and the SNDDS suggests the introduction of sports activity practice as an indicator for the quality of life in general population.

From the information available, the PNNS3 and the SNDDS have no **implementation plan**, the actions have no responsible departments, timeframe or evaluation criteria.

The PNSSB transfers all implementation responsibility at regional level, while keeping a surveillance role at national level.

The Obesity Plan, though overlapping with the PNNS, has defined a responsible organization, a rough timeframe and evaluation indicators for each action.

The Cancer Plan has the best defined implementation plan, with concrete targets, deadlines and completion level. One year after its launch, in February 2015, the yearly report has been submitted to the President, which thoroughly covers the status of advancement.

The PNSE3 defines evaluation or follow-up indicators, and so does the Particle Plan, yet unsystematically.

All the other plans there have **no implementation plans, timeframes or evaluations** made available. As illustration, the Obesity Plan was planned to end in 2013, and now, two years later, there is still no result or evaluation document publicly available.

In terms of **health monitoring**, the PNNS3 manages several studies, out of which one of the most complex and recent is the Esteban study started in 2014, which focuses on multiple health issues: environmental exposure, nutrition, physical activities, chronic disease, and their risks. The study is under the stewardship of the Ministries of Social Affairs and Health, and of Ecology, and implemented by the Health Monitoring Institute (*Institut de Veille Sanitaire - InVS*).

The Obesity Plan plans in one of its measures (4-2) to enhance existing epidemiological studies on the prevalence of obesity and its evolution, focusing on population groups experiencing financial hardship.

To this, the Cancer Plan is intensively gathering and monitoring data on the prevalence and evolution of different types of cancer, including detection tests. They go as far as to plan building an open-data database portal with cancer data, in order to make them accessible to as many as possible and enhance value-creation.

Both PNSE and PAMA foresee (action 2 of the AdHoc Transport Group) to evaluate the effects of active mobility on health and environment.

Additionally, the PNSE3 foresees in Action 15 to gather relevant data in order to understand the role of the environment on obesity and metabolic disease. This data should include physical activity practice, along with other individual and environmental specificities.

The PAMA plans, as one of its measures, to develop an evaluation method for the inclusion of the use of bike and walking by the habitants of different cities, as part of the goal to integrate mobility in urbanism and city development plans.

The Particle Plan may carry out measures of air pollution levels, but these are not directly connected to the population health status or changes in transportation patterns.

The PST3 intends to prove that developing prevention measures at work improves the wellbeing of employers, leading to more economic profitability.

The main **communication campaign** related to health and physical activity is the one put in place by the PNSS, also known under the name “Manger Bouger” (Eat Move). This campaign has been launched in 2004 and is continuously evolving. The slogan and different campaigns have become very well known among French population.

The Obesity Plan integrates the communication campaign of the PNNS. Additionally, it develops two actions related to communication on food labeling and obesity-related stigmatization, but nothing related to physical activity.

The Cancer Plan is focusing on communication through several actions, like training of health professionals, informing patients and enhancing exchange, yet not using a concrete communication campaign. The official website (e-cancer.fr) provides an informative brochure on physical activity, where scientific research results and the communication actions of PNNS are presented.

The PNSE3 and the PAMA have together the aim of promoting active mobility and its positive effects on health. No further detail is available on the communication plan.

The Particle Plan foresees communication measures only related to mobility and pollution peaks.

The PST3 foresees no general communication campaign, only support measures for companies to communicate on quality of life at work.

Funding is another indicator of government support, yet there is no information available about the **funding** of these plans, except for the Particle Plan, where this information is inconsistent.

PNNS3 develops the **nationwide coordination** of the cities and regions that are actively taking part in the PNNS (“Active PNNS Cities”, “Active PNNS Departments”, etc.), aiming to harmonize and develop synergies between the actions of the various regional stakeholders.

As support for companies, it aims at creating an exchange database and organizing a national conference every two years as an opportunity for representatives of “Active PNNS Businesses” to meet and share best practices.

The SNDDS emphasizes collaboration between Health and Sports Ministries, as well with key political stakeholders. International exchange is also strongly highlighted.

The Obesity Plan, with its Action 36, aims to **encourage international exchanges** regarding health policies targeting obesity, by setting up European or international workgroups tasked with harmonizing practices.

