

出國類別：開會

歐洲促進健康身體活動網絡  
第19屆年會暨第15屆研討會議  
**European Network for the  
Promotion of Health-Enhancing  
Physical Activity (HEPA 2024)**

服務機關：衛生福利部國民健康署

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派赴國家/地區：愛爾蘭/都柏林

出國期間：113年8月17日至8月23日

報告日期：113年11月18日

## 摘 要

歐洲促進健康身體活動網絡 (European Network for the Promotion of Health-Enhancing Physical Activity, HEPA Europe) 第 19 屆年會暨第 15 屆研討會議 2024 年 8 月 19 日至 21 日於愛爾蘭都柏林舉行為期 3 天的研討會，本次由愛爾蘭皇家外科醫學院 (Royal College of Surgeons in Ireland, RCSI) 籌辦。2024 年 HEPA 歐洲會議主題為「Optimising health enhancing physical activity: the importance of inclusion (優化增強健康的身體活動：包容的重要性)」，會議匯集專家、研究人員、政策制定者、專業人士和其他利益相關者，研討加強促進健康的身體活動。

衛生福利部國民健康署以「臺灣建構運動科技於全齡場域及長者支持性運動空間政策 (Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces)」進行口頭報告，針對高齡化社會，分享我國推動銀髮健身俱樂部，由專業指導員提供長者肌力訓練資源環境，以及運用新興運動科技於社區、醫療院所等場域智慧整合之經驗。

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**出席「歐洲促進健康身體活動網絡  
第 19 屆年會暨第 15 屆研討會議」  
出國報告**

**壹、目的**

- 一、 本次國際研討會的主題為「Optimising health enhancing physical activity: the importance of inclusion (優化增強健康的身體活動：包容的重要性)」，探討如何推廣及實施身體活動，確保所有人群（包括不同年齡、性別、能力及背景的對象）都能夠平等參與，進而提高健康促進身體活動的涵蓋範圍和效益。會議將強調包容性在設計和推動健康促進身體活動政策與實踐中的重要性，並分享實踐和研究成果，以期提升身體活動對於全體公眾健康的促進作用。
- 二、 透過大會口頭報告「臺灣建構運動科技於全齡場域及長者支持性運動空間政策 (Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces)」，分享我國面臨高齡化社會，於全國運用閒置空間布建銀髮健身俱樂部，提供長者肌力訓練知環境與課程，以及於社區、醫療院所等場域智慧結合新興運動科技，整合運用生理及運動數據提供服務之經驗，提高臺灣推動健康促進之國際能見度。

## 貳、過程

日期	地點	行程
8/17 (六)	臺灣桃園→英國倫敦→ 愛爾蘭都柏林	1. 桃園機場啟程 2. 倫敦希斯洛機場轉機 3. 抵達愛爾蘭都柏林
8/18 (日)	愛爾蘭都柏林	會議報告前準備
8/19 (一)	愛爾蘭都柏林	參與大會主題演講
8/20 (二)		1. 參與大會主題演講 2. 本署投稿主題口頭報告
8/21 (三)		參與大會主題演講
8/22 (四)	愛爾蘭都柏林→德國法 克福	1. 愛爾蘭都柏林機場啟程 2. 德國法蘭克福機場轉機
8/23 (五)	臺灣桃園	抵達桃園國際機場

## 參、會議重點

### ● 第一天 (8/19)

#### 一、專題演講重點摘要

##### (一) 主題演講：思考包容性－從身體活動研究面向學習

由 Staffordshire 大學應用健康研究 Chris Gidlow 教授分享，部分個人和人群「服務不足」，其在社會中、健康促進機會中或相關研究中未被充分納入，因而無法與其他人擁有相同的健康生活機會。以英國數據為例，公共支出減少和社會決定因素惡化，導致這些群體的排斥和健康結果不佳，研究探討因創傷和有害健康的生活經歷（如無家可歸、物質濫用、心理健康問題）而處於社會弱勢邊緣的人群。生活經驗在識別和理解被排斥者的需求方面發揮關鍵作用，應用 Marmot 的概念，從以平等為目標的服務計劃轉向以公平為目標，以改善包容性。相關做法可以包括思考：那些被排除在外的人往往最需要、他們也可能是我們資料中最缺失的一部分，這意味著我們無法理解如何解決他們的問題（或者我們可能甚至還不知道他們被排除在外）、需要更多的努力來讓這些團體參與進來、適當的生活經驗是根本。

##### (二) 長者參與增強健康的身體活動：從不同醫療環境和國家實施具實證基礎的跌倒預防介入措施經驗

由 Skelton 教授介紹長者預防跌倒的運動計畫（ Falls Management Exercise program, FaME），Orton 教授及 McCullagh 博士分別分享在英國及愛爾蘭不同醫療環境中實施情形與成效，透過提高身體活動減少跌倒風險，改善獨立性並減少社交孤立。

##### (三) 促進積極老化的國家實施計畫：成功點與挑戰

退休後的預期壽命為 20 至 40 年，應支持積極老化。透過 3 個國家長者身體活動計畫的例子，分享推展、永續性、溝通、挑戰和潛在的解決方案。

1. 荷蘭 Utrecht 體育與身體活動知識中心 Liesbeth Preller 分享荷蘭國家跌倒預防計畫 - 實施挑戰：2023 年開始實施篩檢、跌倒預防體育活動計劃(FPP)，實施情況取決於市政當局、當地體育和醫療保健組織以及區域衛生服務組織所扮演的角色。
2. 芬蘭赫爾辛基年齡研究所 Heli Starck 分享芬蘭老齡力國家計畫「市政當局和跨部門合作的 20 年承諾」：2004 年起實施促進 75 歲以上老年人功能能力，109 個城市實施 3 年跨部門運動諮詢、力量、平衡及戶外運動支持。
3. 斯洛維尼亞國家公共衛生研究所 Tjasa Knific 分享該國積極健康老化之路：促進預防跌倒和虛弱的身體識能，58% 參與者改善有氧、肌力、平衡和活動能力。

#### (四) 身體活動政策-綠色空間

1. Dr Una May sports Ireland 分享：運動與身體活動是一致的，針對小孩她的父母是他的模範腳色，任何地方人和階段運動是非常重要的，甚至透過交通中運動都是讓運動成為生活一部分，孩童階段必須有能力建立新的身體活動能力。有些人到醫院看醫生，醫師如何建議他活動，運動是包括在各個角落與場域，政策制定者必須支持所有的事，包括與研究連結…透過研究來建議相關政策，我們注重包容，社區的民眾狀況多有不同，透過包容、多元讓民眾參與，對外青少年相關研究我們也提供相關支持性建議，綠色環境非常重要，有好的環境所有

的運動都可以進行，包括我們最愛的足球，好的環境提供民眾運動的機會。

2. Professor Diarmuid ODonovan：平等與健康是重要的議題，甚至病人、孩童等都必須有均等的活動機會，有用的、多元的服務透過健康照顧者提供民眾，疫情影響所有的狀況，健康照護系統需要整合相關身體活動建議，這是我們新的契機，包括公衛、學校、職場等每一個場域都需要重新設計如何有效提升民眾運動。

備註：Green space

根據世界衛生組織的說法，綠色空間是「所有被各種植被覆蓋的城市土地」。這包括行道樹、花園、公園、建築物周圍的景觀、運動場、花壇、池塘、綠色入口、綠色屋頂、個別植物等。綠色空間提供長期的經濟效益以及社會和環境效益。





# EU Work Plan for Sport 2024-2027

19 August 2024

Strahil Christov

## Structure - 3 Main Focus Areas

Structure of the Resolution remain:

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    graph LR
      A[Textual part] <--> B[Annex I - table of commitments and deliverables]
      B <--> C[Annex II - principles of working format and reporting]
  
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3 main priority areas remain:

- Integrity and values in sport
- Socio-economic and sustainable dimensions of sport
- Participation in sport and health-enhancing physical activity

## Structure - Guiding Objectives

In terms of EU sport policy

- strengthen safe sport, integrity and value-based sport in the EU
- support sustainable and evidence-informed sports policy
- increase participation in sport and health enhancing physical activity
  - at all ages
  - improve accessibility for vulnerable groups
  - promote an active and environmentally-friendly lifestyle
  - social cohesion
  - active citizenship
- support voluntary-based grassroots sport
- support, further explore key features of a European Sport Model
- support promote good governance in sport
- investment in the sports sector, sustainable and accessible sport and sport-recreational infrastructures including limiting the carbon footprint of the sector
- promote sports tourism (contribute to sustainable development and resilience of sector sport) investment in sustainable sports sector
- innovation and digitalisation in sport
- strengthen resilience of sport sector for future challenges
- ensure awareness of other EU policy domains, sport's contribution to social and sustainable growth, citizens health, UN SDGs
- support and enable implementation of Erasmus+ programme in the field of sport

## Structure - Guiding Objectives

In terms of governance and cooperation

- strengthen the application and implementation of EU structured dialogue on sport (in line with the 2017 Council Conclusion and its main structures)
  - EU Sport Forum
  - EU high-level structured dialogue in the margins in the Council of the EU
  - EU operational-level in the margins of the EU Sports Directors meetings and other informal Presidency events
- strengthen the international dimension of the EU sport policy through exchanges and collaboration also with governments and stakeholders outside the EU and increased cooperation with the Council of Europe
- ensure continuity and provide a follow-up to the previous 4 EU Work Plans for Sport or/and other EU documents
- reinforce the exchange of knowledge and experience between the EU Member States and the Commission

## Invitation/Tasks - Member States

are addressed and invited to

- engage and contribute with their expertise and experience to this Work Plan and various working formats
- take into account the knowledge and outcomes of this EU Work Plan for policies at national and sub-national level (taking into account subsidiarity and autonomy of sport)
- disseminate the relevant aspects of the work of the Council and outcomes achieved to sports movement and other stakeholders
- inform and cooperate with the national sport movement other stakeholders and disseminate the outcomes

## Invitation/Tasks - Presidencies of the Council/Sport movement

are addressed and invited to

- take into account this EU Work Plan when developing their programme, enable information exchange
- consider organising meetings on the basis of the EU structured dialogue on sports with relevant representatives of the sports movement and other stakeholders
- disseminate the outcomes achieved and take them into account in their own activities
- use the outcomes, deliverables and recommendations from this Work Plan's working formats

## Invitation/Tasks - Commission

- development of new long-term strategic document on the future of EU sport policy incl promoting key features European Sport Model and sport mainstreaming into other EU policies
- consideration of providing an online platform to access reports, exchange good practices or relevant documents (including using existing IT tools)
- promotion of the mainstreaming of sport and physical activity in other EU policy areas
- promotion of synergies between sport and other EU policies
- "27. Propose revision of the existing policy documents, such as the 2013 recommendation of the Council on promoting HEPA"
- contribution to evidence-informed policies (PLAs, other tools, studies and surveys)
- revision of the existing policy documents (where appropriate f.ex 2013 HEPA Recommendation)
- provide-up-to-date information to Member States and consult with Member States
- dissemination of knowledge and outcome
- report on implementation and relevance of the EU Work Plan 2027

## ANNEX I - table with concrete key topics and themes

- Integrity and values in sport
  - Safe environment in sport
  - Fight against hate speech - new
  - Anti-Doping
  - Sport and education
  - Gender equality
  - Traditional sports - new
  - European Sport Model
  - Athletes' rights
  - Good governance development and promotion within sport
  - Fight against the manipulation of the sports competitions
- Socio-economic and sustainable dimensions of sport
  - Innovation and digitalisation
  - Sustainable Sport - refined
  - Sustainable sport facilities and spatial planning
  - Sports tourism - new
  - Major sporting events
  - Policymaking and investments in sport
  - Strengthening the resilience of the sports sector - refined
- Participation in sport and health-enhancing physical activity
  - Creation of adequate opportunities for sport and physical activity for all generations
  - Promoting physical activity
  - Mental health and well-being in sport - new

**EUROPEAN WEEK OF SPORT #BEACTIVE**  
23 - 30 September

- #BeActive Campaign 23 June until the end of the year
- Focus on the Olympic and Paralympic Games legacy & European dimension (« road to Paris 2024 »)

EU Olympic Ambassadors

Inclusion Well-being Belonging

Follow the EWoS campaign [European Week of Sport Home - Sport \(europa.eu\)](http://European Week of Sport Home - Sport (europa.eu))

### Social Determinants of Health

Dahlgren and Whitehead model of the determinants of health

[https://webb2020.digital.unsaed/section\\_1-4-defining-the-determinants-of-health/](https://webb2020.digital.unsaed/section_1-4-defining-the-determinants-of-health/)

### Multiple disadvantage

### Learning from multiple disadvantage work... 1

Marmot, 2018. Review of social determinants and the health divide in the WHO European Region. <http://www.euro.who.int/en/health-topics/diseases-and-conditions/non-communicable-diseases/prevention-and-control/marmot-review-2018>

### Learning... 2

### Who is hidden/missing from your physical activity data, and why?

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### Learning... 3 – Lived experience

NIHR

UK Standards for Public Involvement

Patient and Public Involvement and Engagement Resource Pack

Patient and public involvement (PPI)

Patient and public involvement and engagement (PPIE)

Lived experience

Who?

### Learning... 5

Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need

Equality → Equity

Marmot, M. Fair Society, Healthy Lives. The Marmot Review, 2010

## Summary

- Wider determinants shape our health and behaviour  
-> social patterning and exclusion of individuals and groups from leading healthy lives
- Those excluded often have the greatest need
- They might also be missing from our data meaning that we cannot understand how to address their exclusion (or perhaps we do not yet know they are excluded)
- Disproportionate effort is needed to engage these groups  
-> Appropriate lived experience is fundamental

## Including older adults in health enhancing physical activity: Learning lessons from implementing an evidence-based falls prevention intervention in different healthcare contexts and countries

Chair: Prof Frances Horgan, School of Physiotherapy, Royal College of Surgeons in Ireland

Prof Dawn Skelton, School of Health and Life Sciences, Glasgow Caledonian University

Prof Elizabeth Orton, Unit of Lifespan and Population Health, University of Nottingham

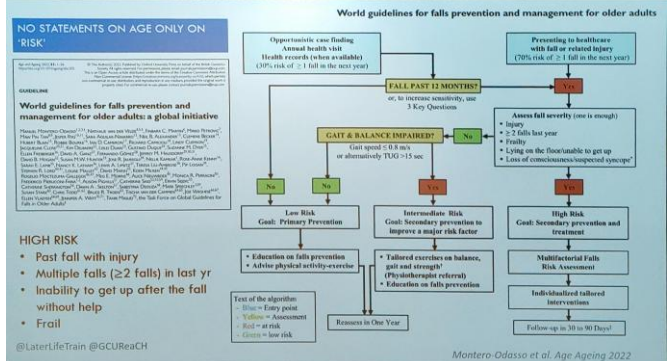
Dr Ruth McCullagh, School of Clinical Therapies, University College Cork

## Falls

- 30-40% community dwelling >65 yrs fall each year
- 30-50% minor injury
- 5-6% major injury (excluding fracture)
- 5% fractures; 1% hip fractures
- 50% hospital admissions for injury due to fall
- History of falls a major predictor future fall
- >10% ambulance call outs due to falls (up to 40% not taken into hospital)
- Declining activity, increasing frailty, receipt of care



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## The evidence.....



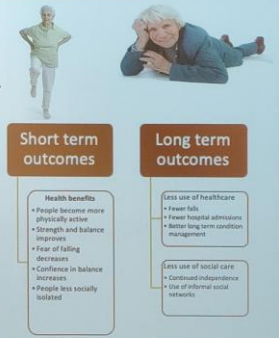
### Exercise for preventing falls in older people living in the community

- reduces rate of falls by 23% (RaR 0.77)
- reduces the number of people experiencing one or more falls by 15% (RR 0.85)  
- (both falls outcomes irrespective of high or lower risk of falls at baseline)
- may reduce fall related fractures (RR 0.73)
- may reduce falls requiring medical attention (RR 0.61)

Sherrington et al. Cochrane Review 2019

## What is FaME?

- 24-week structured exercise programme delivered by Postural Stability Instructors (PSIs)
- Group based with individualised tailoring for ability and progression
- Challenges balance, improves strength, regains stepping reactions and skills to get up from the floor
- Increases in difficulty and resistance over time
- Builds falls self-efficacy
- Supports self management and transition onto other activity opportunities



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Skelton et al. Physio Theory Practice 1999

## 7. Sustained, three dimensional adapted Tai Chi training

### ADAPTED TAI CHI MOVES



Slowness, coordination, relaxation, hand-eye coordination through a sequence of 2-dimensional moves brings calm and often laughter.

