



Health-Enhancing Physical Activity (HEPA) Policy Audit Tool (PAT)

HEPA-PAT FRANCE

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Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)

2nd Edition

France

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EDITORIAL

The world is changing, combined with accelerated technological development that is transforming our exchanges, our relationships, changing our ways of life and inviting us to do as little as possible. We become more "sedentarily active" than "physically active"! At the same time, the prevalence of noncommunicable diseases is increasing, and among younger and younger people.

Physical activity is one of the most effective ways to improve the health of the populace. Evidence of the benefits associated with physical activity has steadily increased over the past few years, both in health promotion and in the care setting. Scientific literature abounds with original studies or synthesis reviews of the effects of physical activity on health in all its dimensions. Even the major medical journals give physical activity prominence, as evidenced by two special issues published by the Lancet in 2014 and 2016. France also attaches much importance to it, notably through its National Nutrition Health Program (PNNS) and the collective expertise commissioned by its Ministries. But how does this translate into public policy? Is there a real public policy to promote health-enhancing physical activity (HEPA) in France? Is it sufficiently taking into account the social and geographical inequalities of health and access to this practice? A presentation of the existing national policy context is an important first step in understanding the situation and contributing to its improvement.

The work carried out provides a panoramic snapshot of all the policies related to physical activity and health. The use of the HEPA-Health-Enhancing Physical Activity Policy Audit Tool (HEPA PAP) has helped to collect and summarize the components currently promoting physical activity beneficial to health. This work identifies synergies and divergences between policies, but also gaps. The use of the audit tool brought together representatives from different sectors and administrations, which also illustrates its ability to promote exchanges. It can provide support for better communication, the development of common strategies for planning and action, and can encourage better intra- and inter-sectoral collaboration for the development and implementation of future policies. Physical activity has become a lever for action between different sectors. However, there is no real coordinated policy in favor of physical activity beneficial to health adapted to the diversity of the relevant public sectors in our country. The current policy is not a rational whole, but a fragmented whole, lacking coordination and strategic vision. This underscores the need to put more emphasis on the development of a HEPA policy that would highlight political commitment and recognition as priority policy areas, and provide support and visibility. A strong policy framework for healthy physical activity is needed to define a plan to act at different levels of territorial responsibility, to foster collaboration and partnerships between sectors while ensuring consistency in actions. Also for pursuing common objectives and sharing common strategies, while distributing roles and responsibilities. The formulation of a national HEPA policy should be used to engage all players in implementing actions, while ensuring coordination.

Despite policies to promote physical activity, the incentives to practice, or the increasing offers of practice, the French population remains insufficiently active, with not only marked social inequalities, but also barriers to practice, such as certain pathological or disability situations. However, returning to a more physically active society is an important strategy for improving the overall, collective and individual health, at all ages of life, for both the sick and those in good health. Public health is able to take the lead in introducing the structural changes needed to promote physical activity that is beneficial to health. Factors that support and constrain, or inhibit, efforts to increase the level of physical activity of the population are complex and interconnected at several levels of influence that do not always serve the interests of promoting physical activity that is beneficial to health. While the promotion of sport and sport for all in particular has a long history, the promotion of physical activity beneficial to health is more recently of interest. Efforts still need to be made to better understand the mechanisms for engaging people in a physically active lifestyle, the role of environment, and the conditions for the development of physical activity that benefits health.

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Glossary of terms

The following definitions are proposed to support the collection of relevant information for the PAT (based partly on the *Report of the global survey on the progress in national chronic diseases prevention and control*). However, it is not unusual for terms to be used interchangeably, for example in one country a document may be called a “policy” while in others a similar document is labelled as “action plan” or “strategy”.

Action plan	Should identify who does what (type of activities and people responsible for implementation), when (time frame), how (approaches, activities and interventions) and for how much (resources). It should ideally also have an inherent mechanism for monitoring and evaluation. An action plan can be part of a policy (see below) or be an independent document.
Policy	A written document that contains priorities, defines goals and objectives, and is usually issued by a part of the public administration. A policy can contain or be accompanied by an action plan (see above).
Program	A program is a set of measures or a single but large scale, long term activity, which may or may not be related to a policy document. A program can contain different types of activities, such as campaigns, events, specific offers or interventions and can be term limited or open ended.
Strategy	Defines a long-term plan designed to achieve national goals to promote health and prevent diseases.
(Health-enhancing) physical activity	Any form of physical activity that benefits health and functional capacity without undue harm or risk.
Surveillance / health monitoring system	The continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.
Sedentary behaviour	Any waking behaviour involving very low energy expenditure and a sitting or reclining posture.

SECTION 1

Background information and country context

1a. Please provide a brief overview of the **government structure** in your country (about 200-400 words).

For example, briefly outline whether your country has a centralized or federal system and on which government level the main responsibility for issues such as health, sport, education, transport, environment and urban planning policy lie.

For examples on this and the other PAT questions refer to www.euro.who.int/hepatat.

France has a mixed system: the overall policy of the country remains within the sphere of the national government, but some powers have gradually been decentralized to the regional and sub-regional level (see question 1.b).

The President of the Republic shall appoint the Prime Minister and, on the proposal of the Prime Minister, the members of the Government. The Government presides over the Council of Ministers, and promulgates laws. The Prime Minister and the government determine and conduct the policy of the nation. The government is composed of ministers who each rely on one or more technical services:

- The central administration which includes the services of a ministry and which has national competences. These departments have a mission to drive and implement departmental policies. It is organized along thematic lines (eg. Directorate General of Health, Directorate of Sports).
- Decentralized services at the sub-national level (see question 1b).

The responsibilities of ministers vary from one government to another. Subsequently, since 2007, according to the governments, the sectors involved in the development of physical activity have been led by different Ministries, grouped or not with other sectors:

- The health sector was variously led by a Minister whose duties also covered work and employment, sports and youth, women's rights and social affairs, or just social affairs (official title since May 2012).
- The sports sector has variously been managed either on its own, or within a Ministry for Youth and Sports Health, or within a Ministry for Sports, Youth, Popular Education and Life Association, or within a Ministry for Women, City, Youth and Sports Rights or within the Ministry for Town, Youth and Sports (official title since August 2016).
- The transport and environment sectors have been managed by a single ministry, although the names and scope of other allocations have varied over time. They are now grouped together in the Ministry for the Environment, Energy and the Sea (official title since February 2016).
- The education sector has been managed by the Ministry for Education, or the Ministry for Education, Youth and Community Life. It is now associated with Higher Education and Research and forms the Ministry for National Education, Higher Education and Research (official title since August 2014)
- The justice sector is administered by the Ministry for Justice. In particular, it is responsible for policies directed towards persons under judicial control.

- The labor sector has been managed either on its own or by the same ministry as the sector for the family, solidarity, health or the city. It is now managed by the Ministry for Labor, Employment, Vocational Training and Social Dialogue (official title since August 2014)
- The higher education and research sectors were managed by a specific ministry and then attached to the national education sector within the Ministry for National Education, Higher Education and Research (official title since August 2014).
- A specific sector has been included for France: the "City Policy", which brings together a set of multi-sectoral policy measures favoring disadvantaged neighborhoods, and aim to reduce geographical inequalities. This policy has been defined in a single ministry or in association with others in charge of sports, youth, women's rights, housing, labor, etc. Its implementation is ensured by local and regional authorities. For reader outside France: the above definition does not cover transport, urban planning ... policies for all the cities that are defined and carried out by other ministries (urban planning, transport, etc.).
- The urban planning sector (planning, spatial planning) is shared between the Ministry for Housing and Sustainable Housing (official title since March 2016) and the Ministry for the Environment, Energy and the Sea (official title since February 2016). The first drives urban planning, land use and operational planning, while the second manages transport policy and, as such, policies related to infrastructure and intermodality.

Other ministries have over-arching roles in all ministries and thus play an important role in the policies of all ministries: for example, the ministry in charge of finance and budgeting, or the ministry responsible for road safety, territorial administration of the State, regional, and local authorities. There are currently 18 ministries in France.

The Parliament (National Assembly and Senate), besides its function of monitoring the government, develops, modifies, and votes in laws.

1b. Please briefly describe the governance at sub-national level (about 200-400 words) (eg. at regional / provinces / cantonal / municipality level).

There are five main sub-national levels in France: Region, Department, Metropolis, Intercommunality and Municipality.

State organization at the sub-national level:

The State is represented:

- In the regions by the regional Prefect; He or she represents the government only within the regional community, and directs the administrative services of the State. It coordinates the action of departmental prefects in areas of regional competence.
- In the department by a Prefect who heads the decentralized services of the State within the department.

The decentralized services of the ministries are services that ensure the relaying, at the various levels of the sub-national level, of the decisions taken at the national level. They also manage state services at the local level. In general, they provide services at the regional and

departmental levels. For example:

- The policy requirements of the Ministry in charge of sustainable development are set up at local level by the Regional Directorates for the Environment, Planning and Housing (DREAL) - and in the departments by the Departmental Directorates of Territories (and Sea) DDT(M);
- The policy requirements of the Ministry in charge of education consist of the rectorates for the regional level and the departmental national education departments.
- The policy requirements of the Ministries in charge of city, youth and sports are applied by the Regional and Departmental Directorates of Youth, Sports and Social Cohesion (DR / D JSCS).

In addition to this administrative structure of the State, local and regional authorities which are distinct from the State, are autonomous in a legal and patrimonial sense: regions, departments and communes. They have only administrative powers, which prevents them from having state powers such as enacting autonomous laws or regulations, benefiting from jurisdictional attribution ... Their powers are defined by the law and not by the communities themselves.

The Regions

Regions are the largest communities. Their activities and responsibilities are mainly centered on economic development, sustainable spatial planning (including strategic orientations in regional planning, mobility, air pollution control), vocational training, management of senior high schools, and non-urban transport (inter-city transport by bus, school transport, Regional Express Transport (TER), etc.). They have activities and responsibilities shared with the departments in the fields of culture, sport, tourism, regional languages.

There are 12 regions, plus the territorial community of Corsica.

The departments

There are 96 departments in France. They manage colleges (junior high schools), roads and are the leaders of social and medico-social action.

They have shared activities and responsibilities with the regions in terms of culture, sport, tourism, regional languages.

The Metropolises

Metropolises are tools of governance for large urban areas with more than 500,000 inhabitants. The metropolises benefit from transfers of competences from the departments and regions (economic development, transport, education ...) and the State can entrust to it large amounts of equipment and infrastructure. With greater and more integrated powers than the existing urban communities, the metropolis facilitates the economic, social and cultural development of the urban area and improves its competitiveness and attractiveness.

Financially, the metropolis may have transfers of local taxation or state grants, but on condition that all the municipalities are in agreement.

In order to create them, a group of more than 300 000 inhabitants and comprising at least one EPCI with more than 150 000 inhabitants, should be established. There are 14 metropolises.

Municipalities and Intermunicipalities

The commune is the "base" level administrative community. There are 36,700 in France.

Intercommunal Cooperations, or Public Institution for Intermunicipal Cooperation (EPCI) are forms of cooperation between municipalities that have been set up in order to jointly manage certain local public services such as urban transport or waste collection, or for the joint conduct of local

development projects.

As of January 1, 2016, there were 14 metropolises, 11 urban communities, 196 agglomeration communities and 1842 communities of municipalities. Almost all municipalities are now part of an intermunicipality.

Municipalities and inter-municipal authorities are responsible in particular for urban planning and the control of soil, culture and heritage, and urban transport. They also manage kindergartens and elementary schools, sports facilities, and community outreach (crèches, homes for the elderly, etc.). Municipalities also have a general responsibility clause, that is to say, the right to intervene in all areas, in the name of the local public interest, even beyond the responsibilities which are vested in them in their charters.

Overseas communities

These communities, situated beyond the "European" continent, have specific statutes:

- 5 Overseas Departments and Regions (DROM): Guadeloupe, Martinique, Mayotte, Guyana and Réunion. These regions are mono-departmental; They combine the responsibilities and activities of a department and a region.
- 7 overseas communities: Saint-Barthélemy, Saint-Martin, Saint-Pierre-et-Miquelon, French Polynesia, the Wallis and Futuna Islands; New Caledonia, and the French Southern and Antarctic Territories, both of which have a differentiated status.

1c. Please provide a list of the **main government ministries** (e.g. health, sport, education, transport, environment and urban planning) in your national government that have a role in the promotion of Health-Enhancing Physical Activity (HEPA), i.e. any form of physical activity that benefits health and functional capacity without undue harm or risk. Please provide a brief description of the role of these key HEPA-related government departments.

Please note: *This and the following question refer to the national level; please include information on sub-national level only where relevant, e.g. for countries with a strongly decentralized, federal system.*

List the ministries and their role, for example:

The Ministry for Health, Welfare and Sport is responsible for sport, physical activity and health policy, initiation and delivery of frameworks for action plans/programs, guidelines and subsidies. In addition, linkage with other ministries and sectors concerning physical activity promotion is one of their tasks.

The policies have been classified for France according to three levels of purpose: (Figure 1)

- Level 1: Physical Activity (PA) Development policies with an explicit health focus (HEPA policies)
- Level 2: Development policies for PA without explicit health objectives (so-called "PA" policies)
- Level 3: Policies where neither HEPA nor AP are cited, but whose labels still permit the development of HEPA

Note: Cross-sectoral policies are all Level 1 (with the exception of the Youth Priority Plan)

The involvement of ministries and the level of development of HEPA or PA policies have also been classified into 4 levels for France:

- Level A: ministries developing HEPA policies
- Level B: ministries that embed their HEPA policies into their policies for their own population and / or have a clear PA policy with no explicit health objectives

- Level C: Ministries that contribute to the development of HEPA, but without a HEPA or PA policy, and without any explicit health goals (ie. insertion, citizenship)
- Level D: the so-called "support" level for ministries performing support functions or having an impact on the development of other policies. These are the Ministries for the Interior, which are responsible in particular for local authorities and Finance. This level will not be detailed here.

In France, three main ministries carry HEPA policies (level A):

- - **The Ministry for Health** defines and carries out public health policy. As such, it contributes to increasing the attention paid to physical activity in prevention and care activities. In 2016, this ministry also became responsible for the social affairs sector.
- - **The Ministry for Sport** regulates and promotes the practice of supervised and recreational sports activities. Beyond competitive sport, it develops actions aimed at the general population, and also the public who are isolated from sporting facilities. In 2016, this ministry also became responsible for the city and youth sectors.
- - **The Ministry for Environment and Transport**. Being responsible for these two sectors, this ministry directs its efforts more towards promoting the active mobilities of walking and cycling through different laws and plans.

Two ministries are currently classified at B-level as they include references to HEPA policies in their own policies for the population for which they are responsible and / or have a clear PA policy, but with no explicit health focus:

- **The Ministry for Education** dictates in the Education Code, the allocation of time and space dedicated to physical activity by integrating physical education, sport and school sport within its curriculum. Its educational health policy also encourages participation in sports events and the use of tools mainly developed within the framework of the PNNS.
- **The Ministry for Justice** seeks to develop and diversify sports practices in prisons, both for adults and for minors in the care of the justice system.

Other ministries contributing to the development of HEPA, but without their own policy (level C) are:

- **The Ministry for Cities**, which develops certain policies within the framework of city policy, in particular through the tools at its disposal, such as City Health Workshops (ASV), Local Health Contracts (CLS).
- **The Ministry for Higher Education and Research**, which participates in HEPA policies, some of which concern training or research.
- **The Ministry for Labor**, which does not explicitly include in its policy the notion of physical activity or sport, but develops a workplace health policy that paves the way for HEPA actions, and healthy work environments.

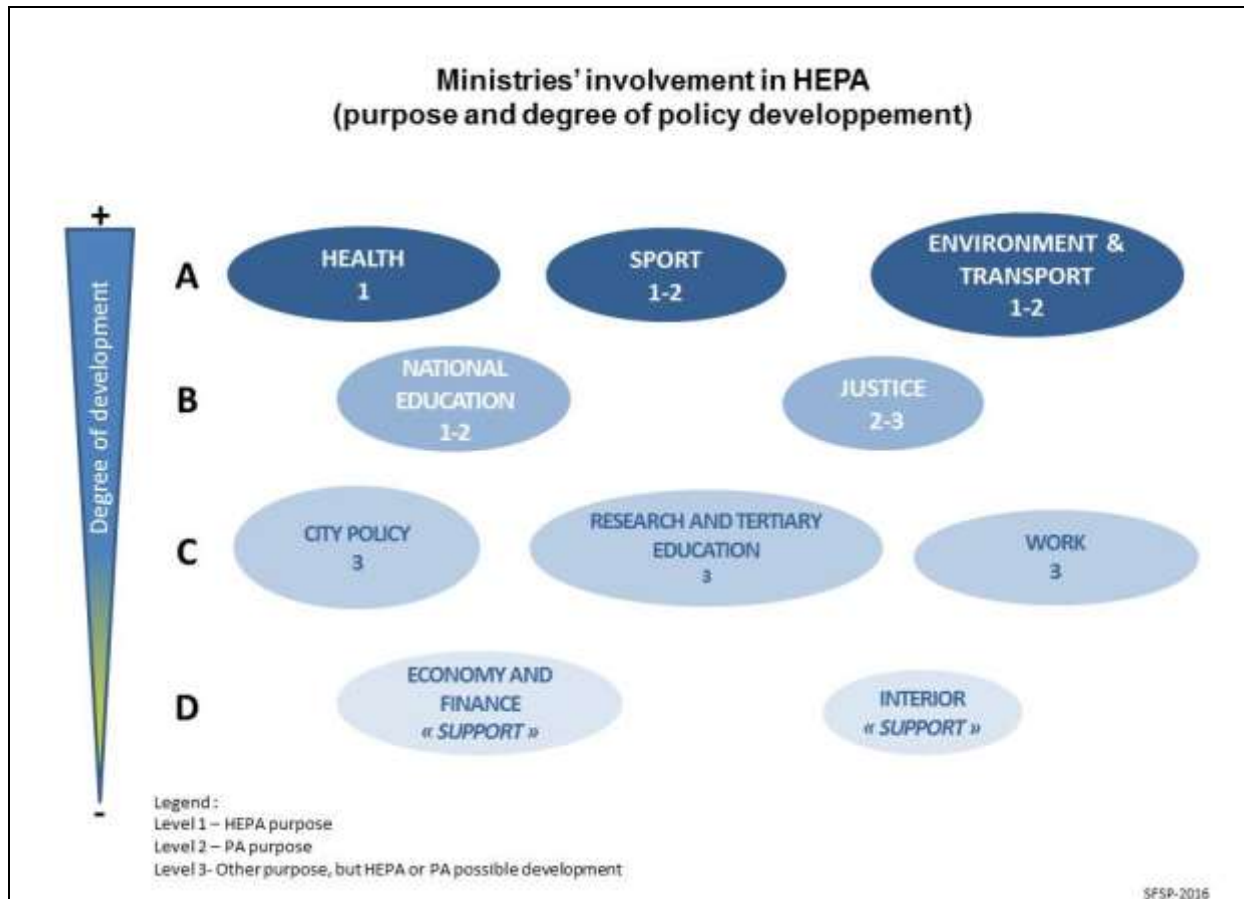


Figure 1. Level of involvement of Ministries in HEPA

Some HEPA policies have been developed inter-ministerially in France, by several of these ministries or by the entire French government.