The Cancer Plan strongly underlines the **collaboration between professionals and structures at regional level**, in order to harmonize and consolidate best practice, but also international level.

The PNSE3, through the AdHoc Group, foresees to **enhance and promote local voluntary initiatives** that build sustainable logistics in cities.



The PST3 puts a special value on **bringing together social actors and social security**, under the stewardship of the state, in defining policies and enhancing common experience and knowledge.

## National projects for HEPA promotion

To build a complete image of the HEPA at national level, we now move forward to identifying the projects and initiatives in place.

- **National Resource Center for Sport and Health** (*Pole Ressources National Sport Santé*) - PRN2SBE

The National Resource Center for Sport and Health [36] has been set up in 2013 by the **Ministry of Sport**, with the objective of supporting the promotion of physical activity and sports as a health improving factor. It represents a **support tool** at national level for all the stakeholders of this field. The center's missions are:

- Build a relevant document database
- Provide expertise, counseling and support
- Promote et develop physical activity and sports as a mean to improve health
- Identify and enhance innovative projects and ideas

- **National Centre for Sports Development** (*Centre National pour le Développement du Sport - CNDS*)

The CNDS [37] is a public administrative body, created in 2006 under the stewardship of the **Ministries of Sport and Finance**.

Its missions are to:

- **Develop practice of sports for all public and support associations in this respect**
- **Promote health enhancement through sports practice**
- Contribute to expand sport infrastructures (subsidies)
- Support main sports events and encourage access to high level sport
- Improve safety of practice and build frameworks

The CNDS is financed with taxes on national lottery games and sports betting, and financial rights for retransmissions of sport events. It has both national and regional governance.

**In 2013 a dedicated fund has been created for health enhancement through sports practice, as a priority for that year.** Another special fund was dedicated to the purchase of material needed for practice of disabled persons.

- **Sport & Health project of the National Olympic and Sportive Committee** (*Comité National Olympique et Sportif Français CNOSF*)

The **CNOSF** is an association which represents the International Olympic Committee in France. It is also responsible to bring together the French sports federations, and build a national representation of French sports.

The Sport & Health project has been developed by the medical commission of the CNOSF since 2006 [38], and **aims to promote sports as part of primary, secondary and tertiary health prevention.**

Sports federations have been encouraged to form internal Sport Health committees in order to create an expertise on the topic and have been provided several methodological tools. Their actions should aim to promote health to their members, promote their specific sport as a mean to improve health, make practice more accessible to special populations like elderly or people suffering from chronic disease, and enhance existing sport-health offers.

A collection, known under the name « Vidal du Sport », containing adapted sport activities for specific medical conditions is in progress. This will represent a tool for medical doctors in their prescriptions of physical activity.

- **French Federation for Physical Education and Voluntary Gymnastics** (*Fédération Française d'Éducation Physique et de Gymnastique Volontaire FFEPGV*)

The FFEPGV [39] is a volunteering-based NGO, a multi-sport federation that gathers more than 7,000 associations and over 500,000 members. Its objective is to enhance sports activity and decrease levels of physical inactivity for general population.

Since 1990, reinforcing its objective to decrease the level of physical inactivity, it has developed the Sports Health concept. Through its activities, the Federation develops the sportive activity as a mean to well being, social and personal development.

They propose a variety of information on sports and health, as well as adapted activities for all target groups within their member clubs.

- **National Federation Sports for All** (*Fédération Française Sport pour Tous*)

The National Federation Sports for All [40] is an association that makes available a wide range of sports and physical activities, adapted to all types of public and all ages. It is certified by the **Ministries of Sports and Labor** and gathers more than 3.000 sports associations. One of its three focus areas is health and well being, encouraging people to practice a physical activity and offering activities adapted for persons suffering of chronic diseases.

- **PNNS (Programme National Nutrition Santé)**

The PNNS represents the implementation of the PNNS3 policy. From the information available, the PNNS does provide several information tools for the public and professionals, and has set up the main national communication campaigns. Yet it cannot be assessed if the actions foreseen to increase access to sports, adapt and customize

training, adapt and expand infrastructures, develop active modes of transport and adapt urban policies are being implemented.