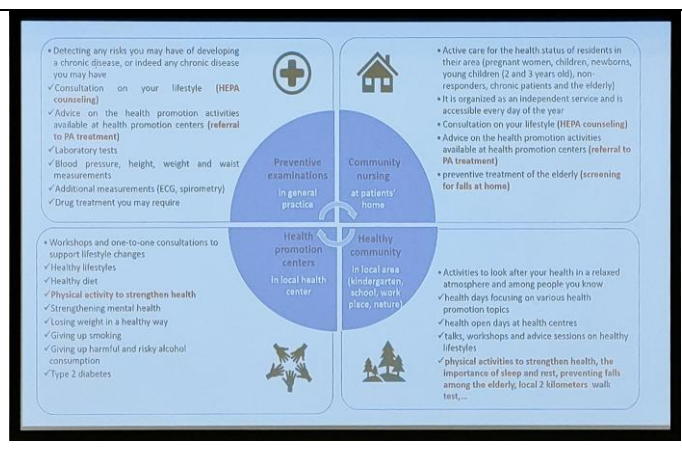
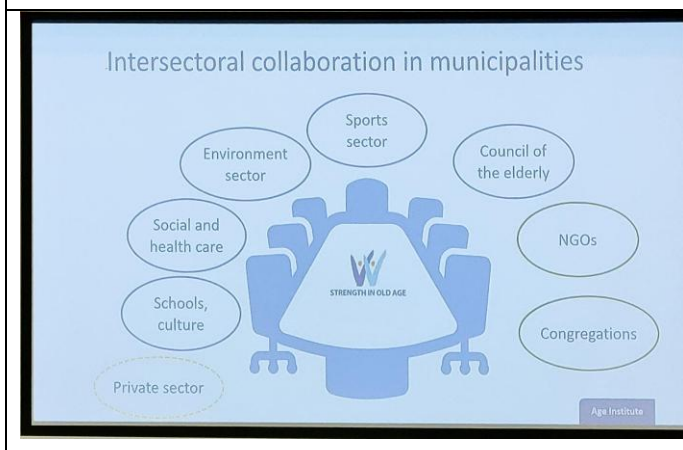
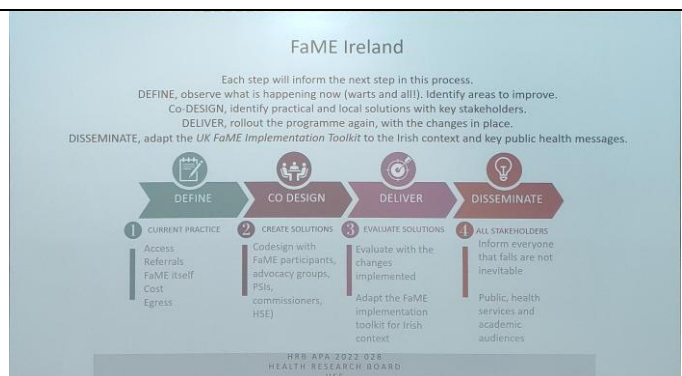
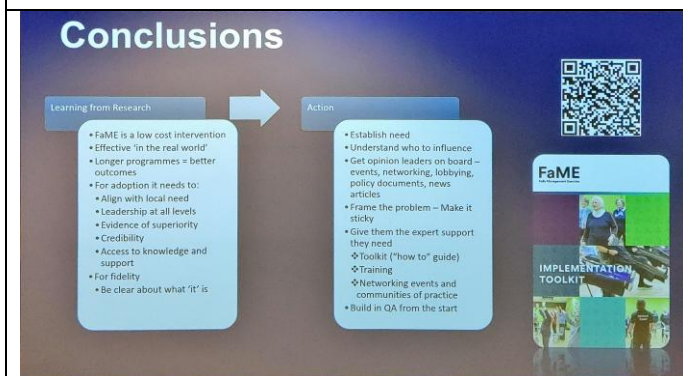
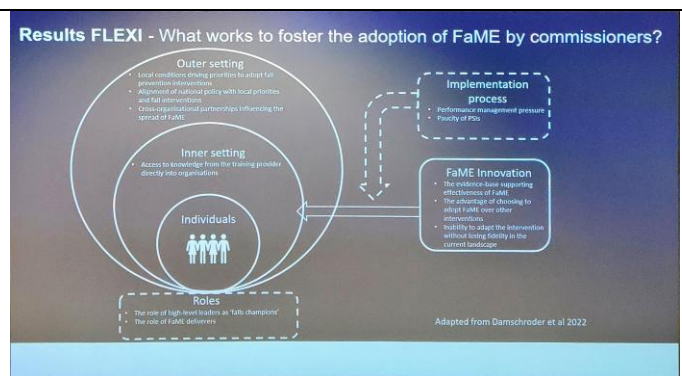
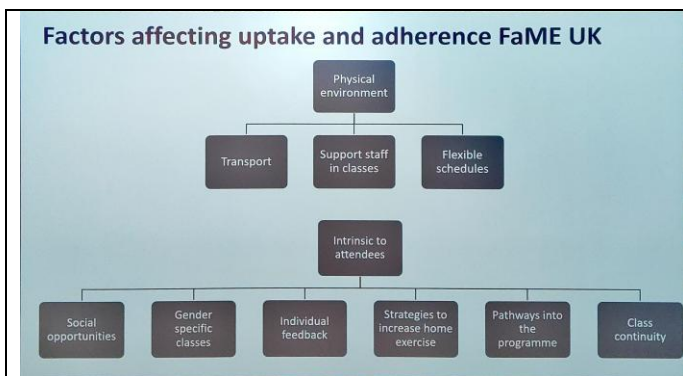
Tai Chi may be part of an onward journey after FaME and forms part of the cool down for PSIs.

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## Benefits of FaME Wider than falls prevention

Psychological / Social	Fitness
Quality of Life (SF12) <sup>1,9,10</sup>	Habitual Physical Activity (using PASE and CHAMPS) <sup>1,2,8</sup>
Fear of falling (FES-I) <sup>1,8,9</sup>	Walking Speed (using 6MWT) <sup>1</sup>
Confidence (ConfBal/Self-efficacy) <sup>2,3,4,6,8,9,10,12</sup>	Balance (TUG, BBS, 1LS, FR, 4SBT) <sup>4,7,8,9,10,12</sup>
Socialisation and participation (qualitative) <sup>1,3,11,12</sup>	Strength (30sCR, Dynamometer) <sup>4,7,9,12</sup>
Risk of death (mortality 3 year post) <sup>3</sup>	Power (Nott Power Rig) <sup>7</sup>
Moving into care <sup>3</sup>	Bone Mineral Density (DEXA) Maintenance <sup>5,6,17</sup>
Expectations of Exercise (OEE) <sup>2,6,12</sup>	Avoiding long lies (ability to get up off floor) <sup>3,7</sup>

1. Irving PHCR&D 2011; 2. IRV HPA 2014; BHP 2013; 3. Skelton, Age Ageing 2005; 4. Gateshead RCT 2017; 5. Skelton JGPA 2008 6-9 month programme just seen in 6 month programme, Duxbury Age Ageing 2015; 6. Gaskill AGS 2016; 7. Skelton et al. JPF 2019; 8. Orton et al. Agr Ageing 2022; 9. James et al. BMC Public Health 2022; 10. Chiragov et al. Dubai Health 2018; 11. Jayes et al. JPF 2022; 12. Hickey et al. Physio Theory Pract 2010



● **第二天 (8/20)**

一、專題演講重點摘要

(一) 成人與職場健康

1. 芬蘭 UKK 健康促進研究所 Henri Vähä-Ypyä 研究工作年齡成年人步數或步行強度與最大耗氧量 (VO<sub>2</sub>max)關係，7000 步以下每日步數與 VO<sub>2</sub>max 呈正相關，跑步步數未顯示效應。對體力活動較少的人，增加

總體體力活動量有助於提升健康，而體力活動量較大的人則可能需要提高活動強度來獲得更多的健康益處。

2. 芬蘭 Jyväskylä 應用科學大學 Ms. Reetta Laakkonen 透過職場身體活動增強工作能力的 5 種方案「Adults on the Move (AMP)」生態系統模型：
  - (1) 社會為僱主提供更多激勵措施，如稅收減免，以促進 PA 和福祉。
  - (2) 以新方式評估工作場所的風險，包括體力勞動和久坐工作，並通過 PA 減少兩者的風險。
  - (3) 通過與職業健康護理的協作，更一致地促進 PA，以提升整體工作能力。
  - (4) 通過 PA 改善職場中的心理、身體和社會平衡。
  - (5) 為主管提供更多關於工作能力管理的培訓，包括 PA 和恢復的內容。
3. 芬蘭 UKK 健康促進研究所 Dr. Pauliina Husu 測量 20 至 69 歲成年人每日步數與腰圍、血脂、健康狀況以及身心生活質量的關聯。工作年齡的成年人每天至少應該走 6200 至 6700 步，以保持推薦的腰圍、HDL 膽固醇和甘油三酯值，以保持良好健康狀況及中等以上的生活品質。
4. 斯洛維尼亞 Primorska 大學 Dr Nastja Podrekar Loredan 研究發現，該國 62% 的警察達到 WHO 的每週身體活動建議，然而警察每天平均有 9.7 小時是久坐的。
5. 芬蘭 Jyväskylä 應用科學大學 Miia Malvela 指出健康管理程度與職場身體活動的實施和多樣性有關，基本管理決策較常見於大型組織，中小企業的管理人員需培訓，使員工的體力活動手段優化、高品質，提高工作能力和工作幸福感。

6. 曼徹斯特大學 Lily Mott 研究在家工作的 50 歲以上員工久坐行為，工作量和任務的性質是在家工作時中斷久坐的主要障礙，需制定適當介入措施以促進退休前工作中的健康老化。

(二) 愛爾蘭失能者及 LGBTQ+社區成員的運動和身體活動體驗：打破障礙，建立新關係

1. 探討愛爾蘭失能年輕人身體活動障礙、家長/監護人需求及缺乏可用的支援/設施。身心障礙學生的整體社區和學校體育參與率（小學：92%，小學後：77%）顯著較低，缺乏機會、缺乏自信和無人參與為參與的主要障礙。家長/監護人的困難如缺乏合適的場所或設施、缺乏該行業工作人員的支持/理解以及擔心孩子無法參加。兒童與青少年視障運動的 60 多國跨國研究發現，身體活動可提升視障者增進身體活動能力，增加技能甚至對睡眠有好處，研究結論應提供更多機會、教練、資訊、持續支持、倡議、領導。
2. 身障兒童的活動介入：目的在使身障孩子與正常孩子有平等的運動及活動機會，178 個身障年青年與他的父母，56.1%的孩子覺得沒有運動機會，43.8%沒有自信，36.9%沒有人陪伴。34.3%父母覺得他們的孩子運動不足。大部分的父母不知道如何支持運動。研究結論：孩子更多機會、要有教練、更多資訊、要持續支持到他們真正運動。持續的參與、指引、教育、倡議、領導都是十分重要。
3. LGBTQ 以選擇游泳與騎腳踏車為主，參與身體活動的主要障礙包括教練、隊友的教育程度低、感覺被歧視，覺得無障礙設備有問題，經歷恐懼，建議應提升教練 LGBTQ+培訓。

(三) 主題演講：加拿大 Dr. Thornton Jane 呼籲「運動平權」，定義 5 步驟框架，以幫助在運動和運動醫學環境中創建運動公平，鼓勵貫穿生命週期

和世界各地的文化和運動。WHO 2018-2030 身體活動目標是透過研究、政策及環境等因素來提升民眾運動，(WHO 目標到 2030 年減少 15% 不運動)，在加拿大只有 25% 醫師會給病人身體活動建議，其中 75% 病人會遵醫囑。邀請病人一起積極參與，以他們的經驗去設計，團隊須包含各種專業用不同角度去解決問題，包括病人的生活及工作。運動處方是重要的發展。eHealth intervention 可有效降低運動障礙。研究顯示透過智慧應用能改善膝關節、髖關節病人問題(TEAM)，病人的經驗是透過 APP 等工具開發可以讓自己更加遵醫囑運動。在加拿大社區衛教中心扮演很重要的角色，增加病人積極參與。運動需要因人而異，降低運動傷害也是非常重要的，提供資源也是重要的一環，讓活動是一種享受且有趣。如何激勵健康照顧者，加強病人評估介入、培訓健康服務提供者、確保病人參與，保持活潑可用的資源。

身體活動是人權：設施設備、產品及專案需要有足夠的品質，PA 可推廣方式：提升室內、室外設備，提供公共和綠色空間，在不同環境中制定實施計畫。在人權上，設施、產品、服務上要包含所有人，尤其是脆弱族群及社會邊緣人(制定特殊的訓練計畫)，在經濟上要是可負擔的，資訊也被須隨時更新增加可用性(例如 PA 指南)。CRPD 的精神是對於失能者將他們第一要務 Essentialism 醫療服務模式連結

Constructivism 中的社會模式。而這其中身體活動(運動)的可近性、可用性、可負擔性及品質相對是重要的。

如何協助及促進女性身體活動：單親、無業、低教育及社經地位的女性較不會尋求資源及參與身體活動，通常顧慮孩子與家庭，提供一個安全的空間很重要。一個完整的運動計畫、文化敏感、完整的訓練計畫、整合計畫是促進女性身體活動的主要層面。"BIG" 在德國社區中

通常指的是「社區參與和協作的最佳實踐」(Best Practices in Community Engagement and Collaboration)，通過合作、包容和可持續的方式來提升社區的生活質量。

#### (四) 醫療機構中的體育活動促進：設計和實施體育活動轉介計畫

在瑞典發展以病人為中心的個人化諮詢，包括運動處方、財務支援、持續行動及基於社群網絡的支持環境，透過資料收集了解每一個地區的狀況，分四個階段：preliminary procedures for data collection data collection information processing。研究結論制定相關指標、建立資料收集方法、大地區推廣公共衛生相關研究指南、概述每個地區現況、每個地區目標等。

身體活動計畫 PARS 理論基礎在於以人為中心，透過人的賦能使其發揮最大能力，並依據個人需要發展出最好的方案，應用行為改變理論在行為中可以去實踐。研究從篩檢個案、告知、書面及口頭衛教、諮詢等介入，透過各式諮詢、會議與監測讓參與者體驗到不同活動，並建立運動網絡，了解退出者的問題。結論是以人為中心，多不一定是最好、根據動機和偏好來進行選擇最佳強度。

EIM 理論：運動是最好的處方，以社區為基礎的健康照護系統，包括運動評估、運動處方、轉介運動網絡，評估由基層醫療來進行，網絡及注重 3P programs place professionals，同時必須注意信任關係。健康照顧者收集個案資料時要注意隱私外同時要注意轉介資源時如何讓資源端知道個案狀況。健康照顧系統中診所醫師參與(評估、運動推薦)，連結者(connectors)通常由護理人員擔任個案的領航員(透過電話、諮詢、活動排定)並協調社區網絡，由社區網絡進行身體活動介入(並定期向護理人員報告)。



愛爾蘭政府 2017 年推出 HSCP (Health and Social Care Professionals) 計畫，是愛爾蘭「Sláintecare」健康改革框架的一部分，旨在改進和增強健康與社會護理專業人員在愛爾蘭公共衛生系統中的角色和功能，目標是為所有居民提供可持續的、全民覆蓋的醫療服務，並縮小健康不平等。強化基層護理：轉變愛爾蘭醫療系統，將重心從醫院轉移到基層和社區護理，提供更接近患者的服務。愛爾蘭的醫療系統在慢性病照顧過程中整合了運動處方，這些處方由醫療專業人員根據患者的具體情況量身定制，並指導患者進行安全有效的運動。為確保照護的持續性，社區健康中心和健身設施提供支持，幫助患者保持規律的身體活動。

#### (五) 慢性病與身體活動

身體活動 (PA) 是一種有潛力的治療工具，用於治療和管理多種慢性疾病。然而，參與定期身體活動或活足夠的患者很少。

1. 蘇格蘭的慢性病治療：應對慢性病治療急性期的身體退化問題，通過合作方式在蘇格蘭進行。成立了工作小組，開發資源、評估工具和教育訓練材料。
2. 弗蘭德的癌症患者：比利時弗蘭德地區癌症患者身體活動不足的障礙，並開發了協助專業人員更有效地指導患者進行鍛鍊的工具。
3. 中風後的戶外散步介入：蘇格蘭測試了促進中風後患者戶外散步的介入措施，強調了介入措施對及社區結構的重要性。
4. 盧森堡的心臟病患者：盧森堡的心臟病患者藉由門診提供身體活動的組織，透過支持團體增加活動。
5. 癌症病人的身體活動：病人經常因為身體狀況而拒絕所有運動，包括失去動機也不知道自己該做何種運動，但是病人仍擁有社區活動

需求，這種衝突與問題經常困擾病人。大部分的醫師不會給病人進行身體活動建議，這也包含醫師或健康照護者不知如何介入。如何給這些健康照護者更好的支持讓他們可以協助個案運動。應用動機理論與融合健康行為改變理論，聚焦在運動行為改變，可以給一個 8 周的活動建議，持續給病人支持與鼓勵，最重要的事不要在醫院裡運動，戶外運動是很重要的。

6. **We walk**：為什麼是走路?對於一個中風病人而言，走路是最簡單且最重要的，一個完整的走路方案需要 12 周的規劃，研究邀請 12 位男士及 6 位女士，平均年齡 62.5 歲，協助他們重新開始走路，過程中病人要充分進來計畫與討論，走路的品質包括平衡等，這不僅是活動也是一種心理社會活動，他們的鄰居可以一起介入，在研究中了解並監測他們走路況與改變，透過走路，病人在身心商都有許多改善。未來的挑戰是需要更多志工來陪走，陪伴走路是促使計畫能工的重要關鍵。

結論：

為慢性病患者組織身體活動（PA）服務時，應包括來自醫療專業人員的更好衛教，以及更多以病人為中心的計劃或倡議，這樣可能會增加患者的參與度。

減少身體退化需要全面考量每個臨床環境及病人群體的特定需求的複雜性。臨床醫生需要足夠的時間、空間和支持，與團隊合作，改善機會病人身體退化。賦能服務提供者，改善臨床環境，這些結論強調了針對臨床環境特定需求的綜合考慮，以及醫療團隊合作和參與式方法在推動變革中的重要性。

### Solution 1

## Society provides more incentives to employers

Such as tax cuts.

Currently in use:

- Tax-free bicycle benefit
- Tax-free Employee fringe benefits including sports & exercise
- Free Physical activity counselling

ADULTS ON THE MOVE

### Solution 2

## Workplace risks are assessed in a new way

The statutory risk assessment of work should include both physically demanding and inactive work. Physical activity can reduce risks in both.

ADULTS ON THE MOVE

### Solution 3

## Collaboration with occupational health care is more consistent

By working together with occupational health care professionals, workplaces can:

- create effective strategies to promote physical activity,
- prevent sedentary behavior and
- enhance overall work capacity.

ADULTS ON THE MOVE

### Solution 5

## Management training includes aspects of physical activity and recovery

Effective leadership plays a crucial role in promoting employee well-being and work capacity.

ADULTS ON THE MOVE

1. Social prescribing services
2. People
3. Activities
4. Facilities
5. Setting / environment
6. Monitoring and evaluation
7. Continued engagement and sustainability

ADULTS ON THE MOVE

## Patient centred physical activity advice

Journal of Medical Internet Research

Feasibility of an Electronic Health Tool to Promote Physical Activity in Primary Care: Pilot Cluster Randomized Controlled Trial

- eHealth interventions can reduce barriers to screening, counseling, and self-management for health behaviours and improve adherence to guidelines in a manner that is patient-centered

### Tips for patient (and athlete) engagement

From the idea phase throughout the project, co-create terms of reference to set up how the project work will be undertaken.