To develop policies that contribute to HEPA, these ministries rely on (Figure 2):

- An independent expert body: **The High Council for Public Health (HCSP)**, which is responsible for, inter alia, contributing to the definition, monitoring and evaluation of objectives, providing government with the expertise needed for the design and evaluation of prevention policies and strategies, as well as forward-looking reflection;
- Two instances of inter-ministerial coordination:
 - the General Commission for Equality of the Territories (CGET), which designs and implements the national policy on territorial equality.
 - the Interministerial Coordination for the Development of the Bicycle Use (CIDUV), which examines all questions related to the use of bicycles, makes proposals, and promotes the dissemination of knowledge and good practices.
- The National Solidarity Fund for Autonomy (CNSA) is a fund that provides financial support for aids for the elderly who have suffered a loss of autonomy and persons with disabilities. It also provides expertise and research on issues related to access to autonomy, regardless of the age of the person or origin of the disability. It has a mission of information and network development for the elderly, for persons with disabilities, and for their families
- National public agencies responsible for research, expertise, updating

knowledge, and making recommendations. For the development of physical activity, the following agencies are likely to intervene by virtue of their field of competence:

- The National Food Environment and Work Safety Agency (ANSES), whose mission is the evaluation of risks in the fields of food, environment and labor, to advise the public authorities on their health policies.
- The National Institute of Health and Medical Research (INSERM), a public research organization dedicated to human health, whose mission is to ensure the strategic, scientific and operational coordination of biomedical research. To this end, it has set up Multi-agency Thematic Institutes (ITMOs), one of which deals with public health (ISP).
- The High Authority for Health (HAS), whose general mission is to contribute to the regulation of the health system by improving health quality and efficiency. The HAS develops two main activities: evaluation and recommendation on one hand, and accreditation and certification on the other.
- The National Cancer Institute (INCa), the agency of health and scientific expertise in cancerology responsible for coordinating actions in the fight against cancer
- The Institute for Health Surveillance (InVS), responsible for the permanent monitoring and observation of the health status of the population¹
- The National Institute for Prevention and Education in Health (INPES), whose mission is to implement the public health programs provided for in Article L 1411-6 of 2004, to provide expertise and advice on prevention and health promotion, to ensure the development of health education throughout the country, to participate in the management of emergency or exceptional situations with collective health consequences, in particular by participating in the dissemination of health messages in emergency situations and establishing health education training programs².
- The Centre for Studies and Expertise on Risk, the Environment, Mobility and Development (Cerema), which provides scientific and technical support for the development, implementation and evaluation of public planning policies and sustainable development. It consists of eight Centres for Utilities Technical Studies (CETE), the Centre for Networks, Transport, Urban Planning and Public Buildings (CERTU), the Centre for Maritime and River Technical Studies (CETMEF) and the Study Service for Transport, Roads and their Facilities (SETRA).
- The Environment and Energy Management Agency (ADEME) has the task of accompanying the transition to a model of low energy and resource development, and limiting greenhouse gas emissions and pollutants. It therefore intervenes in environmental, social, societal and economic fields.
- The French Institute of Science and Technology for Transport, Planning and Networks (IFSTTAR) is responsible for carrying out or commissioning, directing, conducting and evaluating research, developments and innovations in its fields of competence, including mobility of people, transport systems and means, and their safety, infrastructures, uses and impacts (technical, economic, social,

¹ As of May 1, 2016, the last two agencies - INPES and InVS - merged with another agency under the Ministry for Health: the EPRUS (Emergency Preparedness Establishment for Health Emergencies) to become the National Agency for Public Health (ANSP) - Public Health France. The analysis of the papers for the PAT relating to elements previously or concomitant with this merger, INPES, InVS and ANSP appear in the PAT.

² See note ¹ above

health, energy, environmental and human).

- The National Centre for the Development of Sport (CNDS), is responsible for supporting the development of sport for the public by supporting associations, contributing to regional planning (through grants for the creation of sports facilities) and by supporting major international sporting events taking place in France.
- 4 National Resource Centres: "Sport-Health-Wellbeing", "Sport and Handicaps", "Nature Sports" and "Sport, Education, Mixed Cities and Citizenship". These centres, which provide expertise, advice and develop tools each in their field, are the thematic network heads, and share the most relevant actions. The national resource centres are run by the Sports Performance and Expertise Resource Centre (CREPS) - regional public institutions.
- The National Agency for Urban Renovation (ANRU) finances the restructuring of districts in difficulty with a view to social mixing and sustainable development.

The ministries rely on their devolved services to disseminate and cascade national policies at regional and local level. For example, the Regional Directorates (and departmental directorates) of Youth, Sports, and Social Cohesion (DRJSCS) or the Regional Directorates (and departmental units) for the Environment, Planning and Housing (DREAL).

The ministry in charge of health does not have decentralized services at the regional level. It is the Regional Health Agencies (ARS) that steer regional health policy through their Regional Health Project. They cascade national policies but can also develop clear public health policies according to the needs and resources of their region and the territories for which they are responsible.

Beyond the direct controlling links of ministries over government agencies, ministries (and agencies) are at least linked through steering committees or through the monitoring of plans and programs that are most often inter-ministerial. Even if the scope of the steering or monitoring committees varies, they allow links between sectors and even collaborations, and coordination of sectoral policies.

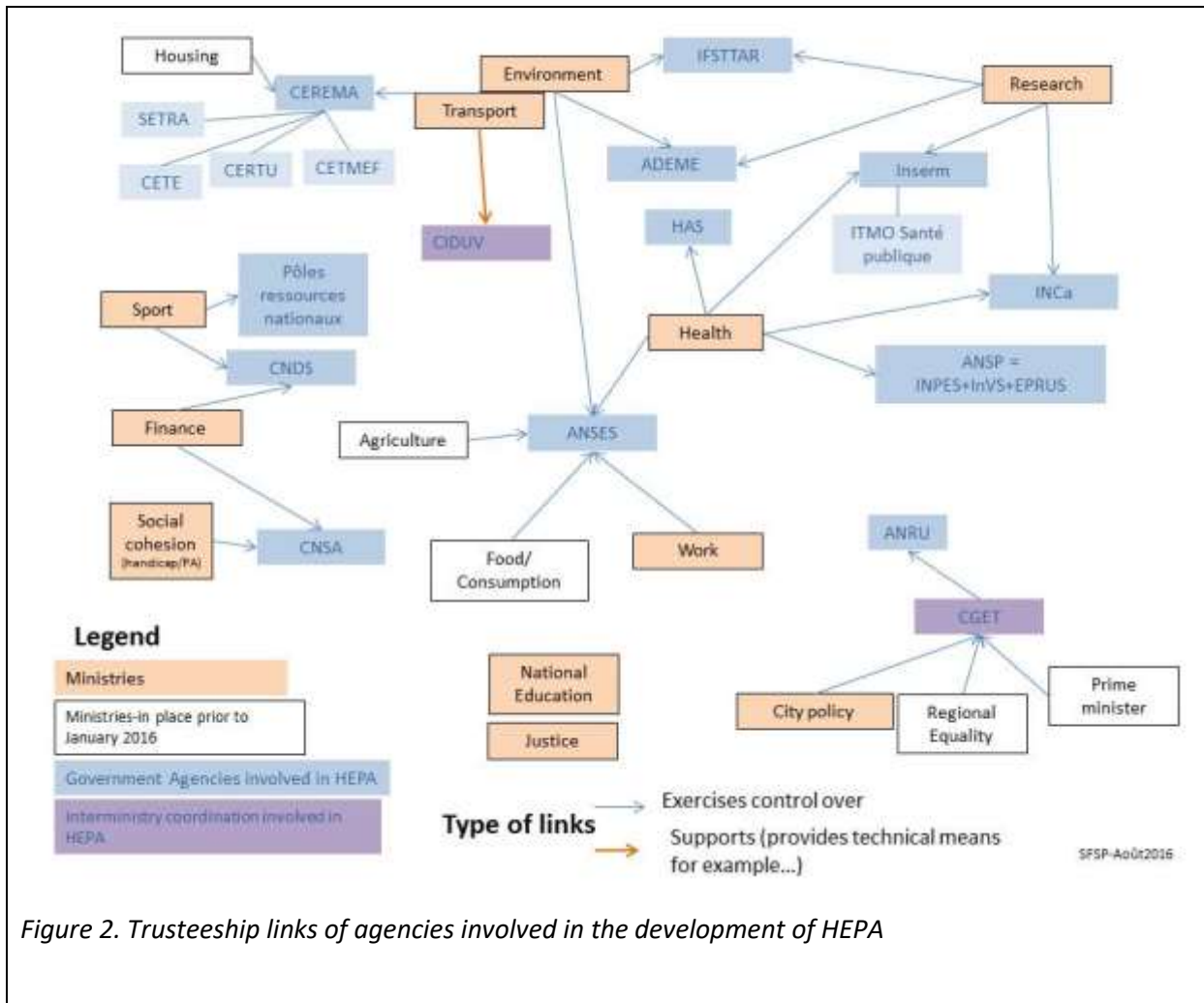


Figure 2. Trusteeship links of agencies involved in the development of HEPA

1d. Please list **other important national organizations**, if any, outside of government which are **actively engaged** in promotion of HEPA. This may be national sporting organizations, non-government organizations, charities, advocacy groups, the academic/ scientific community or others.

Please provide a *brief* description of the role of these organizations (about 50-100 words).

In France, many national non-governmental players are involved, to varying degrees, in the promotion of HEPA. We present them in the table below by category. These players are distinguished mainly by three types of roles:

- (1) participation in policy-making through the provision of advice or expertise;
- (2) influencing policies through lobbying and advocacy;
- (3) implementation of these policies through the development and / or financing of activities;
- Involvement in these roles is indicated for each category of players.

Organization	Description
Sports movement: Federations and members of the French National Olympic and Sports Committee (CNOSF)	<p>In France, the sports movement is made up of non-governmental players promoting high-level, supervised and recreational sport. At the national level, these players are grouped together within the sports federations, which are represented by the CNOSF. Over the last few years, a dynamic for the promotion of sport and health has become widespread throughout the movement. This approach aims to develop programs of sports activities adapted to the state of health of the population. These players also participate in policy-making through offering their opinions.</p> <p>Ex: multi-sport federations, school federations, Olympic federations, etc.</p> <p>The list of member federations is available on the CNOSF website http://franceolympique.com/cat/43-federations_membres_du_cnosf.html</p> <p>Roles: (1) and (3)</p>
Intersectoral bodies	<p>These committees are steering committees, or monitors of political plans or programs. They are bodies without legal form, whose objective is to direct and supervise the implementation of policy. Their operational vocation leads them to (re)orient a political strategy as well as its implementation. They are generally made up of representatives from ministries and agencies, academics, professional experts, representatives of decentralized levels (ARS or local authorities, for example) and representatives of users.</p> <p>Roles: (1) and (3)</p>

<p>Scientific societies</p>	<p>Scientific societies, including scientific associations, bring together experts whose mission is to advance knowledge in a given field. They thus enable the gathering of players, the expansion and dissemination of knowledge. In France, in the field of physical activity, various learned societies are involved in policy-making through their knowledge and advocacy. Other structures such as the Academy of Medicine have been grouped here.</p> <p>Examples: SFSP, French Society of Sports Medicine (SFMES), French Nutrition Society (SFN), Association of Physical Activity and Sport Researchers (ACAPS), French Accident Patient Support Association (AFAPA)</p> <p>Roles: (1) and (2)</p>
<p>Professional Associations</p>	<p>At the national level, these associations include (future) professionals or professional structures around a theme (eg health promotion, therapeutic care, sport) or professional practice (eg doctors, Physical activity professionals). They may take the form of federations of local / regional associations, or associations comprising a profession. Their involvement is characterized by the implementation of policies, the provision of knowledge and advocacy.</p> <p>Ex: National Federation of Health Education (FNES), National Observatory of Physical Activity and Sedentary Behaviour (Onaps), French Association for the Development of Bicycle and Greenways (af3v), National Association of STAPS Students (ANESTAPS), Agency for Education through Sport (APELS), Sport Cardiologists Club, Conference of STAPS Directors and Deans (C3D), French Society of Adapted Physical Activity Professionals (SFP-APA),</p> <p>Roles: (1), (2) and (3)</p>
<p>Unions</p>	<p>The trade unions' mission is to defend the professional and economic interests of the profession they represent. Their activity is thus essentially characterized by advocacy.</p> <p>Ex.: Union of Sports Physicians, National Physical Education Union (SNEP)</p> <p>Role: (1) and (2)</p>
<p>Associations of elected representatives or local authorities</p>	<p>These national groupings may concern elected representatives or local and regional authorities (municipalities, departments, regions). Their areas of influence are plural, from the formulation of opinions, the proposal of amendments, up to the implementation of policies.</p> <p>Ex: Cycling Departments and Regions; Club of cycling cities and territories, clubs of parliamentarians for cycling, French Network of Healthy Cities, ...</p>

	Roles: (1), (2) and (3)
User associations	<p>These associations concern users in different fields (eg. health, active mobility), whose opinions and advocacy roles can guide the promotion policies of the HEPA.</p> <p>Ex.: Federation of Bicycle Users (FUB), French Diabetes Federation (FFD), etc.</p> <p>Roles: (1) and (2)</p>
Social Security	<p>Social security administrations are bodies governed by private law, charged with a public or private service mission. This system provides resources through five branches: the illness branch, the family branch, the contributions and collection branch, the occupational accidents and illnesses branch, and the retirement branch. In this capacity, it participates in policy-making through its opinions, and develops programs to promote physical activity.</p> <p>Roles: (1) and (3)</p>
Health insurance companies	<p>Mutual Health Organizations are non-profit organizations that organize solidarity between their members and act as a complement to social security. They play an advocacy role in policy development, and develop programs to promote physical activity.</p> <p>Example: Mutualité française, MAIF, Mutuelle des sportifs ...</p> <p>Roles: (2) and (3)</p>
Foundations	<p>Foundations are private, not-for-profit institutions formed by individuals or companies with the objective of accomplishing works of general interest. They play an advocacy role in policy-making, and fund projects to promote physical activity.</p> <p>Ex: Fondation de France, Foundation of French sport, Foundation of French company of the games, Foundation Coca Cola, etc.</p> <p>Roles: (2) and (3)</p>
Commercial Sector	<p>The commercial sector includes private for-profit structures that finance and promote physical activity or develop activities related to physical activity (eg fitness clubs, hydrotherapy). They also influence public policy through advocacy.</p> <p>Some companies provide very important financing for actions to develop the activity</p> <p>Ex.: Coca Cola, Sanofi ...</p> <p>Roles: (2) and (3)</p>

SECTION 2

Leadership and partnerships

The next two questions ask about the situation on **leadership** and **coordination** of efforts to promote physical activity. In this context, the terms are used as follows:

- Leadership refers to the provision of overall direction for HEPA, for example responsibility for defining, supervising and managing the national physical activity agenda.
- Coordination means the provision of communication and alignment of actions and developments on HEPA and could include facilitation of regular exchange between relevant stakeholders.

Leadership and coordination can be provided by one or more agency(ies) within or outside of government. The same or different agencies may be involved in both activities, and there may be different agencies involved on the national and sub-national level. Mechanisms for leadership and coordination can take the form of a multi-sector committee, working group, alliance or task force or maybe led by a government or non-government agency.

2. Please state which agency/agencies, if any, provides **leadership for HEPA promotion at the national level** in your country.

In France, there is no agency officially assuming a leadership role in the promotion of HEPA at a national level.

This leadership is more sectoral and varies according to national policies and plans. It may be the responsibility of a single ministry (eg. Ministry for Health within the framework of the National Nutrition Health Program) or be inter-ministerial (eg Ministries for Health, Social Cohesion and Sports within the framework of the Good Aging Plan 2007-2009).

