

Physical activity in France: key facts and policies



The World Health Organization's (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases calls for a 10% reduction in physical inactivity by 2025. To achieve this target, the Physical Activity Strategy for the WHO European Region (2016–2025) calls upon all countries to develop intersectoral strategies to address insufficient physical activity across the life course.

The promotion of physical activity is beneficial for noncommunicable diseases such as type 2 diabetes, stroke, cardiovascular diseases, cancers, and poor mental health. It also has positive effects in many other policy areas, for example: by promoting social inclusion; by contributing to reducing air pollution and greenhouse gas emissions; reducing congestion; by promoting a healthy workforce; and through effective return on investments in sectors such as transport and tourism.

This document presents key information on the physical activity policy situation in France (January 2016). It is based on a wider policy audit using the HEPA Policy Audit Tool (PAT) of the WHO/Europe.

www.euro.who.int/hepatat

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Summary: As recommended by WHO not only one French policy promoting physical activity exists, but rather a diversity of policies driven by different sectors (Health, Sports and Sustainable Development), and relieved by several other ministries. But harmonization in recommendations and intersectoral coordination mechanisms are still to build for more coherence.

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A full version of this PAT is available at:

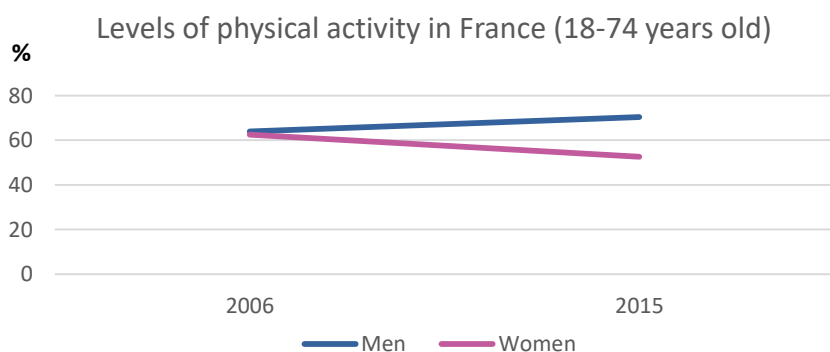
<http://www.sfsp.fr/content-page/51-rapports-sfsp/2190-hepa-pat-health-enhancing-physical-activity-hepa-policy-audit-tool-pat>

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To find out more about HEPA promotion in France, please visit

<http://www.sfsp.fr/content-page/111-dossiers-documentaires/3096-activite-physique-3096>.

Population levels of physical activity



Source: ENNS 2006 and ESTEBAN 2015 survey

- at least moderate or intense physical activity for at least 30 minutes per day, at least 5 days per week
- or at least intense physical activity at least 25 minutes per day, at least 3 days per week.

1. Institutions

The main government ministries with an active role in the promotion of Health-Enhancing Physical Activity

Three ministries define and conduct HEPA policies in France: Health, Sports and Sustainable Development (transport & environnement).

Two ministries include references to HEPA policies in their policies for the population for which they are responsible and / or have a their own PA policy, but with no explicit health focus: the Ministry for Education and the Ministry for Justice.

Three other ministries contribute to the development of HEPA, but without specific policy: the Ministries for cities, Higher Education and Research, and Labor.

	Agencies providing leadership for HEPA promotion	Mechanisms to ensure cross-sector collaboration regarding the delivery of HEPA policy
On the national level	There is no agency officially assuming a leadership role. The development of the Regional Sport Health and Wellbeing Plans (PRSSBE) with the Instruction of 24 December 2012, through its co-piloting Ministry for Health and Ministry for Sport, has positioned these two ministries in a shared leadership role, although it is not official.	There is no organizational or coordinating mechanism but 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 multi-sector working groups.
On the sub-national level	The emerging leadership described at the national level 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 Plans.	There is no organizational model or coordinating body that brings together all the local players involved in the promotion of HEPA. We find different forms of cross-sector collaboration as for the national level.

Professional network or system linking and/or supporting professionals interested or currently working in physical activity or related areas

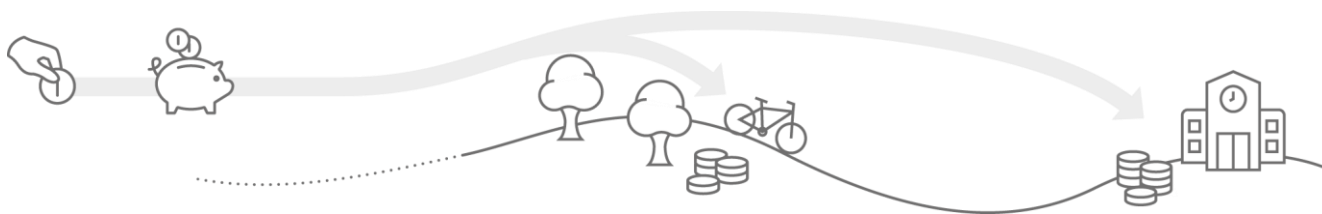
To date, France does not have one professional network or a system that links and/or supports professionals but several bodies, networks and structures that take this role. These players may be governmental or non-governmental and act at the national or infra-national level. They are generally distinguished 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, sports educators, elected officials).

Funding specifically allocated or “ring-fenced” for the delivery of physical activity related policy or action plans

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.

