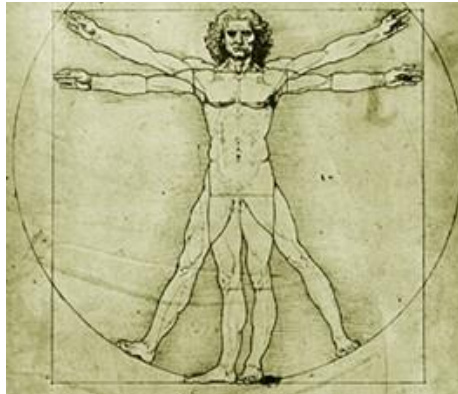


# **Becoming the Hub**

## **The Health and Fitness Sector and the Future of Health Enhancing Physical Activity**



### **Final Report**

The European Commission, under its Preparatory Action in the Field of Sport, has funded the European Health and Fitness Association (EHFA) to undertake this research project, with the premise that exercise, fitness and sport professionals can be utilised as a major resource in the battle against sedentary lifestyles, ill health, obesity, health-related diseases and social exclusion.

The original call for proposals, in March in 2009, was in support of transnational projects put forward by public bodies or civil society organisations in order to identify and test suitable networks and good practices in the field of sport, in this case for the area of: (a) Promoting health-enhancing physical activity.

The Commission department responsible for implementation and management of this action is the Sport Unit of the Directorate-General for Education and Culture.

## Contents

Acknowledgements .....	4
List of Abbreviations .....	5
Foreward .....	6
Supporting Statements .....	8
1. Executive Summary .....	10
1.1 Introduction .....	10
1.2 Project aims & objectives .....	11
1.3 Methodology .....	12
1.3.1 Work Package 1 - Project Management and Quality Plan .....	12
1.3.2 Work Package 2 - Project Communication, Dissemination and Valorisation Strategy .....	12
1.3.3 Work Package 3 - Research and Development .....	13
1.3.4 Work Package 4 - Developing the role of the health and fitness sector in health enhancing physical activity .....	17
1.3.5 Work Package 5 - Integrating results of EHFA strategy for the future .....	18
1.4 Report Recommendations .....	19
1.4.1 Develop targeted and integrated campaigns & policies .....	19
1.4.2 Offer physical activity within the community .....	22
1.4.3 Promote exercise .....	24
1.4.4 Develop the role of exercise in healthcare .....	26
1.4.5 Building partnerships .....	28
1.4.6 Professionalising the sector .....	29
2. Health Enhancing Physical Activity across the European Union .....	32
2.1 Project aims .....	37
2.3 Existing Research .....	38
3. Methodology .....	41
3.1 Outline of Work Packages .....	41
3.1.1 Work Package 1 - Project Management and Quality Plan .....	41
3.1.2 Work Package 2 - Project Communication, Dissemination and Valorisation Strategy .....	42
3.1.3 Work Package 3 - Research and Development .....	43
3.1.4 Work Package 4 - Developing the role of the health and fitness sector in health enhancing physical activity .....	45
3.1.5 Work Package 5 - Integrating the results of EHFA strategy for the future .....	46
3.2 Variations in delivery compared to original project plan .....	49
3.3 Selection Criteria for Policies and Campaigns .....	53
3.3.1 Policies .....	54
3.3.2 Campaigns .....	54
3.3.3 Physical Activity Promotion .....	55
3.3.4 Language .....	55
3.3.5 Member State focus .....	55
3.4 Research Method .....	56
3.5 Research Undertaken .....	58
3.6 Dissemination .....	60
3.7 Consultation .....	66

3.7.1 Consultation One.....	68
3.7.2 Cologne 'Future Summit' .....	74
3.7.3 Consultation Two.....	77
3.8 Independent Evaluation.....	82
3.9 Critical Analysis of Implementation .....	82
4. Report Recommendations .....	84
4.1 Develop targeted and integrated campaigns & policies.....	84
4.2 Offer physical activity within the community.....	88
4.3 Promote exercise.....	91
4.4 Develop the role of exercise in healthcare .....	93
4.5 Building partnerships .....	97
4.6 Professionalising the sector .....	100