- **Physical activity and cancer**

At the initiative of CAMI [41], an NGO dedicated to offering adapted physical activity to persons suffering of cancer, a university diploma has been put in place at the University of Medicine in Paris, which trains sport educators for HEPA adapted to cancer patients. This diploma and the work of CAMI are yet little promoted at national level, especially among relevant public.

- **Communication campaigns**

- The main communication campaign “**Manger Bouger**” is implemented by the **Ministry of Health and the National Institute for Prevention and Health Education (INPES)** as part of the PNNS. The website [42] provides information and tools for the general public, including arguments and advice, and a list of places for practice. Additionally, it provides a separate page for professionals (health professionals, regional actors and companies), including flyers, posters, booklets, tools for event organization, sign systems for different settings and two exchange networks, one for regional actors and one for companies.
- **Sentez-Vous Sport** is a national campaign to promote the positive effects of sports, aimed at the general population [43]. It was organized in 2014 by the **CNOSF**. The program included sport events and conferences, and gathered 6 million participants over 11.000 locations.
- **National communication events**: European sports week, organized in September 2015 as part of the European initiative and supported by the Easmus+ program [44], National day of Family Sports, etc.

- **Enhancement of biking and walking, multimodal mobility projects**

- The ‘Bike and train’ tool by SNCF provides all information needed to facilitate the multi-modal mobility and encourage biking tourism [45].
- Support tool developed by the PNNS for local communities to set up a signage system to encourage walking [46].
- Guide on active mobility developed by the French School of Public Health (EHESP) and the OMS as a methodological tool for local administration in the development of active mobility [47]
- The French WHO Healthy Cities network (Villes santé OMS) is a national network set up under the stewardship of the WHO, which serves as a connector and guide for cities, helping them to improve general health status of their inhabitants. One of their topics is enhancement of walking and biking in cities [48].

- The Club of bike-friendly Cities and Regions (*Club des villes et territoires cyclables*) is an association of cities and regional communities, which supports the development of active mobility, related policies and urban development. The network has built partnerships with local and international actors and has a strong political influence (Club of parliamentary supporting biking, lobby for changes in traffic regulations, etc.) [49]
- PNNS Network of Active Cities (*Réseau villes actives PNNS*) is a network and tool set up as part of the PNNS to encourage exchange between cities in the development of the PNNS mission. [50]
- **Projects foreseen for the next two years at political level**
  - Environment: new urban planning policy
  - Surveillance and health monitoring systems: implementation planned for November 2015 of a national survey: National Observatory for Physical Activity and Sedentarity Education: introduction of six hours on HEPA in the curriculum of health professionals
  - Mobility: increase the coverage of cycling tracks, provide free access to sport equipment, reduce speed of cars in towns, decrease access of cars in the centre of cities

## Projects assessment

There are several projects and initiatives in place at national level, the main ones set up by the Ministry of Sports (National Resource Center for Sports and Health and National Centre for Sports Development) represent a coherent, yet not holistic implementation of its HEPA policies. In addition, the CNOSF initiative Sports and Health has the same target (prevention through sports and involvement of sport federations), but seems to be completely independent of the first ones.

In addition, the PNNS focuses mostly on information and communication, and seems not to be integrated with the projects mentioned before.

The actions of the National Federation Sports for All are certified by the Ministry of Sports, yet it is not clear if they work together and share resources.

An important initiative is the one of the NGO French Federation for Physical Education and Voluntary Gymnastics, which focuses its work and expertise on sports for health. Yet it is not integrated in the national policy and bases its work on voluntary contribution.

Other NGOs, like CAMI Cancer, promote sport for chronic disease, but they have a hard time to get political support and be integrated in a national development dynamic.

In terms of communication campaigns, we observe parallel initiatives (PNNS and CNOSF), that have similar targets but are not at all integrated. One is led by the Ministry of Health, the other by the Ministries of Sports and Education.

Finally, concerning multi modal mobility, we identified only the SNCF initiative at a national level. Implementation in this field seems to be mainly developed at regional level,

coordinated by several associations of cities or regions (Club of bike-friendly Cities and Regions, Réseau villes actives PNNS, etc).

There is no project that focuses in particular on adults between 25 and 45 years and their specific needs.

