



Roadmap EUNAAPA (EUropean Network for Action on Aging and Physical Activity)

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Introduction

In March 2005 the EUropean Network for Action on Aging and Physical Activity ([EUNAAPA](#)) has been established as an informal network including persons supporting the vision, aim and the goals of EUNAAPA:

Vision

Optimal health and quality of life for older people in Europe through physical activity

Goal

To use evidence-based strategies to improve health and quality of life among older people in Europe through physical activity.

Objectives

- To identify, disseminate and promote evidence-based practice in physical activity for all older people in Europe.
- To select or develop evidence-based guidelines for practice in the area of ageing and physical activity.
- To provide information, and expert advice to policy makers, providers and professionals in the fields of ageing, physical activity, and health.
- To influence the development of educational curricula and standards of competence for professionals involved in the provision of physical activity for older people.
- To develop synergies among researchers, providers and professionals in the fields of ageing, physical activity, and health.
- To support an intersectional approach to the promotion of physical activity among all older people

- To cooperate with other organisations relevant to the promotion of physical activity among all older people
- To stimulate and support older people in the development and implementation of network activities.

In mutual efforts, two projects ([EUNAAPA project](#) and [PASEO project](#)) were formulated and funded by DG-Sanco Public health programme of the European Union.

By now, the need is felt to work with a so-called 'Roadmap' in order to reach the formulated goals. In other words: describe step by step the strategies that are supposed to be needed and identify the priorities in that process. As an example and inspiration, the national blueprint strategy of the USA has been used as described at their website www.agingblueprint.org.

In 2009 the American College of Sports Medicine ([ACSM](#)) came up with a position stand on Aging and Physical activity (Chodzko-Zajko et al, 2009) describing all the evidence in the area. This position stand underpinned also the physical activity guidelines as published earlier (Nelson et al, 2007). It was concluded that:

“Although no amount of physical activity can stop the biological aging process, there is evidence that regular exercise can minimize the physiological effects of an otherwise sedentary lifestyle and increase active life expectancy by limiting the development and progression of chronic disease and disabling conditions. There is also emerging evidence for psychological and cognitive benefits accruing from regular exercise participation by older adults”

Following the ACSM, the European College of Sport Sciences ([ECSS](#)) will come up in short time with a position paper on physical activity and behavioural change in all age groups (co-authored by Stuart Biddle, Walter Brehm and Marijke Hopman-Rock). All publications are very supportive for the aims and goals of EUNAAPA.

Starting with a brief background analysis, the main areas of programme development will be identified and the possible strategies, time frame and partners to reach the formulated policy goals.

Background analysis

The following developments could be identified:

- Ageing society all over (by 2050, an estimated 35% of the European population will be over the age of 60, compared to 20% in 2005; [see also](#)), and especially among the oldest old (above 80 years);
- More attention for preventive health care in the European countries, also in the aged (for example: Silver paper: The future of health promotion and preventive actions, basic research, and clinical aspects of age-related disease. A report of the European Summit on Age-Related Disease (AI Cruz-Jentoft et al, 2009);
- Continuing WHO support for Health Enhancing Physical Activity ([HEPA](#) and [WHO](#));
- Health care in Europe is now more regarded as a consumer market. In general, more responsibility for health care insurance companies;
- Increasing quality management of health care and education (certification, accreditation);
- Increasing interest in problems regarding sedentariness and overweight as risk factors for chronic diseases and health care consumption (see [Green paper](#));
- More public awareness about importance of physical activity in prevention and treatment of diseases (reached by national campaigns regarding importance of physical activity for health);
- Upcoming fitness industry (big market);
- Internet technology makes it easier to reach big consumer and patient groups;
- Development of 'persuasive technology' (gaming industry such as the Nintendo Wii, innovative playgrounds, etc);
- Increasing awareness of sedentary lifestyle as a modern labour risk (also in older workers as they should retire later in life than nowadays);
- Increasing attention for a active life challenging environment (neighbourhoods, infrastructures);
- More attention for important role of care personnel when stimulating physical activity in older persons (see [guidelines](#)).