The development of the Regional Sport Health and Wellbeing Plans (PRSSBE) with the instruction of 24 December 2012 (on the operational implementation of measures to promote and develop the practice of physical and sporting activities as a public health factor), through its co-piloting Ministry for Health and Ministry for Sport, has positioned these two ministries in a shared leadership role that non-governmental players recognize for the development of HEPA policies, although it is not official and each ministry provides leadership for their own policies.

3. Please state which agency/agencies, if any, provides **leadership for HEPA promotion at the sub-national level** (e.g. at regional / provinces / cantonal / municipality level) in your country.

There is no authority (s) for a leadership role exclusively dedicated to the promotion of HEPA at the sub-national level.

Again, this leadership varies across sectors and policies. At the regional level, the dynamics can be driven by the regional agencies and regional directorates of the State, especially when they cascade national policies. It can also be brought to the local level, for example by local and regional authorities.

The emerging leadership described in the previous question is also found at the local level, and in a

more assertive way, between the Regional Health Agencies and the Regional Directorates for Youth, Sports and Social Cohesion through the piloting of Regional Sport Health and Wellbeing.

4. Are there any mechanisms or agencies in place in your country to ensure **cross-sector collaboration** regarding the delivery of HEPA policy **on the national level**?

If yes, briefly describe. Please provide information on who is part of them, who leads them, how these collaborations function in practice, and mention to the extent possible positive as well as any more difficult experiences. This may also include examples of collaboration with the private and voluntary sectors.

There is no organizational or coordinating body that brings together all the national players involved in the promotion of HEPA:

- These collaborations can be timely and set up by the departments of the Ministries, their agencies or their public administrative establishments in the form of steering or monitoring committees, and working groups.
- These collaborations can be based on meetings of permanent bodies: interdepartmental co-ordination tool (Interministerial Coordination for the Development of the Use of the Bicycle, Inter-ministerial Committee for Youth, etc.), National Centre for the Development of Sport, National Sport Council, etc.

They are either formalized through plans, decrees, etc., or set up through working groups or informal exchanges.

5. Are there any mechanisms or bodies in place in your country to ensure **cross-sector collaboration** regarding the delivery of HEPA policy in your country **on the sub-national level**?

If yes, briefly describe. Please provide information on who is part of them, who leads them, how these collaborations function in practice. Please mention possible positive as well as any more difficult experiences to the extent. You may also include examples of collaboration with the private and voluntary sectors.

There is no organizational model or coordinating body that brings together all the local players involved in the promotion of HEPA:

- These collaborations can be timely and set up by the decentralized services of the State or local authorities in the form of steering or monitoring committees, or working groups.
- These collaborations can be based on meetings of permanent bodies: The Commission for the Coordination of Public Health Policies, Regional Collaborative on Nutrition, Regional Conferences on Health and Autonomy, Regional Advisory Sport Conference, Regional Council, The Economic, Social and Environmental Regional Council, etc.

SECTION 3

Policy documents

This next question asks about **any past policy documents or relevant past events** that may have been influential in shaping the HEPA agenda in your country. This will provide background context of HEPA in your country. **Current policy documents** are described in the following question.

6. Please describe **key past policy documents and events in the past**, if any, that have led to the current context of HEPA promotion in your country. This may include legislation or recent policy documents that are now technically out of date (e.g. a previous national HEPA policy that has or has not been prolonged), previous landmark legislation, or other documents such as scientific reports. Key events might include political changes, position, statements or scientific events that have shaped the HEPA agenda.

Please state the documents/events, provide a web link where available, and indicate if an English version / summary is available.

Key Past Legislation and National Plans

The Health System Modernization Act is built around 3 main lines of action: strengthening prevention, and reorganization around community-based care, based on general practitioners and the development of patients' rights.

Issuing body: Ministry for Social Affairs and Health

Web link: <https://www.legifrance.gouv.fr/eli/loi/2016/1/26/2016-41/jo/texte>

This text introduces, as of its first article, a recommendation concerning the fight against sedentary behaviour and, in article 144, the prescription of PSAs for people with ALD. This legislative provision marks a decisive step forward in the development of prescribing of PSAs for health.

The National Nutrition Health Program (PNNS) is the first significant plan for HEPA. Many health plans have followed and have cascaded or strengthened their objectives, for a population, or a specific pathology: Cancer plans, Obesity plan, national "stroke" action plan, etc.

National Nutrition Health Program 2001-2005

Issuing body: Ministry for Employment and Solidarity and the Ministry for Health

Web link: <http://social-sante.gouv.fr/reprise-historique/programme-national-nutrition-sante/programme-national-nutrition-sante-2001-2005/article/programme-national-nutrition-sante-2001-2005> (a version is available in English)

This 5-year national program aims to improve the health status of the population by addressing one of its determinants: nutrition (diet + physical activity). Among its 9 objectives, the last one is to increase daily physical activity. In particular, it aims to increase by 25% the percentage of people doing the equivalent of at least 30 minutes of brisk walking per day. It also states that "sedentary activity should be limited in children".

That first PINNS was followed by a 2nd PNNS 2006-2010 and a 3rd 2011-2015. The 4th is currently being prepared.

The National Environment Health Plan (PNSE) has made it possible to develop active mobility, with an explicit aim of health. As such, it is also a key policy for the development of HEPA.

National Environment Health Plan 2004-2008

Issuing body: Ministry for Health and Social Protection, Ministry for Ecology and Sustainable Development, Ministry for Employment, Labour and Social Cohesion, Delegate Ministry for

Research

Web link: <http://social-sante.gouv.fr/IMG/pdf/pnse1-2.pdf> (no English version)

This Plan, provided for by the Public Health Act of 9 August 2004, aims to improve the health of French citizens in relation to the quality of their environment. Among its 8 general objectives, the second aims to "protect public health by improving the quality of the environment". In particular, Action 5 aims to promote alternative modes of transport (biking, walking and school mobility), the consequences of which are to reduce emissions of air pollutants, but also to develop physical and sporting activities.

It was followed by a 2nd Plan in 2009-2013, and a 3rd one still under development (2015-2019).

The second Cancer Plan (2009-2013) can also be considered a key policy, as it is the first Plan, dedicated to a pathology, that has set physical activity targets for primary prevention.

Cancer Plan 2009-2013

Issuing body: French Republic

Web link: <http://www.e-cancer.fr/Plan-cancer/Les-Plans-cancer-de-2003-a-2013/Le-Plan-cancer-2009-2013> (English version available)

Structured around five major axes (Research, Observation, Prevention and Screening, Care, Living during and after cancer), this Cancer Plan integrates physical activity in its Prevention and Screening axis. In particular, measure 11 (Promoting preventive actions on the links between diet, physical activity and cancer) focuses on information and awareness-raising for elected officials, businesses and future retirees (actions 11-1 and 11-3) and support for research (action 11-2).

It was followed by a 3rd Cancer Plan, still under development, which sets out goals for the development of HEPA before, during and after the disease.

The 2003-2005 National Aging Wellbeing Program (NAP) cascaded the objectives of the PNNS, including those related to physical activity, for a given population.

National Aging Well Program 2003-2005

Issuing body: Ministry for Health and Social Protection - Delegated Ministry for the Aged

Web link: <http://cvs.bruyeres.free.fr/pdf/programme%20bien%20vieillir.pdf> (no English version)

Coordinated with the PNNS, this Plan has two components. The first is devoted to promoting wellbeing and health through physical activity, sports and a balanced diet. Within this framework, 17 cities have been selected to develop actions around these themes. The second component focuses on improving the quality of life by developing intergenerational links and the social role of seniors in the cultural, professional and tourist fields.

It was followed by a National Plan for Ageing Well 2007-2009, which the Ministry for Sports has strongly taken over, clearly stating a health objective in its actions for the development of sport or physical activity.

National Aging Well Plan 2007-2009

Issuing body: Ministry for Health and Solidarity - Ministry for Social Security, Senior Citizens, Disabled Persons and the Family, Ministry for Youth, Sports and Associative Life

Web link: http://travail-emploi.gouv.fr/IMG/pdf/presentation_plan-3.pdf (no English version)

This Plan follows on from the National Aging Wellbeing Program launched in 2003. Axis 3 focuses on promoting physical activity and sports activities that not only improve health and wellbeing, but also prevent physical dependence and falls. Five measures are presented: identification, communication, support to sports associations for seniors, training of professionals, and evaluation of the physical abilities of seniors.

The National Stroke Plan is based on 4 priorities and 17 operational actions. It is based on ARS (Regional Health Agencies) and proposes tools while leaving each region to adapt the implementation to the specific context, in particular to foster links between professionals and the medical, social and health sectors.

National Stroke Plan 2010-2014

Issuing bodies: Ministry for Health and Sports, Ministry for Labour, Solidarity and Public Service, Ministry for Higher Education and Research

Web link: http://www.cnsa.fr/documentation/plan_actions_avc_-_17avr2010.pdf (no English version)

The Plan's four priorities are to improve prevention and information for the population before, during and after a stroke, to implement appropriate care systems, to provide training and information for professionals, and to promote research. The development of HA in stroke prevention and treatment is one of the Plan's actions.

Obesity Plan 2010-2013

Issuing body: Ministry for Labour, Employment and Health

Web link: http://social-sante.gouv.fr/IMG/pdf/Plan_Obesite_2010_2013.pdf (no English version)

The Obesity Plan includes research, prevention and care organization. Physical activity is particularly the subject of Axis 2 (mobilizing prevention partners, acting on the environment, and promoting physical activity), and concerns the development of preventive actions based on the 2011-2015 PNNS (measure 2-2), concerning the accompaniment of children in educational establishments (measure 2-3), as well as specific actions in the various environments (measure 2-4).

Physical activity is also mentioned as a resource to be promoted as part of primary care, and as a competence of the patient's therapeutic education (axis 1: measures 1-1,1-4 and 1-5).

Key past document

To regain freedom of movement - PNAPS: national plan for prevention through physical activity and sport). Preparatory Report of the Prevention, Sport and Health Commission chaired by Prof. Jean-François Toussaint, 2008

Issuing body: Ministry for Health, Youth, Sports and Associative Life

Web link: <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/084000769.pdf> (a summary in English is available in the document)

This report, requested by the Ministry for Sports and Health, presents a series of recommendations aimed at encouraging regular physical or sporting activity according to age or lifestyle: school, university, professional, senior, chronically/rarely ill or disabled, urban or rural. It was intended to define strategic orientations for the development of prevention through physical activity and sport, and their operational implementation for the elaboration of a national plan. Although this Plan was not eventually created, it was the first one that has positioned physical activity for health purposes, and its strategic directions and operational variations have been useful for the various players to engage in HEPA.

Physical Activity: Contexts and Health Effects. Collective Expertise, 2008

Issuing body: Inserm

Web link: <http://www.ipubli.inserm.fr/handle/10608/80> (a summary and recommendations are available in English)

This collective expertise of Inserm, requested by the Ministry for Sport, is the first synthesis of the international scientific data published on HEPA published in France. This paper proposes "an analysis of the individual and collective determinants of physical activity, an assessment of the health effects of physical activity, and an analysis of the social and environmental contexts in which physical activity and sport have developed in recent history. "

Development of the prescription of validated non-drug therapies. Orientation Report, 2011

Issuing body: High Authority for Health (HAS)

Web link http://www.has-sante.fr/portail/upload/docs/application/pdf/2011-06/developpement_de_la_prescription_de_therapeutiques_non_medicamenteuses_rapport.pdf

(no English version)

The Social Security Department asked the HAS to produce a recommendation on the "development of the prescribing of non-drug therapies (hygieno-dietary advice, therapeutic education, alternative means of recourse to other specialised professionals, etc.)". In this report, physical and sporting activities have been recognized by the authorities as non-drug therapeutic. They are included in the category of dietary hygiene rules, which also includes dietetic diets, changes in eating habits, and hygiene rules. This recognition was confirmed by its inclusion in the law on the modernization of our health system (Article 144 - LAW n° 2016-41 of January 26, 2016).

Evaluation of the National Nutrition Health Program PNNS2 2006-2010, 2010

Issuing body: General Inspectorate of Social Affairs (IGAS) and General Council for Food, Agriculture and Rural Areas (CGAAER).

Web link: <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/104000214.pdf>

This document presents the results of the 2006-2010 PNNS evaluation, also known as PNNS 2. This evaluation was carried out jointly by IGAS at the request of the Ministry for Health and Sports and the CGAAER, at the request of the Ministry for Food, Agriculture and Fisheries. It then proposes a series of recommendations for the renewal of the PNNS.

This evaluation highlighted in particular the insufficient development of HEPA, despite the specific objectives that had to be implemented. This evaluation allowed a rebalancing of the strategic axes of diet and physical activity, in favour of HEPA in the following PNNS.

ANSES Report Updating NSNP Benchmarks-Revisions of Physical Activity and Sedentary behaviour Benchmarks - 2016

Issuing agency: ANSES

Web link: <https://www.anses.fr/en/system/files/NUT2012SA0155Ra.pdf>

This document provides an update on the recommendations for physical and sports activities and the fight against sedentary lifestyle, and on the benefits expected from the practice for different audiences, depending on age, the existence of chronic pathologies and / or functional limitations.

Inserm's collective expertise: social inequalities in health related to diet and physical activity - 2014

Issuing body: Inserm

Web link: <http://www.inserm.fr/espace-journalistes/inegalites-sociales-de-sante-en-lien-avec-l-alimentation-et-l-activite-physique-une-expertise-collective-de-l-inserm>

Expert analysis of data from recent international scientific literature has made it possible to assess nutritional disparities according to the socio-economic situations of individuals. The social, cultural, economic and environmental factors that contribute to the construct of social inequalities in nutrition were analysed. Their expertise was also used to study the impact of prevention interventions and policies on socioeconomic status, and identified strategies to reduce social inequalities in nutrition and physical activity.

In conclusion, they propose to design and promote programs that bring benefits both to the general population and to the different social groups according to the risks and needs they face.

Past Key Events –

Health and Sport Sectors in One Ministry Meeting, May 2007

The government's desire to unite the worlds of sport and health led to the creation of the Ministry for Health, Youth and Sport in May 2007. Although the portfolios were again divided in May 2012, this period helped to promote intersectoral work and the amalgamation of health and sport policies: the All Saints' report "Restoring freedom of movement" and the opening of the PNNS

steering committee to the sports movement, via the CNOSE are two examples.

New project of the CNOSE Medical Commission: Strengthening the strategic direction of sport and health at the CNOSE, 2009

Sport for health, defined as "establishing the conditions for the practice of a sporting discipline capable of maintaining or improving health in primary, secondary or tertiary prevention", has become a priority subject for the sports movement. The "health sport" component of the medical commission develops information and promotion activities on the health benefits of sport, and information on good sports practices. The work of the commission has led to increased recognition and participation of the sports movement in the development of HEPA. This commission has notably published the "Médicosport-santé" for prescribers, which proposes protocols of sporting activities adapted to the different audiences for each sports federation (20 to date, 30 more are in preparation). These protocols have been established by sports federations and learned societies.

Link to the Médicosport-santé project: <http://cnosf.franceolympique.com/cnosf/actus/6256-mdicosport-sant.html>

Nutrition seminar between learned societies and experts, 16-17 September 2010

For six months, some thirty learned societies and experts working in nutrition each worked with their members to develop proposals for the new National Nutrition Health Plan. These included learned societies, professional associations specializing in food, nutrition, physical activity, health promotion, etc. The members of these learned societies and professional associations met during a 2-day seminar in Marseille in September 2010 to exchange views in a multidisciplinary manner and to validate all the proposals that were then presented and transmitted to the Ministry for Health. This seminar was the first formalized meeting resulting in common proposals between disciplines and professions that had hitherto worked little together, or bilaterally.

Web link to the proposals: <http://www.sfsp.fr/publications/detail.php?cid=177>

Joint Communication from the Ministers in charge of Sport and Health to the Council of Ministers of 10 October 2012

Web link: http://www.sports.gouv.fr/IMG/pdf/1-texte_communication_en_conseil_des_ministres.pdf (no English version available)

The Minister of Sports, Youth, Popular Education and Associative Life, and the Minister of Social Affairs and Health jointly announced the development of a public policy "Sport - Health - Wellbeing", "promoting physical and sports activities for all and at all ages of life". Although this announcement did not materialize in a national political document, an instruction dated 24 December 2012 requires ARS (Regional Health Agencies) and DRJCSs (Regional and Departmental Directorates for Youth, Sports and Social Cohesion) to implement it regionally through the development of Regional Sport Health and Wellbeing Plans (see Q7). This communication also marked the beginning of an increasingly important co-leadership of HEPA policies by these two Ministries.

Signing of the convention between the Deans' Conferences of Medical Schools and the STAPS Directors and Deans' Conference (C3D STAPS) to "organize and promote physical activity for health in the academic, care and research field" on 26 October 2012

Web link: http://www.c3d-staps.org/download/convention/Convention_de_Parteneriat_C3D_CDFM.pdf

This convention has 4 objectives aimed at increasing the level of knowledge of health professionals regarding adaptive physical activity health (APAS), the development of professional training in this field, the coordination of professionals, and exchanges of practice for people with chronic pathologies... and finally the development of collaborations between research laboratories and CHUs (University Hospital Centres) in the field of APAS.

Signing of the STAPS-Pharmacie agreement for the management of chronic diseases on June 15,2016

Web link: http://www.c3d-staps.org/download/convention/Convention_de_Partenariat_C3D_CDP.pdf

The Conference of Deans of Pharmacy has signed a university cooperation agreement within the framework of the National Nutrition Health Program. This convention is part of the healthcare pathway for patients with chronic diseases, and the promotion of physical activity as a health factor, in conjunction with the medical sector, which is already a partner in a similar convention between the Deans of Medicine and STAPS conferences.