## 5. Discussion

The previous chapters present HEPA policies and projects in France at national level. Their analysis has been done based on the key elements for a successful implementation proposed by the WHO HEPA PAT. This tool provided an easy, complete and well-structured methodology to scan the information and pinpoint relevant elements.

### Strengths and weaknesses

Based on this analysis, we could summarize the strength and weaknesses of the national situation:

Strengths	Weaknesses
<ul style="list-style-type: none"><li>▶ political commitment and inter-ministerial approach</li><li>▶ evidence and practice based policies</li><li>▶ multi-stakeholder consultative approach</li><li>▶ multiple strategies aiming to build an environment globally favorable to the practice of physical activity</li><li>▶ constant focus on populations which are underprivileged or have special needs (chronic disease, disabled, etc.)</li><li>▶ support for network building and specialized exchange at national and international level</li><li>▶ several associations and projects successfully implemented at national level</li></ul>	<ul style="list-style-type: none"><li>▶ lack of long term vision. All plans are developed for periods of 2-5 years, with continuations in some cases</li><li>▶ lack of concrete implementation plans, including concrete targets, deadlines and evaluation criteria.</li><li>▶ lack of comprehensive and specific communication at national level</li><li>▶ lack of sustainable financing means</li><li>▶ no consistent involvement of private sector and insurance companies</li><li>▶ no enhancement of physical activity practice in the workplace setting</li><li>▶ projects in place cover a small part of the politically foreseen actions</li><li>▶ no coordination and resource sharing between projects</li></ul>

### Opportunities and recommendations

#### Better management at national level

In terms of management at national level, improvement can be made following the example of the United Kingdom. Sport England [54] is a non-departmental public body under the Department for

Culture, Media and Sport. Its role is to build the foundations of a community sport system by working with national governing bodies of sport, and other funded partners, to grow the number of people doing sport. They represent the interface between government, public bodies, private actors, sports associations and the public. They manage funding, support local implementation of projects and develop nationwide communication campaigns.

A French equivalent of Sport England, adapted to national specificities, could help increase visibility of political commitment, find new financing sources and manage implementation in a more operational way.

### **Address HEPA promotion in the workplace setting**

An essential element, which we could identify as missing, is the absence of HEPA in companies. It is surprising that the PST3 does not mention at any point physical activity, and there is no policy or tax incentive to this respect.

For example, in Germany, promotion of health at work has been on the agenda of the Ministry of Health for several years. Insurance companies are obliged by law to implement measures to improve health at work, including adapted physical activity practice, and companies receive operational support and tax incentives [51]. Moreover, health management at work is taught as a bachelor or master specialization in universities and there is a multitude of consulting companies specialized in the field.

Given the proven positive effects on productivity at work and savings on health expenditures [19], development of health measures at work should be a major focus of HEPA policies. Employers, insurers and sport providers should be involved as major stakeholders. Special attention should be given to small and medium companies, which have no means to invest in HEPA measures.

Newly, companies are obliged by law to provide complementary health insurance to all employees as of 2016 [52]; this momentum can be used as a leverage for HEPA promotion. Insurers can differentiate their offer with HEPA activities and specific reimbursements, companies can develop internal projects and ask for external support from insurers, and policies can include specific HEPA requirements. To make sure the new measures get full support and commitment, the management of companies should be trained on the importance of HEPA.

Additionally, the EU Physical Activity Guidelines [53] formulate several recommendations for enhancing physical activity at work, which should be taken into consideration:

- Access to adequately equipped indoor and outdoor exercise facilities;
- Availability, on a regular basis, of a physical activity professional for joint exercise activities as well as for individual advice and instruction;
- Support for workplace-related sport participation;
- Support for using cycling and walking as transportation to and from the workplace;
- If the work is monotonous or heavy to the extent that it implies an increased risk of skeletal muscle disorders, access to exercises specifically designed to counteract these diseases;
- A physical activity-friendly working environment.

- National health certificates could be awarded to workplaces where a healthy physically active lifestyle is given high priority.

