



Generalitat de Catalunya
Agència de Salut Pública de Catalunya

Physical Activity, Sport and Health Plan (PAFES)

Pla d'Activitat Física, Esport i Salut
Health and Sports' Departments of Catalonia

PAAS | Pla integral per a la promoció
de la salut mitjançant l'activitat
física i l'alimentació saludable



**Pla d'Activitat Física
Esport i Salut**

 **Generalitat
de Catalunya**

Problem statement and/or the scientific base (Antecedentes)

□ WHO action plan on physical activity (2018-2030)

“Regular physical activity is proven to help prevent and treat noncommunicable diseases (NCDs) [. . .] can improve mental health, quality of life and well-being. Yet, much of the world is becoming less active”.

□ Physical inactivity is a global problem, responsible for more than 5.3 million deaths each year (*Murray et al. 2016*)

□ 25% of adults and 75% of teenagers do not meet the PA recommendations (*WHO, 2018*)

- 150 minutes per week of moderate intensity PA the general population
- 60 minutes a day for infants and adolescents

Some data on adults healthy habits

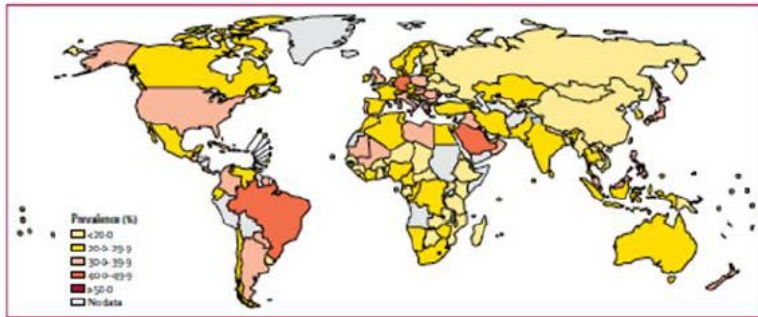
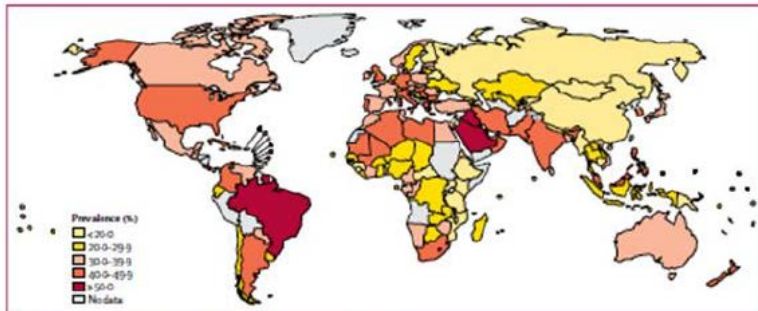