1. ENGAGE ATHLETES AND PATIENTS EARLY
2. PUT IN THE TIME AND RESOURCES
3. BE FLEXIBLE
4. BE OPEN-MINDED
5. ACKNOWLEDGE ATHLETE AND PATIENT PARTNERS

ADULTS ON THE MOVE

## FIVE STEPS TOWARD MOVEMENT EQUITY


IN SPORT & EXERCISE MEDICINE

1. INCORPORATE DIVERSE VOICES
2. TAKE ADVICE TO HEART
3. EMPHASIZE DIVERSE FORMS OF MOVEMENT
4. REDUCE THE BURDEN OF PRESENTISM
5. ADVOCATE FOR SUSTAINABLE ACCESS

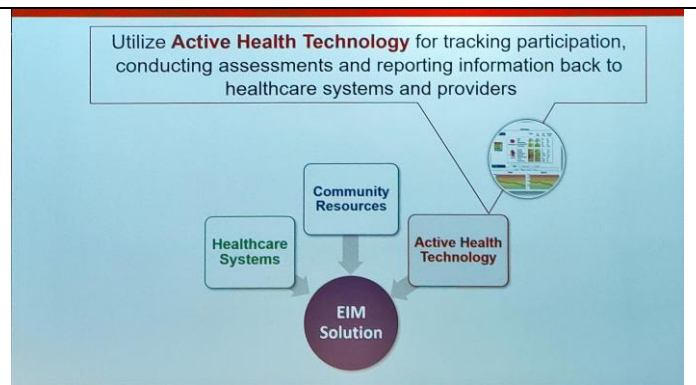
ADULTS ON THE MOVE

### Health Systems

A sequence of three steps to promote patient participation in PA




- 1. Physical Activity Assessment**  
Clinicians assess PA during patient visits using assessment tools embedded in the "vital sign" section of electronic medical records (EMR)
- 2. Physical Activity Prescription (and/or PA counselling)**  
Using available tools for prescribing PA in the right "dosage" for the prevention, treatment and management of an identified chronic condition
- 3. Referral to a Physical Activity Network**  
Utilization of a web-based list of programs, professionals and places that offer PA programs that meet individual needs of patients



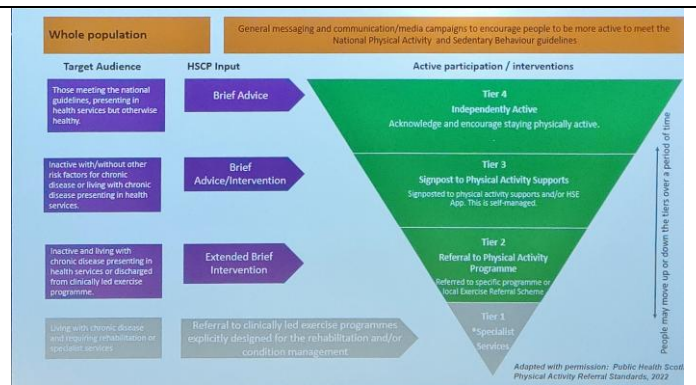
### Active Health Technology

- Usable, clear, easy-to-read graphs and charts showing outcome analytics that link back to the healthcare provider
- Enable educated decisions concerning patient participation in PA programs
- Used across all stages of the patient engagement process:

- Assessment
- Prescription
- Referral
- Engagement
- Enrollment
- Participation
- Monitoring PA Levels
- Program Evaluation
- Reporting Outcomes



Active Health IT Platform (assessment to outcomes)

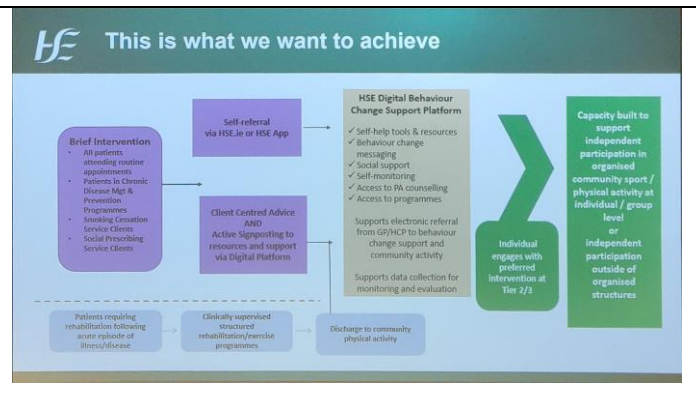


### Starting the journey



**Access Digital and Self-Directed Learning**  
Building your capacity to deliver change

**Understand Landscape** | **Engage Stakeholders**  
**Build Capacity** | **Build Evidence**



## 二、我國口頭報告內容

本次出席大會，國民健康署以「臺灣建構運動科技於全齡場域及長者支持性運動空間政策（Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces）」為題，於 8 月 20 日下午口頭報告，介紹銀髮健身俱樂部及運動科技應用，連結運動與健康，透過智慧健康增進服務效能。報告重點如下：

WHO 非傳染性疾病之 4 大風險因子中，包括身體活動不足，近年的民眾生活型態產生久坐和缺乏運動現象，導致健康問題上升。依據教育部歷年之運動現況調查，國人僅 1/3 有規律運動。

台灣依據 WHO 全球身體活動行動計畫架構(WHO Global Action Plan on Physical Activity Framework) 之 4 項策略目標(創造富有活力的社會、創建利於活動的環境、創造熱愛活動的人、建立支持活動的系統)，規劃全齡身體活動推動政策，培養民眾規律身體活動習慣，達成 WHO 每週 150 分鐘中度身體活動建議量，目標提升國人身體活動充足率至 60%(106 年基礎值為 52.7%)。

全齡身體活動推動政策之對象包括兒童、青少年、成人、中高齡長者等，各有相對應之計畫，為達成健康台灣目標，分別推動健康促進學校、健康職場、預防及延緩失能方案、銀髮健身俱樂部、高齡友善城市、運動科技、全民健走、兒童及成人健康體位管理及輪椅族體適能訓練等。本次報告側重介紹「銀髮健身俱樂部」及「運動科技應用與產業發展」計畫於台灣推行之情形。

台灣臺灣 2018 年已進入高齡社會，預計在 2025 年成為超高齡社會，65 歲以上年齡層每週身體活動量符合 WHO 建議標準百分比僅 39.9%。針對健康、亞健康或衰弱老人，自 2020 年起於社區推動銀髮健身俱樂部，由地方政府因地制宜結合公有閒置空間，已累計布建 177 處據點，兼顧城鄉身體活動資源之均衡發展。據點由運動指導員提供肌力、肌耐力以及柔軟度多元體能訓練，提高長者於社區進行身體活動之可近性，課程前後均進行以長者為導向的認知、行動、視力、聽力、營養、憂鬱評估(ICOPE)，透過促進身體活動改善肌力、認知功能及社交參與，分析長者在行動、營養、憂鬱方面均有顯著改善，服務滿意度滿意達 95% 以上。

2021 年起於社區、學校、醫療院所等場域，導入新興運動科技(例如：體感偵測、運動紀錄 App)，跨設備、跨載具、跨健康及運動領域資通訊串接，自動化 API 上傳數據平台，並分析生理及運動數據整合健康行為、狀態、服務及環境，設定健康主題(肌少、預防肥胖、規律運動、步態)，將運動與健康連結，提供具目標性的運動訓練，透過科技輔助提供運動建議，以減少區域間運動資源差異提升活動率，除透過智慧健康增進服務效能，亦是跨機關橫向合作、中央與地方政府垂直整合、結合運動科技產業之良好示範。累計已於全臺灣 14 個縣市建置運動科技推動點，並朝永續服務努力。

未來期望增加所有年齡段參與身體活動的人口，推廣人人皆可參與的健走活動，創造高齡友善和支持性環境，促進活躍老化，為社區長者提供全面多樣性的身體活動和健康促進服務，促進高齡者的身體健康，預防及延緩失能。

與會者提問：

Q1：銀髮健身俱樂部服務之長者年齡範圍？

A1：以 65 歲以上為主，賈副補充，設施亦鼓勵一般民眾使用。

Q2：計畫經費是否由政府補助？

A2：是，銀髮健身俱樂部補助 3 年，運動科技場域補助 5 年。

## ● 第三天 (8/21)

### 一、專題演講重點摘要

#### (一) 人口健康（健康行為與測量）

Sinead Connolly 回顧愛爾蘭在推動「身體識能」方面的發展過程，包括運動技能、知識、態度和信心等方面，對於提升全民健康至關重

要。愛爾蘭在 2000 年代初期開始關注此議題，2017 年發布相關政策框架，逐漸成為教育、健康和體育政策中的核心元素。挑戰與障礙包括學校和教育機構的資源不足、教師專業發展的不足、社會文化因素（如數位科技對兒童活動的影響），以及地區差異。強調跨領域合作與倡導，還需要來自政府、體育組織、社區和家庭等多方面的協同合作。未來需在提高學校體育教育品質、改善教師的培訓和專業發展方面，加強對社區和家庭的支持，以促使整個社會都能參與。

立陶宛體育大學 Kristina Motiejunaite 指出步行、騎行等不依賴機動車的積極交通不僅對健康有益，能促進身體活動，還有助於減少交通堵塞和碳排放，組織因素（如工作場所、學校、社區等的政策和支持）提供自行車停放設施、鼓勵員工或學生步行和騎行的激勵措施，會增加選擇積極交通方式的可能性，能顯著提高員工或學生的身體活動參與度。實體環境基礎設施（如步行道、自行車道、交通安全設施等）是促進積極交通的關鍵因素，這些設施的存在和質量直接影響到公共交通的使用頻率和積極交通的普及程度。有效的積極交通促進策略應該是綜合性的，將組織內部政策與外部環境基礎設施相結合，創造一個支持身體活動的全面環境。

英國利物浦 John Moores 大學 Lawrence Fowweather 博士探討英格蘭在共同制定「身體識能共識聲明」過程中的合作與過程，不僅與運動能力有關，還包括對身體活動的理解、動機和自我效能，對促進長期健康和質量生活重要，並對提高公共衛生和減少疾病負擔有顯著影響。身體識能共識聲明的制定，為政府、學校、社會組織等各方提供指導，以便在教育、體育、健康等領域有效推動身體識能的發展。制定過程強調學者、教育工作者、政策制定者、體育組織和健康專業人

士等合作，透過工作坊、討論會和專家會議等形式，集思廣益，確保共識聲明能夠充分反映不同領域的觀點和需求。強調重視早期的身體活動識能教育，應為不同年齡、背景和能力的人群提供平等的參與機會，政策和資源應支持整體社會文化的轉變，讓身體活動成為日常生活的一部分。為確保共識聲明成功實施，必須建立健全的監測和評估機制，社區、學校和公共部門的合作是實現目標的關鍵。

荷蘭國家公共衛生及環境研究院 **Annemarie van der Vegt** 研究分析影響荷蘭成人身體活動行為的各種特徵和因素，調查不同年齡、性別、社會經濟地位的成人身體活動行為的差異，並分析了與這些行為相關的社會、心理和環境因素。發現年齡越大，參與身體活動的頻率和強度往往越低，女性在身體活動參與度上低於男性，高等教育背景及收入較高的人更可能保持規律的身體活動，全職工作者比失業或兼職工作者的身體活動量高，工作環境、社交和家庭支持也對身體活動行為有積極影響，城市規劃和公共設施的便利性對身體活動的參與有促進作用。另，荷蘭國家公共衛生與環境研究所 **Tessa Schurink** 以問卷調查探討荷蘭成人對身體活動指引的遵守情況，蒐集運動頻率、強度和持續時間，並與身體活動指引進行比較。研究顯示，過去 10 年中更多的成人未能達到推薦的每週 150 分鐘中等強度身體活動的標準，30 歲至 50 歲的成人遵守率的下降尤為明顯。低收入和低教育水平的群體更可能不遵守身體活動指引。成人越來越依賴以車輛為主的交通方式，工作壓力增加和長時間的坐式生活方式也限制進行規律身體活動的時間。應提高公共衛生宣傳與教育，改善運動設施與公共空間，創建更多便於步行和騎行的城市環境，鼓勵市民日常參與身體活動，設計更加靈活且具有吸引力的運動項目。



丹麥南丹麥大學國家公共衛生研究所 Christina Bjørk Petersen 博士研究丹麥成人身體活動和睡眠時長，研究顯示多數成人無法達到世界衛生組織（WHO）建議的每週至少 150 分鐘中等強度或 75 分鐘高強度的身體活動目標，呈現明顯的年齡差異，增加身體活動會有較好的睡眠時長和質量。較低社會經濟狀況的成人，通常參與較少的的身體活動，且其睡眠質量較差。適量的身體活動不僅能改善身體健康，還有助於促進更好的睡眠。

(二) 主題演講：WHO 身體活動、營養與肥胖合作中心 Bauman Adrian 主任探討身體活動的系統方法，並討論這些方法在公共健康領域中的應用現狀和發展趨勢。系統方法的概念強調將多種因素和層級納入考量，包括個人、社會、環境設施、政策支持、經濟狀況、文化等，這些因素影響民眾的身體活動行為，相較於傳統的線性因果關係模型更為複雜，倡議在促進身體活動的策略中應考慮多重層面和相互作用，才能有效促進民眾的健康行為改變。有系統方法的應用現況，在實際執行中仍不多見，目前仍處於較為初步的階段，多數介入措施仍然基於簡單的行為改變模型，缺乏充分考慮多層次的系統影響。為推動身體活動的普及，未來發展方向必須將系統思維融入公共衛生的主流政策中，並採用跨領域的合作來設計更加全面和有效的策略。

(三) 愛爾蘭髖部骨折數據庫 Irish Hip Fracture Database，簡稱 IHFD

從低處摔倒，即站立高度或更低，是愛爾蘭創傷的主要原因。每年有近 4000 名患者髖關節骨折，3000 名重大創傷患者因摔倒而受到威脅生命或造成相關損傷。IHFD，自 2012 年以來髖關節骨折資料庫和主要創傷統計，有超過 5 萬名因摔倒而嚴重受傷的患者的資料。95% 的髖關節骨折可歸因於家中或養護中心的低處跌落，62% 的嚴重創傷是由低

跌引起的，其中 50%發生在家中。隨著年齡的增長，跌倒患者的比例也在增加。統計資料顯示，由於傷害機制的不明確，老年患者通常不會立刻發現損傷，因此對其傷害嚴重性的認識被延遲了，通常不是在急診出現，所以臨床醫師沒有立刻發覺，結果這些“低機制損傷”的人狀況比急診個案狀況更差。兩次統計都表明，隨著人口老化和患者長時間在家，這種情況正在增加，導致跌倒和虛弱的患者進一步增加。該中心已經為醫護人員、公共衛生人員和患者開發了一系列教材，包括如何保持家庭安全、預防跌倒和家庭活動建議。

(四) 走路對於預防衰弱：體育活動是預防失智症的關鍵因素(Livingston 等人，2020 年)和降低其他非傳染性疾病的風險(Ding 等人，2016 年)。近 50%的中年愛爾蘭人不符合推薦的體育活動指南；民眾仍然有限地進行功能性步行，而汽車是民眾首選的交通工具(健康愛爾蘭，2019 年；全國家庭旅行調查)，研究的目的是收集對行走障礙及促進因素，及對潛在解決方案的意見，以促進不同利害相關者的步行效果，旨在增加中老年行走。結果利害相關者表示，任何以促進步行的介入措施都需要依據特定群體量身定製；使用的任何工具都需要考慮到一系列需求和動機。娛樂和功能性步行的看法不同；功能性步行與城市步行相吻合，中年人認為步行是時間的損失，但對於老年人則是更積極參與，儘管仍存在非常多的障礙。所有利害相關者都認為休閒散步可以增強健康，但政策決策者和減少碳排放的倡導者則表示會對環境產生負面影響。所有利害相關者都對解決方案持開放態度，以能解決長者健康和對社群有益的步行問題，這項研究為中老年人行走的關鍵障礙和促進因素提供了寶貴的見解，這有助於促進行走的量身定製的解決方案提供資訊。這些發現還與旨在促進更可持續的社群的決策者有關，因為他們揭示了何時、何

地和對誰有好處，以及人們對他們所處的環境的感受。研究者提醒那怕每天 3000-5000 步都對長輩有好處，但很重要要是(功能性走路； Functional walking)

### Early Innovation and Best Practice

EMERGENCE OF THE PHYSICAL LITERACY CONCEPT

ESTABLISHMENT OF ALL-ISLAND WORKING AND POLICY DEVELOPMENT

INTEGRATION INTO COMMUNITY & SCHOOL-BASED INITIATIVES

RESEARCH AND EVALUATION

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### Opportunities and Systems-Based Approaches

COLLABORATIVE PARTNERSHIPS

SYSTEMS-BASED APPROACH

TARGETED INTERVENTIONS

POLICY ALIGNMENT

HIGH QUALITY RESEARCH

ALL ISLAND PHYSICAL LITERACY FORUM

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### The Danish Health and Morbidity Survey (DMHS)

National Institute of Public Health, SDU, Denmark  
Centre for Clinical Research and Prevention, Frederiksberg Hospital, Capital Region of Denmark

→ A part of the Danish National Health Profile

→ The Danish National Health Profile is conducted in 2010, 2013, 2017 and 2021. DMHS 2023 was a mid-term profile after the COVID-19

→ Questionnaires were sent to 25 000 people (16+ y.)

Invited from DMHS-2023 n=6,593

Accepted invite n=1,617

Sent equipment n=1,595

Activated device n=1,050

Included in analyses n=1,036

Did not accept invite n=5,376  
\* Did not answer invite: 4,365  
\* Declined invitation: 1,011

Invalid or missing shipping details n=22

Did not finish study n=545  
\* Dropped: 243  
\* Did not receive equipment: 62  
\* Lost equipment: 23  
\* Issue activating device: 96  
\* Lost to follow-up: 171  
\* Miscellaneous: 10

Less than 3 days measurement n=14

### Adaptation of the MOTUS System (developed by SENS and NFA) to the current study.

National Institute of Public Health, SDU, Denmark  
Centre for Clinical Research and Prevention, Frederiksberg Hospital, Capital Region of Denmark

SENS  
Performance

Data upload on analyse med ActiPASS/Acti

August 2024

### Physical literacy is our relationship with movement and physical activity throughout life.

A personal relationship (having a positive and meaningful relationship with movement and physical activity)

Movement and physical activity (How we move, physical, connect (social), think (cognitive) and feel (affective) during movement and physical activity plays a crucial role.)

Throughout life (Influenced across the lifecycle by individual, social and environmental factors.)

Enjoyment  
Meaning  
Useful

Move  
Think  
Connect

Individual  
Social  
Environmental  
Factors

Our strengths and needs  
Pleasure  
Competence  
Autonomy

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### Physical literacy is personal

Physical literacy is personal  
Everyone has their own strengths, needs, circumstances<sup>3</sup> and past experiences that affect their relationship with movement and physical activity. Our physical literacy is therefore unique, and changes over our lifetime.

Preferences

Strengths

Needs

Person-centred approach

Personal characteristics, circumstances, SEP

Past and present experiences

Physical Literacy  
A JOURNEY THROUGH LIFE

<sup>3</sup> We acknowledge and recognise that individuals have diverse experiences and relationships with movement and physical activity dependent on their personal characteristics, circumstances, and other socio-economic factors. This includes age, ethnicity, gender, heritage and cultural practices, chronic pre-existing conditions, physical and mental health, social and economic status, educational background, competing responsibilities, health conditions, and cultural influences.

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## Take home messages

- > **New insights** into which personal characteristics are **important** regarding PA behaviour of Dutch adults, **regardless of other characteristics** a person might have.
- > It is recommended to include **additional information** in the models to further explain adult PA behaviour in The Netherlands, and to adapt PA policy accordingly.