7. Please provide details (title, timeframe, issuing body) of the **current key policy documents, legislation, strategies or action plans** in your country, which outline the government's (and where applicable NGOs) intention to increase national levels of physical activity. *For a definition of these terms see Glossary (page 2).*

Please list the documents according to sector in the table below and where available, provide a web link and indicate if an English version or summary is available, along with a very brief description of the general content of each policy (about 100-250 words).

Please indicate in the right-hand column **which are the most important documents** for the HEPA agenda in your country and briefly explain why these documents are deemed important.

Sector	Policy	Indicate (✓) the most important documents
Intersectoral	<p>National Strategy for Ecological Transition towards Sustainable Development (SNTEDD) Release date: 2015 Timeframe: 2015-2020 Issuing body: Government Web link: http://v1.minspo1.nexen.net/SDD/SNTEDDS/SNTEDD.pdf (no English version). This strategy has 9 priorities:</p> <ul style="list-style-type: none"> • Developing sustainable and resilient territories • Commitment to the circular, low-carbon economy • Preventing and reducing environmental, social and territorial inequalities • Developing new economic and financial models • Accompanying the ecological transformation of economic activities • Focusing knowledge production, research and innovation on ecological transition • Educate, train and raise awareness for ecological transition and sustainable development • Mobilizing players at all levels • Promoting sustainable development at the European and international level <p>The third priority of Axis 1 concerns the development of sustainable urban models. This includes, in particular, continuing the actions undertaken to promote more sustainable mobility through the promotion of low-carbon modes of transport and new mobility practices (eg., the use of carbon-free transport, the promotion of renewable energy, etc.), carpooling, and active mobility (biking, walking).</p> <p>Instruction of 24 December 2012 on the operational implementation of measures to promote and develop the practice of physical and sporting activities as a public health factor, announced by the Council of Ministers on 10 October</p>	(✓)

	<p>2012. Regional plans Sport health & wellbeing Release date: 2012 Timeframe: none Issuing body: Ministry for Sport, Youth, Popular Education and Associations, Ministry for Social Affairs and Health Web link: http://circulaire.legifrance.gouv.fr/pdf/2013/01/cir_36363.pdf (no English version). This instruction requires each region to set up, in an intersectoral framework, a regional Sport Health and Wellbeing plan. The regional plans aim in particular to reinforce the actions already undertaken in the PNNS on the sports activities component. They aim to promote and develop physical and sporting activities as a public health factor for the general population, as well as for special needs groups (eg. People with disabilities, socially disadvantaged people, the elderly, people with chronic non-communicable diseases). Steering is carried out at national level by the Ministries of Health and Sports, and regional implementation by the Regional Directorates for Youth, Sports and Social Cohesion and the Regional Health Agencies. This policy has placed the Ministry for Sports in a dynamic HEPA context and laid the foundations for co-leadership by the ministries in charge of sports and health.</p> <p>Youth Priority Plan Release date: 2013-2017 Timeframe: none Issuing body: Inter-ministerial Youth Committee Web link: http://www.jeunes.gouv.fr/actualites/priorite-jeunesse/article/comite-interministeriel-de-la-5540 (a summary is available in English). This youth plan includes 47 measures divided into 13 objectives. Among them:</p> <ul style="list-style-type: none"> • Objective 3 aims to "Improve the health of young people and promote access to prevention and care". Within the framework of the National Health Strategy, this priority aims in particular to strengthen actions on health determinants such as mobility or nutrition to combat inequalities (action 9). • Objective 8 aims to "promote young people's access to sports, art, culture and high-quality audiovisual and digital services". This priority aims in particular at guaranteeing equal access to sport for all young people, particularly girls and students (measure 25) and at including cultural and sporting leisure activities in territorial educational projects (action 26). <p>Cancer Plan Release date: 2014 Timeframe: 2014-2019 Issuing body: French Republic</p>	
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	<p>Web link: http://www.e-cancer.fr/Expertises-et-publications/Catalogue-des-publications/Plan-Cancer-2014-20192 (a summary is available in English)</p> <p>This Plan is broken down into 17 objectives, which are based on four main goals: to cure more people who are ill, preserve continuity and quality of life, invest in prevention and research, and optimize management and organisations.</p> <p>Two of these goals include physical activity:</p> <ul style="list-style-type: none"> • Objective 8 "reduce the risk of sequelae and secondary cancer" provides for the promotion of AP in patients with cancer (Action 8.6) and support for research dedicated to the prevention of recurrence (Action 8.7). • Objective 11:"Empowering everyone to reduce their risk of cancer" includes physical activity as one of the prevention factors (actions 11.6,11.7 and 11.11). <p>National Health & Environment Plan</p> <p>Release date: 2015</p> <p>Timeframe: 2015-2019</p> <p>Issuing body: French Republic</p> <p>Web link: http://social-sante.gouv.fr/IMG/pdf/pnse3_v_finale.pdf (no English version).</p> <p>The general objective of this Plan, provided for by the 2004 Public Health Act, is to reduce the impact of harmful environments on health by acting on various levers. Among them, a section on transport is presented in an annex in a roadmap setting out the objectives defined in the Pan-European Transport, Environment and Health Program. In particular, Action 2 aims to support the implementation of the "Active Mobility Action Plan" (PAMA) by various means:</p> <ul style="list-style-type: none"> • to gather knowledge on health and environmental effects • to revisit the existing legislative and regulatory framework • to assess health impacts and monitor the follow-up of the PAMA measures • to evaluate and identify good practices • to make the link between the risk-benefit balance perceived by users and the attractiveness of active mobility • to develop methodological guides • to communicate on health and environmental effects 	
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Health	<p>National Health Strategy Release date: 2013 Timeframe: none Issuing body: Ministry for Social Affairs and Health Web link: http://social-sante.gouv.fr/IMG/pdf/SNS-version-longue.pdf (no English version). This structural reform of the health system defines the framework for public action over several years. Its overall objective is to better respond to the challenges of the twenty-first century (ageing of the population, chronic diseases, diversification of health risks), to preserve the quality and safety of care, to combat inequalities in health and access to the healthcare system. This strategy is organized around three main areas:</p> <ul style="list-style-type: none"> • Prioritizing prevention over cure and act on the determinants of health • The better organisation of care for patients, guaranteeing equal access, favouring a territorial approach • Focusing on decentralization and strengthen health democracy <p>Prevention is described as a tool for taking into account the determinants of health that need to be decompartmentalized. This strategy places therapeutic education as a means of changing behaviour, and thus changing the health care system. It thus paves the way for actions to promote physical activity as a determinant of health.</p> <p>Law on Public Health Policy (LOI No. 2004-806 of 9 August 2004) Release date: August 9,2004 Timeframe: none Issuing body: Ministry for Health, Family and People with Disabilities Web link: https://www.legifrance.gouv.fr/eli/loi/2004/8/9/SANX0300055L/jo/texte (no English version). The law affirms the State's responsibility for public health. It aims to reduce preventable mortality and morbidity, and to reduce regional health disparities. To achieve this overall objective, some 100 multi-year objectives have been defined and indicators have been set up to report on their achievement. This document is important because, for the first time, physical activity is listed as a health determinant, and is the subject of measurable and quantified objectives. This law provides in particular for the implementation of various public health plans, including the Cancer Plan, the PNSE and the PNNS. In addition, it has included among its objectives, quantified daily physical activity targets to be achieved for the population.</p> <p>Law on Hospital Reform and on Patients, Health and Territories (LOI No. 2009-879 of 21 July 2009) Release date: 21 July 2009 Timeframe: none Issuing body: Ministry for Health, Youth, Sports and Associations Web link: https://www.legifrance.gouv.fr/eli/loi/2009/7/21/SASX0822640L/jo/texte (no English version) The general objective of the law is to reorganize and modernize the entire health</p>	(✓)
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	<p>care system. It includes four titles devoted respectively to Hospitals, the distribution of doctors and access to health care in cities, public health measures and prevention, as well as the creation of ARS, who are responsible for coordinating all health policies (hospital, urban medicine, public health and prevention) within a territorial framework.</p> <p>Physical and sporting activity is considered to be a health-promoting behaviour in Title III "Prevention and Public Health".</p> <p>Health System Modernization Act (LOI No. 2016-41 of January 26,2016) Release date: January 26,2016 Timeframe: none Issuing body: Ministry for Social Affairs, Health and Women's Rights Web link: https://www.legifrance.gouv.fr/eli/loi/2016/1/26/AFSX1418355L/jo/texte (no English version).</p> <p>This law is organized around three axes: prevention, access to healthcare, and the organization or structure of the health system. Firstly, it notes in its first article that health policy includes "collective and individual prevention, throughout life, of illness and pain, trauma and loss of autonomy" by various means, including the development of regular physical and sporting activities at all ages.</p> <p>This act is an important document because it also provides for the possibility of prescribing appropriate physical activity for patients with a long-term condition outside the framework of their care pathway (Article 144). The conditions of this practice have not yet been defined and will be the subject of a decree.</p> <p>Act on the Adaptation of Society to Ageing (LOI No. 2015-1776 of 28 December 2015) Release date: 28 December 2015 Timeframe: none Issuing body: Ministry for Social Affairs, Health and Women's Rights Web link (indicate whether a version is available in English): https://www.legifrance.gouv.fr/eli/loi/2015/12/28/AFSX1404296L/jo/texte (no English version)</p> <p>Brief description of the content: The law attempts to anticipate the consequences of an ageing population on society and public policies, and is based on three pillars:</p> <ul style="list-style-type: none"> • Anticipation to prevent loss of autonomy • Adapting public policies to ageing • Improving care for people experiencing loss of autonomy <p>In this context, physical activity is presented as a preventive factor that "preserves independence and anticipates the negative effects of age" (Annex to Article 2).</p> <p>This law also provides for the implementation of the National Plan of Action for Preventing Loss of Autonomy.</p> <p>National Nutrition Health Program Release date: 2011 Timeframe: 2011-2015 Issuing body: Ministry for Labour, Employment and Health Web link: http://www.inpes.sante.fr/reperes_nutritionnels/pdf/pnns-2011-2015.pdf (an English version is available at <a 80="" 848="" 882="" 913"="" href="http://social-</p> </td> <td data-bbox="></p>
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	<p>sante.gouv.fr/IMG/pdf/PNNS_UK_INDD_V2.pdf)</p> <p>The PNNS is the main plan providing a general framework for promoting HEPA as a health determinant and prevention factor. It is included in various public health plans, but also in policies from other sectors. Its creation and renewal every five years is enshrined in the Public Health Code (article L3231-1). Launched for the first time in 2001, this plan was renewed in 2006 and 2011. Targets set by the High Council for Public Health have been adopted to enable the entire population to reach the recommended level of physical activity. Physical activity (energy expenditure) is considered in its complementarity with diet (energy intake). Two of its 21 measures directly concern the increase in daily physical activity levels for everyone, as well as for people with special needs such as disabled, disadvantaged, elderly or chronically ill people.</p> <p>Six other measures indirectly contribute to this by promoting cross-linked levers such as training, national nutrition monitoring tools, evaluation of actions, research, promotion of French expertise at the international level, and evaluation of the PNNS and the Obesity Plan (OP).</p> <p>The PNNS is the program containing the largest number of HEPA development measures in France.</p> <p>National Plan of Action for the Prevention of Loss of Autonomy Release date: September 2015 Timeframe: none Issuing body: Ministry for Social Affairs, Health and Women's Rights Web link: http://social-sante.gouv.fr/IMG/pdf/plan_national_daction_de_prevention_de_la_perte_dautonomie.pdf. (no English version)</p> <p>The Plan is structured around six main streams of action, as provided for by the Act on the Adaptation of Society to Ageing:</p> <ul style="list-style-type: none"> • improving the broad determinants of health and independence • Prevent avoidable loss of autonomy • avoid the aggravation of situations already characterized by incapacity • reducing social (and territorial) inequalities in health • training professionals in the prevention of loss of autonomy • develop research and evaluation strategies <p>Physical activity is presented as a determinant of health and a means of maintaining independence. In addition to its role in primary prevention, it is also mentioned as a secondary and tertiary prevention factor to prevent falls, which are responsible for the avoidable loss of autonomy, and in the reduction obesity in the elderly.</p>	
Sport and leisure	<p>Sports Citizenship Plan Release date: 2015 Timeframe: none Issuing body: Ministry for Youth, City and Sports Web link : http://www.sports.gouv.fr/IMG/pdf/plancitoyenssport15.pdf (no English version).</p> <p>This Plan corresponds to one of the measures of the Equality and Citizenship Plan launched by the Government at the beginning of 2015 within the framework of the Interministerial Committee on Equality and Citizenship. Its general objective is to mobilise the entire sporting world in order to guarantee access to sport for the young people who are furthest away from it. In particular, it seeks to promote</p>	

	<p>the practice of supervised sports in clubs in priority areas (city districts and rural areas).</p> <p>It has recently given rise to a circular (n°2015-93) whose objective is to integrate the stakes and the position of sport within the city contracts signed within the framework of the City Policy.</p>	
Education	<p>Law of Orientation and Programming for the Rebuilding of the Republic's School System Release date: July 8, 2013 Timeframe: none Issuing body: Ministry for National Education Web link: https://www.legifrance.gouv.fr/eli/loi/2013/7/8/MENX1241105L/jo/texte (no English version). The law describes the objectives of the rebuilding of the Republic's school system: raising the level of knowledge, skills and culture of all children, reducing social and territorial inequalities, and reducing the number of unskilled outings. This law specifies that, among the principles and missions of education, physical and sporting education, and school and university sports contribute to health and citizenship education (Article 11).</p> <p>Health education policy in academic territories Date of publication: Circular No. 2011216 of 2-12-2011 Timeframe: none Issuing body: Ministry for National Education, Youth and Associative Life. Web link: http://www.education.gouv.fr/pid25535/bulletin_officiel.html?cid_bo=58640 (no English version)</p> <p>This circular describes the national orientations for a health education policy in primary and secondary education. These orientations are based on three main principles: the systematic implementation of the project approach adapted to the specific realities and needs of each school or institution, the empowerment of all stakeholders in the education system (inspection, management, teaching, education, guidance, social and health care: nurses, doctors, and TOS workers), and the opening to new partners. It presents a comprehensive approach that addresses all determinants of health, including physical activity. Among its 7 priority objectives is the general implementation of nutrition education and the promotion of physical activities. This objective is in line with the general national policy, and is based on the 2011-2015 PNNS and the 2010-2013 Obesity Plan. In particular, this circular encourages the use of guides and tools developed by the Ministry for National Education (Nutrition information kit on School "Diet and Physical Activity") and other organizations (INPES, Mutualité Française).</p> <p>School sport development Date of publication: Circular No. 2010-125 of 18-8-2010 Timeframe: none Issuing body: Ministry for National Education Web link: http://www.education.gouv.fr/cid52971/mene1020201c.html (no English version). School sport is one of the components of educational policy that contributes to</p>	

	<p>the success, responsibility, health and wellbeing of students. In addition to physical education and sports education, it offers all willing students the opportunity to participate in physical and sports activities within the framework of the school sports association. This circular aims to define the main streams of a school sport development policy, as well as to emphasise the major role of the school sports association in the life of the school or institution.</p> <p>Back to School circular 2015 Date of publication: Circular n°2015-085 of 03-06-2015 Timeframe: September 2015 to June 2016 (French academic year) Issuing body: Ministry for National Education, Higher Education and Research. Web link (indicate if a version is available in English): http://www.education.gouv.fr/pid285/bulletin_officiel.html?cid_bo=89301 (no English version). The back to school circular sets out each year the main streams of action of the Ministry for National Education for schools for the coming school year. Circular 2015 calls on schools to implement the national priority "school sports year from school to university", one of the aims of which is to promote young people's participation in sport. The 2016 Back to School circular was published on 14 April 2016. It stresses in particular the importance of school sport and its complementarity with physical and sports education. Building on the momentum established for the school sport year 2015-2016, it called for the year 2016-2017 to be oriented towards Olympianism and its values. http://www.education.gouv.fr/pid285/bulletin_officiel.html?cid_bo=100720</p>	
Transport	<p>Active Mobility Action Plan (PAMA) Release date: 2014 Timeframe: 2014-2015 Issuing body: Ministry for Ecology, Sustainable Development and Energy - Ministry for Transport, Sea and Fisheries Web link: http://www.developpement-durable.gouv.fr/IMG/pdf/DP_-_mobilites_actives_-_05-03-14.pdf (no English version) Launched in 2014, this Plan, which is currently being revised, is an important document since it provides a framework and measures designed to develop the modal sharing of walking and cycling in daily and tourist travel. It is the only plan exclusively dedicated to physical activity through active mobility. Benefits are expected in economic, social and health terms. It consists of 19 measures, supported by a report, an objective and concrete proposals, divided into six areas:</p> <ul style="list-style-type: none"> • Develop intermodality between public transport and active travel. The aim is to ensure the continuity of travel by developing transport intermodality, in particular with rail transport, by influencing the possibility of cycling, parking and access to information (mobility information) • Share public space and secure active modes. The aim is to secure and develop the pedestrian/bike/other users' areas and to make regulations more flexible and complete to adapt them to these movements • Evaluate and value the economic stakes linked to this practice • Facilitate and secure bicycle parking 	(✓))