## Acknowledgements

The Becoming the Hub project could not have been completed without the contributions of many organisations and individuals from the European health and fitness sector. Notable thanks must of course go to the project partners who have executed the project plan with the utmost commitment and professionalism, therefore we would like to extend our gratitude to the following partners and individuals:

- Cliff Collins, European Health and Fitness Association (EHFA)
- Herman Rutgers, European Health and Fitness Association (EHFA)
- Aurélien Favre, European Observatoire of Sport Employment (EOSE)
- Matthias Gütt, European Observatoire of Sport Employment (EOSE)
- Kai Schimmelfeder, Verbands Deutscher Fitness und Gesundheitsunternehmen (VDF)
- David Stalker, Fitness Industry Association (FIA)
- Steven Ward, Fitness Industry Association (FIA)

We would also like to acknowledge and thank those people and organisations who responded during the several rounds of consultation, their comments have helped shape the final recommendations in this report.

Following the first round of consultation a working group of fitness sector experts from across Europe was assembled to debate and scrutinise the report, over a two day workshop in Cologne, Germany. We would therefore like to acknowledge the following individuals and organisations for their contribution to the working party and for their commitment to improving the report:

- Rainer Böer, MAP Sport and Fitness Medic
- Saskia Hoeft, Effektive Trainings & Abnehmkozepte
- Julia Olfen, Premium Personal Trainer Club
- Jean-Yves Lapeyrere, SNELM
- Jyri Manninen, Fitness Academy of Finland
- Andreas Paulsen, Dansk Fitness
- Karl Heinz Rüther, Verband Deutscher Fitness und Gesundheitsunternehmen
- Claudia Schimmelfeder, Verbands Deutscher Fitness und Gesundheitsunternehmen
- Dyon Voogt, FitVak!
- Stephen Wilson, Fitness Industry Association
- Ben Tegelaars, Fitness Industry Association

We would also like to thank the EHFA Board for providing quality management and their overview throughout the project. In particular we must acknowledge the individuals involved in both the EHFA Standards Council under its chairmanship of Prof. Alfonso Jiménez and EHFA's Scientific Advisor Professor Willem van Mechelen who contributed incisive research material to the project and who both scrutinised the report at great length.

Finally, we would like to thank the Sport Unit of the Directorate General for Education and Culture for their confidence and support they have given to EHFA to undertake this project that will now take the fitness sector forward to build a framework of action to encourage higher levels of health enhancing physical activity across Europe.

## **List of Abbreviations**

CHD: Coronary Heart Disease  
CVD: Cardio Vascular Disease  
CDC: Centres for Disease Control and Prevention  
DG EAC: Directorate General for Education and Culture  
EHFA: European Health and Fitness Association  
EOSE: European Observatoire of Sport Employment  
EREPs: European Register of Exercise Professionals  
EQF: European Qualifications Framework  
EU: European Union  
FIA: Fitness Industry Association  
HEPA: Health Enhancing Physical Activity  
ICAPS: Intervention Centred on Adolescents' Physical Activity and Sedentary Behaviour  
IHRSA: International Health, Racquet, and Sports Club Association  
NCD: Non communicable disease  
NCSA: National Strength and Conditioning Association  
NICE: National Institute for Health and Clinical Excellence  
SDPP: Stockholm Diabetes Prevention Program (SDPP)  
OECD: Organisation for Economic Co-operation and Development  
QALY: Quality Adjusted Life Year  
VDF: Verband Deutscher Fitness und Gesundheitsunternehmen  
VWS: Dutch Ministry of Health, Welfare and Sports  
WHO: World Health Organisation

## Foreward



Governments across Europe are plotting their routes to financial good health, believing that an unstable economy is the biggest threat to our quality of life. However, another societal challenge is upon us that threatens the health of our citizens and our economic recovery.