Sector	At national level (recurring)	Amount (€)	At sub-national level (recurring)	Amount (€)
Health	✓	unknown	✓	unknown
Sport/Recreation	✓	unknown	✓	unknown
Education	✓	unknown	✓	unknown
Transport	✓	unknown	✓	unknown
Environment	✓	unknown	✓	unknown
Urban Design/Planning	✓	unknown	✓	unknown
Social cohesion	✓	unknown	✓	unknown

Possible answers: ✓ Recurring ✗ Not Recurring ? Don't know



2. Policies & key actions

Current **key policy documents**, legislation, strategies or action plans which outline the intention to increase national levels of physical activity

Sector	Key policies*	Web-Link
Cross-sectoral	National Strategy for Ecological Transition towards Sustainable Development (SNTEDD) Published in 2015 by Government	Web-Link
Health	Health System Modernization Act (LOI No. 2016-41 of January 26, 2016) Published in 2016 by <i>Ministry for Social Affairs, Health and Women's Rights</i>	Web-Link
	Law on Public Health Policy (LOI No. 2004-806 of 9 August 2004) Published in 2004 by <i>Ministry for Health, Family and People with Disabilities</i>	Web-Link
	National Nutrition Health Program 2011-2015 Published in 2011 by <i>Ministry for Labour, Employment and Health</i>	Web-Link
Transport	Active Mobility Action Plan (PAMA) Published in 2014 by <i>Ministry for Ecology, Sustainable Development and Energy - Ministry for Transport, Sea and Fisheries</i>	
Environment	Act for National Commitment for the Environment (LOI No. 2010-788 of July 12, 2010) Published in 2010 by <i>Ministry for Ecology, Energy, Sustainable Development and Town and Country Planning</i>	Web-Link

* A detailed version of the policy list can be found in the corresponding PAT at <http://www.sfsp.fr/content-page/51-rapports-sfsp/2190-hepa-pat-health-enhancing-physical-activity-hepa-policy-audit-tool-pat>

Settings that are included for the delivery of specific HEPA actions *

							
Kindergarten	Primary Schools	High Schools	Colleges, Universities	Primary Health Care	Clinical Health Care	Workplace	Older adult/ senior services
						Other (please specify): neighborhoods	
Sport, Recreation	Transport	Tourism	Environment	Urban design and planning	Community		

● Included ○ Not included

* Referring to the full list of policy documents which can be found in the corresponding PAT at <http://www.sfsp.fr/content-page/51-rapports-sfsp/2190-hepa-pat-health-enhancing-physical-activity-hepa-policy-audit-tool-pat>

Population groups that are included for the delivery of specific HEPA actions

Groups					
Early years	<input checked="" type="checkbox"/>	Workforce/employees	<input checked="" type="checkbox"/>	People with disabilities	<input checked="" type="checkbox"/>
Children/young people	<input checked="" type="checkbox"/>	Women	<input type="checkbox"/>	Clinical populations/chronic disease	<input checked="" type="checkbox"/>
Older adults	<input checked="" type="checkbox"/>	Sedentary/the least active	<input checked="" type="checkbox"/>	Low socio-economic groups	<input checked="" type="checkbox"/>
Indigenous people	<input type="checkbox"/>	Migrant populations	<input type="checkbox"/>	Families	<input type="checkbox"/>
General population	<input checked="" type="checkbox"/>	Other (please specify): Prison population			

3. Recommendations, goals and surveillance

National recommendations on physical activity and health and on reducing sedentary behaviour *

In France, in January 2016, recommendations are issued by two ministries:

- 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) 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.

	Early years (pre-school age)	Children and young people (school-age)	Adults	Older adults	People with disabilities
Physical activity and health	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>
Reducing sedentary behaviour	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>	<i>Not only one existing</i>

* For more information on the content of the recommendations see the full version of the PAT at <http://www.sfsp.fr/content-page/51-rapports-sfsp/2190-hepa-pat-health-enhancing-physical-activity-hepa-policy-audit-tool-pat>

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National goals and targets for population prevalence of physical activity

The Public Health Code provides for the definition of quantified public health objectives every 5 years (Article L1411-2) on the proposal of the Haut Conseil de la Santé Publique. 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 (they have not been updated to date). They are the only existing quantified goals for population prevalence.

+20 %

at least for men in the high physical activity class (according to the IPAQ questionnaire)

+25 %

at least for women in the high physical activity class (according to the IPAQ questionnaire)

+20 %

at least for men and women in the moderate physical activity class (according to the IPAQ questionnaire)

50 %

At least of children and adolescents aged 3 to 17 doing high intensity physical activity three times a week for at least one hour

-10%

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

Other goals and targets that relate to physical activity promotion

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

Main surveillance and monitoring systems

There is no single health monitoring or observation system in France today, but 2 surveys are carried out by government agencies:

- **National individual study of food consumption (INCA)** (Including 3 years old and more). French Agency for Food, Environmental and Occupational Health & Safety (ANSES). Starting: 1998. Frequency: 7 years. [Web-Link](#)
- **Health Study on the Environment, Bio-monitoring, Physical Activity and Nutrition (ESTEBAN) (for children, young people and adults)**. Santé Publique France. Starting 2014. Frequency: Repeated approximately every 7 years. [Web-Link](#)

4. Successes and challenges

Areas of greatest progress and greatest challenge in national HEPA promotion in recent years

Successes

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-time 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 Regional Sport Health and Wellbeing Plans (PRSSBE).
3. Finally, the development of active mobility, both from an environmental and health perspective, was a major step forward in the promotion of HEPA.

Challenges

1. Develop the knowledge and skills of stakeholders (regardless of their sector) on HEPA.
2. 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. 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.