

**Sport and
Cultures in
Dialogue**

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HEPA AND SRM COOPERATION – A WIN-WIN APPROACH



Zagreb, 2010 October 1- 3



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.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION



Physical inactivity accounts for 5.3 million disability-adjusted life-years (about 3.5% of the total) in the European Region.

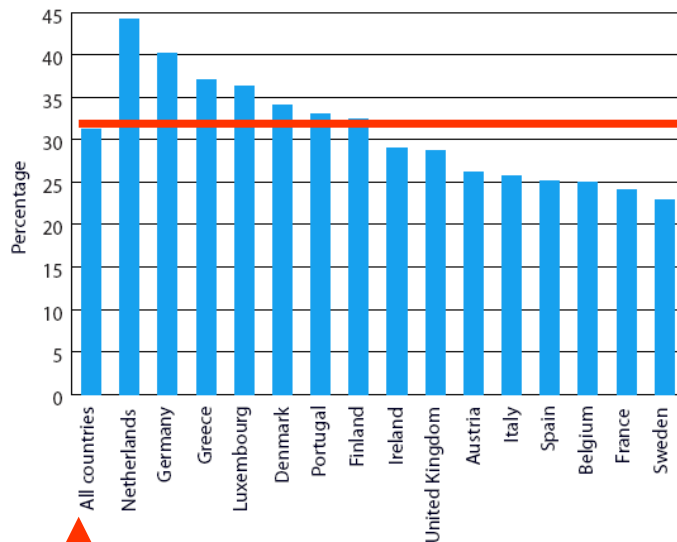
KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION



More than half of the European population is not active enough to meet health recommendations.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

Fig. 1. Proportion of adults (aged 15 years or over)
in the EU classified as sufficiently active, 2002



AVERAGE IN EU

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.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION



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.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

- 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.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION

- 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.

KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION



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



KEY FACTS ON PHYSICAL ACTIVITY IN THE WHO EUROPE REGION



"Gentlemen, I called
this meeting to discuss
absenteeism



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 AND SRM PARALLEL AND VERTICAL COOPERATION IN HEPA PROMOTION

HEPA

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

**REGIONAL (COUNTY) SfA AND
HEPA ASSOCIANTIONS
(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**

CONDITIONS OF HEPA AND HEALTH SERVICE COOPERATION

- 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.

ESSENTIAL HEPA QUALITY CRITERIA:

Hartmann H.: Quality Criteria And Quality Control In HEPA Programs
(Zagreb, 2006)

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.

ESSENTIAL HEPA QUALITY CRITERIA:

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.

ESSENTIAL HEPA QUALITY CRITERIA:

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.



**I WANT YOU
TO BECOME
PHYSICALLY
ACTIVE !**

**THANK YOU
FOR ATTENTION !**