The challenges of rising rates of obesity, the endemic growth in lifestyle related conditions, and the ageing demographic profile of European citizens, all have devastating consequences.

Governments and industry must act against these challenges, by curbing the rates of obesity, focusing more on preventing chronic disease, and supporting older adults to live independently in their senior years.

We believe that physical activity represents a solution to many of these challenges, a conviction we share with the European Commission. The fitness sector can be a central part of this solution. The sector currently represents 40,000 centres which help 40,000,000 people reach fitness goals, however we can do more!

This is why I am grateful to the European Commission for providing the funding to undertake this project. Becoming the Hub provides EHFA and our partner organisations, the FIA, EOSE and VDF, with the opportunity to demonstrate how the fitness sector can contribute to the drive to promote health enhancing physical activity across Europe.

With the evidence for the importance of physical activity in leading a long and healthy life well established, the research team set out to discover how it has been promoted across Europe. Then, learning from cases of both best and worst practice, we have made 6 key recommendations for how the promotion of physical activity can be improved and to better utilise the resources of the fitness sector.

The research and recommendations teach us that the reasons behind physical inactivity are too complex to be solved by a simple “one size fits all” solution, rather we need targeted promotion that acknowledges the barriers to physical activity and works with a range of partners to overcome them. Furthermore, by developing targeted campaigns we can better measure outcomes and prove the value of every pound spent on promoting physical activity.

At times the recommendations in this report are ambitious and controversial, most notably that our research indicates that all too often governments draw the line at physical activity and do not promote more vigorous forms of exercise despite the fact that it is exactly what certain groups need. For example, older adults should of course be encouraged to undertake activities of daily life such as walking and gardening, however they also need more vigorous forms of strength and resistance training in order to protect them against the threat of falls. We will not apologise for these controversial recommendations as, unless we change our ways, the health of Europe will continue to deteriorate, with consequences for our collective future.

The report sets ambitious recommendations for all the organisations and sectors involved in physical activity promotion, not least of all, our own fitness sector. In order to realise our potential and positively contribute to Health Enhancing Physical

Activity promotion the fitness sector will have, to build partnerships in new areas and to professionalise our industry to deal with new consumers. Much of this will be uncharted territory for the fitness sector, however we must continue to grow and welcome innovation. For instance, in order to effectively deliver exercise as a routine part of healthcare we will have to partner with the medical community and up-skill our exercise professionals to deal with patients.

We have, of course, not made these recommendations in isolation, we have gone out to consultation with the fitness sector on three separate occasions, including a two day debate in Cologne during October, and therefore must thank a number of contributors without whom this project would not have come to fruition.

The recommendations in this report have the full backing of the fitness sector. During the latter stages of this project we convened leading representatives of the European fitness sector in London, and such was their support all present signed the pledge below:

**Based on the evidence that now exists, the health and fitness sector believes it can provide a crucial role to use its extensive range of resources and skills to engage and stimulate citizens to achieve the EU Guidelines on Physical Activity. The European fitness industry will build a framework of action to encourage mass participation in exercise and activity. This will be based on the highest levels of professional collaboration and inter-agency coordination to develop integrated policies, campaigns and recommendations of best practice to get :**

**MORE PEOPLE | MORE ACTIVE | MORE OFTEN**

I hope this reports demonstrates that we are a committed sector that can contribute to getting the citizens of Europe to be more active | more often, and is the start of an even closer working relationship with the European Commission.



**Harm Tegelaars, President EHFA, February 2010**



## Supporting Statements

**Professor Willem van Mechelen MD, PhD, FACSM, FECSS**, Chair of the EHFA Scientific Advisory Board, Professor of Occupational and Sports Medicine at VU University Medical Center in Amsterdam (NL) and Chairman of the steering committee of HEPA Europe (WHO).

“This report and its recommendations help to define the additional and specific roles that the fitness sector can contribute to encouraging more citizens of Europe to engage in health enhancing physical activity.