	<ul style="list-style-type: none"> • Developing leisure itineraries and cycling tourism • Rediscover the benefits of walking and cycling <p>It is the only plan or program dedicated to active mobility in France.</p>	
Environment	<p>Particulates Plan Release date: 2010 Timeframe: 2010-2015 Issuing body: Ministry for Ecology, Energy, Sustainable Development and the Sea Web link: http://www.developpement-durable.gouv.fr/IMG/pdf/plan_particules_complet.pdf (no English version) Launched in 2010 following the Grenelle Environment Round Table, this plan provides for measures to achieve a 30% reduction in particulate matter by 2015 in the sectors of industry and services, domestic heating, transport, agriculture, and in the event of pollution peaks. It also aims to improve the level of knowledge on the subject. One of the 11 actions in the transport section of the Plan concerns the promotion of active mobility. This promotion includes, in particular, the planning of spaces by local and regional authorities, the dissemination of information and methodological guides, encouragement of travel plans for companies, administrations and also for schools, and the development and security of traffic zones.</p> <p>Programming law relating to the implementation of the Grenelle Environment (LOI No. 2009-967 of 3 August 2009) Release date: 3 August 2009 Timeframe: none Issuing body: Ministry for Ecology, Energy, Sustainable Development and Town and Country Planning Web link: https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000020949548 (no English version) This law follows the Grenelle Environment Round Table and formalizes its 268 commitments. It integrates a sustainable transport policy, notably through the development of walking and cycling (Article 13). It also affirms the need to take account of the environmental component in health policy (Article 36). In this perspective it provides, among other things, for the implementation of the second PNSE and the Particulates Plan (Article 37).</p> <p>Act for National Commitment for the Environment (LOI No. 2010-788 of July 12, 2010) Release date: July 12, 2010 Timeframe: none Issuing body: Ministry for Ecology, Energy, Sustainable Development and Town and Country Planning Web link: https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000022470434 (no English version) This bill complements the programming laws relating to the implementation of the Grenelle Environment Round Table of August 3, 2009 and sets out its</p>	

	<p>objectives in more precise provisions. In particular, Article 57 of the transport component of the section of the Act dealing with transport requires the installation of infrastructure for the secure parking of bicycles in all new housing developments and in new or existing buildings used in the service sector.</p> <p>Energy Transition for Green Growth Act (LOI No. 2015-992 of 17 August 2015) Release date: 17 August 2015 Timeframe: none Issuing agency: Ministry for Ecology, Sustainable Development and Energy Web link: https://www.legifrance.gouv.fr/eli/loi/2015/8/17/DEVX1413992L/jo/texte (no English version)</p> <p>This bill sets out the objectives of energy transition and the guidelines necessary for the construction of a new energy model. Among its various axes is the development of clean transport to improve air quality and protect health. A set of provisions are laid down to encourage the use of bicycles, in particular a tax reduction for companies making available to their employees a fleet of bicycles (Article 39), and reaffirming the need to develop traffic lanes and parking spaces dedicated to bicycles (Article 41). In addition, this Act extends the allocation of a kilometric allowance to the use of bicycles for journeys between places of residence and work (Article 50). The decree of application, published on February 11,2016, sets the amount and the modalities.</p>	(✓)
Urban planning	No specific policy in this sector	
Other sectors: Justice Work or Workplace	<p>Penitentiary Act (LOI No. 2009-1436 of 24 November 2009) Release date: November 24,2009 Timeframe: no Issuing agency: Department of Justice Web link: https://www.legifrance.gouv.fr/eli/loi/2009/11/24/JUSX0814219L/jo/texte (no English version)</p> <p>The Penitentiary Act sets out the legal provisions concerning the execution and enforcement of sentences. It does not explicitly mention physical activity but obliges prisoners to carry out at least one of the activities proposed to them (Article 27). This is a reference article referenced in the Department of Justice's physical activity promotion materials.</p> <p>Workplace Health Plan 2016-2020 Release date: December 8,2015 Timeframe: 2016-2020 Issuing body: Ministry for Labour, Employment, Vocational Training and Social Dialogue Web link: http://travail-emploi.gouv.fr/IMG/pdf/pst3.pdf (no English version)</p> <p>This 3rd Workplace health Plan sets out three strategic priorities: "give priority to primary prevention and develop the culture of prevention", improve the quality of life at work and strengthen the social dialogue and resources of the prevention policy. While it does not set specific targets for HEPA, such as the justice sector texts, it provides a framework for intervention through its operational objective No. 6, which aims in particular at "promoting a healthy working environment".</p>	

8. During the development of the most important policies/action plans listed in question 7, was a **consultative process** used, involving relevant stakeholders?

If yes, please briefly outline the steps of this consultation processes and which organizations usually were involved or engaged in it. Please also mention challenges in engaging government ministries or other agencies through such processes in recent years, if any.

There is no standardised consultation process for the development of policies and action plans in France. Several types of processes may be mobilized, depending on the case:

- Participatory democracy: it consists of involving different players, including the citizen users, in political decision-making. It operates in different sectors and on different scales (eg. National Health Conference (CNS), Regional Conferences on Health and Autonomy (CRSA), Council for the Development of a Metropolis).
- The formulation of expertise: carried out by scientific experts, they can be carried out following a referral from the State.
- The setting up of working groups: state or non-state, these groups bring together different players - professionals from different sectors, users, decision-makers, researchers, etc. - around a given theme. Audits of persons outside the group may be carried out within this same framework.

The diversity of the players involved, and the stages of these processes, are therefore variable. No particular difficulty in engaging these different players was raised, but some redundancy and overlap of certain working groups is sometimes noted.

9. In your appraisal of the policy documents listed in question 7, is there evidence of **cross-referencing and alignment within and between policies, with genuine connections between different policy areas**, or do the policies present separate, sector-specific strategies without evidence of links and consistency across sectors and documents with relevant policy in other sectors? For example: In the health sector, does a national obesity prevention strategy refer to an existing physical activity promotion plan, thus demonstrating an integrated overarching national approach to address physical activity? Does a transport policy recognize links with other policies promoting walking and cycling in the health or sport sector? Does a sport promotion policy cross-reference HEPA promotion activities contained in a health promotion policy?

If yes, please briefly explain and give examples of such cross-referencing. Please state which of the policy documents presented in question 7 you are referring to.

In general, we note a significant number of interdepartmental policies and action plans, ensuring a minimum level of coherence. In addition, many references to other policies exist in the framework documents, even if they are not systematic. Here are a few examples:

- The 2011-2015 PNNS (National Nutrition Health Program) is linked to the National Food Program (NFP), the Cancer Plan and the National Environment Health Plan (PNSE).
- The PNSE 2015-2019 has been established in conjunction with the National Health Strategy, the Cancer Plan and the PNNS.
- The 2014-2019 Cancer Plan is in line with the National Health Strategy, the PNNS and the Obesity Plan (PO).
- The National Plan of Action for Preventing the Loss of Autonomy refers in particular to the PNNS.

- The PAMA 2014 refers to the communication tools developed under the PNNS and the Obesity Plan (PO). The PNNS is the action plan to which it most generally refers.

There is also a desire for coherence between the various policies put in place, as illustrated by the numerous formal links between ministerial sectors set up through the steering committees and follow-up of action plans (see Question 1. C).

Nevertheless, the lack of systematic coordination between policies has led to a dissonance in physical activity recommendations. For example:

The Ministries of Health and Sports distribute different recommendations concerning the practice of physical activity. Each ministry relied on scientifically valid recommendations in the development of its texts. However, the various recommendations are not always consistent within the different Ministries when one of them produces a new text.

- Currently, the Department of Health is based on the recommendations of the CDC and the American College of Sports Medicine released in 1995, while the Department of Sports is based on the WHO recommendations that were released when the policy was implemented in 2010. Following its referral to ANSES to update those recommendations, the Ministry for Health will soon be updating its own recommendations accordingly. There is no assurance to date that other departments will do the same to harmonize recommendations.

Finally, the absence of a general policy of developing physical activity for health purposes in favour of policies for the development of the PA, sport development, the development of active mobility and the development of HEPA sometimes leads to physical activity policies that do not take health into account.

10. In your country, are there any mechanisms in place to ensure that the key policy documents listed in question 7 are **based on the best-available scientific evidence on HEPA?**

For example, are there specific mechanisms or agencies dedicated to reviewing evidence and ensuring that the latest evidence is used to inform national policy development? Are there any formal committees or institution that are responsible for reviewing evidence and providing guidance to national policy making bodies, or any formal links between government and academic institutions for this purpose?

If yes, please briefly describe.

There is no system in France to ensure that a policy is developed on the basis of the latest scientific evidence, regardless of the subject matter. The use of the latest evidence for decision making is therefore variable depending on the policy developed.

Nevertheless, departments have several resources to support their decisions based on the evidence:

- Specific departments within ministries (eg. Evaluation, Forecasting and Performance Directorate (DEPP), Research, Studies, Evaluation and Statistics Directorates (DREES)) or experts partly responsible for this monitoring.
- State agencies or public administrative establishments whose missions include expertise (eg. National Institute of Health and Medical Research INSERM, National Food, Environment and Work Safety Agency ANSES, National Cancer Institute INCa, National Resource Centres).
- The establishment of ad hoc working groups of scientific experts.

While these different mechanisms co-exist, their use varies from one sector to another and depends,

in particular, on the knowledge that ministries may have of them, and the usefulness they perceive for the development of their policies, or the time available to develop them. Their use is sometimes perceived as less interesting (or even not interesting) when the policy has a primary objective that is not health (eg. diversification of sport practice) or as elements justifying the mentioned policy “a posteriori”, without having been analysed “a priori”.

11. Please indicate **how useful the following international documents have been** in the development of physical activity related policy in your country, i.e. by serving as a basis, input or inspiration, whether having been specifically quoted or not in a policy document. Please rate the documents below on the scale from 1 ('not at all useful') to 5 ('very useful').

Please add any other international documents which have been very important in the development of physical activity related policy in your country, as needed.

	Not at all useful		Very useful			Don't know
	1	2	3	4	5	
Global Strategy on Diet, Physical Activity and Health (WHO 2004)					X	
Global Recommendations on Physical Activity for Health (WHO 2010)					X	
2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases (WHO, 2008)		X				
Global Status Report on Noncommunicable disease (WHO, 2010)		X				
Global Action Plan 2013-2020 for the Prevention and Control of Noncommunicable Diseases (WHO, 2013)			X			
Steps to Health: A European Framework to Promote Physical Activity for Health (WHO/Europe, 2007)				X		
Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (WHO/Europe, 2011)			X			
The Toronto Charter (Global Advocacy Council for Physical Activity, ISPAH, 2010)				X		
NCD Prevention: Investments that Work for Physical Activity (Global Advocacy Council for Physical Activity, ISPAH, 2011)	X					
Lancet series on Physical Activity (The Lancet, 2012)					X	

Some international documents have also had an indirect influence on physical activity and health, through the collective studies carried out by the National Institute of Health and Medical Research (INSERM). These collective studies integrate much data from the above-mentioned international documents:

Inserm. Physical activity, contexts and health effects. Collective expertise. Paris: Inserm, coll. Expertise collective, 2008: 811 p.
 Web link: <http://www.ipubli.inserm.fr/handle/10608/80>

Inserm. Physical activity and fall prevention in the elderly. Collective expertise. Paris: Inserm, coll. Collective expertise, 2015: 508 p.
 Web link: <http://www.ipubli.inserm.fr/handle/10608/6806> (no English version)

Inserm. Social inequalities in health related to diet and physical activity. Collective expertise. Paris: Inserm, coll. Collective expertise, 2014: 731 p.

Web link: <http://www.ipubli.inserm.fr/handle/10608/6515>

The collective expertise "Physical Activity, Contexts and Health Effects" in particular was considered by the experts to be very useful for HEPA policy development and a key publication.

Several national documents have also influenced ongoing policies:

Ministry for Social Affairs and Health. Physical and sports facilities for seniors. Report to Ministers, prepared by the working group under the chairmanship of Professor Daniel Rivière, 2013

Web link: <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/144000035.pdf> (no English version)

Ministries of National Education, Health and Sports and Agriculture and Fisheries. Nutrition at School "Diet and Physical Activity". National information pack for educational teams. February 2009.

Web link:

http://cache.media.eduscol.education.fr/file/Action_sanitaire_et_sociale/57/3/dossier_national_nutrition_114573.pdf (no English version)

French Society of Public Health (SFSP). Final Report of the Nutrition Experts Society - Proposals for the 2011-2015 PNNS. Under the direction of François Bourdillon (SFSP), Noël Cano, French-Speaking Society for Clinical and Metabolic Nutrition (SFNEP), Jaques Delarue, French Nutrition Society (SFN) and Dominique Turck, French Pediatrics Society (SFP). September 2010.

Web link: <http://www.sfsp.fr/publications/detail.php?cid=177>
(no English version)

12. Are there any **national documents or guidelines** that **support implementation of HEPA activities at a sub-national level**? For example, does national policy determine what gets delivered at the sub-national level, and if so, is there strong adherence to this national guidance? Such guidance could, for example, include programs, structures or funding. Or is sub-national policy and activity developed and implemented largely independent from the national government?

Please note: please be brief here (about 300-500 words) and make reference to other questions for further details, especially question 7.

In France, the State defines policies that are implemented at the infra-national (regional and sub-regional) level by the decentralized services of the State (eg. Regional Directorates for Youth, Sports and Social Cohesion, Inter-regional Directorates of Prison Services) and, for health, by the Regional Health Agencies. Some policies (Acts in particular) apply to everyone. They are complemented by local policies implemented by the Regional Health Agencies and local and regional authorities, whether or not based on national policies.

For example, health policy (part of which concerns HEPA) is defined by the Government, but is subject to regional steering by the Regional Health Agencies. The latter implement their policy within the general framework of the national policy, according to the needs and resources of their territories by defining a Regional Health Project.

Guidance documents are generally developed following the publication of a law, decree or plan and present their implementation procedures (circulars, notes, etc.). For example, the national policy on health and wellbeing launched by the Ministries in charge of health and sports has been the subject of an instruction asking the regional prefects and the directors of Regional Health Agencies (ARS) to draw up a regional plan (http://circulaire.legifrance.gouv.fr/pdf/2013/01/cir_36363.pdf). The directives given may concern targeting certain audiences, steering the plan and specifying the resources allocated. Depending on the content of the directive, the national policy is more or less binding and, depending on the policies, the degree of adherence varies.

SECTION 4

Policy scope, content and implementation

13. Looking across all the key physical activity policy documents listed in question 7, please indicate **which settings are included for the delivery of specific HEPA actions**.

Please only tick those settings in which dedicated programs or interventions are foreseen or underway.

Kindergarten	X	Sport and recreation	X
Primary schools	X	Transport	X
High schools	X	Tourism	X
Colleges/universities		Environment	X
Primary health care	X	Urban design and planning	X
Clinical health care (eg. hospitals)	X	Community	
Workplace	X	Other (please specify):	
Older adult/senior/ services	X	Districts X	

Other locales and environments are targeted by policies aimed at the development of physical activity (the goal of health is not specified). This concerns the rural environment through the Plan for citizens, sports and universities and integration through the Youth Priority Plan.

14. Looking across the key physical activity policy documents listed in question 7, which **population groups** are targeted by specific HEPA actions?

Please only tick those groups for which dedicated programs or interventions are foreseen or underway.

Early years	x	Sedentary/ the least active	x
Children / young people	x	People from low socio-economic groups	x
Older adults	x	Families	
Workforce / employees	x		
Women		Migrant population	
People with disabilities	x	General population	x
Clinical populations/ chronic disease patients	x	Other (please specify): Prison population	x

Women and students are also concerned by physical activity development policies (without explicit health objectives) under the Youth Priority Plan.

15. Does your country have a current **national level communication strategy (using mass media)** aimed at raising awareness and promoting physical activity?

If yes, please provide details of the communication activities (for example, posters, website, television or radio advertising, etc.) and whether these activities have a common branding or slogan (such as for example “Agita Sao Paulo” or “Find 30”).

If no, has your country conducted any national communication activities in the past?

In France, there are several major national campaigns aimed at raising awareness and promoting

physical activity, but they are either associated with other objectives (such as diet or sustainable mobility) or centred on certain physical activity practices (cycling, sport, etc.). Only one is permanent: that of the National Nutrition Health Program (PNNS). The others are renewed every year.

National Nutrition Health Program (PNNS) communication campaign: "Eat, Move".

As part of the PNNS, launched for the first time in 2001, INPES (National Institute of Prevention and Education for Health, now Public Health France) developed and disseminated campaigns and tools to promote nutritional benchmarks, thus associating physical activity with diet. Its actions aim to bring to the attention of not only the general public but also professionals, a body of scientifically validated information. Various supports are regularly developed and updated, in particular:

- A general website offers resources to the general public, to health, social and educational professionals, as well as for local authorities. (<http://www.mangerbouger.fr/>).
- Tools such as guides, posters, brochures and teaching kits are available free of charge.
- TV and radio spots, as well as web campaigns (online banners and site layouts) related to the PNNS are occasionally developed.
- Health-related information (assorted where possible from the website <http://www.mangerbouger.fr/>) must accompany advertising messages in favour of certain foods and beverages following a ministerial decree published in 2007.

This communication campaign is accompanied by a logo that appears on all the documents developed:



This logo may also be the subject of a request for use by promoters (associations, local authorities, companies, public or private bodies or establishments, ...) wishing to label their actions or documents with the logo. These requests are submitted to Public Health France (Santé Publique France) (formerly INPES) which assesses the extent to which these documents fall within the scope of the Government's nutritional policy.

European Mobility Week

Manifested every year since its creation by the Ministry for the Environment and Transport, the European Mobility week mobilizes every year in France many local authorities that are involved and organize events on sustainable mobility. At national level, school bike and greenway days are also part of the European week.

