

**S. 157** When the Lisbon Treaty entered into force in 2009 it allowed the EU to establish a new sport policy framework which can be used to support a **HEALTH-ENHANCING PHYSICAL ACTIVITY** (HEPA) agenda. The need of this framework is founded in the huge disparities in PA and sport within the EU. The Commission's proposal for a monitoring mechanism would allow to compare and coordinate Member States' sport policies to service HEPA needs better as part of the EU PA guidelines from 2008. PA on prescription is part of these guidelines.

**S. 162** Physical activity on prescription (PAP) has been shown to increase the level of PA in patients, as well as positively influence classical risk factors of disease and improve quality-of-life. However, PA is still underutilized as a treatment tool in health care, while the preventive use of PA is more recognized. The **HOSPITAL SETTING** could be the key to the implementation of PA as a treatment option in health care system.

**S. 166** This paper reviewed recent comprehensive literature reviews examining **EVIDENCE-BASED APPROACHES FOR IMPROVING PA** participation. Community-wide campaigns and point-of-decision prompts are recommended to influence cognitions about PA. Behavioral and social approaches are warranted. Environmental and policy-based approaches are necessary and include increasing access to places to be physically active, addressing community, street and urban design and influencing transportation policies.

**S. 170** The purpose of this review is to provide an overview of **INTERVENTION STRATEGIES IN CHILDHOOD** by addressing important and ground-breaking studies and literature. Community-, family-, and school-based intervention strategies that include environmental changes to facilitate PA as well as educational approaches are addressed including information on the efficacy and sustainability of specific programs. Effects on sedentary behaviours will be addressed as well.

**S. 176** The largest increase in PA would be gained by developing wide-ranging health promotion policies adapted to PA. Currently the health care system and the **PRIMARY HEALTH CARE (PHC)** provide mainly individual services. Two fundamental changes are needed. PA exercise training should be considered as a means belonging to the repertoire of PHC, comparable to pharmaceuticals. Furthermore, the leading medical experts and organizations should accept PA as an effective means to further their goals.

**S. 183** PA should be one of the highest priorities for preventing and treating disease and disablement also in **OLDER ADULTS**. However, although current recommendations encourage activity on most or all days of the week, only 31 percent of persons 65 to 74 years of age report regularly engaging in moderate PA for 20 minutes or more three days a week. Given that many of the acute benefits are lost within a few weeks of ceasing exercise, it is important that elderly people are encouraged to engage in modest levels of voluntary PA.

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Die Juni-Ausgabe der DZSM ist ein Sonderheft zum Thema *Exercise is Medicine* mit internationalen Autoren. Die Artikel sind daher in diesem Monat – bis auf das Editorial – ausschließlich in englischer Sprache publiziert.