The vast range and number of fitness centres and the developing skills of exercise professionals can play an increasingly important role in conjunction and cooperation with other service providers from the sport and health sectors.

The report has analysed a substantial number of campaigns, policies and research papers and the recommendations which have been formulated now present the context for the fitness sector to rise to the challenge and opportunities that they present. EHFA must now focus and integrate its strategies in line with the recommendations.”

**David Stalker**, Executive Director of the Fitness Industry Association

“It has been pleasure working on this ambitious project which I believe has provided both the European Fitness sector and the European Commission with the impetus for a much closer working relationship, in order to increase levels of physical activity.

The facts and figures regarding the health of the EU mean that governments must work with sectors, such as ours, to develop innovative ways getting European citizens more active.

The UK is often cited as an example of best practice and we are grateful for the opportunity to share these instances, however it is my hope that all of the examples & recommendations in the report will now inform European physical activity promotion”

**Stephen Studd**, Chairman of European Observatoire of Sport Employment

“We know that the current trend of inactive lifestyles across Europe is a challenge to our collective future just as great as the recent economic downturn, and therefore EOSE are grateful to the European Commission for the opportunity to work with EHFA and the project partners to highlight how the fitness sector can help to increase levels of physical activity at all levels.

This truly European project has researched previous promotion to identify cases of best (and at times worst) practice and make recommendations to the fitness sector and European Governments. I am certainly pleased with the results and now only hope that the work doesn't stop here”

**Kai Schimmelfeder**, Verband Deutscher Fitness und Gesundheitsunternehmen

“This is the first time that we have worked with the European Commission and I hope not the last as this report clearly demonstrates that in a bid to increase levels of physical activity the fitness sector is a resource that cannot be ignored.

The entire project has been a pleasure, and my personal highlight is, of course, the Cologne Summit where 16 technical representatives from across the fitness sector scrutinised every word of the report. I feel that the two days spent in Cologne are a clear indication of how our sector not only recognises its responsibility to work with the European Commission but is also committed to achieving success!”

# 1. Executive Summary

## 1.1 Introduction

The importance and benefits of a physically active lifestyle have been well established for some time. Regular physical activity is linked to a reduced risk of cardiovascular and respiratory diseases, musculoskeletal and metabolic conditions, and psychological wellbeing.<sup>1</sup> Increasingly, the benefits of physical activity are recognised in the policies of national governments and within the European Commission. However, as this report will demonstrate, this has not necessarily translated into increased levels of participation and more needs to be done in order to successfully promote health-enhancing physical activity.

Despite numerous calls for action from both the European Union and member states, and the widely acknowledged benefits of regular physical activity, sedentary behaviour and inactive lifestyles remain a common problem across the European Union. Roughly two thirds of European adults do not reach recommended levels of physical activity,<sup>2</sup> whilst only 34% of young people meet the recommendations.<sup>3</sup>

Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising across Europe with major implications for the prevalence of non-communicable diseases (NCDs) and the general health of the population worldwide.<sup>4</sup>

The levels of physical inactivity throughout Europe are estimated to cause 600,000 deaths and a loss of 5.3 million years of healthy life due to early mortality and disability every year.<sup>5</sup> Furthermore, physical inactivity has contributed to a staggering and costly increase in the rates of non-communicable disease (NCD) which are a group of conditions that includes cardiovascular diseases (CVD), cancer, mental health conditions, diabetes, chronic respiratory diseases and musculoskeletal conditions.<sup>6</sup> NCDs have risen dramatically over the last decade. For example, in 1980 1 in 15 children were obese; this increased to 1 in 8 to 9 children in 1997, and moved to 1 in 5 children in the following six years.