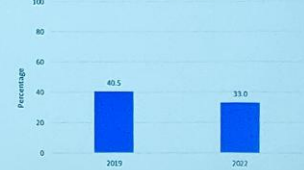
HEPA Conference 2024, Dublin

10

## Adolescents 12-18 years

- +50 minutes per week
- 51 minutes per week
- Leisure time 2.3 -> 1.7 days per week
- School -48 minutes per week

Meeting the PA guidelines by adolescents 12-18 years



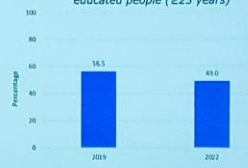
Decline in adherence to Physical Activity Guidelines among the Dutch population  
HEPA 2024 - Aug 21, 2024

8

## Higher educated people (≥25 years)

- 22 minutes per week
- Leisure time 1.9 -> 1.4 days per week
- +20 minutes per week

Meeting the PA guidelines by higher educated people (≥25 years)



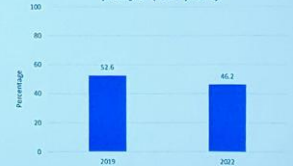
Decline in adherence to Physical Activity Guidelines among the Dutch population  
HEPA 2024 - Aug 21, 2024

9

## People with a paid job (≥15 years)

- 25 minutes per week
- Leisure time 1.5 -> 1.1 days per week

Meeting the PA guidelines by people with a paid job (≥15 years)



Decline in adherence to Physical Activity Guidelines among the Dutch population  
HEPA 2024 - Aug 21, 2024

10

## Conclusions

- > The decline in adherence to the Physical Activity Guidelines is mainly related to a decline in cycling time and, for young adults, a decline in walking time.
- > Especially among adolescents the decrease in the number of minutes cycling between 2019 and 2022 is striking. However, in both 2019 and 2022, they cycled on average 4 days a week to school. A possible explanation for this is the increased use of electric bicycles.



Decline in adherence to Physical Activity Guidelines among the Dutch population  
HEPA 2024 - Aug 21, 2024

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## Enhancing physical activity through service design

### Purpose

- LIPA project (Users as the developers of sport services) 01/2023 - 12/2024
- Customer-oriented service development utilizing service design to reach new customer groups in companies in the sports and leisure sector (Päijät-Häme, Finland)

### Project description

- Project produced new information, understanding and know-how about the user-oriented development
- Together with 10 sports companies, existing or completely new services were developed using service design
  - Through the service design processes > new and improved services > new users and customer groups
  - Service design model for sports & leisure sector
  - > The circularity of the model, steps in different directions, the customer in the center!



### Conclusions

- Service design enables
  - Identifying the needs of target groups that were previously perceived as challenging
  - Fast agile piloting of services
  - Communication and marketing targeting
  - Customer-oriented development, newly developed or redesigned services better meet the needs of users
- > Possibility to reach new target groups -> Increase leisure time activity even for those who move less



## Project description

### Slovenian 24-h movement guidelines for adults



- literature review
- collaborative approach

### Surveillance system to assess 24-h movement behaviours



- validation & implementation
- adherence to guidelines
- correlates/determinants

### 24-h movement behaviours as a vital sign



- app development
- pilot implementation
- promotion & dissemination

HEPA Europe 2024

## Initial findings and conclusions

### Literature review on 24-h movement guidelines for adults



### Validity and reliability of self-reported methods for assessment of 24-h movement behaviours a systematic review

Validity/reliability of Slovenian survey questions on 24HMB (n = 74)

### Literature review on validity of 24-h self-reports

Test retest reliability ICC range = 0.54 to 0.73  
Construct validity rho range = 0.36 to 0.69

The project GIB24 will lay foundations for integrated monitoring and promotion of a healthy combination of physical activity, sedentary behaviour, and sleep in Slovenia.

HEPA Europe 2024

## Results

Focus group interviews revealed similarities and differences in the key components according to the community type, the socioeconomic deprivation as well as the prior experience

9 Key components for the effective implementation of community-based physical activity promotion (Kohler et al., 2021)

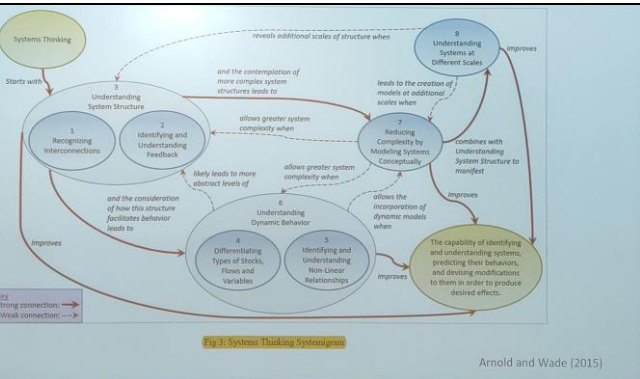


Kohler, S., Hepp, N., Oppel, L., Rahn, A., Aho-Oja, K., Filler, K., & Sallis, J. (2021). Coping with silo-thinking in community-based physical activity promotion. *International Journal of Environmental Research and Public Health*, 18(12), 6452. <https://doi.org/10.3390/ijerph18126452>

## Results and Conclusion

- External support for the implementation of community-based physical activity promotion approaches could differ in form of...
  - providing ongoing consultation on site
  - providing technical assistance, e.g. a manual focusing on implementation issues
  - conducting ongoing training, such as workshops
- A thorough analysis of the initial community context...
  - will help to understand how to tailor external support mechanisms such as workshops, consultations, etc. to each community's specific needs, enabling more strategic and effective resource creation for scaling up a community-based physical activity approach
  - will support the development of an informed assessment of the context of the communities, using simple, practical, and accurate methods

Fischer, A. (2021). *Implementation of Physical Activity Promotion*. <https://www.fischer.de/>

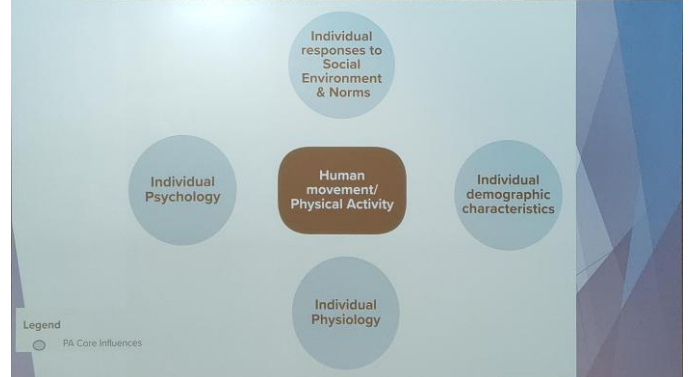


By definition, systems approaches reach more of population → reduce inequalities

- Through multiple sectors, more likely to cover geography, age, gender, culture
- Qualitative methods identify inequalities in real time
- Not all based on selected environments or ability to pay
- Targets and measures whole populations
- Systems can adapt, adjust programs in real time

## Typology of systems methods used in physical activity research across stages of systems approaches

Stage of systems approach	Aim
<b>Theorising</b>	Identify and compare stakeholder understandings of a complex system Identify and compare stakeholder understandings of how a hypothesised intervention might interact within a complex system Explore the role, application or implications of using systems approaches
<b>Prediction (simulation)</b>	Simulate how an intervention may influence / interact with a complex system Hypothesise and simulate how agents within a complex system react and interact in response to an intervention
<b>Intervention development (formative)</b>	Design interventions for real-world implementation
<b>Process evaluation</b>	Understand how an implemented intervention interacts with and influences a complex system in the real world
<b>Impact evaluation</b>	Quantify the impacts or outcomes of an implemented intervention on key system parameters and outcomes



### EIGHT INVESTMENTS THAT WORK FOR PHYSICAL ACTIVITY

1. **WHOLE-OF-SCHOOL PROGRAMMES**: Integrates that engage school curricula and extracurricular activities throughout the day have benefits for mental, cognitive and classroom performance.

2. **ACTIVE TRAVEL**: Encourages and supports walking, cycling and other active modes which help improve health and reduce greenhouse gas emissions.

3. **ACTIVE URBAN DESIGN**: Public space, transport facilities, urban design, and green and blue infrastructure can make more active and healthy communities.

4. **HEALTHCARE**: Community-based programs can be used to promote physical activity and improve health outcomes for people with chronic conditions.

5. **PUBLIC EDUCATION, INCLUDING MASS MEDIA**: Public education campaigns that address social norms about physical activity and encourage awareness and support are important for increasing physical activity.

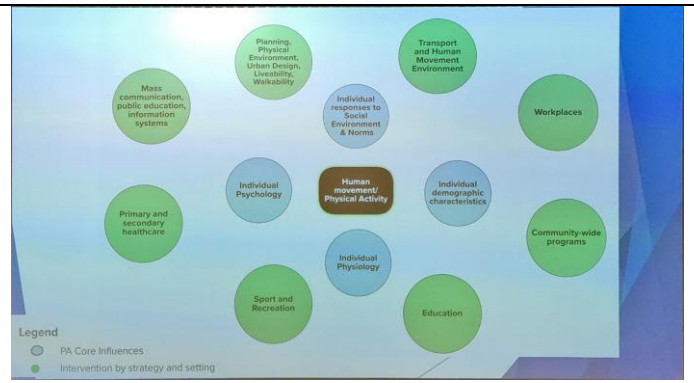
6. **SPORT AND RECREATION FOR ALL**: Encourages access to formal and informal sport and recreation activities and provides opportunities for many of the population to participate.

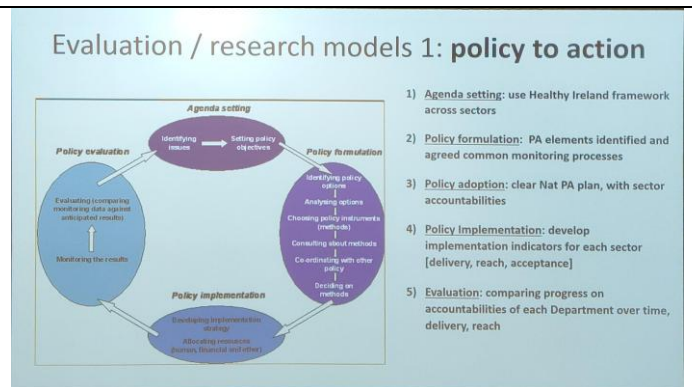
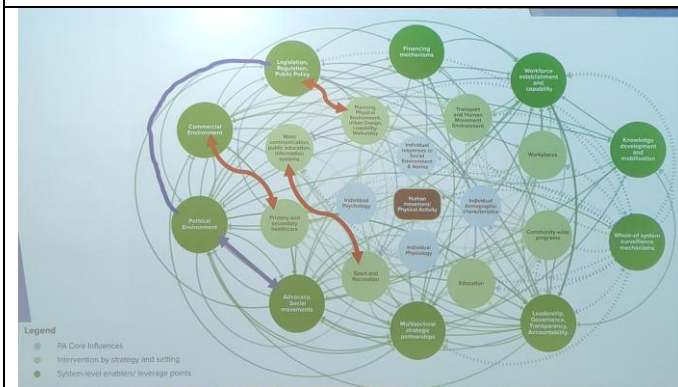
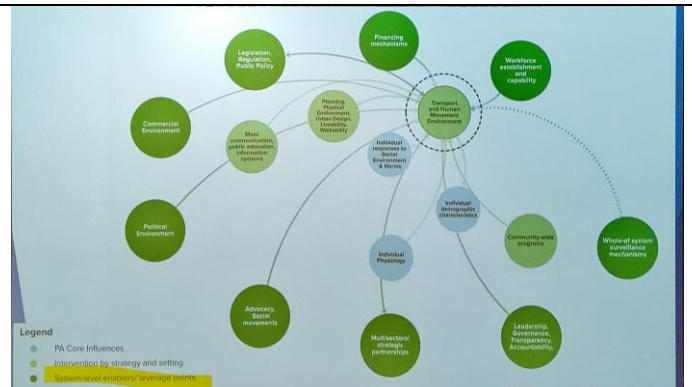
7. **WORKPLACES**: Workplace-based physical activity programs can be used to promote physical activity and improve health outcomes for employees.

8. **COMMUNITY-WIDE PROGRAMMES**: Offering more than one approach to increase physical activity and health benefits in multiple settings and target populations.

**A call to action for everyone to embed physical activity in national and subnational policies.**

ISPAH: [www.ispah.org/](https://www.ispah.org/)





### Systems level evaluation

Evaluation for whom ?	Examples: what should be evaluated	Values
What does the community want	Engagement, local actions	Local
What do system researchers want	1. Understanding, realist evaluation 2. Systems modelling, estimate effects	Theoretical
What do policymakers want	Monitoring priorities , population change, accountability for investment	Pragmatic

### Concluding few slides

Systems approaches are not new, but are **potentially** capable of making a population difference

- ▶ Specify theory of change and approximate timeframes
- ▶ Need to evaluate many aspects of system change and influence
- ▶ Barriers include costs, sector silos, not sustained long enough
- ▶ Co-benefits of systems approaches - for all sectors, climate change, urban planning, community cohesion

Christianen et al. *International Journal of Health Geographics* (2023) 22:21  
<https://doi.org/10.1186/s12942-023-00339-z>

**RESEARCH** Open Access

### Recreational walking and perceived environmental qualities: a national map-based survey in Denmark

Lars Bruun Christianen<sup>1</sup>, Trine Top Klein-Wengel<sup>1</sup>, Sofie Koch<sup>1</sup>, Jens Hoyer-Kruuse<sup>1</sup> and Jasper Schipperijn<sup>1</sup>

**Abstract**  
**Background** The aim of the study is to explore the diversity in recreational walking motives across groups with different socio-demographic characteristics, and to use a dynamic and person-centered approach to geographically assess recreational walking behavior, and preferences for place quality related to recreational walking.  
**Methods** A total of 1838 adult respondents (age 15–90 years), who engage in recreational walking, participated in the map-based survey. We used the online platform Mapprimo to collect georeferenced information on the respondents' home location, other start locations for walking trips, and point of interest on their trip. Distance between home location and other start locations as well as point of interest were computed using a Geographic Information System (GIS). Additional information on recreational walking behavior and motives were collected using the traditional questionnaire function in Mapprimo.

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### Sustainability of physical activity in older adults

#### Key factors of adherence → sustainability

- Outdoor physical activity
- Social support / relatedness
- Resources & environment

Katharina Zwingmann | 21.08.2024 | HEPA Europe 2024 | 8 | [www.tu-chemnitz.de](http://www.tu-chemnitz.de) (Timmons et al., 2020)

## 肆、心得及建議

本次研討會講者及與會者以歐洲國家為主，其他地區僅美國、澳洲及台灣參加。在身體活動與健康促進上，本研討會強調之重點可歸納如下：

- 一、長者健康促進：許多國家推動長者增進身體活動計畫，一些計畫目的旨在預防長者跌倒，許多研究證實長者參與身體活動有助於預防跌倒；部分國家已開展積極老化的身體活動計畫，推行社區型之長者身體活動計畫，包括骨骼肌肉強化、心肺有氧、平衡感、柔軟度，甚至太極課程，研究顯示這些訓練還可增進社會參與和社交功能，降低死亡風險，提高生活品質。回顧本署，為因應高齡化社會，多年前即積極以多項計畫培養長者肌力，包括預防及延緩失能方案、長者健康促進站、銀髮健身俱樂部及長者活力秀競賽等，均採全國性推廣，已非僅局部的研究計畫，從硬體設施、訓練課程到活動獎勵，多年來均達一定之廣度與深度，並且搭配 ICOPE 長者評估，以確保實施之方案課程具有實證效益。
- 二、成人與職場健康：隨著工作型態及交通方式的變遷，現今社會的工作以辦公室型態居多，導致久坐習慣，交通通勤也普遍以車代步，致使上班族的身體活動時間不足，難以達到 WHO 建議之每週 150 分鐘中等活動，成為各國普遍面臨之問題，因此有一些學者提出，政府可與企業合作，提供激勵措施如稅收減免或職場健康認證，鼓勵員工參與身體活動，推動設立健康優先的工作場所設計，並提供員工健康管理培訓。台灣亦面臨國人身體活動不足的情況，依據 106 年國民健康訪問調查，18 歲以上國人僅 52.7% 符合每週 150 分鐘以上身體活動建議標準，鑑於成人每日有 1/3 時間於職場工作，渥太華憲章之健康促進五大行動綱領中，包括創造支持性環境，爰本署已將職場列為重點推動場域，除歷年推動健康職場認證及表揚績優職場外，今年更於辦理職場健康體位計畫，鼓勵企業發展促進職場之健康飲食及身體活動策略，

落實企業責任，並委託專家及媒體業者重製上班族健身操，鼓勵員工利用零碎時間進行身體活動，以爬樓梯取代搭電梯，短距離通勤可採步行或騎單車方式。

三、包容性與身體活動平權：推廣身體活動平權，關注服務不足的群體，部分人群因社會經濟狀況不良(如無家可歸、心理健康問題等)常處於健康劣勢，需要提供容易取得的友善環境和支援，便於其利用。另對於身心障礙者、LGBTQ+等特殊群體，應設法排除參與身體活動障礙，建立支持性環境，創造無障礙運動設施，並提供專業的教練培訓，同時引導服務提供者及民眾，提升對特殊群體的理解和包容，政府應設計包容性健康政策，提供專門的身體活動計畫，並結合社會支持系統與地方政府資源，提升這些群體的參與機會。在醫療機構中，病患的復健過程可透過健康照護者的積極介入與社區支持網絡，增強病人的身體活動參與。本署今年針對上肢功能健全之輪椅族，邀集特殊教育教授、復健科專家及推廣身心障礙者休閒運動之輪椅族人士，共同指導拍攝輪椅族體適能訓練影片，設計適合輪椅族的肌力訓練動作，提供其隨時可鍛鍊之素材，希冀協助其透過身體活動維持健康。

四、實踐跨部門合作：要提升國人身體活動，非僅一個機關可達成，需要在各方面共同努力合作，政府、法律、學校教育、社會、環境、醫療照護體系、運動中心、非政府組織、文化、私人企業參與投入等，甚至涉及整體城市規劃及公共設施的投資。在國內，提升運動之主管機關為教育部體育署，未來即將升格為體育部，足見政府對此之重視，然體育署之業務重心多放在體育競技選手培訓及硬體場館設施之建構，本署則推行生活化之身體活動，針對全齡規劃相對應之促進計畫，並積極與相關單位合作，對於兒童及青少年，與教育部國教署合作推廣健康促進學校；對職場之成人族群，推動健康職場，並與勞動部職安署合作，設計獎項鼓勵職場推行員工身體活動措施；針



對長者之相關計畫甚多，包括預防及延緩失能方案、長者健康促進站、銀髮健身俱樂部及長者活力秀競賽等，與長期照護司及社會家庭署有密切交流；今年與體育署之交流尤其密切，除每年輪辦國際研討會外，兩署共同宣導登山日、健走步道等，目前正著手研議場館、課程及師資人才之資源交流；另外，在科技導入部分，有國科會主導之跨部會運動科技計畫，本署在各縣市徵求實施場域，與業者結合提供民眾創新科技之身體活動場地設備資源，讓民眾提高興趣，使用輔助之數位工具協助養成身體活動習慣；在垂直聯繫方面，也將縣市提升身體活動之相關指標納入綜合衛生考評，促進地方積極推動，一起協力達成提升民眾身體活動之目標。