All together these developments clearly show a range of challenges in which are of significance for the further work of EUNAAPA. However, as a starting point, the main focus will be on education and training about the role of physical activity in the aging process. The target groups will primarily be on medical doctors, nurses and physiotherapists. In addition, a special focus will be on the policy strategies that are of importance in order to succeed in our work.

As described in the Silver paper (mentioned above), physical activity (and falls) are important topics in the policy development. The silver paper group comes up with the following recommendation:

“On a population/public health basis, encouraging physical activity and the provision of a range of exercise opportunities as part of a wider campaign on prevention of falls and maintenance of independence should be popularised. Exercise recommendations should also be implemented as a secondary preventive measure in the recommendations of disease management. Also of importance is the use of published evidence-based recommendations for engagement of older people in preventive health care and the training of a wide range of health, social care and leisure professionals in order to meet the full range of needs, abilities and preferences of older people.”

Training and education were also identified by the EUNAAPA steering committee as urgently needed to improve awareness and to improve efficacy of existing interventions. The main focus will be on medical doctors, physiotherapists and nurses (both students and professionals).

In the next section of this document a table will be presented with a first draft of the EUNAAPA roadmap for the next five years (2011-2016). In that table we identify the top 3 of priorities and 1 supportive strategy, as well as the milestones and the expected way to reach these goals). Also, attention will be paid to the necessary partners and coalitions in this process.

References

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EUNAAPA Roadmap 2011-2016

EUNAAPA priority	Way to go	Milestones 2011-2016
Training and education	<ul style="list-style-type: none"> Adjustment of international training curriculum (see http://www.isapa.org/guidelines/index.cfm) to EUNAAPA goals and European situation (coordination by XX?) Preparation and publishing of EUNAAPA reviews (coordination by Kerstin Frändin, Sweden) To provide information on physical activity and elderly among health care professionals (medical doctors, physiotherapists, nurses). Consultation of international advisory board and HEPA and PROFANE partners (coordination by Nina Waaler Loland and Marijke Hopman-Rock) 	<ul style="list-style-type: none"> Summer school (The Netherlands, October 2011) Lead by Ger Kroes, Nina Waaler Loland, Christophe Delecluse and Federico Schena) Oversight of effective measurements (reviews available or in development) and intervention programmes (overview under development lead by Ger Kroes) Cooperation with European partners (HEPA, PROFANE (Prevention of Falls Network Europe; etc)
Awareness of health care personnel about role of physical activity in the aging process	<ul style="list-style-type: none"> Contact with gerontological and geriatric associations in EU countries and in Europe (coordination by Ellen Freiburger) Contact with physiotherapists organisations (coordination by Kerstin Frändin?) Development of presentations and short publications (for patient populations and care personnel) (action for country members) Contact with ECSS and sport doctors to improve attention for sport stimulation in older people (Nina Waaler Loland and Marijke Hopman-Rock) 	<ul style="list-style-type: none"> Symposia during relevant conferences (steering committee and individual members) Short publications in relevant practical journals Draft text for leaflets in country languages Overview of existing and effective interventions
Policy strategies	<ul style="list-style-type: none"> Develop a unified consensus statement regarding policy strategies (coordination by Alfred Rütten). Convene a meeting of policy experts to guide the policy research agenda. Make existing research appropriate for older adults and identify gaps in research knowledge. 	<ul style="list-style-type: none"> PASEO end conference Brussels (lead by Alfred Rütten and Nina Waaler Loland etc) Continuation of national PASEO coalitions (country members actions)
Supportive strategies	<ul style="list-style-type: none"> Continuation of EUNAAPA website and newsletter (coordination by TNO Leiden, Erwin Tak) Coordinated action on funding of new European proposals in the area of PA and Aging 	<ul style="list-style-type: none"> 100-500 EUNAAPA members New project funded