Physical inactivity, and the effect of NCDs, represents a substantial drain on European economies, which is especially unsustainable during constrained economic times. For instance, in the Netherlands the healthcare costs due to physical inactivity were €744 million in 2004<sup>7</sup>. On an individual basis, the World Health Organisation estimates that physical inactivity “costs” between €150-300 per citizen per year.<sup>8</sup>

---

<sup>1</sup> W.L. Haskell et al, 'Physical Activity and Public Health: updated recommendation for adults from the American College of Sports Medicine and American Heart Association', *Association College of Sports Medicine and the American Heart Association*, 116 (2007), 1081-1093.

<sup>2</sup> Sjostrom M et al., 'Health enhancing physical activity across European Union countries: the Eurobarometer Study', *Journal of Public Health*, 14 (2006) 1-10.

<sup>3</sup> Ibid.

<sup>4</sup> World Health Organisation, 'Global recommendations on physical activity for health', *World Health Organisation*, 2010. [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 28 January 2011]

<sup>5</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.5

<sup>6</sup> World Health Organisation Europe, 'Tackling Europe's major diseases: the challenges and the solutions', *World Health Organisation Europe Fact Sheet* EURO/03/06 (2006) pp1.

<sup>7</sup> K. Proper & W.V.Mechelen, 'Effectiveness and economic impact of worksite interventions to promote physical activity and diet'. *World Health Organisation*, (2007).

<sup>8</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.7

In contrast, the promotion of health enhancing physical activity is an evidenced based method of both preventing and managing over 20 chronic conditions. The proven medical benefits of physical activity are succinctly summarised in the European Union Physical Activity Guidelines<sup>9</sup>. The Guidelines clearly state that achieving the European recommended levels of physical activity can reduce the risk of a stroke by up to 27%,<sup>10</sup> diabetes by 33%,<sup>11</sup> and coronary heart disease by 35%<sup>12</sup>.

Exercise can also help foster social interaction, community participation, and improved levels of social cohesion. Undertaking physical activity encourages individuals to participate and interact with other people, and can provide an avenue for shared interests which can help to counter feelings of isolation and social deprivation.<sup>13</sup>

Additionally, increased levels of physical activity can reduce the financial burden of physical inactivity, and there is now some compelling evidence to prove that physical activity is a cost effective measure in reducing the risk of NCDs. For example, evidence from 1999 suggested that every Euro spent on exercise yields a staggering 13.1 euro return<sup>14</sup>.

Despite both the financial and health benefits of regular physical activity, governments across Europe still do not appear to effectively promote physical activity. Sport promotion has a long history in many countries, however long term physical activity promotion strategies have only arrived over the last decade and have had varying degrees of success.<sup>15</sup> Whilst the majority of governments have recognised the benefits of physical activity few have introduced intervention policies and campaigns that effectively promote physical activity. Exceptions to this do exist, for instance the Finnish North Karelia programme in 1972, used innovative media and communication activities to increase levels of physical activity. Similarly, policies have promoted physical activity, for example the Swedish Public Health Policy lists “increasing physical activity” as one of ten key areas of focus.<sup>16</sup>

Regardless of these examples of best practice, generally physical activity promotion has not been successful in achieving measurably higher levels of physical activity and exercise.

## **1.2 Project aims & objectives**

Recognising the challenges of chronic disease and the ageing population currently facing the European Union, this project analysed European physical activity promotion and, learning from examples of best practice, it makes recommendations for where promotion could be improved and better utilise the fitness sector.

---

<sup>9</sup> European Union Working Group on Sport & Health, “EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity”, *European Union*, 10 October 2008.

[http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

<sup>10</sup> Lee, C.D et al, ‘Physical Activity and Stroke: A meta-analysis’, *Stroke* (2003), 34, pp. 2475-2481

<sup>11</sup> Department of Health. ‘Be Active Be Healthy’, *Department of Health Physical Activity Team*, (2009) pp.5.

<sup>12</sup> NICE, ‘National Service Framework: Coronary Heart Disease’, *NICE*, (2006),

<sup>13</sup> Mental Health Foundation, ‘Moving on Up’ *MHF*, (2007) pp.7.

