Prof. Stjepan Heimer, PhD, MD
Faculty of Kinesiology University of Zagreb, Croatia

HEPA AND SRM COOPERATION
– A WIN-WIN APPROACH

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WHO statement is:

“Physical activity is a fundamental means of improving people’s physical and mental health. It reduces the risks of many noncommunicable diseases and benefits society by increasing social interaction and community engagement.”
WHO statement is:

Physical activity is not just a public health issue; it also promotes the well-being of communities and the protection of the environment, and comprises an investment in future generations.”
KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

Every year, physical inactivity is responsible for 600,000 deaths in the European Region (about 6% of the total), and overweight and obesity cause over 1 million more.
Physical inactivity accounts for 5.3 million disability-adjusted life-years (about 3.5% of the total) in the European Region.
More than half of the European population is not active enough to meet health recommendations.
In particular, two thirds of the adult population (people aged over 15 years) in the European Union (EU) do not reach recommended levels of activity (30 minutes/day on most week days).
KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

On average, only 31% of respondents in a European survey reported sufficient physical activity.

The trend in the European Region is towards less activity, not more.
Only 34% of European young people aged 11, 13 and 15 years reported enough physical activity to meet current guidelines. In most countries, boys were more active than girls and activity declined with age in both sexes.
Proportions of active young people vary widely between countries, ranging from 11% of girls and 25% of boys in France to 51% of girls and 61% of boys in Ireland among 11-year-olds.
• Similar variations existed among the other groups; for example, the proportion of active 15-year-old boys was 49% in the Czech Republic and 25% in Portugal.
KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

• Inequalities between countries are rising, with those in the eastern part of the European Region bearing the heaviest burden.
Different socioeconomic groups also show inequalities: poorer people have less free time and poorer access to leisure facilities, or live in environments that do not support PA.
Emerging estimates of the direct (health care) and indirect costs of physical inactivity (loss of economic output due to illness, disease-related work disabilities or premature death) are alarming.
KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

On the basis of two studies, in Switzerland and the United Kingdom, physical inactivity can be estimated to cost each of the European Region's countries about €150-300 per citizen per year.
### HEPA AND SRM PARALLEL OPERATIVE COOPERATION LEVELS

**HEPA SYSTEM**
- SPECIAL COMPLEMENTARY HEALING PA PROGRAMS
- SPORT CLUBS FOR HEALTH PROGRAMS
  - (TARGETED PRIMARY AND SECONDARY PREVENTION)
- SELF-ELECTED INDIVIDUAL NON ORGANIZED PHYSICAL ACTIVITY;
  SPORT FOR ALL CLUBS WITH GENERAL EXERCISE PROGRAMS

**HEALTH SYSTEM**
- CLINICAL CONDITIONS AND INDICATIONS
- HEPA MEDICAL COUNSEL
  - (MEDICAL EXAMINATION, FUNCTIONAL AND MOTOR TESTING)
- PRIMARY CARE PHYSICIANS
  - (GENERAL SUGGESTIONS AND RECOMMENDATIONS FOR PA)
### HEPA

- **NATIONAL SPORT FOR ALL AND HEPA ASSOCIATIONS**
  - (COMMON NATIONAL POLICY PLANING WITH HEALTH SYSTEM)

- **REGIONAL (COUNTY) SfA AND HEPA ASSOCIATIONS**
  - (COMMON REGIONAL POLICY PLANNING WITH HEALTH SYSTEM)

- **LOCAL SPORT FOR ALL (SfA) AND HEPA ASSOCIATIONS AND CLUBS**
  - (APPROPRIATE HEPA POLICY AND PROGRAMS OFFER)

### HEALTH SYSTEM

- **DEPTS IN MINISTRIES OF HEALTH AND SPORT AND NATIONAL PUBLIC HEALTH INSTITUTE**
  - (COOPERATION WITH SCIENTIFIC INSTITUTES AND NATIONAL LEVEL STAKEHOLDERS; PERSONNEL EDUCATION SYSTEM)

- **HEPA OFFICERS IN COUNTY HEALTH ADMINISTRATION AND PUBLIC HEALTH INSTITUTES**
  - (COORDINATION WITH SfA, OTHER SECTORS AND STAKEHOLDERS)

- **HEPA OFFICER IN LOCAL HEALTH ADMINISTRATION**
  - (COORDINATION WITH SfA, OTHER SECTORS AND STAKEHOLDERS)
CONDITIONS OF HEPA AND HEALTH SERVICE COOPERATION

THE BASIC CONDITION OF HEPA AND HEALTH SERVICE COOPERATION IS MUTUAL RECOGNITION OF PROFESSIONAL COMPETENCE AND QUALITY LEVEL
As the health service in all developed countries has the given quality frames, it is just to make a short insight into the essential quality characteristics of HEPA centers and programs.
1. **Holistic approach to health** based at the main aims of health sport.

2. **Specification of program planning** according to target groups, health effects, contents, method of teaching; a manual or at least a framework-plan should be available.
3. **High qualification requirements of instructors:** the instructors have to go through a special education that focuses on “prevention” or “rehabilitation”. They also have to take part in further education every two years.
4. Organisational requirements: each program has to be carried out at least once a week with a minimum unit-length of 60 minutes; the number of participants is limited to 20.; the rooms and gymnastic halls as well as the teaching aids have to be appropriate.
ESSENTIAL HEPA QUALITY CRITERIA:

5. *Imparting / conveying of knowledge* on health and regular feedback to the participants.

6. *Controlling of effects* of the program via physiological testing and questionnaires to the participants.
TO BECOME PHYSICALLY ACTIVE!

THANK YOU FOR ATTENTION!