Figure 4. Country prevalence of insufficient physical activity in men in 2016



IF Global 27,5%

♂ 23,4% ♀ 31,7%

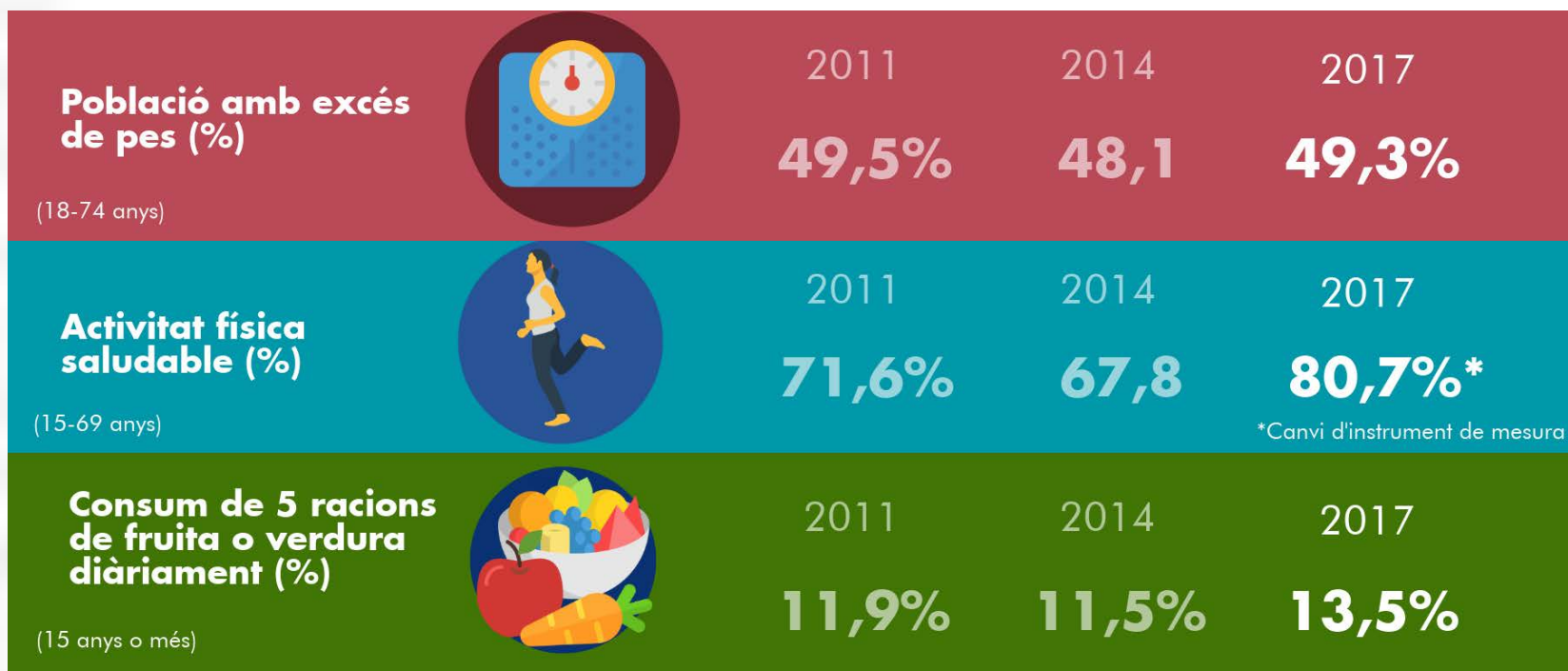
**IF Países occ. renta alta
36,8%**

♂ 34,5% ♀ 35,1%

(+5 points increase from 2001 to 2016)

Some data on adults healthy habits

Catalonia



*Canvi d'instrument de mesura

Main goal and specific objectives of the practice/intervention/project

Increase the % of active adults

Specific objectives:

Capacitation

- Incorporate the advice and prescription of physical activity in the usual practice of primary health professionals
- PA intervention training to primary health professionals

Facilitation

- Identify and enhance the use of community resources
- Networking at local level for PA promotion (various administrations and sectors)



