

# ROUNDTABLE REPORT: ACTIVE LIVING FOR PREVENTION, CURE AND CARE

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## INTRODUCTION

On the 13<sup>th</sup> of June 2018, the University of Copenhagen Lifestyle, Obesity and Metabolism Platform and Copenhagen EU Office organised a roundtable meeting on active living for health enhancement, prevention, treatment and wellbeing. The meeting gathered experts in public health, epidemiology, biomedicine, technology design and social sciences. The participants came from universities in Denmark, the Netherlands, Scotland, Ireland, the European Platform for Sports Innovation (EPSI) and the European Commission.

The objectives of the meeting were to:

- Discuss and demonstrate the potential of promoting life long active living in contributing to the UN sustainable development goal *Ensure healthy lives and promote well-being for all at all ages*
- Recommend specific ideas aimed at Horizon 2020 and Horizon Europe for interdisciplinary and cross-sector European intervention oriented research and innovation to realize the full potential of active living.

The meeting included two presentations on 1) the European policy agenda regarding physical activity, health research and digital technologies for health, and 2) an overview of evidence on the relationship between physical inactivity and sedentary behaviour, and health-related outcomes, with some ideas for potential policy solutions.

## CONCLUSIONS AND RECOMMENDATIONS

The meeting concluded that a 1-page policy brief should be drafted to push for more attention for the agenda on active living for health enhancement in EU funding programmes and more political commitment to rollout, scale up and sustain effective interventions. The policy brief should build on the [WHO global action plan on physical activity 2018-2030](#). It should contain economic, medical, participatory, education and productivity related arguments for developing and implementing interventions promoting sustained active living. The document should take a systems approach, and address the interfaces of relevant policy areas, and policy actions that focus on promotion of active living, and on increasing physical activity in and of itself, i.e. not only related to diabetes, obesity and other diseases. The brief should therefore contribute to **move physical activity from a sub area to a stand-alone public health issue**.

The meeting came up with the following concrete recommendations:

- Based on the current strong evidence of the relationship between active living and good health, **more commitment and funding are needed to ensure sustained successful implementation of effective and scalable interventions**. Also, there is a need for more research into, and development of, evidence-based physical activity interventions targeting specific age and population groups, which demonstrate effective implementation outcomes (i.e. scalability and sustainability). Whereas research projects should include considerations on implementation from the outset, the expert participants recommended that actual rollout should not start before the project has delivered clear evidence on effectiveness and scalability. At this stage, **opportunities to apply for follow up funding for implementation should be made available**.
- The development of **physical activity interventions should move from targeting individual behavioural change to also targeting the context**, i.e. the environmental context, policy, physical, social, financial etc., because context drives individual behaviour. **Active societies, environments, and systems need to be created to facilitate behavioural change**. New methods to test and measure the impact of interventions, in particular when targeting complex challenges and environmental change, is required to develop alternative research designs to the randomised control trials rooted in biomedical research.
- **The role of personal healthcare technologies should be explored further** in enabling (or preventing) sustained behavioural change in particular within the **context of the digital transformation of society**, emphasising the move from cure and care to prevention and from institutionalised to integrated personalised care, while **placing citizens at the centre**.
- **Commitment from EU member states is essential to move the health promotion and prevention agenda forward**. Additionally, **health insurance companies** should play a potentially important role by supporting and reimbursing interventions that promote active living and health enhancement.

## SUMMARY OF THE PRESENTATIONS

**Sasa Jenko, Rachida Ghalouci and Birgit Morlion, European Commission,** introduced the European policy agenda. The recently published [Eurobarometer on physical activity](#) levels among European citizens shows a high level of sedentary behaviour and part of the population is not physically active at all. Initiatives on active living cut across the Commission services, DG Education & Culture, DG Move, DG Santé, DG Research & Innovation and DG Connect. To show the EU political commitment, in 2017, the Commissioners for Education & Culture, Health & Food Safety and Agriculture & Rural Development launched the [Tartu call for a healthy lifestyle](#) with 15 actions until 2019. Previously in 2015, [The European Week of Sport](#) was introduced to raise awareness of active living. DG Move also runs the [CIVITAS initiative](#), which helps cities across Europe to implement and test innovative and integrated strategies which address energy, transport and environmental objectives. In April 2018, the Commission published their [communication](#) on “Enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society”. It suggests actions to secure access and exchange of health data across borders, pooling health data for advancing research, prevention and personalised health and care and developing digital tools for citizen empowerment and person-centred healthcare. The Commission has also proposed a [new Digital Europe programme](#) and the forthcoming [Horizon Europe](#) (2021-2027). Digital Europe will focus on implementation and scaling up of artificial intelligence, high performance and supercomputing, cyber security and trust, digital skills and the use of digital technologies across the economy and society. Horizon Europe includes among other a cluster for health research and a cluster for digital and industry. Measuring economic, societal and environmental impacts as well as bringing results to citizens and involving them more were underlined as key elements in [Horizon 2020](#) and [Horizon Europe](#). The Commission will draft the first Horizon Europe strategic programme, which sets out general priorities for calls for proposals. The active living and physical activity community should input to this process. The Commission emphasised specific successful EU-funded projects that develop interventions in active living, e.g. [EuroFit](#), [PASTA](#), [PEGASO](#), [NoHow](#) and [SelfBACK](#).