<http://www.developpement-durable.gouv.fr/-Semaine-europeenne-de-la-mobilite,7510-.html>

Cycling week at school and college

Since 2013, a cycling week has been organised during June at school and college with the aim of "promoting or initiating pedagogical approaches" in the fields of:

- Health and physical activity education (sports mobility issues to improve health, attention to nutrition when travelling)
- Road safety (safety issues in shared road space situations).

- The environment and sustainable development (voluntary choice of this alternative mobility, "soft" travel).

These events and activities are part of the Active Mobility Action Plan (PAMA) and are organised by the Ministries for Education, the Environment and Transport.

<http://eduscol.education.fr/semaine-du-velo/?feuilleCSS=ie7>

"Feel your sport"

Every year since 2010, the CNOSF organizes a national week to promote sport for everyone in mid-September: "Feel Sport". Events and conferences are organized in France to help people discover and sensitize them to sport practice. This action is supported by the Ministries of Sport, Health and Education.

<http://sentezvousport.fr/accueil.php>

<p>16. To illustrate the types of policy actions in your country, please provide one or two examples (if available) of large-scale (preferably national) programs or interventions in each of the following settings.</p> <p>Please provide a brief description on each program or intervention (about 100 words, eg. name, lead organization, approach, participants, results, etc.) and a source for further information.</p> <p>Suggestion: You might also consider developing these examples into more detailed case studies to complement your national PAT.</p>	
<p>Example – sport/recreation</p>	<p><i>Youth and Sports is the Swiss national sports promotion programme for 5-20 year olds. It offers courses in more than 70 disciplines and reaches more than half a million children and adolescents every year. More recently it also has offers for 5 to 10-year-old children. Youth and Sports is based on the Federal Law on the Promotion of Gymnastics and Sport (described above).</i></p> <p><i>More information: http://www.jugendundsport.ch (German, French, Italian) and Kelly P et al.: An Analysis of National Approaches to Promoting Physical Activity and Sports in Children and Adolescents. Report. Oxford, British Heart Foundation Health Promotion Research Group, University of Oxford 2009 (http://www.euro.who.int/__data/assets/pdf_file/0009/119295/HEPA_children_analysis_report.pdf?ua=1).</i></p>
<p>Health</p>	<p>No large-scale programs</p>
<p>Sport/recreation</p>	<p>No large-scale programs</p>
<p>Education</p>	<p>The Ministry for Education builds the curricula for physical and sports education throughout the school curriculum. They are defined by the official bulletins relating to each level. Physical and sports education is designed in particular for an explicit health goal (acquisition of healthy habits, development of self-esteem, positive body image, etc.). As such, the official bulletins can be used as a national HEPA development program.</p> <p>For more information on the contents:</p> <p>First two years of Elementary school: http://media.education.gouv.fr/file/1/58/7/programmes_ecole-primaire_203587.pdf (no English version)</p> <p>Grade 3 to end of Elementary: http://cache.media.eduscol.education.fr/file/Progressions_pedagogiques/75/7/P_roggression-pedagogique_Cycle3_Education_physique_et_sportive_203757.pdf (no English version)</p> <p>Junior High School (College): http://cache.media.education.gouv.fr/file/special_6/21/6/programme_EPS_general_33216.pdf (no English version)</p> <p>Senior High School (Lycée): http://media.education.gouv.fr/file/special_4/73/3/education_physique_sportive_143733.pdf</p> <p>Vocational High School (Lycée): http://media.education.gouv.fr/file/special_2/24/3/education_physique_sportive_44243.pdf</p>

Transport	No large-scale programs
Environment	No large-scale programs
Urban design / planning	No large-scale programs
Other (please specify):	<p>There are flagship programs, such as ICAPS (Intervention for High School students focusing on physical activity and physical inactivity) for the health sector, but none of them are available throughout the country or for the entire population. More information about ICAPS: http://inpes.santepubliquefrance.fr/icaps/ (English version: http://inpes.santepubliquefrance.fr/CFESBases/catalogue/detaildoc.asp?numfiche=1416)</p> <p>There is an incentive to develop this program in fields other than National Education (areas...)</p>

SECTION 5

Recommendations, goals and targets

The following questions refer to national recommendations on physical activity (question 17a) and sedentary behavior (question 17b).

<p>17a. Does your country have any national recommendations on <u>physical activity and health</u>? National recommendations refer to a consensus statement on how much activity is required for health benefits.</p> <p>If recommendations exist, please provide details for the population sub-groups (where applicable), including issuing body, year of publication, title of the document, and provide a web link if available (and specify whether the document is available in English). If there are no existing recommendations, please mark “no”.</p> <p>If your country has officially adopted or endorsed international recommendations (eg. of the WHO or the US Department of Health), this should be mentioned as part of the description of the respective recommendations.</p>		
<p>In France, recommendations are issued by two ministries:</p> <p>The Department of Health issues benchmarks that correspond to the first public health recommendation published by the CDC and the American College of Sports Medicine in 1995. These recommendations are being disseminated as part of the PNNS (National Nutrition Health Program) launched in 2001 and renewed since then. The National Food, Environment and Work Safety Agency (ANSES)</p> <ul style="list-style-type: none"> → The ANSES has just issued new recommendations which are in the process of being disseminated for professionals and the general public (https://www.anses.fr/fr/system/files/NUT2012SA0155Ra.pdf). They will soon be distributed by the Department of Health to replace those of the CDC and the American College of Sports Medicine. → The Ministry for Sports disseminates benchmarks that correspond to WHO recommendations ("Global Recommendations on Physical Activity for Health", WHO, 2010). These recommendations are published on the Ministry's website. 		
		No
<p>Early years (pre-school age)</p>	<p>Title and date of document: National Nutrition Health Program, 2011-2015 Issuing body: Ministry for Health Web link: Briefly indicate the recommendations and specify the age range: There are no quantified recommendations, but information is available for the psychomotor capacities of children aged 0-6 months (http://www.mangerbouger.fr/Bouger-Plus/Bougez-plus-a-tout-age/Enfants/De-0-a-6-mois) and 6 months to 3 years (http://www.mangerbouger.fr/Bouger-Plus/Bougez-plus-a-tout-age/Enfants/De-6-mois-a-3-ans).</p>	X
<p>Children and young people (school-age)</p>	<p>Policy Title and Date: National Nutrition Health Program, 2011-2015 Issuing body: Ministry for Health Web link (indicate if a version is available in English): http://www.mangerbouger.fr/Les-9-reperes/Les-9-reperes-a-la-</p>	

	<p><u>loupe/Activite-physique</u></p> <p>Briefly indicate the recommendations and specify the age range: It is recommended to practice the equivalent of at least 1 hour of brisk walking per day for children (from 3 years old) and adolescents.</p> <p>Policy title and date: General policy, Sports Health policy, Health Welfare of the Ministry for Sports Issuing body: Ministry for Sport Web link (indicate if a version is available in English): <u>http://www.sports.gouv.fr/pratiques-sportives/sante-bien-etre/bienfaits-du-sport/article/De-5-a-17-ans</u></p> <p>Briefly indicate the recommendations and specify the age range: 5 to 17 years of age: Accumulate at least 1 hour (60 minutes) of physical activity or sport in addition to low intensity daily physical activities and those less than 10 minutes.</p>	
Adults	<p>Policy Title and Date: National Nutrition Health Program, 2011-2015 Issuing body: Ministry for Health Web link (indicate if a version is available in English): <u>http://www.mangerbouger.fr/Les-9-reperes/Les-9-reperes-a-la-loupe/Activite-physique</u></p> <p>Briefly indicate the recommendations and specify the age range: It is recommended to practice the equivalent of at least 30 minutes of brisk walking per day.</p> <p>Policy title and date: general policy sports health policy health welfare of the Ministry for Sports Issuing body: Ministry for Sport Web link (indicate if a version is available in English): <u>http://www.sports.gouv.fr/pratiques-sportives/sante-bien-etre/bienfaits-du-sport/article/De-18-a-64-ans</u></p> <p>Briefly indicate the recommendations and specify the age range: 18 to 64 years of age: practice at least 150 minutes of moderate intensity endurance activity during the week, or at least 75 minutes of sustained intensity endurance activity, or an equivalent combination of moderate and sustained intensity activity.</p>	
Seniors	<p>Policy Title and Date: National Nutrition Health Program, 2011-2015 Issuing body: Ministry for Health Web link (indicate if a version is available in English): <u>http://www.mangerbouger.fr/Bouger-Plus/Bougez-plus-a-tout-age/Seniors</u></p> <p>Briefly indicate the recommendations and specify the age range: It is recommended to practice the equivalent of at least 30 minutes of brisk walking per day.</p> <p>Policy title and date: general policy sports health policy health welfare of the Ministry for Sports Issuing body: Ministry for Sport Web link (indicate if a version is available in English): <u>http://www.sports.gouv.fr/pratiques-sportives/sante-bien-</u></p>	

	etre/bienfaits-du-sport/article/A-65-ans-et-plus Briefly indicate the recommendations and specify the age range: At 65 years of age and over: do moderate intensity aerobic (endurance) activities for a minimum of 30 minutes per day, 5 days per week or more 20 minutes per day, 3 days per week or a combination of the two.	
People with disabilities	Policy title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X
Other (please specify): expectant mothers	Policy Title and Date: National Nutrition Health Program, 2011-2015 Issuing body: Ministry for Health Web link (indicate if a version is available in English): http://www.mangerbouger.fr/Bouger-Plus/Bougez-plus-a-tout-age/Futures-mamans Briefly state the recommendations: There are no quantified recommendations, but information on physical activity during and after pregnancy.	

17b. Does your country have any national recommendations on reducing sedentary behaviour ? If recommendations for any of the below target groups exist , please provide details for each of the population sub-groups (where applicable), including the issuing body, year of publication, title of the relevant document, and provide a web link if available (and specify whether the document is available in English). If there are no existing recommendations, please mark the box “no”.		
		No
Early years (pre-school age)	Document title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X
Children and young people (school-age)	Policy title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X
Adults	Policy title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X
Older adults	Policy title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X
People with disabilities	Policy title and date: Issuing body: Web link (please state if English version is available):	X

	Briefly state the recommendations:	
Other (please specify):	Policy title and date: Issuing body: Web link (please state if English version is available): Briefly state the recommendations:	X

18. Does your country have any **national goals (or national targets) for population prevalence of physical activity?**

If yes, please provide details of the target and the time frame. Please specify in which policy document(s) listed in question 7 these goals are stated.

Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

For example:

"By 2010 65% (2004: 60%) of the adult population will meet the international exercise standard"

"An increase in the number of children and youth who are physically active for at least 60 minutes per day"

The Public Health Code provides for the definition of quantified public health objectives every 5 years (Article L1411-2) on the proposal of the HCSP. Targets for the prevalence of physical activity were established in 2010 and have been included in axis 2 of the National Nutrition and Health Program 2011-2015:

The overall goal is to increase physical activity and reduce physical inactivity at all ages. This objective has two sub-objectives:

General sub-goal 1: Increase physical activity in adults

- ➔ In the next 5 years, increase the proportion of adults in the physical activity class (according to the IPAQ questionnaire, International Physical Activity Questionnaire).
 - "High" for at least 20% for men and at least 25% for women.
 - "Moderate" for at least 20%.

General sub-goal 2: Increase physical activity and combat physical inactivity in children and adolescents

- ➔ In 5 years, at least 50% of children and adolescents aged 3 to 17 should be doing high intensity physical activity three times a week for at least one hour
- ➔ To reduce by at least 10%, in 5 years, the average daily time spent by children and adolescents aged 3 to 17 years in front of a screen.

These targets are the only ones quantified in terms of prevalence for a defined duration. There are, however, many other (unquantified) prevalence targets in the various policy documents.

Examples include "Promoting and developing the practice of physical and sports activities (particularly leisure) for people with chronic non-communicable diseases (diabetes, hypertension, cancer, etc.)" in the Sport Health and Wellbeing policy; "Developing the practice of physical and sports activities for seniors" in the national action plan to prevent loss of autonomy.

19. Aside from any national goals and targets for population prevalence of physical activity or sedentary behaviour, which were provided above, does your country have **any other goals and targets that directly or indirectly relate to physical activity promotion?**

For example, a goal for health professionals to screen more patients for physical activity, or a target to replace a percentage of car trips by cycling and walking.

If so, please give examples, indicate the time period for the desired change, if available, and state in which of the policy documents presented in question 7 these are contained.

The plans constitute programming documents. All those mentioned in question 7 develop goals that contribute to the promotion of physical activity, either directly or indirectly. Here are two examples:

- ➔ The Active Mobility Action Plan (2014) plans to increase the share of cycling holidays in all tourist stays from 3% in 2014 to 6% in 2020.
- ➔ The Sports Citizens' Plan wants to increase the number of children benefiting from the "I learn to swim" program and to make it available to all children living in deprived urban areas and rural areas.

SECTION 6**Surveillance**

20. Does your country have a **health surveillance or monitoring system** that includes measures of physical activity or sedentary behaviour?

If yes, please provide details by age group below (and copy-paste as many response sections as needed). Describe long-term general population surveys under 20a. (children and young people), 20b. (adults), or 20c. (older adults), as appropriate.

There is no single health monitoring or observation system in France today, but surveys are carried out by government departments or agencies. These studies are reported in the tables below.

Other data on physical activity is available from French and international surveys. These surveys cover different territorial levels (eg. regional data reported by ARSs, Regional Health Observatories (ORS) on specific themes (eg. cycling), or can be developed by other players (eg. university laboratories, or from the commercial sector)).

A new observatory was created on 22 October 2015 (National Observatory of Physical Activity and Sedentary behaviour - ONAPS) following a call for projects launched by the Ministry for Sport. One of its missions will be to identify, centralize and analyse the data produced on physical activity, sports and physical inactivity to be able to draw up an inventory of the current situation in France or to analyse targeted data.

20a. Children and young people**Name of survey 1: National Nutrition and Health Study (ENNS) of the Institute for Health Surveillance (INVS) (coupled with INCA2)**

	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Methods used (please tick as relevant)	x					3-10 years: questionnaire developed by USEN (Nutritional Surveillance and Epidemiology Unit) 11-14 years: questionnaire adapted from a foreign study (YRBSS - Youth Risk Behaviour Surveillance System) >15 years old: IPAQ (International Physical Activity Questionnaire)

Please complete either row A or row B below, as relevant

A	Part of repeated surveillance system	Start year	Frequency	Latest year of data collection
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B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)			
		2006-2007	No			
Name of survey 2: Health Study on the Environment, Bio-monitoring, Physical Activity and Nutrition (ESTEBAN) of the Institute for Health Surveillance (INVS)						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
	x				Accelerometer	Auto-questionnaire (R-paq: Recent Physical activity questionnaire)
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)			
		2014-2015	First study signals the beginning of a monitoring system to be repeated every 7 years			
Name of survey 3: National individual study of food consumption (INCa) by the French Food Safety Agency (AFSSA, now the National Food, Environment and Work Safety Agency, ANSES)						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
	x			x		3-10 years: questionnaire developed by USEN 11-14 years: questionnaire adapted from a foreign study (YRBSS) 15 years old: IPAQ Questionnaire
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
			1998-1999	Every 7 years	Results available from the 2006-2007 collection (study coupled with ENNS) Results in progress for the 2014-2015	

						collection	
B	Single survey(s)	Year(s)		Meant as start of repeated surveillance system (yes/no or add comment)			
Name of survey 4: Research, Studies, Evaluation and Statistics Directorate (DREES)							
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)	
	Paper	Online	Phone	Personal			
	x			x		Questionnaire	
Please complete <u>either</u> row A or row B below, as relevant							
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection		
			1999	Historically variable, biennial since 2010	2014-2015		
B	Single survey(s)	Year(s)		Meant as start of repeated surveillance system (yes/no or add comment)			

* Eg. fitness, accelerometers

20b. Adults							
Name of survey 1: National Nutrition and Health Study (ENNS) of the Institute for Health Surveillance (INVS) (coupled with INCA2)							
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)	
	Paper	Online	Phone	Personal			
	X			X		IPAQ Questionnaire	
Please complete <u>either</u> row A or row B below, as relevant							
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)		Meant as start of repeated surveillance system (yes/no or add comment)			
		2006-2007		No			
Name of survey 2: Health Study on the Environment, Bio-monitoring, Physical Activity and Nutrition (ESTEBAN) of the Institute for Health Surveillance (INVS)							
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)	
	Paper	Online	Phone	Personal			
	x				Accelerometer	Auto-questionnaire (R-paq)	

Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system	Start year	Frequency		Latest year of data collection	
B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)			
		2014-2015	First study signals the beginning of a monitoring system to be repeated every 7 years			
Please complete <u>either</u> row A or row B below, as relevant						
Name of survey 3: National individual study of food consumption (INCA) by the French Food Safety Agency (AFSSA, now the National Food, Environment and Work Safety Agency-ANSES)						
Methods used (please tick as relevant))	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
	x			x		IPAQ Questionnaire
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system	Start year	Frequency		Latest year of data collection	
		1998-1999	Every 7 years		Results available from the 2006-2007 collection (study coupled with ENNS) Results in progress for the 2014-2015 collection	
B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)			
Please complete <u>either</u> row A or row B below, as relevant						
Name of survey 4: Nutrition health barometer from the National Institute of Prevention and Education for Health (INPES)						
Methods used (please tick as relevant))	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
		x	x			Questionnaire (GPAQ)
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system	Start year	Frequency		Latest year of data collection	
		1996	Every 6 years		2008	
B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)			

* Eg. fitness, accelerometers

20c. Older adults						
Name of survey 1:						
Method used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
B	Single survey(s)		Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)		

* Eg. fitness, accelerometers

21a. Has the **data on the prevalence of physical activity or sedentary behaviour** or other related factors **influenced policy development** in your country?