### **Focus on adults between 25 and 45 and specific target groups**

At present there is no specific focus of politics or projects on adults between 25 and 45 yo, while, as we mentioned before, this age range is essential in terms of chronic disease prevention. When adult population is addressed, is usually referred as persons between 18 and 65 years old. The specific target groups considered are only people with a disability or suffering from chronic disease. Yet, the adult population has much more specificities and each must be considered in order to sustainably implement HEPA: working or unemployed, single or with families, men and women, etc.

More specifically, HEPA promotion could be targeted to specific groups, like women, unemployed and medical personnel.

Women have a different perception than men on the practice of physical activity, have different responsibilities in the household, and practice less than their male counterparts [18].

Unemployed persons need special support (especially financial and motivational) in order to increase their practice.

Medical personnel, who on one hand have challenging working schedules and conditions, and on the other stand as example for their patients and general population, should set the example in terms of healthy living and HEPA practice. At present there is no action that integrates physical activity into their work environment and specific schedules.

### **Limitations of the study**

Due to lack of resources, the sub-national part of the analysis had to be excluded. Also, because of focus on adults between 25 and 45 yo, target groups like children, teenagers and elderly have not been considered.

These elements are an essential part of the HEPA policies and should be included in further assessments, in order to obtain a complete image of HEPA in France

Furthermore, this analysis is based on publicly available information, collected from websites and different publications. In order to insure the completeness of information, key political representatives should be interviewed.

## **6. Conclusion**

The interest of this work is to give a first overview of French HEPA policies at national level, which was not available before. The use of the WHO HEPA PAT was essential in order to align the

results to a European and global context, allowing comparability between France and other countries and a best-practice exchange.

This analysis confirms a **clear awareness at political level** about HEPA and its positive role in health promotion and health economics. Sustained by politics at European and global level, the national strategy has a good momentum.

Yet, political willingness must be emphasized by **appropriate financial means**, by better **coordination** and **management at operational level** and a **more specific communication**.

The focus on the young adult population and specific target groups must be considered, especially for the benefits it can bring to chronic disease prevention.