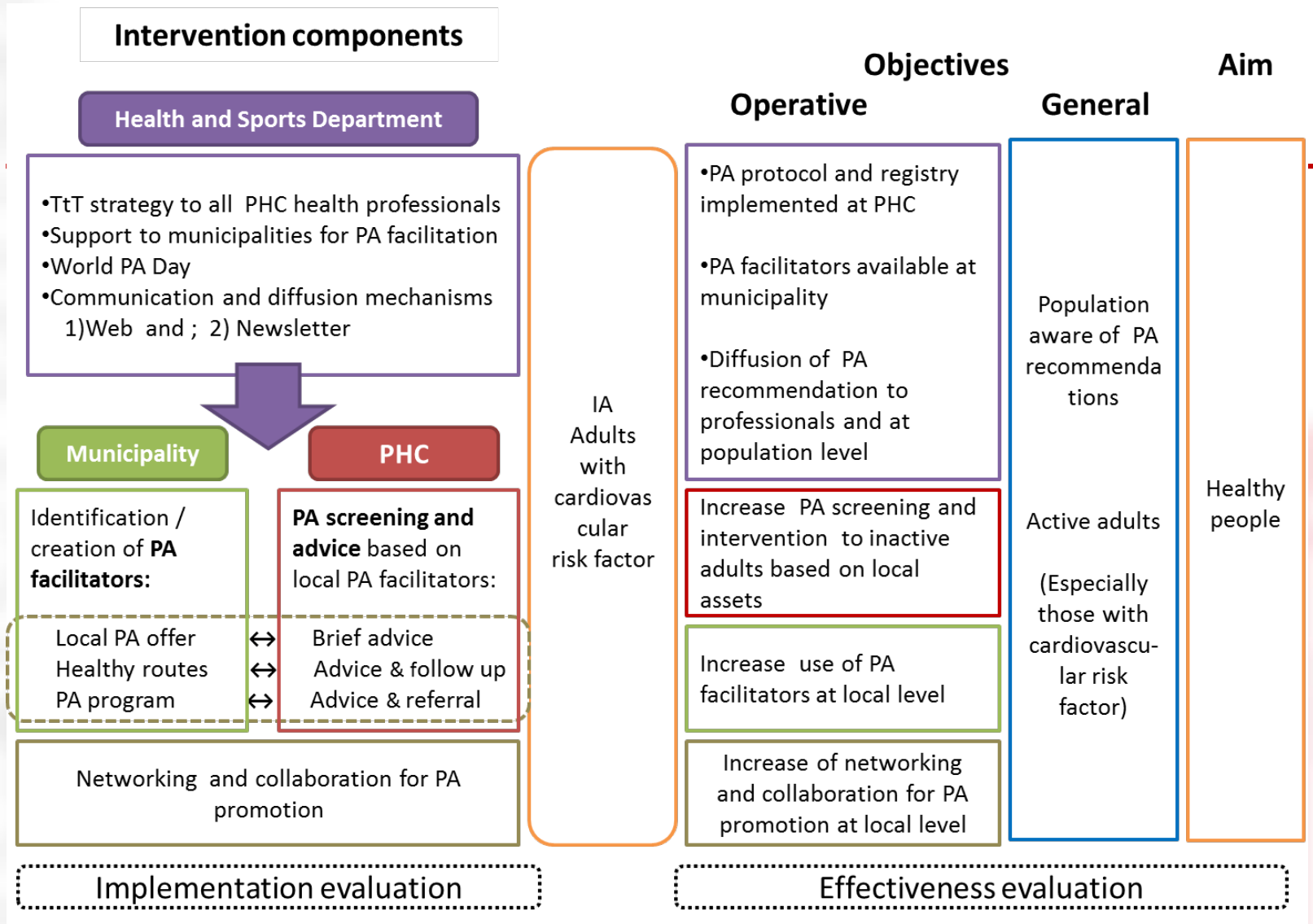
Target population and stakeholders in general

Inactive adults in Catalonia. Special focus on those with cardiovascular risk factor.

Stakeholders:

- Health and Sports' Department
- Primary Health Care providers and professionals (specially nurses)
- Municipalities
- Sports entities

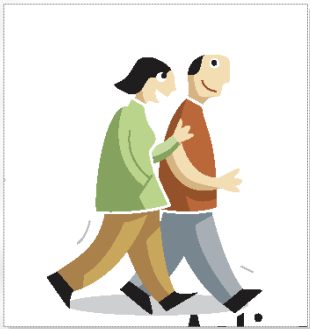
What and how it was implemented



At Primary Health

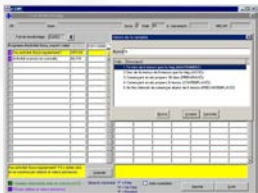


PHC enter point



PA intervention

- Inactive adults – focus on CVRF-
- Based on Stage of Change theory
- PA screening and advice, in 3 levels:
Brief, Assessment or Community Referral