For example, has surveillance data been used to define national goals and targets? Has data been used to assess progress towards achieving national goals and targets? **If yes**, please explain briefly and give examples.

If no, please briefly explain why. Is for example the frequency of data collection not in line with the timeline of formulated policy goals or the questions asked do not provide information on the effectiveness of national policy implementation?

There is no standardised and systematic process of research and data collection for policy development. The influence of data on the prevalence of physical activity or physical inactivity is therefore highly variable from one policy to another.

For example:

→ This use exists within the framework of the National Nutrition Health Program (PNNS).

In PNNS 2006-2010, the public health objective relating to physical inactivity and inactivity, defined by the HCSP and annexed to the 2004 Public Health Act, has been included as a separate objective of the PNNS.

“Increase daily physical activity by improving by 25% the percentage of subjects doing at least 1/2 hour of brisk walking per day. Sedentary behaviour is a risk factor for chronic diseases and must be combated in children.”

In 2010, HCSP evaluated the achievement of this objective on the basis of various studies (eg. ENNS; Nutrition Health Barometer), and proposed a redefinition of the nutrition health barometer described in question 18 above. This new objective has been integrated into the 2011-2015 PNNS. It is currently being re-evaluated by ANSES, in order to be readjusted in the next PNNS. This use does not exist within the framework of the Department of Justice's promotion of physical and sporting activities, whose primary objective is to diversify the sports activities offered.

21b. In your appraisal, has **surveillance data helped progress the national promotion of** physical activity in your country in any other ways?

For example, has a decline of physical activity levels helped to raise political attention, or created media attention?

If yes, please explain briefly and give examples.

No, physical activity has gradually increased in policy in response to population health surveillance data (data on morbidity related to obesity, cancer, chronic air quality diseases, etc.). It is this data that generally alerts the political or public sphere. Monitoring data on physical activity is not systematically emphasized or used as a priority.

SECTION 7

Evaluation

22a. Has your country undertaken any **evaluation of national policies or action plans listed in question 7?**

If yes, please state the title of the report, publisher and year published, and where available, please provide a web link and indicate if an English version / summary is available. Please provide brief details of the evaluation undertaken, what has been evaluated, the data collection methods, a brief summary of the results and how these were used (or not) to define new policy.

There is currently no standardised approach to the evaluation of national policies or action plans. This varies from one policy to another, and can be carried out at the request of the Ministries by different authorities:

- The High Council for Public Health, whose function of evaluating public health plans and programs is enshrined in the law (Public Health Code, Article L. 1411-4)
- Agence Française de Sécurité Sanitaire de l'Environnement et du Travail (French Agency for Health Safety in the Environment and Work), a former public administrative establishment of the State under the supervision of the Ministers for Health, Ecology and Work.
- General Inspections (in particular the General Inspection of Social Affairs, the General Inspection of National Education and Research Administration, the General Council of the Environment and Sustainable Development, and the General Council of Food, Agriculture and Rural Areas)
- The High Council for Research and Higher Education Evaluation (HCERES) (formerly the Agency for Research and Higher Education Evaluation - AERES) focuses its evaluation on the "research" part of the plans.

Here are a few examples:

Evaluation of the National Nutrition and Health Program PNNS2 2006-2010

Publisher and date: Inspectorate General of Social Affairs

Web link: <http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/104000214.pdf>
(no English version)

Description of the approach, results and their use: this evaluation was carried out at the request of the Minister for Health and Sport and with the assistance of the General Council for Food, Agriculture and Rural Areas. The objective of this evaluation is to assess the level of achievement of the actions and objectives for implementing the program, to identify the difficulties encountered in its implementation, and to formulate recommendations for its renewal. To this end, the mission used several survey methods: interviews with program stakeholders as well as with external specialists and specialised structures; meetings with local stakeholders; a meeting with European Commission officials; participation in a steering committee for the program and a meeting of the National Public Health Committee; a survey of regional directorates; and a documentary consultation. The results of the evaluation show a positive assessment of the PNNS in terms of achieving the objectives set. However, they suggest that certain points should be improved, in particular the linkage between its reference framework functions and its operational leadership responsibilities, as well as its governance and linkage with other sectoral programs and policies.

Evaluation of the 2nd National Environment Health Plan

Publisher and date: High Council for Public Health, September 2013

Web link: <http://www.hcsp.fr/Explore.cgi/avisrapportsdomaine?clefr=379>

(a summary is available in English)

Description of the approach, results and their use: The HCSP was taken up by the General Directorate for Health in order to evaluate the effectiveness of the actions of the 2nd PNSE. In particular, it focused on assessing the achievement of the objectives initially set out in this plan, and its possible impact. The collection method includes bibliographic analyses, qualitative interviews and audits, as well as the collection of data from published statistical sources. The conclusions regarding the evolution of the situation over the last ten years vary according to the media (outside air, indoor air, water, etc.) and pollutants (particulates, pesticides, metals, etc.) or nuisances (poor quality housing, noise, etc.) analysed. HCSP highlights the weakness of information systems on environmental quality and population exposures. Recommendations are made on specific objectives, governance and linkage between the national and regional plans.

Contribution to the evaluation of the 2nd National Environment Health Plan 2009-2013

Publisher and date: Ministry for Ecology, Sustainable Development and Energy, July 2013

Web link:

<http://www.ladocumentationfrancaise.fr/var/storage/rapports-publics/144000002.pdf>

(no English version)

Description of the approach, results and their use: This report, produced by the General Council for Environment and Sustainable Development, the General Inspectorate of Social Affairs, and the General Inspectorate of National Education and Research Administration, presents an assessment of the extent to which the plan has been implemented, its governance and organisation, the "research" component, its territorial breakdown, financial resources, and sharing with plans of different kinds. The evaluation is based on an analysis of the elements provided by the pilots or referents of the PNSE's actions, document review and interviews. The results suggest in particular an admirable level of achievement of the actions as well as careful governance, and provide recommendations for the renewal of the plan.

Mid-term Evaluation of the National Environment Health Plan - Report of the Evaluation Committee

Publisher and date: French Health Safety Agency for Environment and Work, July 2007

Web link:

<http://www.ladocumentationfrancaise.fr/rapports-publics/074000498-evaluation-a-mi-parcours-du-plan-national-sante-environnement-rapport-du-comite>

(no English version)

Description of the approach, results and their use: This mid-term evaluation aims to identify the adjustments needed to continue the PNSE by analysing its relevance, internal and external coherence, direction and effectiveness of the actions undertaken, and its institutional impacts. The evaluation was carried out based on case studies, documentation and database reviews, interviews and surveys. The results highlight the benefits of this plan and its spillover effects, but also highlight shortcomings in its governance.

Mid-term Evaluation of the Cancer Plan 2009-2013

Publisher and date: High Council for Public Health (HCSP), March 2012

Web link:

<http://www.hcsp.fr/Explore.cgi/avisrapportsdomaine?clefr=259>

(a summary is available in English)

Description of the approach, results and their use: This mid-term evaluation was intended to provide an assessment of the Plan's capacity to achieve its objectives, as well as the indicators available for the final evaluation of the Plan. For this purpose, the HCSP relied on interviews, document analysis (meeting minutes, etc.), written contributions from external players, and a bibliographic analysis of the scientific literature. The evaluation highlighted that the cross-related themes of social

inequalities, territorial inequalities, the role of the General Practitioner, and the development of information systems were insufficiently considered in the implementation and monitoring of measures and actions, potentially limiting the long-term effects of the Plan, and the possibilities of evaluating them. The recommendations are aimed at improving the Plan's governance and capacity to integrate these cross-related objectives into ongoing achievements. They also aim to better identify the needs of the future final evaluation, which need to be anticipated.

Evaluation of the National Plan on Aging Wellbeing 2007-2009

Publisher and date: Ministry for Health and Sport, High Council for Public Health

Web link: <http://www.hcsp.fr/Explore.cgi/avisrapportsdomaine?clefr=195>

(a summary is available in English)

Description of the approach, results and their use: This report aims to assess the internal (piloting and implementation) and external (construction and take-up) coherence of the Plan, the actions of the plan, as well as the piloting and organisation of its implementation. The information was gathered based on documents relating to the actions taken and interviews with the plan's stakeholders. The conclusions of the evaluation point to a lack of governance, structuring of the axes and means, as well as a lack of attention to social inequalities in health.

Public health objectives. Evaluation of the Objectives of the Act of 9 August 2004. Proposals

Publisher and date: High Council for Public Health, April 2010

Web link: <http://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=133>

(no version available in English)

Description of the approach, results and their use: Regarding physical activity, the objective of increasing the prevalence of physical activity among adults was considered to be globally achieved. The results of two recently available surveys (ENNS - National Nutrition and Health Study and Health Barometer) have enabled HCSP to come to this conclusion. However, the report recommended that child-specific goals should now be set, that the different levels of activity among adults should be distinguished, and that a specific objective should consider physical inactivity. This five-year Act has not been renewed and the public health objectives have not been redefined. Nevertheless, these objectives formulated in the recommendations were used by the 2011-2015 PNNS, which integrated them into axis 2 ("develop physical activity and sport, and limit sedentary lifestyle").

The plans can also be reviewed, and feedback provided by their steering committee, which then adjusts the strategic orientations and operational measures planned. This is the case, for example, with the Active Mobility Action Plan.

However, it is difficult to assess the impact of these evaluations, and to obtain feedback on the renewal of plans or programs. Information on how they have or have not been used in the development of new policy(s) remains difficult to capture objectively.

22b. Has any **evaluation** of physical activity projects or interventions taken place **at the sub-national level** (coordinated with or independent from the national level)?

If yes, please give a brief general overview of relevant processes. It is not expected to cover the whole range of activities but to give an indication and overview of the general approach taken at the sub-national level.

The evaluation of interventions or projects related to physical activity at the local level is not the subject of a systematic and standardized approach, but varies according to the type of actions, the project leaders, and the origin of the funding:

- ➔ Within the framework of the regional plans: assessments and feedback can be carried out regionally by the decentralized services of the State (eg. assessment carried out by the Regional Health Agencies regarding the actions implemented within the framework of the PNNS). These balance sheets can be centralised at the national level (eg. assessment carried out by the National Resource Centre

- for Sport Health and Wellbeing of the regional PRSSBE actions).
- In the case of projects carried out by non-government players: the setting up of an evaluation is at the initiative of promoters using their own funding, but may be requested when external funding has been solicited.

23. Has any **economic evaluation** of interventions or **of physical inactivity** (i.e. not reaching the minimum recommended level of physical activity) on a national level been undertaken in your country?

If yes, please state the title of the report, publisher and year published, and where available, please provide a web link and indicate if an English version / summary is available. Please provide a brief description of the results of the assessment (about 50-100 words).

There has been no national economic evaluation of interventions or of physical inactivity published in France.

SECTION 8

Funding and commitments

24a. Within each of the sectors listed below, is there **funding** specifically allocated or “ring-fenced” for the delivery of physical activity related policy or action plans **at the national level**?

Please tick yes/no, and provide the amount (and currency), if known. Please also indicate whether this funding is recurrent eg. provided on a regular basis, for example annually.

	National						
					Recurrent		
Sector	Yes	Amount	No	Don't know	Yes	No	Don't know
Health	X	?			X		
Sport /recreation	X	?			X		
Education	X	?			X		
Transport	X	?			X		
Environment	X	?			X		
Urban design / planning	X	?			X		
Other (please specify)	X	?			X		

24b. Within each of the sectors listed below, is there **funding** specifically allocated or “ring-fenced” for the delivery of physical activity related policy or action plans **at the sub-national level**?

Please tick yes/no, and provide the amount (and currency), if known. Please also indicate whether this funding is recurrent eg. provided on a regular basis, for example annually.

	Sub-national						
					Recurrent		
Sector	Yes	Amount	No	Don't know	Yes	No	Don't know
Health	X	?			X		
Sport /recreation	X	?			X		
Education	X	?			X		
Transport	X	?			X		
Environment	X	?			X		
Urban design / planning	X	?			X		
Other (please specify)	X	?			X		

It is not possible to list sector-specific funding specifically earmarked for the implementation of physical activity policies or action plans at both local and national levels. Physical activity is most often associated with one or more other objects within the policies mentioned, so it is not possible to distinguish their respective financial shares, as they are not isolated in the public accounts. Nevertheless, in each of these sectors, policies that include physical activity development measures do exist. Funding is allocated, although these are usually annual;

25. In your appraisal is there evidence of **political commitment** to the national agenda to promote physical activity? For example this might include recognition of physical activity as an important policy topic; increased funding, inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events or their personal participation in HEPA.

If yes, please describe with examples and also comment on whether you think there is greater or less political commitment to physical activity promotion in your country than in recent years.

In France, a dynamic around the promotion of HEPA emerged in the early 2000s, notably with the development of the first National Nutrition Health Program and the implementation of a communication campaign aimed at the general public. Since then, the political interest in HEPA has grown and is illustrated by several indicators:

1. Inclusion of physical activity and its relationship to health in policy documents.
 - Several public health plans now include a physical activity component, particularly plans for chronic diseases (eg. cancer, stroke, obesity), aging or environmental health, being the most often referenced to the PNNS.
 - The recent inclusion of physical activity as a non-drug therapy with the possibility of prescribing it as part of the care pathway for patients with long-term conditions.
 - Physical activity appears outside the health sector, particularly in the environment and transport sectors, with the implementation of a plan specifically dedicated to the promotion of walking and cycling.
 - The desire for a shared responsibility of sports-health policies with the implementation of an inter-ministerial plan co-piloted by the Ministries for Health and Sports.
 - Renewal of key plans promoting physical activity such as the PNNS or PAMA.
2. Allocation of funding.
 - Allocation of financial resources within the framework of the various plans integrating physical activity.
 - The creation of a specific category for bicycles in transport accounts since 2013.
 - The important financial contribution of the National Centre for the Development of Sport to the development of sport participation for the greatest number of people.
3. The implementation of national tools specific to physical activity.
 - Creation of the National Sport, Health and Wellbeing Resource Centre
 - The creation of the National Observatory of Physical Activity and Sedentary behaviour following a project call launched by the Ministry for Sport.
4. Regular establishment of working groups around HEPA, in particular by the Ministries for Health and Sport.

SECTION 9

Capacity building

26. Does your country have any professional **network or system that links** and/or supports professionals interested or currently working in physical activity or related areas?

If yes, please describe, providing a web link and contact person, if available.

To date, France does not have a professional network or a system that links and/or supports professionals.

On the other hand, there are several bodies, networks and structures that can connect professionals and/or inform them by disseminating information, developing guides and tools, or setting up training courses. These players may be governmental (eg. State agencies, public administrative institutions, decentralized services) or non-governmental (eg. the private sector, networks of professionals, learned societies, associations, sports federations, the commercial sector, etc), and act at the national or infra-national level. They are generally distinguished by a specific theme (eg. Health promotion, promotion of active mobility, development of supervised sporting activities, therapeutic management) or the professional fields (eg. health professionals, professional facilitators, sports educators, elected officials).

SECTION 10

Experience of policy implementation, progress and challenges

27a. What do you think are the areas of greatest progress in national HEPA promotion in your country in recent years?
1. The greatest step forward is the recognition of the role of physical activity in health (particularly as a determinant of health and a tool for the management of pathologies) by stakeholders in the health field (policy, professional, etc.).
2. Secondly, the sport sector's consideration of the health impact of physical activity (regardless of its form: adapted physical activity, leisure sport, high performance sport) has been a major step forward in recent years for the promotion of HEPA. This has resulted in the shared responsibility for the sports-health and wellbeing policy.
3. Finally, the development of active mobility, both from an environmental and health perspective, was a major step forward in the promotion of HEPA.
27b. What do you think have been the biggest challenges faced by your country in the commencement or continuation of national level approaches to HEPA promotion in recent years?
1. Development challenges in professional training and practices: Develop the knowledge and skills of stakeholders (regardless of their sector) on HEPA.
2. Political challenge: Strengthen the coordination and harmonisation of policies implemented in the different sectors, improve the articulation of HEPA policies with other policies and increase funding allocations
3. Communication challenge: Strengthen information and communications to the public about the benefits of physical activity and disseminate recommendations for changing perceptions and behaviours in physical activity in the general population.

These three challenges remain topical in France.

28. Based on your experience, please identify up to three suggestions you would offer to another country setting up a national HEPA policy.
1. Define an intersectoral HEPA policy, the implementation of which would be coordinated by a single "champion".
2. Improve and disseminate knowledge about HEPA (scientific data and data on interventions and the existing one).
3. Establish a communication policy on HEPA.

29. Please use this space to provide any further details or comments you were not able to provide in other sections of the tool.

-

SECTION 11

Summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please briefly outline the process used. This should include details of:

- who initiated the process;
- who led the process;
- who was involved;
- how stakeholders were identified or selected; and
- main steps of the consultation process.

In addition, please include a list of individuals and organizations that were contacted and from whom feedback was received.

Context of the HEPA-PAT project in France

Project Management and Schedule

As part of its participation in the HEPA Europe physical activity promotion network, the French Society of Public Health (Société Française de Santé Publique - SFSP) initiated in 2014 the analysis of French public policies favourable to HEPA. The SFSP provides a framework and means for collective and inter-professional reflection to the various health players (professionals: scientists and/or field workers, political decision-makers, economic and social players). This reflection is based in particular on the critical analysis of scientific facts and professional practices. It leads to the formulation of proposals for decision makers and makes it possible to enlighten public opinion via the media on the issues, strengths and weaknesses of public health policies. One of the SFSP's main objectives is to debate public health issues through multi-disciplinary and multi-professional debate and to support health policies.