五、多元宣導：許多計畫提及推動身體識能教育與家庭支持，需要普及民眾對非傳染性疾病風險因子的警覺，以及對維持身體活動重要性及健康益處的認知，加強公共衛生宣傳與教育，並提供簡單易懂的身體活動指導，使民眾容易取得資源，增加其參與動機，且便於執行。本署之宣導素材相當豐富，平面之海報、單張、手冊，以及多媒體影片等，甚至結合虛擬尋寶搭配健走活動，近年受到民眾喜愛，參與度逐年增加。

六、"DEI" 是 "Diversity, Equity, and Inclusion" 的縮寫，翻譯為「多樣性、公平性與包容性」或「多元、公平與包容」。這些概念在現代組織管理、教育和社會政策中越來越受到重視，旨在創建一個更加平等和包容的環境。

多樣性 (Diversity)：多樣性指的是一個群體中存在的各種不同背景、觀點和經驗。這些差異可以包括種族、性別、年齡、性取向、宗教信仰、文化背景、身體能力等。強調多樣性目的在接受並尊重每個人的獨特性，同時瞭解這些差異能夠為組織或社會帶來價值和創新。

公平性 (Equity)：公平性指的是消除結構性的不平等，確保所有人都有公平的機會和資源。與「平等」(Equality) 不同，公平性更關注個體的需求和

背景，並根據這些不同提供必要的支持。例如，公平性可能意味著為處於劣勢的人群提供額外的資源或機會，幫助他們達到與其他人相同的起點。

包容性 (Inclusion)：包容性是指創造一種環境，讓每個人都感到被接納、尊重和重視，不論他們的背景或身份如何。包容性強調讓每個人都能夠充分參與和貢獻，而不必因為自己的特徵或身份而感到被排斥或邊緣化。這不僅僅是接納多樣性，更是在行動上確保所有人都有平等的發聲機會和參與權利。

有鑑於本次研討會學習到國際上對身體活動的推動趨勢，茲提出以下政策建議：

- 一、持續關注國際政策趨勢，參與國際交流活動，尋求適合於國內施行之政策建議。
- 二、強化跨部門合作，整合不同機關資源，互相運用，提供民眾更完整之身體活動服務。
- 三、設計各年齡多層次、全方位的健康促進計畫，於不同場域推動身體活動促進計畫，提供可近性之支持環境。
- 四、發展民眾容易接受的相關身體活動，例如倡議走路。另外對於慢性病病人、中風、癌症等疾病個案，及早運動、運動規劃政府可以規劃與提供政策。
- 五、關注 DEI 整體發展策略，針對特殊群體或弱勢族群，創造公平的身體活動機會，注重健康平權。

附件 1：會議議程

Aug. 19, 2024

8:00 - 10:00

**Registration Desk Open**

*26 York Street (Lobby)*

8:30 - 9:30

**Welcome Tea & Coffee**

*26 York Street (Lobby)*

10:00 - 10:45

**Opening Ceremony**

*Desmond Auditorium*

10:45 - 11:15

**WHO Update Session**

*Desmond Auditorium*

11:15 - 12:15

**Keynote - Chris Gidlow**

*Desmond Auditorium*

246 Thinking about inclusion - learning from physical activity research and beyond  
*Gidlow Chris*

Session Roles

Chair : *Prof Suzanne Mc Donough, RCSI University of Medicine and Health Science (RCSI), Ireland*

12:15 - 13:00

**Lunch Monday**

*RCSI Exam Hall*

13:00 - 18:30

## **20th EU PA Focal Points Network Meeting**

TR 1, 2, 3

13:15 - 14:15

### **Including older adults in health enhancing physical activity: Learning lessons from implementing an evidence-based falls prevention intervention in different healthcare contexts and countries**

*Desmond Auditorium*

23 Including older adults in health enhancing physical activity: Learning lessons from implementing an evidence-based falls prevention intervention in different healthcare contexts and countries *Prof Elizabeth Orton, Faculty of Medicine & Health Sciences, Dr Ruth McCullagh, School of Clinical Therapies, University College Cork, United Kingdom, Prof Dawn Skelton, School of Health and Life Sciences, Glasgow Caledonian University,*

#### **Session Roles**

Chair : *Prof Frances Horgan, RCSI, Ireland*

### **Optimising the inclusivity of mass participation physical activity initiatives: lessons from 20 years of parkrun**

*Houston*

14 Optimising the inclusivity of mass participation physical activity initiatives: lessons from 20 years of parkrun *Ms Allison Dunne, Sheffield Hallam University, Ms Joan Ryan, Technological University Dublin, Dr Helen Quirk, University Of Sheffield, United Kingdom, Dr Andre Gilburn, University of Stirling*

#### **Session Roles**

Chair : *Prof Steve Haake, Sheffield Hallam University, United Kingdom*

### **Organisation of physical activity for people with acute or chronic diseases: the mechanisms, the barriers, and the possible solutions**

*Cheyne*

15 Organisation of physical activity for people with acute or chronic diseases: the mechanisms, the barriers, and the possible solutions. *Marie Crabbé, Artevelde University of Applied Science, Dr Alexis Lion, Fédération Luxembourgeoise des Associations de Sport de Santé, Luxembourg, Dr Juliet Harvey, Dr Jacqui Morris, University of Dundee*

#### **Session Roles**

Chair : *Marie Crabbé, Artevelde University of Applied Sciences, Belgium*

Chair : *Dr Juliet Harvey, University Of Dundee, United Kingdom*

Chair : *Dr Alexis Lion, Fédération Luxembourgeoise des Associations de Sport de Santé, Luxembourg*

Chair : *Jacqui Morris, University Of Dundee, United Kingdom*

### **Sharing experiences in local PA policy development and monitoring, to increase collaboration, efficiency, and inclusiveness**

*O'Flanagan*

11 Sharing experiences in local PA policy development and monitoring, to increase collaboration, efficiency, and inclusiveness *Dr. Aurelie Van Hoye, Physical Activity for Health research group, Health Research Institute, Physical Education and Sport Sciences department, Dr. Sven Messing, Friedrich-Alexander-Universität Erlangen-Nürnberg, Department of Sport Science and Sport, Erlangen, Germany, Dr. Petru Sandu, National Institute of Public Health in Romania, MS Ina Šuklje Erjavec, Urban Planning Institute of the Republic of Slovenia*

#### Session Roles

Chair : *Prof Peter Gelius, Université de Lausanne, Switzerland*

Chair : *Prof Sonja Kahlmeier, Swiss Distance University Of Applied Science, Switzerland*

13:15 - 14:30

### 1A - Paediatric Disability - Oral (8 Mins)

*Albert*

156 'Cycle-IN' Student facilitated cycle skills training for children with intellectual and developmental disabilities: An applied case study. *Dr Erin Byrd, Ulster University, United Kingdom*

94 Weekly participation and inclusion of children using wheelchairs in organized physical activity – an explorative interview study *Mrs Selina Seemüller, Friedrich Alexander University Erlangen Nuremberg: Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany*

139 Physical literacy in adolescents with disabilities in Ireland: a cross-sectional study examining effects of disability, age, gender and family affluence on physical literacy. *Dr Una Britton, Dublin City University, Ireland*

185 What matters most for physical activity participation? A national Delphi study identifying the top ten priorities of adolescents with physical disability. *Ms Karen Brady, RCSI, Ireland*

229 Evaluation of the Global Matrix of Para Report Cards on Physical Activity of Children and Adolescents with Disabilities *Dr Farid Bardid, University of Strathclyde, United Kingdom*

#### Session Roles

Chair : *Grace O'Malley*

Chair : *Dr Maria O'Kane, Ulster University, United Kingdom*

### 1A - Paediatric Disability - Pitch Oral (2 mins)

*Albert*

157 'Finding Our Tribe': Parental Experiences Navigating Sport and Physical Activity Opportunities for Neurodivergent Children and Young People *Dr Erin Byrd, Ulster University, United Kingdom*

#### Session Roles

Chair : *Grace O'Malley*

Chair : *Dr Maria O'Kane, Ulster University, United Kingdom*

14:30 - 15:00

## **Afternoon Tea & Coffee**

*RCSI Exam Hall*

15:00 - 16:00

### **Making Sense of Physical Activity Policy Assessment: Lessons Learned, Challenges, Next Steps**

*Desmond Auditorium*

29 Making Sense of Physical Activity Policy Assessment: Lessons Learned, Challenges, NextSteps *Prof Catherine Woods, University of Limerick, Knocklahard, Milford Road, Prof Sonja Kahlmeier, SwissDistance University Of Applied Science, Switzerland, Dr Antoine Noel Racine, Université Côte D'azur, France, Dr Wanda Wendel-Vos, National Institute for Public Health and the Environment, 9 van der Merschlaan*

#### **Session Roles**

Chair : *Prof Peter Gelius, Université de Lausanne, Switzerland*

Chair : *Dr Petru Sandu, National Institute Of Public Health in Romania, Romania*

### **National Implementation Programmes to promote Active Ageing: Points of Success and Challenges**

*Cheyne*

19 National Implementation Programmes to promote Active Ageing: Points of Success andChallenges *Dr Katja Borodulin, Age Institute, Finland, Heli Starck, Age Institute, Finland, Liesbeth Preller, Knowledge Centre For Sport & Physical Activity, Tjaša Knific, National institute of Public Health*

#### **Session Roles**

Chair : *Dr Katja Borodulin, Age Institute, Finland*

### **Promoting Physical Activity and Health in Sports Clubs: the what, the why andthe how!**

*O'Flanagan*

20 Promoting Physical Activity and Health in Sports Clubs: the what, the why and the how!*Miss Jenifer Gothilander, Mälardalen University, Miss Catherine O'Sullivan, World Athletics, Mr Kevin Barros, Université de Lorraine, Dr Susanna Geidne, Örebro University*

#### **Session Roles**

Chair : *Dr Aurélie Van Hoye, University Of Limerick/université De Lorraine, Ireland*

Chair : *Jan Seghers, KU Leuven, Belgium*

### **Public green spaces as sustainable environments for inclusive HEPA**

*Houston*

22 Public green spaces as sustainable environments for inclusive HEPAp *Dr Kirsi Keskinen, University Of Jyväskylä, Finland, Mrs Ina Suklje Erjavec, Urban Planning Institute of the Republic of Slovenia, Slovenia, Ms Réka Veress, Ministry of Human Capacities, Hungary*

## Session Roles

Chair : *Dr Antonina Tcymbal, Friedrich-Alexander Universität Erlangen-Nürnberg, Germany*

Chair : *Dr Karim Abu-Omar, FAU, Germany*

15:00 - 16:15

### **2A - Chronic Conditions - Oral (8 mins)**

*Albert*

113 Physical Activity for Health Pilot: Making Physical Activity inclusive for people living with chronic conditions. *Ms Louise Burke, Sport Ireland, Ireland*

45 Optimising the management of chronic ischemic heart disease by training general practitioners to deliver very brief advice on physical activity (OptiCor) *Dr Sabrina Kastaun, Institute of General Practice, Medical Faculty and University Hospital of the Heinrich-Heine-University Düsseldorf, Germany*

63 General practitioners' experience, attitudes and needs on providing advice on physical activity to people with chronic ischemic heart disease - A qualitative study (OptiCor study) *Mrs Alicia Prinz, Institute of General Practice (ifam), Heinrich-Heine-University Düsseldorf, Germany*

99 Delivery of advice on physical activity by general practitioners in Germany: a cross-sectional population survey in people with chronic ischemic heart disease (OptiCor study) *Ms Sabrina Hoppe, Institute Of General Practice, Medical Faculty and University Hospital of the Heinrich-Heine-University Düsseldorf, Germany*

151 The Impact of a community based exercise rehabilitation program (ExWell Medical) on people with diverse chronic illnesses. *Dr Fiona Skelly, Technological University Of The Shannon, Athlone, Ireland*

## Session Roles

Chair : *Dr Emer Barrett, Trinity College Dublin, Ireland*

Chair : *Ms Megan O'Grady, Trinity College Dublin, Ireland*

### **2A - Chronic Conditions - Pitch Oral (2 mins)**

*Albert*

241 An All-Island Review of the Gaelic 4 Mothers & Others (G4M&O) Programme in Ireland *Dr Wesley O'Brien, University College Cork*

109 Optimising Community-Based Physical Activity for Chronic Condition Management in Ireland: A Comprehensive Systems Analysis guided by RE-AIM. *Ms Rachael O'Connor, South East Technological University Waterford, Ireland*

154 Avoidance of Physical Activity Among Patients with Chronic Obstructive Pulmonary Disease (COPD): An Observational Study *Mrs Dea Kejlberg Andelius, Research Unit for General Practice - Aarhus, Denmark*

168 Real-world walking of people with the chronic lung disease COPD *Dr Anja Frei, Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Switzerland*

## Session Roles

Chair : *Dr Emer Barrett, Trinity College Dublin, Ireland*  
Chair : *Ms Megan O'Grady, Trinity College Dublin, Ireland*

16:15 - 16:30

**Wellness Break**

*RCSI Exam Hall*

16:30 - 17:30

**HEPA Working Group Meeting A: Active ageing - Physical activity promotion in older adults**

*Cheyne*

**HEPA Working Group Meeting B: Children and Adolescents**

*Houston*

**HEPA Working Group Meeting C: Environmental approaches to HEPA promotion**

*O'Flanagan*

**HEPA Working Group Meeting E: HEPA promotion in health care settings**

*Albert*

**HEPA Working Group Meeting F: HEPA promotion in socially disadvantaged groups**

*26 York Street Classroom 322/323*

17:30 - 18:15

**Guided walk of St Stephens Green**

*26 York Street (Lobby)*

Join us for a 45-minute guided walk through Dublin city, exploring its most iconic buildings and sites with informative stops along the way. We'll meet at the front of RCSI and conclude on Grafton Street. Please wear comfortable shoes and bring a rain jacket or umbrella. [Walk overview: Start at the Royal College of Surgeons, walk to St Stephens Green Park, Kildare Street, Nassau Street, Trinity College, Molly Malone Statue, Suffolk Street and we finish on Grafton Street]

19:00 - 20:30



## **Welcome Reception**

*RCSI Board Room*

RCSI, Dublin, Ireland

Join us for some canapes and networking on our first evening of the conference.

**Aug. 20, 2024**

6:30 - 7:30

### **Early Morning Run & Flowing Yoga Session**

*26 York Street (Lobby)*

Start Your Day Right: Join Us for an Early Morning Run or Flowing Yoga Session  
Morning Run Kick off your day with a refreshing 3-5 KM guided run! We'll meet at the entrance of 26 York Street (where registration is located) at 6:35 AM. Morning Yoga If you prefer a more serene start, join us for a morning yoga session in the basement (-4) of 26 York Street (where registration is located) at 6:35 AM. Please note: Shower facilities are available, but you'll need to bring your own towels and toiletries. Lockers are provided for storing personal items, but they cannot be locked. \*These sessions DO NOT need to be pre-booked

7:30 - 8:00

### **Registration Desk Open.**

*26 York Street (Lobby)*

8:00 - 9:00

### **3A - Adults & Occupational Health - Oral (8 mins)**

*Cheyne*

67 Does the volume or intensity of steps matter more on maximal oxygen consumption? *Mr Henri Vähä-Ypyä, UKK Institute, Finland*

107 The Ecosystem Model of Five Solutions to Enhance Work and Functional Capacity Through Physical Activity in the Workplace *Ms Reetta Laakkonen, Jyväskylä University of Applied Sciences - Adults on the Move program, Finland*

68 6200-6700 steps per day are associated with better health and wellbeing among working-aged adults *a Dr Pauliina Husu, The UKK Institute for Health Promotion Research, Finland*

81 Correction of bias in self-reported 24-hour movement behaviours: How well can

the bias be removed? *Ms Kaja Kastelic, University Of Primorska, Slovenia*

36 Physical activity and sedentary behaviour among Slovenian police officers *Dr Nastja Podrekar Loredan, University of Primorska, Faculty of Health Sciences, Slovenia*

130 Promoting health enhancing physical activity through social prescribing in Wales: A delivery and recommendations framework for nature-based wellbeing support programmes *Mr Paul Sellars, Cardiff Metropolitan University, United Kingdom*

Session Roles

Chair : *Dr Mark Stoutenberg, Durham University, United Kingdom*

### **3A - Adults & Occupational Health - Pitch Oral (2 mins)**

*Cheyne*

27 FitBack4Literacy: Supporting Physical Literacy Journey with Physical Fitness Monitoring *Prof Gregor Jurak, University Of Ljubljana, Slovenia*

148 The energy expenditure of different strategies to break up prolonged sedentary behaviour in office workers. *Mr Jen Vanherle, Hasselt University, Belgium*

83 Barriers and Enablers to Interrupting Sedentary Behaviour when Working from Home in a Desk-Based Occupation: A Qualitative Exploration of the Older Employee Experience *Ms Lily Mott, The University Of Manchester, United Kingdom*

112 Promoting Physical Activity in Workplaces: The Integral Role of Well-being Management *Mrs Miia Malvela, Jyväskylä University Of Applied Sciences, Finland*

150 Workplace physical activity practices for small-and medium-sized enterprises: identification of features that work in real life *Mr Frank Vandaele, Artevelde University Of Applied Sciences, Belgium*

Session Roles

Chair : *Dr Mark Stoutenberg, Durham University, United Kingdom*

### **A Systems-based Approach to Physical Activity in Scotland**

*O'Flanagan*

10 A Systems-based Approach to Physical Activity in Scotland *Flora Jackson, Public Health Scotland, United Kingdom, Mrs Dawn McAuley, sportscotland, Mr Niall Taylor, Scottish Government*

Session Roles

Chair : *Prof Marie Murphy, University of Ulster*

### **Exploring the sport and physical activity experiences of people with disabilities and members of the LGBTQ+ community in Ireland: Breaking down barriers, building new relationships**

*Houston*

25 Exploring the sport and physical activity experiences of people with disabilities and members of the LGBTQ+ community in Ireland: Breaking down barriers, building

newrelationships. *Mr Seamus Nugent, Kilkenny Recreation & Sports Partnership, Ireland, Robert Purcell, Hayley Kavanagh, Lisa Flynn*

Session Roles

Chair : *Benny Cullen, Sport Ireland, Ireland*

## **How can HEPA research contribute to shifting modes of transport towards active mobility?**

*Desmond Auditorium*

21 How can HEPA research contribute to shifting modes of transport towards active mobility? *Prof Peter Gelius, Université de Lausanne, Switzerland, Dr Karim Abu-Omar, FAU, Germany, Mr Leon Klos, Karlsruhe Institute of Technology, Germany, Prof Sonja Kahlmeier, Swiss Distance University Of Applied Science, Switzerland*