Registry at EMR

Outcomes I

By 2015 implemented in all Primary Health Centers

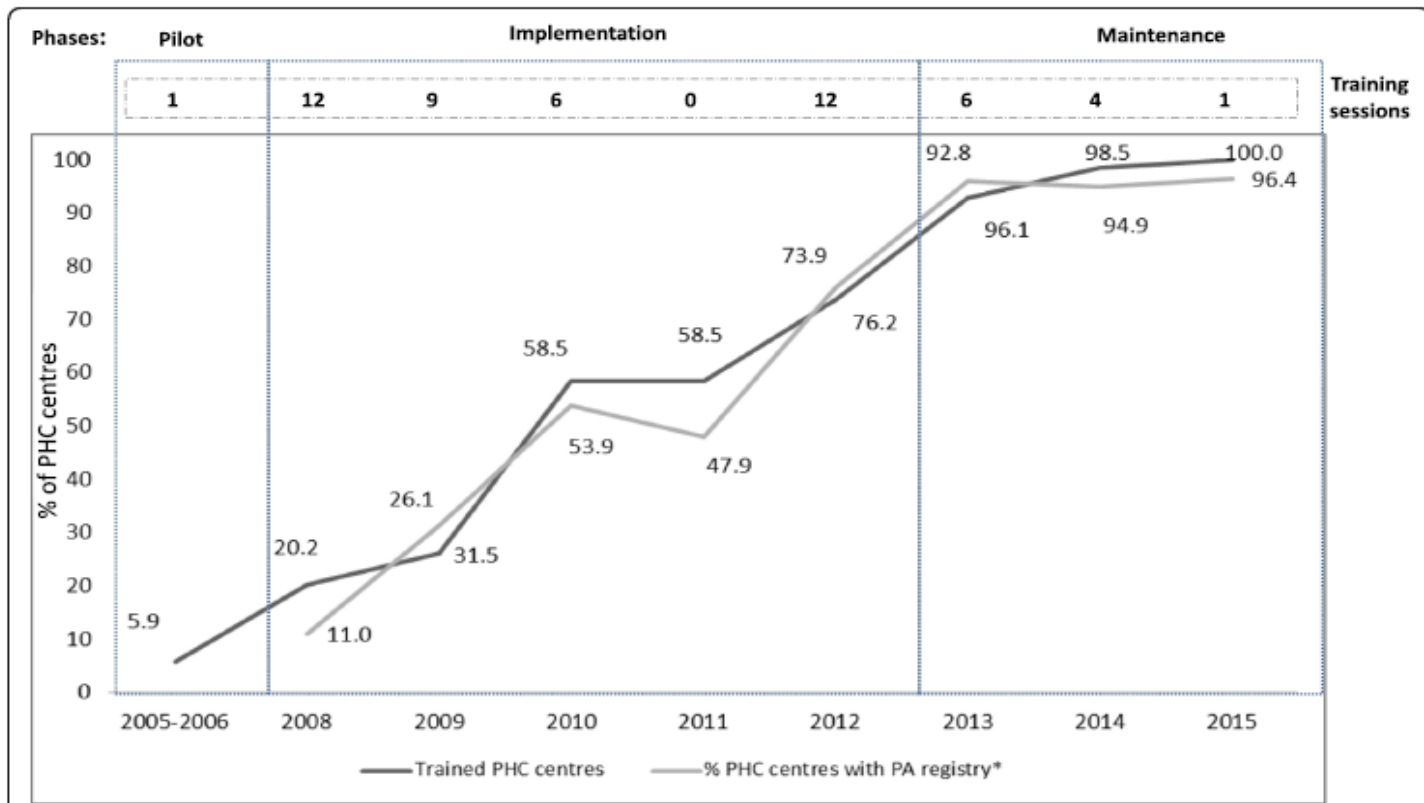


Fig. 5 PHC team adoption: Training sessions, % implementation, Electronic Medical Record registration, by year. PHC, Primary Health Care; PA, Physical Activity; CVRF, Cardiovascular Risk Factors. *Data from ICS Primary Health Care (N 336)