# Bibliography

1. Lee M, Shiroma E, Lobelo F, et al. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy, *The Lancet* 2012, Vol 380 (9838), 219–29
2. Expertise collective INSERM - Activité physique contextes et effets sur la santé- 2008 <http://www.ipubli.inserm.fr/handle/10608/80> (accessed on 25 april 2015)
3. World Cancer Research Fund – Evidence and judgments - Chapter 5 Physical Activity, 2007
4. WHO Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT), 2011 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0006/151395/e95785.pdf](http://www.euro.who.int/_data/assets/pdf_file/0006/151395/e95785.pdf)
5. European Commission - Special Eurobarometer 412 – Sport and physical activity [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/ebs\\_412\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/ebs_412_en.pdf) (accessed on 21 Mai 2015)
6. Wen C., Wai J, Tsai M., - Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study, *The Lancet* 2011, DOI:10.1016/S0140-6736(11)60749-6
7. World Health Organization. Global recommendations on physical activity for health. Geneva, Switzerland: WHO Press; 2010
8. Arem H, Moore SC, Patel A, et al. Leisure Time Physical Activity and Mortality. A Detailed Pooled Analysis of the Dose-Response Relationship, *JAMA Intern Med* 2015: e1-e9. doi:10.1001/jamainternmed.2015.0533
9. WHO Physical Activity and Adults - Recommended levels of physical activity for adults aged 18 - 64 years [http://www.who.int/dietphysicalactivity/factsheet\\_adults/en/](http://www.who.int/dietphysicalactivity/factsheet_adults/en/) (accessed on 5 Mai 2015)
10. CDC - How much physical activity do adults need? <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html> (accessed on 5 Mai 2015)
11. British Heart Foundation National Centre - Making the case for physical activity, 2014 <http://www.bhfactive.org.uk/files/1368/makingthecase.pdf> (accessed on 5 Mai 2015)
12. DREES - Direction de la recherche, des études, de l'évaluation et des statistiques - L'état de santé de la population en France - Édition 2015
13. AMELI Santé – l'assurance maladie - Statistiques et publications <http://www.ameli.fr/l-assurance-maladie/statistiques-et-publications/index.php> (accessed on 25 April 2015)
14. OMS. Organisation Mondiale de la Santé - Maladies chroniques [http://www.who.int/topics/chronic\\_diseases/fr/](http://www.who.int/topics/chronic_diseases/fr/) (accessed on 25 April 2015)
15. OMS. Les maladies chroniques et leurs facteurs de risque communs [http://www.who.int/chp/chronic\\_disease\\_report/media/infomation/factsheets\\_FR\\_web.pdf](http://www.who.int/chp/chronic_disease_report/media/infomation/factsheets_FR_web.pdf) (accessed on 25 April 2015)
16. Haut Conseil de la Santé Publique - Actualité et dossier en santé publique n° 72 Les maladies chroniques, 2010
17. Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, Jean-François Toussaint - PNAPS - Plan National de prévention par l'Activité Physique ou Sportive, 2008 <http://www.sante.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> (accessed on 21 Mai 2015)
18. Troisième enquête nationale sur le niveau d'activité physique ou sportive des Français. Assureurs Prévention, Juin 2014 [https://www.assureursprevention.fr/sites/upload/docs/aplication/pdf/2014-06/dossierpresseaps\\_12juin2014.pdf](https://www.assureursprevention.fr/sites/upload/docs/aplication/pdf/2014-06/dossierpresseaps_12juin2014.pdf) (accessed on 21 Mai 2015)
19. Hospinomics - Évaluation économique des bénéfices du sport sur la santé : Rapport de faisabilité, 2014
20. WHO International inventory of documents on physical activity promotion <http://data.euro.who.int/PhysicalActivity/> (accessed on 17 Mai 2015)
21. French Ministry of Social Affairs and Health – 3<sup>rd</sup> French National Nutrition and Health Program PNNS3 2011-2015
22. Ministère des Sports - La Stratégie Nationale de Développement Durable du sport, 2010
23. Ministère de la Ville, du Sport et de la Jeunesse - Plan national sport santé bien-être, 2013
24. Secrétariat General des Ministères chargés des Affaires Sociales - INSTRUCTION No DS/DSB2/SG/DGS/DS/DGCS/2012/434 du 24 décembre 2012 relative à la mise en œuvre opérationnelle des mesures visant à promouvoir et développer la pratique des activités physiques et sportives comme facteur de santé publique, annoncées en conseil des ministres du 10 octobre 2012.
25. Ministère de la Santé - Le projet de loi de modernisation de notre système de santé <http://www.social-sante.gouv.fr/espaces.770/sante.2319/loi-de-sante.3013/le-projet-de-loi-de-modernisation.3014/> (accessed on 22 Mai 2015)
26. Ministère de la Santé, Projet de loi de santé - Changer le quotidien des patients et des professionnels de santé, 2014
27. Assemblée Nationale – Amendement No.917 <http://www.assemblee-nationale.fr/14/amendements/2673/AN/917.asp> (accessed on 5 June 2015)