This project was carried out over 16 months (cf. Table 1) and supervised by a project team made up of five people attached to the SFSP and/or the University of Lorraine (cf. Table 2).

Table 1. Project Schedule

Overview of process and timelines	
Month/year	Main steps
November 2014 - March 2015	Conduct preliminary interviews and initiate the identification of national policies Constitution of the project team
March to May 2015	First meeting of the project team Translation of the PAT into French Development of a maintenance guide Establishment and mobilisation of the expert group
June - December 2015	Individual interviews with experts Pre-completion the PAT

January 2016	Working seminar with experts: validation of the data collected (individual interviews and documentary research)
February 2016	Submission of an article in a peer-reviewed journal on initial results
June 2016	Publication of initial results in Public Health N°1- 2016, Supplement
February to August 2016	Completion of form, submission to experts for validation
December 2016	Dissemination of the results of the PAT in France (report and synthesis)
October 2017	Translation of the PAT results into English and international dissemination

Table 2. Leaders and members of the project team

Lead of PAT completion process
Name: VUILLEMIN Anne Institution: SFSP Contact details: 1 rue de la forêt, 54520 Laxou
Members of the project team
LECOMTE Flore (SFSP) LOMBRAIL Pierre (SFSP) PREVOT-LEDRICH Julie (SFSP) VAN HOYE Aurélie (Université de Lorraine)

Project Preparation

The project began in France in November 2014 with the initiation of the identification of national policies in collaboration with the documentation centre of the Regional Institute for Health Education and Promotion of Lorraine, and the holding of preliminary interviews to identify the sectors concerned with HEPA, and the experts to be mobilized. Their selection was based on their recognised expertise in the field (eg. scientific work and publications, representation of learned societies playing a major role), as well as their involvement in the political sphere (eg. representation of ministries or their agencies, chairing national plans, participation in ministerial working groups), their sector (ie. health, education, sport, transport, justice, cities), and their function (ie. researchers, players in the field, decision-makers). This approach has thus favoured the representation of several institutions. For 2 months (April-May 2015), the identified experts were invited by email to participate in the project. Among the institutions requested, only the Directorate General of Labour (Ministry *for* Labour, Employment, Vocational Training and Social Dialogue) and the Directorate of Sports (Ministry *for* the City, Youth and Sports) did not respond to our request. A total of 18 people were involved in either one or more stages of the project. While the authors of the PAT recommend the formation of a group of between 8 and 12 experts, it seemed difficult to us to remain within this framework given the large number of players and public policies developed in the French context.

Table 3 presents the individuals and institutions that agreed to participate in this project.

In parallel, the project team met to define the methodology and prepare the material. Although the authors of the PAT suggest that it should be pre-completed and then sent to the experts before the interview, we have chosen a procedure that is more suited to the French context. Due to the abundance of policies identified - even if only the 18 past and present national plans - and the diversity of their development, coordination, processes, etc., it seemed more effective to begin the completion of the PAT with interviews, and then to supplement the information gathered by the continuation of the documentary research. In addition, pre-completion was likely to orient or even bias the information shared by experts. We have therefore chosen to conduct the consultation in an exploratory manner, optimizing as much as possible the time offered by each expert. In particular, a maintenance guide has been developed to identify the PAT issues to be submitted to the consultation process. In the end, only those questions that could be answered by a literature search were not explicitly asked to avoid over-burdening the interview (ie. questions 1a, 1b, 13, 14, 16, 17, 18 and 19).

Table 3: List of experts who were consulted for input

Institution/organization	Contact person
Institut National de Prévention et d'Éducation pour la Santé	Florence ROSTAN
Société Française des Professionnels en Activité Physique Adaptée	David COMMUNAL
Ministère de la Santé - Direction Générale de la Santé	Marie FIORI
Comité national olympique et sportif français – Commission médicale	Alain CALMAT
Ministère de la Santé - Direction Générale de la Santé	Michel CHAULIAC
Ministère de l'Éducation Nationale	Fabien VERDIER
Direction régionale de la jeunesse des sports et de la cohésion sociale d'Ile-de-France	Marie-Christine BINOT
Ministère de la Santé - Direction Générale de la Santé	Simona TAUSAN
Ministère des Sports – Pôle Ressources National Sport Santé Bien-Etre	Martine DUCLOS
Université Blaise Pascal Clermont-Ferrand II	Pascale DUCHE
Société Française de Médecine de l'Exercice et du Sport	Xavier BIGARD
Institut de Recherche Médicale et d'Epidémiologie du Sport	Jean-François TOUSSAINT
Faculté de Médecine Toulouse-Purpan	Daniel RIVIERE
Société Française de Médecine de l'Exercice et du Sport	Serge HERCBERG
Université Paris 13 / Hôpital Avicenne	Marie LE BAIL
Commissariat général à l'égalité des territoires	Dominique LEBRUN
Coordination Interministérielle pour le Développement de l'Usage du Vélo	Marie-José JUSSERAND
Ministère de la Justice – Direction de l'Administration Pénitentiaire (Bureau des politiques sociales, d'insertion et d'accès aux droits)	Didier JOURDAN
Université Blaise Pascal Clermont-Ferrand II	

The data was collected from November 2014 to January 2016 following the recommendation of the authors of the tool to incorporate:

A consultative process: 15 semi-directive individual interviews were conducted face-to-face or by telephone. The interview was based on the guide sent to each expert beforehand. It collected representations, opinions and knowledge. The analysis focused on the experts' knowledge of existing national public policies.

A literature search of plans and legislation. It has made it possible to supplement the knowledge and the collection of experts, but also to compare them when they were not in agreement.

A one-day restitution seminar. The main results of the interviews and the literature search, as well as areas of uncertainty and disagreement, were presented to complete and/or correct them and to validate them collectively. In particular, the results were presented on national HEPA promotion players, policies contributing to HEPA - including their leadership, coordination and development processes - and general features of the system such as national physical activity monitoring, policy evaluation and funding. This seminar provided an opportunity to discuss and validate the information gathered. At the end of the seminar, each expert positioned himself or herself individually on the challenges, in particular the challenges facing the development of HEPA in France (Q27), and on advice from other countries (Q28). Filling in the PAT was therefore based on the synthesis of this process.

Communication and promotion of the project

The launch of the project to analyse the public policies promoting HEPA in France was the subject of an oral presentation at the "Social Determinants of Health" congress organised by the SFSP in Tours from 4 to 6 November 2015.

An article has been submitted in the scientific journal Public Health. It presents an overview of French public policies promoting physical activity and the government players involved in it. This article was published in the supplement to Public Health Magazine 1-2016.

GLOSSARY OF ACRONYMS

ACAPS - Association des Chercheurs en Activité Physique et Sportive
Association of Physical Activity and Sport Researchers

ADEME - Agence de l'Environnement et de la Maitrise de l'Energie
Environment and Energy Management Agency

AF3V - Association Française pour le Développement des Véloroutes et des Voies Vertes
French Association for the Development of Bicycle Routes and Greenways

AFAPA - Association Française d'Accompagnement des Patients Accidentés
French Accident Patient Support Association

AFSSA - Agence Française de Sécurité Sanitaire des Aliments, devenue Agence Nationale de Sécurité Sanitaire de l'Alimentation

French Food Safety Agency, now National Food Safety Agency

ANESTAPS - Association Nationale des Etudiants en STAPS

National Association of STAPS Students

ANRU - Agence Nationale pour la Rénovation Urbaine

National Agency for Urban Renovation

ANSES - Agence Nationale de Sécurité Sanitaire de l'alimentation, de l'environnement et du travail

National Food, Environment and Work Safety Agency

AP - Activité Physique

Physical Activity

APAS - Activité Physique Adaptée Santé

Adaptive Physical Activity Health

APELS - Agence pour l'Éducation par le Sport

Agency for Education through Sport

ARS - Agences Régionales de Santé

Regional Health Agencies

ASV - Ateliers Santé Ville

City Health Workshops

C3D - Club des cardiologues du sport, conférence des directeurs et doyens de structures STAPS

Sport Cardiologists Club, Conference of STAPS Directors and Deans

CDC – Centre for Disease Control

Cerema - Centre d'études et d'expertise sur les risques, l'environnement, la mobilité et l'aménagement

Centre for studies and expertise on risk, the environment, mobility and development

CERTU - Centre d'Etudes sur les Réseaux, les Transports, l'Urbanisme et les constructions publique

Research Centre for Networks, Transport, Urban Planning and Public Buildings

CETE - Centres d'Etudes Techniques de l'Équipement

Centre for Utilities Technical Studies

CETMEF - Centre d'Etudes Techniques, Maritimes et Fluviales

Centre for Maritime and River Technical Studies

CGAAER - Conseil Général de l'Alimentation, de l'Agriculture et des Espaces Ruraux

General Council for Food, Agriculture and Rural Areas

CGET - Commissariat Général à l'Égalité des Territoires

General Commission for Equality of the Territories

CHU - Centre Hospitalier Universitaire

University Hospital Centre

CIDUV - Coordination Interministérielle pour le Développement de l'Usage du Vélo

Interministerial Coordination for the Development of Bicycle Use

CLS - Contrat Locaux de Santé

Local Health Contracts

CNDS - Centre National pour le Développement du Sport
National Centre for the Development of Sport

CNOSF - Comité National Olympique et Sportif Français
French National Olympic and Sports Committee

CNS - Conférence Nationale de Santé
National Health Conference

CNSA - Caisse Nationale de Solidarité pour l'Autonomie
National Solidarity Fund for Autonomy

CREPS - Centre de Ressources d'Expertise et de Performance Sportive
Sports Performance and Expertise Resource Centre

CRSA - Conférences Régionales de la Santé et de l'Autonomie
Regional Conferences on Health and Autonomy

DDT(M) - Directions Départementales des Territoires (et de la Mer)
Departmental Directorates of Territories (and the Sea)

DEPP - Direction de l'Evaluation, de la Prospective et de la Performance
Evaluation, Foresight and Performance Directorate

DGS - Direction Générale de la Santé
General Directorate for Health

DR/D JSCS - Directions Régionales et Départementales de la Jeunesse, des Sports et de la Cohésion Sociale
Regional and Departmental Directorates for Youth, Sports and Social Cohesion

DREAL - Directions Régionales de l'Environnement, de l'Aménagement et du Logement
Regional Directorates for the Environment, Planning and Housing

DREES - Direction de la Recherche des Etudes, de l'Evaluation et des Statistiques
Research, Studies, Evaluation and Statistics Directorate

DRJSCS - Directions Régionales (et directions départementales) de la Jeunesse des Sports et de la Cohésion Sociale
Regional Directorates (and county directorates) of Youth, Sports, and Social Cohesion

DROM - Départements et Régions d'Outre-Mer
Overseas Departments and Regions

ENNS - Etude Nationale Nutrition Santé
National Nutrition and Health Study

EPCI - Etablissements Publics de Coopération Intercommunale
Public Institutions for Intermunicipal Cooperation

ESTEBAN - Etude de Santé sur Environnement, Bio surveillance, Activité physique at Nutrition
Health Study on the environment, Bio-monitoring, Physical Activity and Nutrition

FFD - Fédération Française des Diabétiques
French Diabetes Federation

FNES - Fédération Nationale de l'Éducation pour la Santé (),
National Federation of Health Education (),

FUB - Fédération des Usagers de la Bicyclette
Federation of Bicycle Users

HAS - Haute Autorité de Santé
High Authority for Health

HCERES - Haut Conseil de l'Evaluation de la Recherche et de l'Enseignement Supérieur (ex Agence d'Evaluation de la Recherche et de l'Enseignement Supérieur – AERES)
High Council for Research and Higher Education Evaluation

HCSP - Haut Conseil de la Santé Publique
High Council for Public Health

HEPA PAT - Health-Enhancing Physical Activity Policy Audit Tool
Health-Enhancing Physical Activity Policy Audit Tool

IFSTTAR - Institut Français des Sciences et Technologies des Transports, de l'Aménagement et des Réseaux
French Institute of Science and Technology for Transport, Planning and Networks

IGAS - Inspection Générale des Affaires Sociales
General Inspectorate of Social Affairs

INCa - Institut National du Cancer
National Cancer Institute

INPES - Institut National de Prévention et d'Education pour la Santé devenu Santé Publique France
National Institute of Prevention and Education for Health, now Public Health France

Inserm - Institut National de la Santé et de la Recherche Médicale
National Institute of Health and Medical Research

INVS - Institut de Veille Sanitaire devenu Santé Publique France
Institut for Health Surveillance, now Public Health France

ITMO - Instituts Thématiques Multi-Organismes, dont un concerne la santé publique (ISP)
Multi-agency Thematic Institutes, one of which is concerned with public health (PHI)

Onaps - Observatoire National de l'Activité Physique et de la Santé
National Observatory of Physical Activity and Health,

ONAPS - Observatoire National de l'Activité Physique et de la Sédentarité
National Observatory of Physical Activity and Sedentary behaviour

ORS - Observatoires Régionaux de la Santé
Regional Health Observatories

PAMA - Plan d'Action Mobilités Actives
Active Mobility Action Plan

PNNS - Programme National Nutrition Santé
National Nutrition Health Program

PNSE - Le Plan National Santé Environnement
The National Environment Health Plan

PNSSBE - Plan National Sport Santé Bien-Etre
National Sport Health and Wellbeing Plan

PO - Plan Obésité
Obesity Plan

SETRA - Service d'Etudes sur les Transports, les Routes et leurs Aménagements
Study Service for Transport, Roads and their Facilities

SFMES - Société Française de Médecine du Sport
French Society of Sports Medicine

SFN - Société Française de Nutrition
French Nutrition Society

SFNEP - Société Francophone Nutrition Clinique et Métabolique
French-speaking Society for Clinical and Metabolic Nutrition

SFP - Société Française de Pédiatrie
French Pediatric Society

SFP-APA - Société Française des Professionnels en Activité Physique Adaptée
French Society of Adapted Physical Activity Professionals

SFSP - Société Française de Santé Publique
French Society of Public Health

SNEP - Syndicat National d'Education Physique
National Physical Education Union

SNTEDD - Stratégie Nationale de Transition Ecologique vers un Développement Durable
National Strategy for Ecological Transition towards Sustainable Development

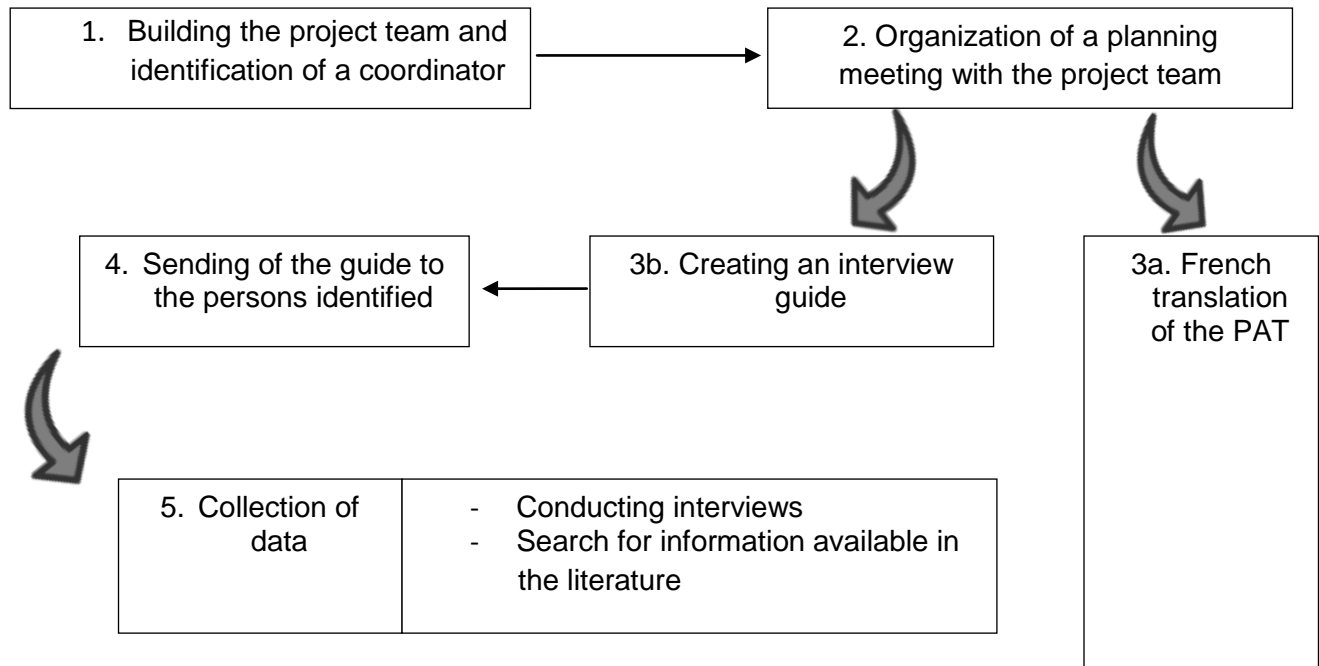
TER - Transport Express régional
Regional Express Transport

TOS - Techniciens, Ouvriers et de Service

Technicians, Workers, and Services Workers

USEN - Unité de Surveillance et d'Epidémiologie Nutritionnelle
Nutritional Surveillance and Epidemiology Unit

Figure 1 provides an overview of the PAT completion process.



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