Evolución de EAP formados y registrando AF

Outcomes II

By 2015 PA screening 70%, PA counselling 36%

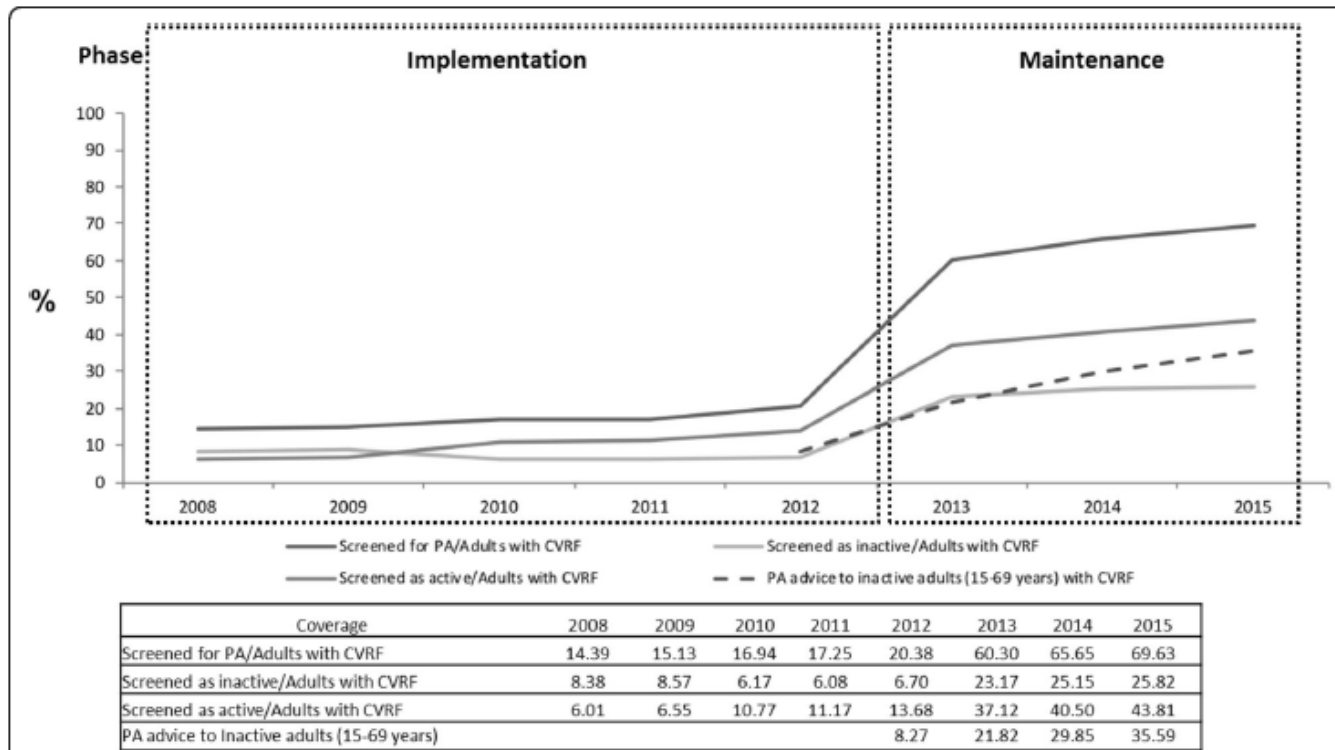
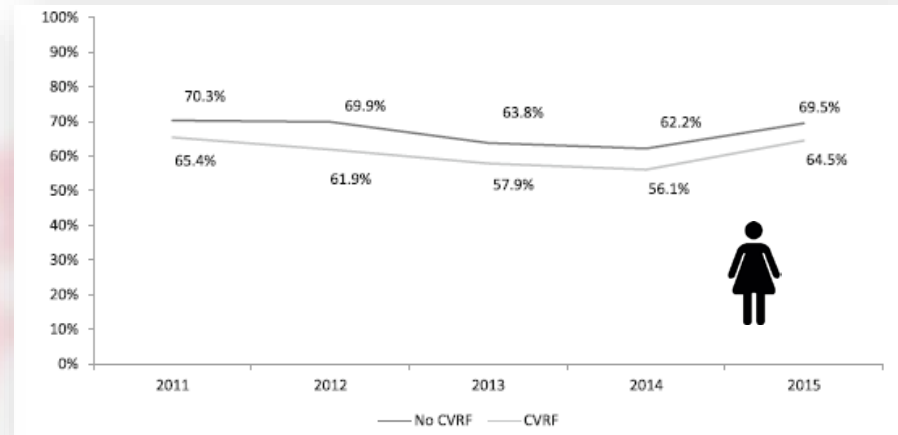
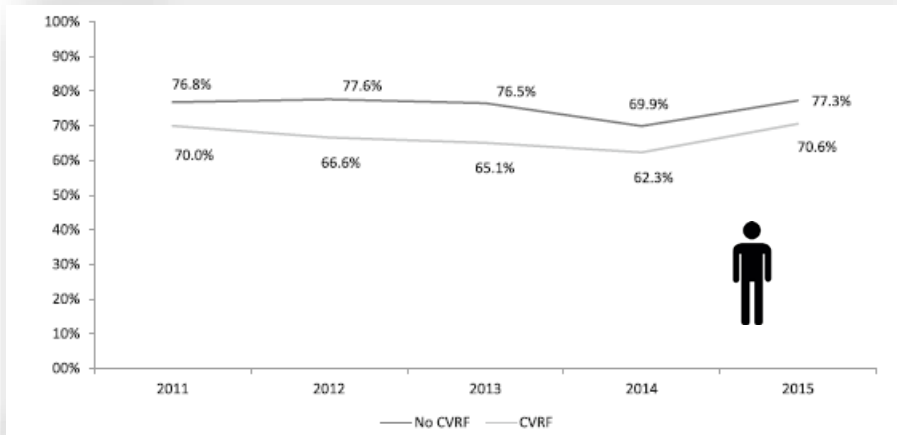