Session Roles

Chair : *Dr Karim Abu-Omar, FAU, Germany*

Chair : *Dr Antonina Tcymbal, Friedrich-Alexander Universität Erlangen-Nürnberg, Germany*

9:00 - 9:45

## **Keynote - Jane Thornton**

*Desmond Auditorium*

244 A call for “movement equity”: What (and who) are we still missing in the conversation on physical activity and health? *Thornton Jane*

Session Roles

Chair : *Ailish Malone, RCSI*

9:45 - 10:00

## **Group Photo**

*Desmond Auditorium*

10:00 - 10:30

## **Networking Tea & Coffee**

*26 York Street (Lobby)*

10:30 - 11:30

## **Exploring equity and social inclusion in national PA policy documents and policy monitoring**

*Houston*

12 Exploring equity and social inclusion in national PA policy documents and policy monitoring. *Karim Abu-Omar, Andrea Backović Juričan, Gyöngyvér Lacza, Leonie Birkholz, Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany, Prof Catherine Woods, University of Limerick, Knocklahard, Milford Road, Mr Kevin Volf, University of Limerick, Ireland, Petra Ožbolt, Réka Veress*

Session Roles

Chair : *Prof Sonja Kahlmeier, Swiss Distance University Of Applied Science, Switzerland*

### **National initiatives and cross-country collaboration for HEPA promotion: showcasing experiences of the EU Physical Activity Country Focal Points Network**

*Desmond Auditorium*

242 National initiatives and cross-country collaboration for HEPA promotion: showcasing experiences of the EU Physical Activity Country Focal Points Network *Dr Päivi Aalto-Nevalainen, Division for Sport, Ministry of Education and Culture, Finland, Prof Gregor Jurak, University Of Ljubljana, Slovenia, Ms Réka Veress, Ministry of Human Capacities, Hungary, Mr Colin O'Hehir, Department of Health, Baggot Street Lower*

Session Roles

Chair : *Kremlin Wickramasinghe, WHO Regional Office for Europe*

Chair : *Prof Catherine Woods, University of Limerick, Knocklahard, Milford Road*

### **Optimising health enhancing physical activity by using a human rights-based approach**

*Cheyne*

26 Optimising health enhancing physical activity by using a human rights-based approach *Dr Sven Messing, FAU Erlangen-Nürnberg, Germany, Karim Abu-Omar, Kwok Ng*

Session Roles

Chair : *Dr Sven Messing, FAU Erlangen-Nürnberg, Germany*

10:30 - 11:45

### **4A - Clinical Populations - Oral (8 mins)**

*O'Flanagan*

134 Patients' perspectives on determinants of physical activity promotion for chronic disease in primary care: A COM-B analysis *Dr Aisling McGrath, South East Technological University, Ireland*

103 Implementation of a physical activity referral scheme in the German healthcare system: A qualitative analysis of implementation success *Dr Wolfgang Geidl, Friedrich - Alexander University Erlangen - Nürnberg, Germany*

115 Preliminary results of the current MSFiT-study: a controlled trial examining the potential effects of regular online exercise training in people with Multiple Sclerosis *Ms*

*Charlotte Klump, Martin-Luther-Universität, Germany, Dr Stephanie Woschek, German Multiple Sclerosis Society, Germany*

132 Behavioural change for Parkinson's Disease: A randomised controlled feasibility study to promote physical activity and exercise adherence among people with Parkinson's Disease *Miss Leanne Ahern, University College Cork, Ireland*

192 Behavioural and observational analysis of 'Be Active with Arthritis' exercise programme to promote and maintain physical activity (PA) in people with arthritis *Dr Aoife Stephenson, Royal College of Surgeons in Ireland, Ireland*

208 Correlates of sedentary behaviour and physical activity in individuals with Crohn's disease *Dr Jason Wilson, Ulster University, United Kingdom*

131 Behavioural change for Parkinson's Disease: A randomised controlled feasibility study to promote physical activity and exercise adherence among people with Parkinson's Disease *Miss Leanne Ahern, University College Cork, Ireland*  
Session Roles

Chair : *Ciara McCormack, Assistant Professor Sport Science and Health Maynooth University*

#### **4A - Clinical Populations - Pitch Oral (2 mins)**

*O'Flanagan*

30 Dynapenia and risk factors in Immune-Mediated Rheumatic Diseases: A Systematic Review *Dr Rafaela Espirito Santo, Klaipeda University, Lithuania*

209 A pilot rehabilitation programme for individuals experiencing symptoms of long-COVID: Results from a service evaluation *Dr Jason Wilson, Ulster University, United Kingdom*

221 Long-term maintenance of physical activity and its effect on outcomes for hip and knee osteoarthritis following the GLA:D® (Good Life with osteoarthritis Denmark) Ireland programme. *Mr Peter Hempenstall, University Of Limerick, Ireland*

236 A pilot and evaluation of a dance intervention for young women following cancer treatment: Dance Exercise Intervention South East (The DEISE project) *Dr Evan Matthews, South East Technological University, Ireland*

Session Roles

Chair : *Ciara McCormack, Assistant Professor Sport Science and Health Maynooth University*

11:45 - 12:45

#### **HEPA Working Group Meeting G: Monitoring and surveillance of physical activity**

*Cheyne*

#### **HEPA Working Group Meeting H: Policy Approaches to Physical Activity Promotion (PAPAP)**

*Houston*

## **HEPA Working Group Meeting I: Promoting Physical Activity and Health in Sports Clubs**

*O'Flanagan*

## **HEPA Working Group Meeting J: Workplace HEPA promotion**

*Albert*

## **HEPA Working Group Meeting K: Sports Club for Health (SCforH)**

*26 York Street Classroom 322/323*

12:45 - 13:30

### **Lunch Tuesday**

*RCSI Exam Hall*

13:30 - 14:30

### **How to increase the reach of HEPA promotion among socially disadvantaged groups?**

*Desmond Auditorium*

5 How to increase the reach of HEPA promotion among socially disadvantaged groups? *Mr Seamus Nugent, Kilkenny Recreation & Sports Partnership, Ireland, Annemarie Wagemakers, Dr Jen Thomas, Swansea University, United Kingdom, Prof Diane Crone, Cardiff Metropolitan University, United Kingdom, Güven Alarslan, Wageningen University and Research, Daniëlla van Uden, Wageningen University and Research, Prof Kelly Mackintosh, Swansea University, United Kingdom, Robert Meyers, School of Sport and Health Sciences, Cardiff Metropolitan University, Disco De Jager, Wageningen University and Research, Netherlands, Kathie Thirlaway, School of Sport and Health Sciences, Cardiff Metropolitan University, Dr Kirsten Verkooijen, Wageningen University and Research, 22, Nicola Bowes, School of Sport and Health Sciences, Cardiff Metropolitan University*

#### **Session Roles**

Chair : *Prof Niamh Murphy, South East Technological University, Ireland*

13:30 - 14:45

### **5A - Older Adults - Oral (8 mins)**

*Cheyne*

33 Enhancing Healthcare Professionals' Competencies in Physical Activity: The implementation of the vAdBeCeDa® - a multicomponent exercise programme to prevent falls and frailty in elderly *Prof Maja Dolenc, University of Ljubljana, Faculty of Sport, Slovenia*

69 Beyond motivation: Essential factors for implementing lifestyle interventions in

communitycare to enhance physical activity among community dwelling older adults  
*Mrs Patricia Van DerLaag, University Medical Center Utrecht, Netherlands*

87 A co-creative healthy lifestyle program for social vulnerable community dwelling olderadults  
*Mr Pieterjan Verschelden, Odisee University Of Applied Sciences, Department Of Health Care, Belgium*

97 **Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments andSupportive Elderly Exercise Spaces**  
*Shiang-Yun Huang, Health Promotion Administration, Ministry OfHealth And Welfare*

216 Churchtown Walk & Talk Programme for Older Adults  
*Mr Shane Lee, Health Service Executive, Community Healthcare East*

#### Session Roles

Chair : *Prof Anne Hickey, RCSI, Ireland*

Chair : *Angela Flynn*

### **5A - Older Adults - Pitch Oral (2 mins)**

*Cheyne*

232 Enhance active ageing by promoting appropriate lifestyles through the endorsement ofhealthy behaviours in an ageing Region.  
*Prof Laura Pagani, Department Of Economics And Statistics -University Of Udine, Italy*

114 Prime Time of Life: A multimodal physical activity and health education programme formiddle-aged and older adults  
*Ms Caroline Myers, Laois LSP, Dr Diane Cooper, EduFIT, Ireland*

85 A synthesis of the qualitative evidence exploring participants' experiences ofintergenerational dance programmes.  
*Ms Siobhán O'Reilly, University Of Limerick, Ireland*

106 What health resources do older adults find meaningful for participation in organizedsport?  
*Helena Ericson*

#### Session Roles

Chair : *Angela Flynn*

Chair : *Prof Anne Hickey, RCSI, Ireland*

### **5B - Non-communicable diseases - Oral (8 mins)**

*Houston*

6 The overlooked importance of normalising physical activity in cancer care  
*Miss Beth Brown, National Centre For Sport & Exercise Medicine, United Kingdom*

231 Wishes of people with excess body weight to physical activity - a qualitative systematicreview  
*Dr Jeanette Reffstrup Christensen, Research Unit Of General Practice, Denmark*

117 The Development of a Patient-centered, Evidence-based and Theoretically-informedPhysical Activity Behaviour Change Intervention for Young People who have had Cancer  
*MsJennifer Fitzpatrick, Technological University Of The Shannon & Irish Cancer Society, Ireland*

182 The Impact of Physical Activity on Obesity and NCD Outcomes: Insights from

KenyanPanel Data *Ms Cecilia Maina, Center for Development Research ZEF-University of Bonn, Germany*

181 Assessing the Feasibility of a 12-week Structured Exercise Programme in Improving Physical Function in Cardiovascular Disease Patients' *Ms Daire Fitzmaurice, University Of Limerick, Ireland*

197 Association between physical activity and chronic diseases in the adult population in Slovenia *Dr Suzana Pustivšek, National Institute Of Public Health Of Slovenia, Slovenia*

#### Session Roles

Chair : *Prof Catherine Blake, University College Dublin, Ireland*

Chair : *Dr Grainne ODonoghue, University College Dublin, Ireland*

### **5B - Non-communicable diseases - Pitch Oral (2 mins)**

*Houston*

158 Evaluation of a multi-modal rehabilitation programme for people affected by cancer: the Active Together service *Miss Kerry Rosenthal, Sheffield Hallam University, United Kingdom*

193 An exploratory review of the sedentary behaviours of clinical populations in Northern Ireland. *Mrs Annette Henderson, Ulster University, United Kingdom*

141 Implementation of exercise program after multidisciplinary treatment of chronic widespread musculoskeletal pain in the primary healthcare – study protocol *Dr Suzana Pustivšek, National Institute Of Public Health Of Slovenia, Slovenia*

167 Holistic wellbeing in older persons with a chronic lung disease: The communication about sexuality (COSY) randomized controlled trial (RCT) *Dr Anja Frei, Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Switzerland*

179 Physical activity and physical function in survivors of critical illness after hospital discharge: A prospective, observational study *Miss Jill Costley, Ulster University, United Kingdom, Prof Brenda O'Neill, Ulster University, United Kingdom*

#### Session Roles

Chair : *Prof Catherine Blake, University College Dublin, Ireland*

Chair : *Dr Grainne ODonoghue, University College Dublin, Ireland*

### **5C - Organised sports participation - Oral (8 mins)**

*O'Flanagan*

217 The Irish Sports Monitor 2011 -2023: Data Driven Insights - The Story So Far *Mr Benny Cullen, Sport Ireland*

133 Data-infrastructure Sport and Physical Activity in the Netherlands: studying data availability and quality for 164 indicators *Mrs Suzanne van Mourik, National Institute for Public Health and the Environment (RIVM), Netherlands*

188 RECOVERY AFTER A SPORTS-RELATED CONCUSSION: A LONGITUDINAL STUDY OF ADOLESCENT RUGBY UNION PLAYERS IN NORTHERN IRELAND *Dr Mark Matthews, Ulster University, United Kingdom*



32 A Qualitative Analysis of Elite Athletes Perceptions of Pregnancy in the United Kingdom *Ms Catherine Caro, Royal College Of Surgeons In Ireland, United Kingdom*

176 Reducing travel distances in Sport – good for people and the planet *Dr. Karim Abu-Omar, Friedrich-Alexander Universität Erlangen-Nürnberg*

239 The Influence of role models on participation in sport and physical activity among youngmales and females in Ireland. *Ms Eimear Kelly, Technological University Of The Shannon Midland, Midwest, Ireland*

96 Building the customer experience in sports services *Mrs Paula Harmokivi-Saloranta, Haaga-Helia University Of Applied Sciences, Finland*

#### Session Roles

Chair : *Dr Kwok Ng, University Of Limerick, Ireland*

Chair : *Prof Elaine Murtagh, University Of Limerick, Ireland*

### **5C - Organised sports participation - Pitch Oral (2 mins)**

*O'Flanagan*

#### Session Roles

Chair : *Prof Elaine Murtagh, University Of Limerick, Ireland*

Chair : *Dr Kwok Ng, University Of Limerick, Ireland*

### **5D - Population health: policy - Oral (8 mins)**

*Albert*

56 Implementing sensor-based physical activity surveillance to improve public health policy inThe Netherlands: a protocol. *Dr Barbara Snoeker, RIVM, Netherlands*

129 Prioritising health in mobility planning: unlocking the health potential of SustainableUrban Mobility Plans (SUMPs) *Prof Sonja Kahlmeier, Swiss Distance University Of Applied Science, Switzerland*

160 MoveWell Providing Healthcare Professionals the opportunity to support patients withspecific chronic conditions to be active for better health *Ms Caroline Kelleher, HSE, Ireland*

140 Development of public facing physical activity messages to accompany the updatedNational Physical Activity and Sedentary Behaviour Guidelines for Ireland *Dr Chloë Williamson, The University Of Edinburgh, United Kingdom*

### **5D - Population health: policy - Pitch Oral (2 mins)**

*Albert*

53 The Limitations and Potentials of Economic Evaluations in Community-Based HealthPromotion *Mr Philipp Weber, University Erlangen-Nürnberg, Germany*

147 Development of the Czech version of the tool for assessing physical activity policy atnational and sub-national level *Prof Josef Mitáš, Palacký University Olomouc, Czech Republic*

34 Evaluation Experiences from The Healthy & Active Fund in Wales *Miss Vasiliki*

14:45 - 15:45

**EU PA Focal Points Marketplace: Pitch Presentations on Best Policies.**

*RCSI Exam Hall*

Aim: To improve alignment of HEPA research, policy and practice through collaboration between HEPA Europe Network researchers with European Union Physical Activity Country Focal Points. Objectives: 1) Country focal points: Establish a dialogue between with HEPA Europe researchers to identify how they can support physical activity promotion in your country; 2) HEPA Europe researchers: learn about the needs and priorities in countries to align research priorities.

15:45 - 16:00

**Afternoon Tea & Coffee.**

*RCSI Exam Hall*

16:00 - 17:00

**Physical activity promotion in healthcare settings: Designing and implementing physical activity referral schemes**

*Desmond Auditorium*

24 Physical activity promotion in healthcare settings: Designing and implementing physical activity referral schemes *Dr Wolfgang Geidl, Friedrich - Alexander University Erlangen - Nürnberg, Germany, Professor Mark Stoutenberg, Department of Sport & Exercise Sciences, Dr Sebastià Mas-Alòs, National Institute of Physical Education of Catalonia (INEFC), Sarah O'Brien*

**Session Roles**

Chair : *Dr Wolfgang Geidl, Friedrich - Alexander University Erlangen - Nürnberg, Germany*

Chair : *Dr Mark Stoutenberg, Durham University, United Kingdom*

16:00 - 17:15

**6A - Inclusion - Oral (8 mins)**

*Cheyne*

142 Mountaineering – an opportunity for inclusion *Dr Suzana Pustivšek, National Institute Of Public Health Of Slovenia, Slovenia*

46 Understanding the wants and needs of adults with cerebral palsy who use wheelchairs to participate in community-based physical activity – a qualitative study *Mr James Czencz, Australian Catholic University, Australia*

228 Physical literacy and inclusion within the context of disability and impairment: A multiple case study approach *Dr Kyle Pushkarenko, Memorial University Of Newfoundland, Canada*

65 Exploring the experience of beach access in people living with a disability - a mixed methods study *Mr James Czencz, Timboon District Health Service*

80 Improving policy and practice for cyclists with a disability in The Netherlands *Ms Robin Rauws, Mulier Instituut, Netherlands*

170 Collective creativity; promoting physical activity. Outlining a Co-design process for the development of Digital Physical Activity promotion initiatives for Autistic Adults *Mr Gary Rodgers, University Of Limerick, Ireland*

175 FunFit: A Collaborative Community-based Physical Activity Programme for Children aged 6-12 with Diagnosed Delayed Gross Motor Skill Development. *Ms Clare Deasy, Health Service Executive, Ireland*

### **6A - Inclusion - Pitch Oral (2 mins)**

*Cheyne*

119 Addressing inequalities in participation: Developing an inclusive sport and physical activity system across Wales, UK. *Prof Diane Crone, Cardiff Metropolitan University, United Kingdom*

210 A project to promote the teaching of independent cycling to children with ambulant Cerebral Palsy in Ireland *Ms Aisling Renshaw, Enable Ireland, Ireland*

225 Perceptions of Physical Activity and Structured Exercise in South Carolinian Adult Native Americans *Dr Maria Felicia Cavallini, Limestone University, United States*

### **6B - Young People - Oral (8 mins)**

*Houston*

40 The effects of acute exercise on emotional pattern separation in adolescents and young adults *Miss Lise Jennen, KU Leuven, Belgium*

42 Motives and Barriers of Active Transportation as a Sustainable Physical Activity among Young Lithuanian Adults *Dr Brigita Mieziene, Lithuanian Sports University, Lithuania*

79 Developmental Patterns of Objectively Measured Motor Competence and Musculoskeletal Fitness among Finnish Adolescents *Prof Timo Jaakkola, University of Jyväskylä, Faculty of sport and health sciences, Finland*

186 Youth-Physical Activity Towards Health in Northern Ireland (Y-PATH NI) Study: Attitudes towards and experiences of physical activity and physical education. *Dr Julia McClelland, Centre for Exercise Medicine, Physical Activity and Health, Sports and Exercise Sciences Research Institute, Ulster Univ*