**Professor Willem van Mechelen, Amsterdam University Medical Centres,** presented evidence on the relationship between physical activity, sedentary behaviour, and health outcomes. He questioned whether active living is an individual or societal responsibility. The core problem is that at least 50% of the population does not exercise enough, despite sufficient levels of individual and societal awareness. Higher volumes of physical activity and exercise as well as higher dosage and intensity are associated with a lower risk of all-cause mortality. Trends in diabetes prevalence show a clear socio-economic gradient, making the socio-ecological case for socio-economic disparity as an underlying cause. This may imply that solutions, e.g. mobile technologies, do not apply equally across the entire population. Many interventions try to change individual behaviour, but they fail to prove sustained long-term effects because the problem is contextual and complex. Further development of physical activity interventions need to move from targeting individual behaviour to targeting the environment and developing system approaches. Whereas there is a lot of evidence on the relationship between active lifestyles and health, there is a significant implementation gap and lack of political commitment. Active societies, environments, people and systems need to be created to encourage change. It was argued that in the health care setting

exercise is medicine (i.e. ‘exercise on prescription’) as a substitute, or adjunct for standard treatment.

## ROUNDTABLE DISCUSSION

The discussion addressed three issues: 1) addressing the knowledge gaps in active living; 2) the impact of future European research; and 3) partnerships to address the gaps and develop interventions.

**Addressing the knowledge gaps in active living:** There was a general agreement that more research is needed to understand the implementation of physical activity interventions per se. Understanding ‘effective implementation’ should be considered separate to – but often alongside – intervention development. There is little knowledge on what constitutes ‘effective implementation’ and how to assess it, i.e. no acceptable tools, little information on research methods etc. ‘Enabling contexts’ constitute a further knowledge gap, i.e. the political, social and financial context in which interventions are placed. ‘Enabling contexts’ support the use of implementation methods to put effective interventions into practice. Other knowledge gaps are related to the consequences of sedentary behaviour and the dose-response aspects of physical activity and exercise interventions for specific population groups. There are knowledge gaps in the relationship between dose (frequency, duration and intensity) and disease outcomes, including the application of ‘exercise is medicine’ as an adjunct to or substitute of current standard medical treatment. Intervention research should consider the interaction between physical activity and other unhealthy lifestyle factors (including diet) as well as the environmental, social and political context in which they operate.

**The impact of future European research:** It is increasingly required that research projects move into the implementation phase within the project duration. However, this implies a risk that implementation starts too early. To improve the impact of research projects, the scientific participants suggested that research projects firstly focus on developing and testing new interventions. Secondly, if an intervention proves effective, follow-up opportunities could provide funding for implementation and thereby, the opportunity to include new relevant partners to ensure broad sustained implementation and scalability. It was questioned whether the randomised clinical trials model is always fit for testing complex technological interventions.

**Partnerships to address the gaps and develop interventions:** The commitment from EU member states is essential to create partnership-based initiatives through which an active living initiative can move forward. Health insurance companies should play an important role in health promotion and prevention, by reimbursing interventions and by taking political actions aimed at reimbursement. General practitioners and other health professionals need to be on board to rollout interventions such as ‘exercise as medicine’, for high risk groups, and as a component of medical treatment or recovery. Other relevant sectors to partner with are transport, sport, built environment, education, workplace etc.

## ANNEX 1 LIST OF EXPERTS

Alberto Bichi	Executive Director	EPSI
Anja Maier	Professor, Head of Division	Technical University of Denmark (DK)
Bente Stallknecht	Professor, Head of Department	University of Copenhagen (DK)
Birgit Morlion	Programme Officer	European Commission, DG Connect, Uit H3
Catherine Woods	Professor	University of Limerick (IR)
Cindy Gray	Senior Lecturer	University of Glasgow (UK)
Hidde van der Ploeg	Associate Professor	Amsterdam University Medical Centres (NL), Location VUmc
Rachida Ghalouci	Scientific Officer	European Commission, DG RTD
Sally Wyke	Professor, Dean of Research	University of Glasgow (UK)
Sasa Jenko	Public Health Head of Sector	European Commission, DG RTD
Willem van Mechelen	Professor of Occupational and Sports Medicine	Amsterdam University Medical Centres (NL), Location VUmc

## ANNEX 2 MEETING AGENDA

TIME	AGENDA
12:00-12:30	<i>Arrival and lunch</i>
12:30-12:40	<b>Welcome and setting the scene</b> Professor Bente Stallknecht, University of Copenhagen and Alberto Bichi, EPSI
12:40-12:55	<b>1-minute presentation of all participants</b>
12:55-13:15	<b>Introduction to the EU policy framework for physical activity research and digital health</b> Rachida Ghalouci, European Commission, DG Research & Innovation and Birgit Morlion, European Commission, DG Connect.
13:15-13:35	<b>Physical activity: self-regulation and self-responsibility or a Nanny State?</b> Professor Willem van Mechelen, Amsterdam University Medical Centres
13:35-14:40	<b>Roundtable discussion</b> <ul style="list-style-type: none"> <li>• How can we address knowledge gaps in active living?</li> <li>• What should be the impact of future European research?</li> <li>• What type of partnerships are needed to address gaps and develop interventions?</li> </ul> <p>Moderated by Alberto Bichi, Executive Director, EPSI</p>
14:40-15:00	<b>Wrap-up and conclusions</b>