Fig. 2 Primary Health Care coverage for physical activity screening and advice in inactive adults. PA, Physical activity; CVRF, Cardiovascular risk factor; PHC, Primary Health Care; PA screening in adults (> 15 years old) with any CVRF. Source: ICS PHC teams using PAFES PA variables in EMR; PA advice to inactive adults (aged 15-69 years old) with CVRF (2012-2015). Source: Health Department data from all PHC teams of the Catalan Health Institute

Outcomes III

Between 2006 and 2010-13 increase in the % of active people with CVRF



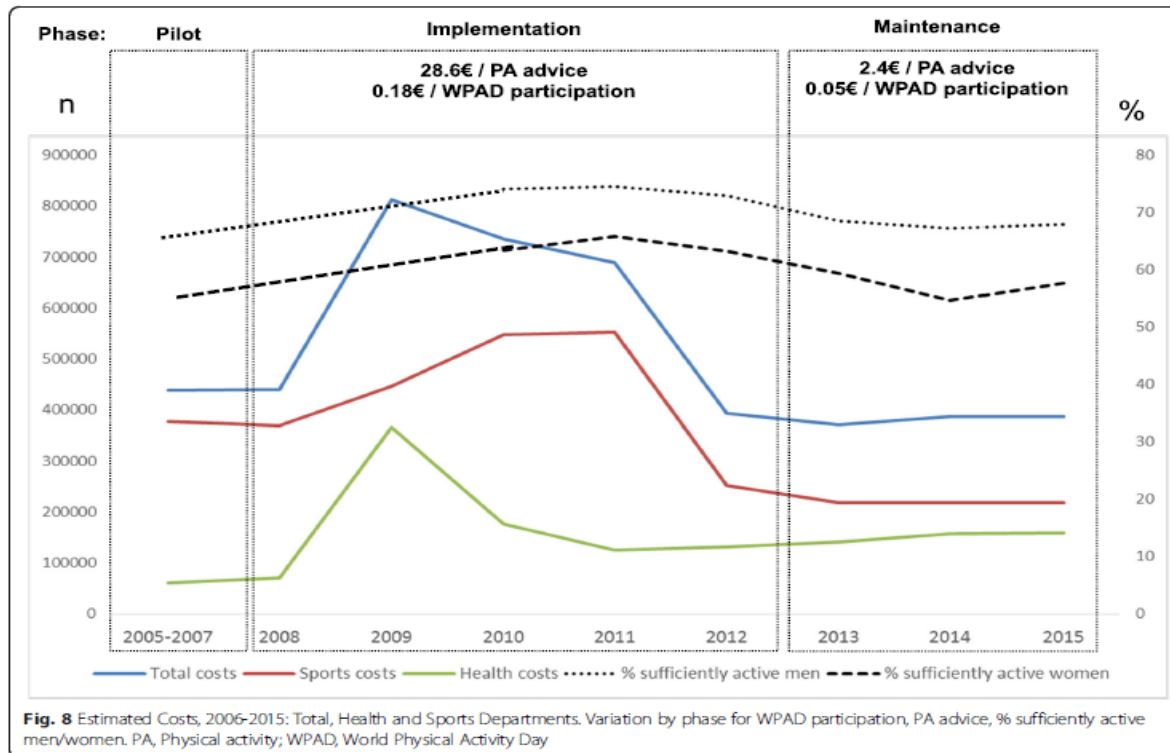
Outcomes IV

Other results

- ❑ **Access to a healthy route at their municipality:** 82,5% of Catalans
- ❑ **WPAD participation** 0,5% (2010) - 2,7% (2015) of Catalans
- ❑ **Process data**
 - ❑ 1,158 Primary Health professionals trained
 - ❑ Web visits 21,893
 - ❑ Know the web* 83,4% and knows the news-bulletin 87,4%
- ❑ **Fidelity (EMR 2008-15)**
 - ❑ 204.401 screening (67,3% active - 32,7% inactive)
 - ❑ 98.380 advices (95,1% reinforcement - 3,9% Motivational Interview - 1,0% PA advice)
- ❑ **Timing** 92,8% PHC teams in 4 años
- ❑ **Cost**
 - ❑ Yearly estimated ≈ 500.000€ (incl. functional cost)
 - ❑ 0,1€/per year and person (15-69 years) between 2005-15

Outcomes V

Cost



Evaluation

□ At individual level:

- PAFES increases the likelihood that inactive people receiving at least one PA advice becoming active.
- The number of CVRF hinders this effect.
- People of lower SE level had more probability of receiving PA advice.

□ At PHC team level:

- PAFES implementation associated with better hypertension control.
- WPAD celebration and having more PA experts at PHC team, associated to a better control of diabetes type 2.
- Relationship among PHC teams celebrating WPAD and higher % of obesity.