204 Physical activity insecurity in children and young people at risk of marginalisation: navigating an equitable and safe research experience using co-production principles. *Dr Caroline Dodd-Reynolds, Durham University, United Kingdom*

224 Longitudinal associations between flexibility, motor competence, and

self-reported physical activity during adolescence *Dr Mikko Huhtiniemi, University Of Jyväskylä, Finland*

Session Roles

Chair : *Dr Bróna Kehoe, South East Technological University, Ireland*

### **6B - Young People - Pitch Oral (2 mins)**

*Houston*

Session Roles

Chair : *Dr Bróna Kehoe, South East Technological University, Ireland*

### **6C - Lifespan approaches - Oral (8 mins)**

*O'Flanagan*

222 Creating a healthy culture through the promotion of physical activity in the university environment *Mrs Alba Pardo-Fernández, Fundació TecnoCampus Mataró-Maresme, Spain*

105 Physical activity in relation to WHO guidelines, among Swedish adults during the COVID-19 pandemic. A repeated cross-sectional study. *Dr Susanna Lehtinen-Jacks, Mälardalen University, Sweden*

125 Financial and prosocial incentives promote bike choices in a consequential laboratory task *Ms Valentina Kroker, KU Leuven, Belgium*

135 It's about time for exercise: the Exercise Participation Explained in Relation to Time (EXPERT) Model *Dr Sean Healy, University of Limerick, Ireland*

212 Multi-trajectory analysis of changes in physical activity, BMI and cardiorespiratory fitness in adolescence *Ms Iiris Kolunsarka, University of Jyväskylä, Finland*

220 A Comparative Analysis of Academic and Policymaker Priorities in Physical Activity Policy and Its Infrastructure Support *Mr Kevin Volf, University of Limerick, Ireland*

Session Roles

Chair : *Jan Seghers, KU Leuven, Belgium*

### **6C - Lifespan approaches - Pitch Oral (2 mins)**

*O'Flanagan*

47 Physical activity, sedentary behavior, and sleep across lifespan in adults across European countries: Background and Design *Ms Roksana Shiran, University Of Bern, Switzerland*

102 Parous women perform less moderate to vigorous physical activity than their nulliparous peers: a population-based study in Denmark *Ms Solvej Videbæk Bueno, The Research Unit For General Practice In Aarhus, Denmark*

118 Can we reasonably recommend strength training twice weekly for the general adult population aged 18-64 years to secure optimal body functionality? *Ms Nina Sjørup Simonsen, Research Unit For General Practice, Aarhus, Denmark, Denmark*

189 Development of the Youth-Physical Activity Towards Health in Northern Ireland (Y-PATHNI) Study *Dr Julia McClelland, Centre for Exercise Medicine, Physical Activity and Health, Sports and Exercise Sciences Research Institute, Ulster Univ*

Session Roles

Chair : *Dr Alexis Lion, Fédération Luxembourgeoise des Associations de Sport de Santé, Luxembourg*

**6D - Community and social identity - Oral (8 mins)**

*Albert*

161 Be Active Be Well A community based physical activity behaviour change programmes supporting inactive adults to lead more active lives *Mrs Clare Deasy, Health Service Executive*

62 More than a kickaround: A health impact assessment, over a twelve-month period, of Football Cooperative: A Men's Community-based Social Initiative of Physical Activity. *Mr Steve Daly, SETU Waterford, Ireland*

101 Identity leadership in Zumba classes: Does it matter to create a a sense of 'us' intemporary exercise groups? *Prof Filip Boen, KU Leuven, Belgium*

202 Football Cooperative, a community-based physical activity social intervention for men: The development of an implementation strategy for scale-up *Mr Christopher Mcdermott, South East Technological University, Ireland*

144 Generations Uniting through Movement - Good practices on intergenerational physical activity programs *Dr Berry Van Holland, Hanze University Of Applied Sciences, Netherlands*

Session Roles

Chair : *Dr Barry Lambe, South East Technological University, Ireland*

**6D - Community and social identity - Pitch Oral (2 mins)**

*Albert*

122 "Chi si muove, si ama!" a multi-stakeholder and multi-disciplinary sub-national campaign to promote active lifestyle and physical activity in Italy *Dr Marco Bigica, Wellness Foundation, Italy*

237 'Ireland Lights Up'—evaluating the reach of a community walking initiative across GAA clubs in Ireland: an implementation science study. *Ms Nicola Briggs, South East Technological University*

108 Why do we run? Motivation profiles and training characteristics in the Garmin-RUNSAFERunning Health Study *Dr Sebastian Skejøl, Research Unit for General Practice, Aarhus, Denmark, Denmark*

Session Roles

Chair : *Dr Barry Lambe, South East Technological University, Ireland*

16:15 - 18:30

## **20th EU PA Focal Points Network Meeting.**

*TR 1, 2, 3*

17:15 - 18:15

### **HEPA Europe Annual Meeting**

*Desmond Auditorium*

17:30 - 18:30

### **RCSI Tour**

Join us on this guided and unique tour with RCSI's head porter, Frank Donegan, to learn about the rich heritage and history of RCSI, how it has influenced healthcare worldwide, and the part it has played in shaping national history – including its seizure by rebels led by Michael Mallin and Countess Markievicz during the 1916 Easter Rising. The tours will feature Women on Walls at RCSI in partnership with Accenture, a series of portraits of pioneering historical female leaders in healthcare, as well as specially commissioned sculpture busts of Florence Nightingale and Elizabeth O'Farrell created by John Rainey in 2022. These two collections aim to enhance the visibility of historical female leaders to inspire future generations. This tour must be pre-booked

18:30 - 22:30

### **Conference Dinner**

*RCSI College Hall*

The HEPA 2024 Conference Dinner, will take place in the Historic College Hall, we will have some wonderful Irish entertainment to follow dinner.

\*please note the conference dinner is at an additional cost and needs to be pre-booked

**Aug. 21, 2024**

8:30 - 9:00

### **Morning Tea & Coffee**

*RCSI Exam Hall*

9:00 - 10:15

## **7A - Mental health - Oral (8 mins)**

*Desmond Auditorium*

153 We're unburdened - Audio diaries as a novel and inclusive approach to movement behaviours in mental health. *Dr Ilaria Pina, Newcastle University, United Kingdom*

162 A qualitative investigation into causal mechanisms underpinning adherence to physical activity programmes among people with serious mental illness *Dr Helen Quirk, University Of Sheffield, United Kingdom*

211 From Motion by Emotion to Well-Being: How Regular Physical Activity Enhances Life Satisfaction through Self-Control and Emotion Regulation *Mr Wiktor Potoczny, University Of The National Education Commission, Krakow, Poland*

190 A feasibility randomised controlled trial of an intervention to increase physical activity and reduce sedentary behaviour in people with severe mental illness *Dr Sarah Howes, Ulster University, United Kingdom*

233 Flexibility matters. Psychological flexibility fully mediates the effect of regular physical activity on life satisfaction *Prof Lukasz Krzywoszanski, University Of The National Education Commission, Poland*

234 Unraveling the Link: How Emotional Self-Regulation and Procrastination Affect Physical Activity *Dr Radoslawa Herzog-Krzywoszanska, University Of The National Education Commission, Poland*

178 A Systematic Scoping Review of Multi-component Interventions: Combining Psychotherapy and Physical Activity for School-aged Children and Young People's Mental Health and Psychological Wellbeing *Ms Maurelle D'Sa, Edge Hill University, United Kingdom*

Session Roles

Chair : *Prof Diane Crone, Cardiff Metropolitan University, United Kingdom*

## **7A - Mental health - Pitch Oral (2 mins)**

*Desmond Auditorium*

163 Co-Production of a Physical Activity Intervention for Individuals with Severe Mental Illness in a Secure Forensic Ward – A Study Protocol *Miss Rebecca Feeney, Queens University Belfast, United Kingdom*

89 Associations of active commuting and leisure-time physical activity with mental health symptoms among Finnish adults: a population-based study *Juuso J. Jussila, University of Eastern Finland, Finnish Institute for Health and Welfare, Finland*

183 Association between mental health and different patterns of physical activity in adolescents in Luxembourg – HBSC 2022 *Dr Felipe Mendes, University of Luxembourg, Luxembourg*

215 The Effectiveness of Digital Tools in Physical Activity Interventions for Individuals with Severe Mental Illness: A Systematic Literature Review *Miss Shannon Aisling Forde, Munster Technological University, Ireland*

Session Roles

Chair : *Prof Diane Crone, Cardiff Metropolitan University, United Kingdom*

## **7B - Healthcare - Oral (8 mins)**

*Cheyne*

145 Co-producing a physical activity referral scheme for the German healthcare system: A qualitative analysis of stakeholder experiences *Prof Klaus Pfeifer, Friedrich-Alexander University Erlangen-Nürnberg, Dept. Sport Science, Division Physical Activity & Health, Germany*

203 Healthcare professional and commissioners' perspectives on the factors facilitating and hindering the implementation of digital tools for self-management of long-term conditions within UK healthcare pathways. *Dr James Gavin, University Of Southampton, United Kingdom*

213 Maintaining physical activity through the use of digital tools for people with a long-term condition/s: A systematic review *Prof Suzanne Mc Donough, RCSI University of Medicine and Health Science (RCSI), Ireland*

64 Intradialytic Cognitive and Physical Training to Enhance Functional Capacity: A Randomized Controlled Trial *Prof Jernej Pajek, UMC Ljubljana, Slovenia*

136 Link workers promoting physical activity - who are they linking? *Ms Megan O'Grady, Trinity College Dublin, Ireland*

137 The role of link workers in 'bridging the gap' to community-based physical activity *Ms Megan O'Grady, Trinity College Dublin, Ireland*

### **Session Roles**

Chair : *Jacqui Morris, University Of Dundee, United Kingdom*

Chair : *Dr Evan Matthews, South East Technological University, Ireland*

## **7B - Healthcare - Pitch Oral (2 mins)**

*Cheyne*

37 Developing a practical tool for reaching consensus about shared outcome measurement in cross-sector health-enhancing physical activity partnerships. *Miss Vasiliki Kolovou, Cardiff Metropolitan University, 102 Maindy Road*

38 Combining healthcare and fitness through physical co-location: is that alone enough to get people physically active? *Dr Natalie Grinvalds, Sheffield Hallam University, United Kingdom*

76 Defining Social Prescribing Within a Physical Activity Context *Dr Rasmus Nielsen, Aarhus University, Denmark*

98 Health care practitioners' knowledge, use and confidence of PA guidelines and tools during pregnancy on the island of Ireland: a protocol and preliminary data. *Dr ELIZABETH Deery, Ulster University, Ireland*

### **Session Roles**

Chair : *Dr Evan Matthews, South East Technological University, Ireland*

Chair : *Jacqui Morris, University Of Dundee, United Kingdom*



## **7C - Schools - Oral (8 mins)**

*Houston*

173 You've got a lot of big hurdles to jump: A qualitative investigation into parents' and teachers' perceptions of the factors influencing children's physical activity *Dr Sarah Nally, Ulster University, United Kingdom*

41 Creating public value through large-scale schoolwide events: Danish School Olympics in Billund Municipality *Mr Jonas Vestergaard Nielsen, University Of Southern Denmark, Denmark*

66 Facilitating Health in Schools: The Role of Implementers in the Generation Healthy Kids Program *Prof Thomas Skovgaard, SDU, Denmark*

126 An examination of changes in an academic year in the Post-primary whole-school physical activity program. *Dr Kwok Ng, University Of Limerick, Ireland*

164 Is it time to rethink the communication of physical activity messages with adolescents? Findings from the Active School Flag programme *Miss Caera Grady, University Of Limerick, Ireland*

### **Session Roles**

Chair : *Prof Amanda Clifford, University Of Limerick, Ireland*

Chair : *Rachel Broe*

## **7C - Schools - Pitch Oral (2 mins)**

*Houston*

13 Evaluation of Project „Polygon For Physical Activity of School-Aged Children “for Strengthening Physical Education in Primary Schools without Sport Halls *Dr Slaven Krtalić, Croatian Institute Of Public Health, Croatia*

75 Moving Together: Exploring Peer Relationships through Creative Dance in First Grade *Mrs Angeliki Giatra, National and Kapodistrian University of Athens ns, Greece*

90 The association between risk of depression and combined vigorous physical activity and screen time behaviours in French-speaking Belgian adolescents *Miss Emma Holmberg, Serviced'Information, Promotion, Education Santé (SIPES), School of Public Health, Université libre de Bruxelles, Belgium*

159 Qualitative insights into the skills development, health outcomes, and school experience of adolescent peer-leaders of a physical activity programme in second level schools. *Ms Kathleen McNally, University Of Limerick, Ireland, Ireland*

### **Session Roles**

Chair : *Rachel Broe*

Chair : *Prof Amanda Clifford, University Of Limerick, Ireland*

## **7D - Falls and frailty - Oral (8 mins)**

*O'Flanagan*

195 Falls: Ireland's Unexpected Leader in Trauma - A Leap Towards Healthier Moves *Ms Louise Brent, National Office of Clinical Audit, Ireland*

100 DEFRAIL: The Development of a Patient-centred, Theory-informed, Expert-guided Diet and Exercise for Frailty Intervention

184 Use it or lose it: can engagement in physical activity close to one's relative physical capacity protect against decline in physical functioning among older adults?  
*Dr Antti Löppönen, University of Jyväskylä, Finland*

127 Barriers, Facilitators and Opportunities to Promote Walking in Middle and Older-Aged Adults. *Dr Jason Chan, University College Cork*

174 A qualitative exploration of the influence of formal and informal care practices on physical activity in care home residents *Dr Gavin Wylie, University Of Dundee, United Kingdom*

17 Exploring the feasibility of an mHealth application to enhance physical activity in community-dwelling older adults *Mrs Kim Daniels, Pxl University College Of Applied Sciences And Arts/university Hasselt, Belgium*

#### Session Roles

Chair : *Roger O'Sullivan, Institute of Public Health, Ireland*

Chair : *Dr James Gavin, University Of Southampton, United Kingdom*

### **7D - Falls and frailty - Pich Oral (2 mins)**

*O'Flanagan*

116 Expert Agreement on definitions for compensatory protective step strategies: Delphi method study *Prof Narcis Gusi, University Of Extremadura, Spain*

146 The vAdBeCeDa® program improves postural stability in non-visual older adults living in the community *Prof Katja Tomazin, University of Ljubljana, Faculty of Sport, Slovenia*

194 Evaluating the Acute Physiological Response of People Living with Dementia and Care Partners to a Ceili Dance Exercise Class *Miss Niamh Kelly, Technological University Of The Shannon, Ireland*

240 Does fall prevention also have to hinder physical activity? *Prof Eva Ekvall Hansson, Lund University, Medical Faculty, Dep of Health Sciences, Sweden*

#### Session Roles

Chair : *Dr James Gavin, University Of Southampton, United Kingdom*

Chair : *Roger O'Sullivan, Institute of Public Health, Ireland*

### **7E - Population health (health behaviours and measurement) - Oral (8 mins)**

*Albert*

200 Reflections on Ireland's Physical Literacy Journey *Ms Sinead Connolly*

43 Involvement in active transport is related to organizational factors and physical environment infrastructure *Mrs Kristina Motiejunaite, Lithuanian Sports University, Lithuania*

52 Co-development of the Physical Literacy Consensus Statement for England *Dr Lawrence Fowweather, Liverpool John Moores University, United Kingdom*

78 Which Characteristics Explain Physical Activity Behaviour in Adults in the Netherlands: A Cross Sectional Study *Ms Annemarie van der Vegt, RIVM, Netherlands*

149 Accelerometer-based measurement of physical activity and sleep duration in Denmark: A Large Population-Based Study. *Dr Christina Bjørk Petersen, National Institute Of Public Health, University Of Southern Denmark, Denmark*

171 Decline in adherence to Physical Activity Guidelines among the Dutch population *Mrs Tessa Schurink, National Institute for Public Health and the Environment (RIVM), Netherlands*

#### Session Roles

Chair : *Mr Luc Lipkens, Flanders Institute Of Healthy Living Ngo, Belgium*

Chair : *Lisa Mellon, RCSI, Ireland*

### **7E - Population health (health behaviours and measurement) - Pitch Oral (2mins)**

*Albert*

71 Enhancing physical activity through service design *Ms Sanna Kangas, LAB University Of Applied Sciences, Finland*

82 Implementing the concept of 24-hour movement behaviours as a determinant of health into the Slovenian environment (GIB24): a national project presentation *Ms Kaja Kastelic, University Of Primorska, Slovenia*

54 Assessing Communities for Scaling Up Community-Based Physical Activity Promotion: A Pragmatic Approach *Mr Philipp Weber, University Erlangen-Nürnberg, Germany*

84 Context Analysis for Scaling-Up a Community-Based Physical Activity Promotion Approach: a Comparative Case Study of 10 German Pilot Communities *Leonie Birkholz, Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany*

199 Educational Course Assessment TOOLkit (EDUCATOOL): development and application in a Health-Enhancing Physical Activity (HEPA) promotion intervention *Miss Tena Matolić, University of Zagreb, Faculty of Kinesiology, Croatia*

#### Session Roles

Chair : *Lisa Mellon, RCSI, Ireland*

Chair : *Mr Luc Lipkens, Flanders Institute Of Healthy Living Ngo, Belgium*

10:15 - 11:15

### **Keynote - Adrian Bauman**

*Desmond Auditorium*

245 Systems approaches to physical activity – becoming commonplace or still a rare occurrence? *Bauman Adrian*

#### Session Roles

Chair : *Prof Anne Hickey, RCSI, Ireland*

11:15 - 12:30

## Early Career Research Session

*Desmond Auditorium*

256 Bridging the Gap: Translating Sport Injury Prevention Research into Community-Level Practice *Theresa Heering, Coventry University, Deakin University, Germany*

251 Development of the Physical Activity Messaging Guide to Enhance Messaging Practice across HEPA Nations *Dr Chloë Williamson, The University Of Edinburgh, United Kingdom*  
0 Moving with nature: developing guidelines to promote physical activity in nature for those living with mental health problems *Mr Paul Sellars, Cardiff Metropolitan University, United Kingdom*

250 Objectively assessed sit-to-stand reserve is associated with difficulties in activities of daily living (ADL) and instrumental activities of daily living (iADL) among community-dwelling older adults. *Dr Antti Löppönen, University of Jyväskylä, Finland*

255 Evaluation and Comparison of Government-Funded School-Based Youth Physical Activity Counseling Initiatives in Finland for the 2024-2025 Academic Year *Ms Iiris Kolunsarka, University of Jyväskylä, Finland*

257 Understanding the facilitators and barriers to active travel by rural-urban classifications: findings from a nationally representative survey in Wales *Mr Lewis Rhys Brace, Public Health Wales, Wales*

253 Implementation and dissemination of physical activity-related health competence in nursing education: First results of a hybrid type 2 effectiveness-implementation study *Dr Eva Grüne, Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany*

