



EUPAP Physical activity on prescription

– a tool for prevention and treatment in health care

Primary findings

EUPAP partners have implemented Swedish-PAP (PAP-S) in a way that is feasible with their respective health care system. Certain adaptations of the method have been made in order to make the implementation possible, but always with the focus to keep the PAP-S five-core elements. The differences in implementation were mainly in terms of (1) procedures (processes implemented and tools used in the evaluation and written prescription), (2) target-audiences (patients living with non-communicable diseases or a specific set of diseases and conditions) and (3) professionals involved in the prescription and follow-up.

To monitor the implementation of PAP-S a set of indicators were developed, though due to partner's prerequisites for implementation different indicators have been used for monitoring the process.

Two forms of implementations were observed; in settings where a system for PAP was already in place or under development, the PAP-S was used to leverage the quality of the local model. In other settings where PAP was implemented for the first time, it was adapted according to the possibilities offered by the local system.

The conclusion is that a European model of PAP need to be adaptable to the country specific settings and local context, but always with the five core elements in place and to utilise them as the main guidelines.

Outcomes of the project

The PAP-S method can be used in prevention and treatment of disease. The project has contributed to education and training initiatives with the aim to

provide basic knowledge and skills for prescribing individualized physical activity. The participants have also been trained to perform clinical reasoning and risk assessment, as well as understanding the core of person-centered care, behavioural change and interview technique.

The project has given guidance in the use of the PAP implementation tools and how to conduct an implementation in own context/country. The implementation tools include a handbook on disease-specific recommendations, (FYSS-short) and a prescription form. Information and experiences from the project are compiled in a EUPAP guideline. The guide and translated versions of the tools are available on the project's webpage.



About the project

Organisations from nine EU member states have been partners in a four-year project (extended one year due to COVID-19) for facilitating the transfer and adoption of the Swedish best practice model for physical activity on prescription. Physical activity on prescription (PAP) is a method that can reach and enable different population groups to enhance their physical activity for the prevention and treatment of non-communicable diseases. Via the EUPAP project, more Europeans have, via their health services have had the opportunity to benefit from the positive effects of physical activity.



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The Feasibility Study – an important step towards implementation

The goal of the Feasibility Study was to get a better understanding of the precondition for each partner to implement PAP-S, as well as to standardise the information in a more accessible and communicable manner. This was done to ease the transfer of the method from Swedish context, and was achieved through:

1. creating common guidelines to proceed with the data collection;
2. providing an overview of the situation in 10 European regions; and
3. comparing the context and setting of each region with the PAP-S method.

Data showed that in partner countries with a solid background and strong network found it rather easy to launch the EUPAP implementation, while other partner countries with less experience and less established implementation tools together with weak or underdeveloped network had more difficulties in implementing the method. The result of the feasibility study provided policy-makers, local health

services and communities with incentives to set better short- mid- and long-term goals for the PAP-S transfer and implementation in different settings.

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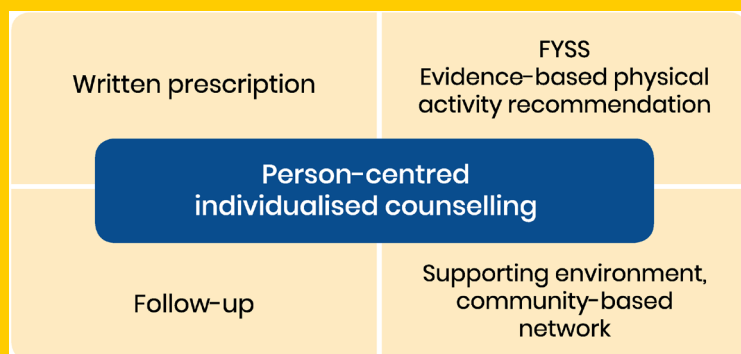
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Five key components of the model and some more

The uniqueness of the Swedish PAP is the interplay between five core components. The person-centred counselling using diagnosis-specific and evidence-based recommendations of physical activity, results in an individualised written prescription accompanied by a follow-up. Furthermore, the healthcare services collaborate with various activity organisers in the local community to help individuals both increase and maintain their activity level.



Adopted from Kallings LV. *Physical Activity on Prescription - Studies on physical activity level, adherence and cardiovascular risk factors*. Stockholm: Karolinska Institutet; 2008.