□ Population level: effect in mental health

- Moderate-to-High level of PA reduces 1.5 pp the risk of poor mental health (approx.. 14%)
- This translates to lower health-care use: 1 pp reduction in the probability of psychologist/psychiatrist visits
- PAFES allows to overcome selection: from 1.8 pp reduction to 1.1 pp reduction over the whole population

Sustainability aspects

□ Sustainability

- ✓ PAFES included at Health Plans of Catalonia from 2011
- ✓ PA Registry and advice included into the Primary Health contract since 2013
- ✓ Program embedded into the health system

□ Adaptation over the years

- ✓ By 2011 the option of a referral to a Sports Physician stops
- ✓ From 2012 Regional Public Health Services get involved into the program
- ✓ Local adaptation with different degrees of implementation

Possible barriers and enablers and how they were overcome / used

□ Barriers

- Resistance to change from professionals and municipalities → PAFES based in good evidence
- Economical Crisis by 2010 → adjustments to increase sustainability
- High professional turnover → on going training (online offer)
- 3 political changes → PA is a top priority at International level and is included in Health Plans

□ Enablers

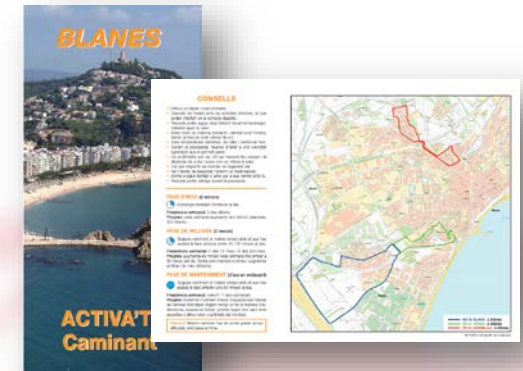
- Economical Crisis by 2010 → Municipalities want to implement sustainable programs with low cost and high visibility
- Cultural shift to PA for Health → Health professionals, municipalities and people keen to implement PA promotion
- Time → Evidence on PA effectiveness advice through PHC increases, and PA advice becomes a normalized practice.

Lessons learned

- ❑ PA promotion program implemented in all Primary Health Care in Catalonia in 10 years with low utilization of resources and low cost.
- ❑ Focused in sustainable changes over the time
- ❑ Embedded into the system
- ❑ Key:
 - Evaluation is key in order to adapt to changing contexts and maintenance
 - On going training (high professionals turnover)
 - Political prioritization

links to online sources where the participants could get more information

- ❑ [PA prescription Guide](#)
- ❑ [Physical activity and Health](#)
- ❑ [WEB PAFES](#)
 - ❑ [Healthy routes by municipality](#)
 - ❑ [PA test](#)
 - ❑ [Tricks to increase your PA](#)
 - ❑ [Resources for Health and Sports professionals](#)
- ❑ [WPAD web](#)



Publications

- Implementation of the World Physical Activity Day in Catalonia, 2018
- Promoting physical activity through primary health care: the case of Catalonia, 2018

Antoni Plasencia, Carmen Cabezas, Conxa Castell, Mariona Violan, Maica Rubinat, Lidia Ferrer, Juanjo García, Carles Miñarro, Divina Farreny, Daniel Lara, Alba Pardo y Albert Navarrete, Josep M Pons, Eulalia Roure, Alfons Sancho, Carles Mundet, Anna Osanz, Dolors Coll, Josep Maria Oliva, Francesc Casadesús, Teresa Hernandez, Belén Escalada, Estrella Lalueza, Paulina Viñas, Griselda Esquerro, Maria Ferré, M Angels Rallo, Antonia Casademunt, Francesc Güell, Remei Juncadella, M Salut M, Maria Rodriguez, Xavier Sintes, Mireia Rod, Montané, Maria Carme Martí, Santi Gon, Maribel Pasarín, Montse Vergara, Andre, Montse, Nene, Nuria, Agustí, Jaume, Noe, las Marías, Gemma M, Joan Lozano, Marta Aldea, Katherin Bazo, Laura Oliveras, Marina Pallarés, Kaite Nokuthula, Julen Eg, todos los profesionales que cada día hacen promoción de la actividad física desde sus centros de atención primaria y recursos comunitarios.



<http://canalsalut.gencat.cat>

www.pafes.cat