28. French Ministry of Social Affairs and Health – French Obesity plan 2010-2013
29. Institut National du Cancer – Plan Cancer 2014-2019 <http://www.e-cancer.fr/le-plan-cancer> (accessed on 22 Mai 2015)
30. Loi Grenelle 2, 2010 [http://www.developpement-durable.gouv.fr/IMG/pdf/Grenelle\\_Loi-2.pdf](http://www.developpement-durable.gouv.fr/IMG/pdf/Grenelle_Loi-2.pdf) (accessed on 22 Mai 2015)
31. French Ministry of Social Affairs and Health and the Ministry of Ecology and Sustainable Development - 3rd National Plan for Environment and Health (3ème Plan national santé environnement – PNSE3) 2015-2019
32. Club des Parlementaires pour le vélo - L'indemnité kilométrique vélo reste dans la Loi pour la transition énergétique, 2015 [http://www.villes-cyclables.org/modules/kameleon/upload/2parlementaires\\_CP\\_20150521.pdf](http://www.villes-cyclables.org/modules/kameleon/upload/2parlementaires_CP_20150521.pdf) (accessed on 22 Mai 2015)
33. Ministère de l'Ecologie, du Développement Durable, des Transports et du Logement – Fiches Plan Particules, 2011
34. Ministère du Travail, de la Solidarité et de la Fonction Publique – Plan Santé au Travail 2010-2014
35. Ministère du Travail, de la Solidarité et de la Fonction Publique - Les orientations retenues par le groupe permanent d'orientation du COCT pour le troisième Plan Santé au Travail (PST3), 2014 [http://travail-emploi.gouv.fr/IMG/pdf/Orientations\\_pour\\_le\\_PST3.pdf](http://travail-emploi.gouv.fr/IMG/pdf/Orientations_pour_le_PST3.pdf) (accessed on 22 Mai 2015)
36. Ministère de la Ville, du Sport et de la Jeunesse – Pole Ressources National Sport et Santé <http://www.sports.gouv.fr/pratiques-sportives/sante-bien-etre/Le-Pole-Ressources-national-Sport-et-Sante-11176/> (accessed on 2 June 2015)
37. Ministère de la Ville, du Sport et de la Jeunesse – CNSD Rapport d'activité 2013 [http://www.sports.gouv.fr/IMG/pdf/cnds\\_rapport\\_2013\\_w eb.pdf](http://www.sports.gouv.fr/IMG/pdf/cnds_rapport_2013_w eb.pdf) (accessed on 22 Mai 2015)
38. CNOSF - État d'avancement du Projet "Sport Santé" de la commission médicale du CNOSF [http://franceolympique.com/art/3969-etat\\_davancement\\_du\\_projet\\_sport\\_sante\\_de\\_la\\_commission\\_medicale\\_....html](http://franceolympique.com/art/3969-etat_davancement_du_projet_sport_sante_de_la_commission_medicale_....html) (accessed on 2 June 2015)
39. Fédération Française d'éducation Physique et Gymnastique Volontaire <http://www.sport-sante.fr/ffepgv/> (accessed on 10 June 2015)
40. Fédération Nationale Sport pour Tous [www.sportspourtous.org](http://www.sportspourtous.org) (accessed on 22 Mai 2015)
41. Sport et cancer CAMI [http://www.sportetcancer.com/Le-diplome-universitaire-fr\\_1\\_5324.html](http://www.sportetcancer.com/Le-diplome-universitaire-fr_1_5324.html) (accessed on 22 Mai 2015)
42. Manger Bouger [www.mangerbouger.fr](http://www.mangerbouger.fr)
43. Sentez Vous Sport <http://sentezvousport.fr/accueil.php>
44. Erasmus+ France <http://www.erasmusplus-jeunesse.fr/blog/131/17/Erasmus-Sport-Publication-de-l-appel-a-projets-Semaine-europeenne-du-sport-2015.html> (accessed on 22 Mai 2015)
45. SNCF Vélo <http://www.velo.sncf.com/voyager-avec-son-velo/votre-velo-dans-le-trains/> (accessed on 22 Mai 2015)
46. Ministère de la Santé & INPES – Manger Bouger : Kit d'accompagnement des collectivités locales pour la mise en place d'une signalétique piétonne
47. Presse de l'EHESP – Mobilités actives au quotidien – Le rôle des collectivités, Réseau français des Villes-Santé de l'OMS, 2013
48. Réseau français des Villes-Santé de l'OMS [www.villes-sante.com](http://www.villes-sante.com)
49. Club des Villes et Territoires Cyclables <http://www.villes-cyclables.org/>
50. Réseau Villes Actives PNNS <http://reseauvillesactivespnns.fr/>
51. German Ministry of Health – Health promotion at work <http://www.bmg.bund.de/themen/praevention/betrieblich-e-gesundheitsfoerderung.html>
52. Service Public - Mutuelle d'entreprise : les obligations de l'employeur, 2015 <http://www.service-public.fr/professionnels-entreprises/actualites/007383.html>
53. European Commission - EU Physical Activity Guidelines Recommended Policy Actions in Support of Health-Enhancing Physical Activity, 2008 [http://ec.europa.eu/sport/library/policy\\_documents/eu-physical-activity-guidelines-2008\\_en.pdf](http://ec.europa.eu/sport/library/policy_documents/eu-physical-activity-guidelines-2008_en.pdf) (accessed on 21 Mai 2015)
54. Sport England [www.sportengland.org](http://www.sportengland.org) (accessed on 9 June 2015)
55. Ministère de la Santé – Activité physique et santé – Les Recommandations <http://www.sante.gouv.fr/les-recommandations.html> (accessed on 9 June 2015)