254 What is the cost of family-based physical activity interventions? A scoping review. *Dr Maria O'Kane, Ulster University, United Kingdom*

## 8A - Nature - Oral (8 mins)

*Cheyne*

57 Nature based social prescribing for enhancing mental health and well-being. *Prof Mary Lynch, RCSI, Ireland*

58 Recreational walking and perceived environmental qualities in Denmark *Dr Lars B. Christiansen, University Of Southern Denmark, Denmark*

60 Sustainable impact of an outdoor exercise program on health outcomes of older adults: a quasi-randomized controlled trial with a 3-month follow-up *Mrs Katharina Zwingmann, Chemnitz University Of Technology, Germany*

123 Green/grey spaces - What is the best urban setting to enhance physical activity? Preliminary findings of the Health Benefits of Outdoor Physical Activity (HOPA) study *Dr Thayse Natacha Gomes, University Of Limerick, Ireland*

## Session Roles

Chair : *Prof Eva Ekvall Hansson, Lund University, Medical Faculty, Dep of Health Sciences, Sweden*

Chair : *Jenny Ashton*

## **8A - Nature - Pitch Oral (2 mins)**

*Cheyne*

72 The role of conservation projects for health enhancing physical activity (HEPA): holistic benefits for volunteers whilst enhancing environmental biodiversity - a blue space case study. *Prof Diane Crone, Cardiff Metropolitan University, United Kingdom*

207 . 'You can get that on a treadmill, but it's just not the same kind of thing'. Experiences of VI parkrunners in local green spaces. *Ms Joan Ryan, Technological University of Dublin, Central Quad*

### **Session Roles**

Chair : *Prof Eva Ekvall Hansson, Lund University, Medical Faculty, Dep of Health Sciences, Sweden*

Chair : *Jenny Ashton*

## **8B - Children - Oral (8 mins)**

*Houston*

227 Analysing the success of RetoKids.org through user engagement *Dr Javier Brazo-Sayavera, Universidad Pablo De Olavide, Spain*

124 Using Co-Design Methods to Develop a Theory and Evidence-Based Mother-Daughter Health Intervention Prototype Targeting Physical Activity in Pre-Teen Girls *Dr James Matthews, University College Dublin, Ireland*

49 Characteristics of combined movement behaviour interventions in children and adolescents: A scoping review. *Mr Ciaran Maloney, University Of East Anglia, United Kingdom*

169 Strategies for recruitment of adolescent girls into physical activity programmes: a systematic review. *Mrs Tanya O'Brien, Department of Physiotherapy, The University of Dublin, Trinity College Dublin, Ireland*

77 How do we include low SES girls in sport? A qualitative study on girls' perceived barriers to sports participation *Dr Charlotte Pawlowski, University Of Southern Denmark, Denmark*

95 Parental education, physical activity, sedentary behavior and Family Health Climate of children in primary-school age: A mediation analysis *Mrs Alexandra Ziegeldorf, Leipzig University, Germany*

### **Session Roles**

Chair : *Dr Caroline Dodd-Reynolds, Durham University, United Kingdom*

Chair : *Ms Karen Brady, RCSI, Ireland*

## **8B - Children - Pitch Oral (2 mins)**

*Houston*

28 SmartCHANGE: Promoting Healthy Lifestyle in Childhood with Support of AI *Prof Gregor Jurak, University Of Ljubljana, Slovenia*

165 Higher level of learning – evaluation of the effects of introducing standing desks for part of school children's lessons *Dr Piotr Matłosz, University of Rzeszów, Poland*

172 The Effects of Antenatal Behaviour-Change Lifestyle Interventions on Improving Maternal and Foetal Health Outcomes: A Systematic Review and Meta-Analysis Protocol *Miss Abbey O'Keeffe, Atlantic Technological University, Donegal & Sphere PhD Programme, Ireland*

187 A Systematic Review of Dance Programs on Health and Wellbeing of Children and Adolescents *Prof Amanda Clifford, University Of Limerick, Ireland*

235 Diagnostic Qualities of the Short Form of the Bruininks-Oseretsky Test of Motor Proficiency for Low Motor Competence *Dr Iva Šeflová, Technical University Of Liberec, Czech Republic*

#### Session Roles

Chair : *Ms Karen Brady, RCSI, Ireland*

Chair : *Dr Caroline Dodd-Reynolds, Durham University, United Kingdom*

### **8C - Older Adults 2 - Oral (8 mins)**

*O'Flanagan*

50 Exercise groups implemented by municipalities promote older adults' physical functioning *Ms Eerika Saloranta, Age Institute, Finland*

91 The use of process evaluations in physical activity interventions for older adults: a systematic review *Mr Michael Adams, Ulster University, Northern Ireland*

92 Enhancing Self-Efficacy for and Adherence to Resistance Training in Older Adults: A Multi-Stakeholder Perspective of a Supervised-to-Unsupervised Step-Down Model *Mr Brian Mulhare, South East Technological University, Ireland*

121 The effectiveness and acceptability of physical activity interventions amongst older adults from socioeconomically deprived groups: A mixed methods systematic review *Ms Danielle Harris, University Of Manchester, United Kingdom*

166 Do Local Sports Partnerships' physical activity programs for middle-aged adults and older adults in Ireland work? *Prof Catherine Woods, University of Limerick, Knocklahard, Milford Road*

205 Hidden benefits in non-effective interventions: A subgroup analysis of associations between characteristics of study participants and changes in prolonged sedentary time using compositional data analysis *Dr Lisa Voigt, University Medicine Greifswald, Internal Medicine B, Germany*

219 Older Adults' Experiences of a Peer-led Walking Intervention: A Qualitative Study of the 'Walk with Me' Randomised Controlled Trial *Mr Michael Adams, Ulster University, Northern Ireland*

#### Session Roles

Chair : *Flora Jackson, Public Health Scotland, United Kingdom*

Chair : *Dr Sebastià Mas-Alòs, National Institute of Physical Education of Catalonia (INEFC), Spain*

### **8C - Older Adults 2 - Pitch Oral (2 mins)**

*O'Flanagan*

## Session Roles

Chair : *Dr Sebastià Mas-Alòs, National Institute of Physical Education of Catalonia (INEFC), Spain*

Chair : *Flora Jackson, Public Health Scotland, United Kingdom*

## 8D - University - Oral (8 mins)

*Albert*

201 Assessing medical students satisfaction with a physical activity and health course: results from the VANGUARD European Union Erasmus+ Project implementation in Portugal *Ms AnaBarbosa, ISPUP, Portugal*

39 Are you well? An investigation into the health-related behaviours and wellbeing of Dundalk Institute of Technology (DKIT) students. A pilot study. *Dr Sean Kilroy, Dundalk Institute Of Technology, Ireland*

248 Evaluation of modules to support medical and health sciences students to provide physical activity counselling. *Ms Karen Brady, RCSI, Ireland*

249 A qualitative analysis of the RCSI Lifestyle Medicine Certificate course evaluation *LisaMellon, RCSI, Ireland*

55 Quality Physical Education in Universities: Understanding Motivational Factors and Gender Dynamics in Fostering Sustained Physical Activity *Dr Dilsad, Public Health Wales, Wales*

## Session Roles

Chair : *Prof Helen French, Rcsi University Of Medicine And Health Sciences, Ireland*

## 8D - University - Pitch Oral (2 mins)

*Albert*

111 Crawling Before We Walk: Transdisciplinary Insights into Improving the Liveability and Walkability of Campus Settings *Dr Lorraine D'Arcy, Technological University Dublin*

152 The Role of Physical Activity and Strength Training on the Mental Health Outcomes of University Students Across the COVID-19 Pandemic: A Repeated Cross-Sectional Study *Ms Aoife Noonan, University of Limerick, Ireland*

## Session Roles

Chair : *Prof Helen French, Rcsi University Of Medicine And Health Sciences, Ireland*

12:30 - 13:30

## Closing Ceremony

*Desmond Auditorium*

14:00 - 17:00

## Irish Physical Activity Research (I-PARC) Conference 2024

*RCSI Exam Hall*

Theme: Multiple agendas, one common goal: Cross-sectoral collaboration for HEP promotion  
Purpose: To maximise how individuals and organisations with a shared common concern – low population levels of physical activity – can effectively build and sustain a coalition/collaboration. This would involve engaging diverse areas – health, transport, urban design, sport, education, rural communities, justice, environment etc. – ensuring equity and diversity in how to address the problem, its interpretation both socio-politically, publicly and engagement of external actors not traditionally engaged with the physical activity agenda. Discussion of credible indicators of progress in this area.



附件 2：國民健康署口頭報告簡報

**Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces**

Chao-Chun Wu<sup>1</sup>, Shu-Li Chia<sup>1</sup>, Chia-Hui Lee<sup>1</sup>, Chen-Su Lin<sup>1</sup>, Shiang-Yun Huang<sup>1</sup>, Cheng-Li Tien<sup>1</sup>, Taung-Lin Li<sup>1</sup>, Shiao-Chi Wu<sup>2</sup>, and Yu-Wen Huang<sup>3</sup>

<sup>1</sup> Health Promotion Administration, Ministry of Health and Welfare  
<sup>2</sup> National Yang-Ming Chiao Tung University  
<sup>3</sup> Corporate Strategy Development Center

**Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces**

- 1 Introduction
- 2 Silver Fitness Clubs & Sports Technology Applications and Industry Development Program
- 3 Outcomes
- 4 Future Outlook

**1 Introduction**

**Risk Factors of Unhealthy Physiques**

**WHO**

Insufficient physical activity is among the top ten global risk factors for death, causing approximately 21-25% of breast and colon cancers, 27% of diabetes, and 30% of ischemic heart diseases.

Participation in sports activities not only promotes physical health across all age groups but also brings social benefits and enhances people's sense of well-being.

**Only one-third of the population engages in regular exercise!**

3-4 Physical inactivity impacts individual health

Year	Male (%)	Female (%)	Nationwide (%)
2012	34.8	23.0	28.8
2013	35.4	23.0	29.2
2014	37.1	24.9	31.0
2015	37.4	25.0	31.2
2016	36.7	25.4	31.1
2017	36.7	25.4	31.1
2018	37.5	25.4	31.2
2019	37.5	25.4	31.2
2020	35.0	23.6	29.3
2021	35.4	23.9	29.7
2022	34.9	23.8	29.4

**Objectives**

- ◆ Cultivate regular physical activity habits, aiming for a weekly target of 150 minutes of moderate physical activity.
- ◆ Increase the national sufficiency rate of physical activity to 60% (baseline value in 2017 was 52.7%).

**WHO Global Action Plan on Physical Activity Framework**

Four Strategic Objectives:

- 1 Create active societies
- 2 Create active environments
- 3 Create active people
- 4 Create active systems

**Active in all**

Physical activities for all

- Children, Adolescents: Health Promoting Schools
- Adults: Workers, Healthy Workplaces, Workplace Users Fitness Training
- Older Adults: Prevention and Delay of Disability Programs, Silver Fitness Clubs, Age-Friendly Cities
- All Ages: Sports Technology, Innovative Healthy Walking Program

**Action Strategies**

- ICOPE scale screening (mobility, nutrition, cognition, vision, hearing, depression)
- Subsidizing local partner centers and developing new programs resulted in a total of 273 programs within the community
- Health promotion station for the elderly
- Established 163 silver fitness clubs

By 2024, 47 centers were launched in 13 counties and cities in accordance with the plan by Ministry of Digital Affairs.

- Promoting 100 walking trails and held walking activities
- Cross-departmental collaboration in Health Policy Conference and with Sports Administration various activities
- Digital literacy courses for the elderly

Guidelines for prevention of childhood obesity

- health-promoting school activities
- promote healthy workplaces
- health promotion materials

**Healthy Taiwan (Diet + Regular Exercise)**

2

## Silver Fitness Clubs & Sports Technology Applications and Industry Development Program

### Reasons for Establishing Silver Fitness Clubs

Population estimation(2022-2070)

Proportion of elderly population in the total population(%)

- Taiwan is expected to become a super-aged society by 2025
- Only 39.9% of the population aged 65 and above meet the WHO's recommended weekly physical activity standards.

### Promote assessments and physical training oriented towards the elderly

Offer exercise programs for seniors over 65, including strength, endurance, and flexibility training.

**Evaluation**

- Elderly function assessment (ICOPF)
- Reassessment for abnormalities

**Exercise Intervention**

- Various exercise intensity courses
- Bodyweight group exercise courses
- Exercise facility equipment

**Expected benefits**

- Enhance elderly physical health
- Reverse frailty

**Location**

- Medical Institution
- Community
- Health centers, government agencies
- School

**WHO Guidelines for Integrated Care for Older People**

Cognitive Action Nutrition Vision Hearing Depression

Regular screening, early treatment, Integrated Care to Delay Frailty, Disease management

### Overall Setup of Silver Fitness Clubs

Number of locations over the years

Total 177 locations nationwide from 2020 to 2024 (including 14 pilot projects started in 2020)

### 2022-2026 Sports Technology Applications and Industry Development Program

- Health-focused Themes
- Combination of industry, government, academia, and diverse venues to promote extended, sustainable services.
- Cross-device, cross-platform, and cross-field ICT integration for public data platforms, planning value-added data services to benefit the public.

HPA  
Local government  
Field  
Industry

Local government  
Industry  
Sustainable development of health promotion

Field: School, Community, Hospital, Workplace, Sport Center, Long-term Care Institution

### Introduction of Technology focusing on Health Topics

12+ product services (13 vendor collaborations)

Health management app (Real-time monitoring)

4 major health themes: Sarcopenia, obesity prevention, regular exercise, gait

Coverage of 64% of total area serving 50,000 passes

Sports Technology Type: Technological Equipment, Wearable Device, Data Model Training, Video Monitoring

Smart Management: Health Records, Health and Exercise Recommendations, Remote Services

Health Promotion Models: Health Management, Exercise Assessment, Thematic Recommendations

Data Types and Fields: 100,000 data entries, Bridging Urban-Rural Disparities, Reducing Digital Divide

3

## Outcomes

### Results of Silver Fitness Clubs

- At least 150-300 minutes of moderate-intensity aerobic physical activity per week
- User service satisfaction rate over 95%
- Using the "ICOPF Elderly Function Self-Assessment Scale" to assess the physical condition of the elderly and provide courses of different intensity

ICOPF Aspects	Improvement Rates
Mobility Function Improvement	30%
Malnutrition Improvement	40%
Reduction in Depression	50%

**Promoting Digital Governance**

- Data Types (Anonymized):
  - Basic Information: User UID, Venue County/City, Gender, Birth Year, etc.
  - Physiological Data: Height, Weight, Blood Pressure, Resting Heart Rate, etc.
  - Exercise/Fitness Data: Running, Weight Training, Spinning, etc.

**4**

**Future Outlook**

**Future Outlook**

- 01 Increase participation in physical activities across all age groups.
- 02 Promote walking activities that everyone can join.
- 03 Create age-friendly and supportive environments to foster active aging.
- 04 Provide comprehensive and diverse physical activities and health promotion services for community elders, promoting physical health and preventing and delaying disability in older adults.

**Healthy Aging**

UN Decade of Healthy Aging (2021-2030) Four Major Action Areas

- Long-term Care**
  - Age-Friendly Long-Term Care Institutions
  - Long-term Care Institutions
  - Day Care
  - Home Care
  - Establish interdepartmental cooperation mechanisms
- Integrated Care**
  - Elder-Centered Integrated Care
  - Health, Pre-Prevention, Primary
  - Agings Research
  - Elder's Function Assessment (COPE)
  - Chronic Disease Risk Assessment
  - Management of Hypertension, Hyperlipidemia, Diabetes
  - Metabolic Syndrome Management
- Age-Friendly Cities and Communities**
  - Age-friendly cities and communities
  - Enhance public understanding of aging
  - Campaigns against age discrimination
- Age-Friendly Environment and Community**
  - Active Aging Competitions for the Elderly
  - Elder Health Promotion Stations
  - Elder Fitness Club Program
  - Community Elder Care Promotion Center
  - Age-Friendly APP/Community
  - Dementia-Friendly City/Community
  - Age-Friendly Healthcare Institutions

**Thank You**

Promotion, Prevention, Protection, Participation, Partnership!

附件 3：相關相片



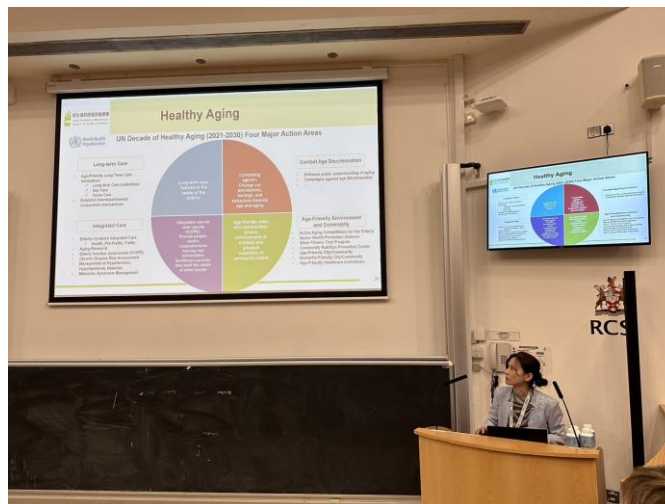
Staffordshire大學應用健康研究  
Chris Gidlow教授(Keynote講者)



RCSI 物理治療學院院長  
Suzanne McDonough教授(研討會開場主持人)



賈副署長



黃湘芸科長口頭報告



RCSI健康心理學Anne Hickey教授  
(左2，本署口頭報告場次主持人)



WHO身體活動、營養與肥胖合作中心  
Adrian Bauman主任(Keynote講者)



WHO Focal Point



2025 HEPA主辦國立陶宛代表






**RCSI University of Medicine and Health Sciences on behalf of HEPA Europe 2024**

AWARD THIS CERTIFICATE OF ATTENDANCE TO

**太太 Shu-Li Chia**

**19th annual meeting and 15th conference of HEPA Europe**

**19 - 21 August, 2024**

**RCSI, Dublin**



**Prof Suzanne McDonough**  
Head of RCSI School of Physiotherapy & Head of HEPA 2024 Organising Committee  
[www.hepa2024.ie](http://www.hepa2024.ie)






**RCSI University of Medicine and Health Sciences on behalf of HEPA Europe 2024**

PRESENTATION CERTIFICATE

**Shiang-Yun Huang**

Presented a Paper at the 19th annual meeting and 15th conference of HEPA Europe (19 - 21 August 2024)

Entitled:

**Policy Framework for Integrating Sports Technology in Taiwan's All-Age Environments and Supportive Elderly Exercise Spaces**



**Prof Suzanne McDonough**  
Head of RCSI School of Physiotherapy & Head of HEPA 2024 Organising Committee

出席及講者證明