<sup>14</sup> David M. Cutler & Elizabeth Richardson, ‘Your money and your life: The Value of Health and what affects it’, *Frontiers in Health Policy Research*, (1999) National Bureau of Economic Research, vol.2

<sup>15</sup> B.W Martin et al, ‘Evidence based physical activity promotion: HEPA Europe, the European Network for the Promotion of Health Enhancing Physical Activity’, *Journal of Public Health* 14 (2006) pp.53-57.

<sup>16</sup> The National Institute of Public Health, ‘Sweden’s New Public-Health Policy’, *The National Institute of Public Health*, 2003.

The fitness sector is uniquely placed to contribute to the development and delivery of physical activity promotion. In Europe there are over 40,000 health and fitness centres servicing over 40,000,000 members and many more informal participants. The average membership of a fitness centre in Europe is 9% whilst a further 12% of Europeans are members of sports clubs<sup>17</sup>. Furthermore, 11% of Europeans engage in sport or physical activity at fitness centres whilst 8% play sport or engage in physical activity at Sports centres<sup>18</sup>.

The fitness sector operates with spare capacity, and in contrast to traditional providers of physical activity, it has been calculated that it is possible to double current rates of use of fitness centres that can enable more people to meet the physical activity recommendations.

Given the obvious resources within the fitness sector the project also aimed to clearly show what opportunities and barriers currently exist for the fitness sector to collaborate in partnership with other sectors to get “more people more active more often”.

The recommendations for where promotion could be improved and better utilise the fitness sector are set out to address three main audiences identified by the research:

- The Commission
- Member state governments & agencies
- European fitness sector

### **1.3 Methodology**

The project was focused on 5 work packages:

#### **1.3.1 Work Package 1 - Project Management and Quality Plan**

The objective of this work programme was to ensure that the project met its objectives within budget and the scheduled timescales. The project manager, EHFA, arranged a series of full partners meetings, set deadlines and co-ordinated the communication of the report amongst the fitness sector.

#### **1.3.2 Work Package 2 - Project Communication, Dissemination and Valorisation Strategy**

The aim of this work package was to widen the impact of the project across Europe by effectively disseminating and exploiting the project outcomes. The valorisation strategy centred upon a series of networks at both the European and National level for the dissemination of research, evidence, and strategy.

The project was communicated through the respective partners communications channels and several high profile events. Most notably, a final conference of the fitness sector was convened in November 2010 in London where the EHFA membership and associated partners discussed the project and signed a pledge of action for the fitness sector.

The full Dissemination and Valorisation strategy is in the appendix of this paper.

---

<sup>17</sup> European Commission, ‘Special Eurobarometer: Sport and Physical Activity’ *Eurobarometer report*, 334 (2010), pp.14.

<sup>18</sup> Ibid.

### 1.3.3 Work Package 3 - Research and Development

This report is the product of desk based research undertaken to establish the effectiveness of physical activity promotion and the extent to which the fitness sector has featured in such promotion. The Research and Development work package further divided into the following:

- Identification of key project stakeholders

The research teams of both the Fitness Industry Association (FIA) and the European Observatoire of Sports Employment (EOSE) identified the key stakeholders involved in the promotion of health enhancing physical activity. In order to ensure a uniform approach to the research which delivered representative results the team worked together in order to define the parameters of the research.

The Partners agreed that there would be three pillars of the review:

1. General promotion of physical activity for better health
2. Directed physical activity to improve and increase levels of health
3. Specific actions to help manage health-related diseases and problems

The research teams identified policies and campaigns as the focus of the research and agreed the following definitions of policies and campaigns.

*“Policies that are written documents that contain strategies and priorities, define goals and objectives, and are issued by a part of the national government”*<sup>19</sup>

*“Campaigns are purposive attempts to inform, persuade, and motivate a population (or sub-group of a population) using organised communication activities through specific channels, with or without other communication activities”.*<sup>20</sup>

In recognising that campaigns are often implemented and designed locally the research included both national and local campaigns. However, the focus was on national campaigns, but where there was clear evidence of success local campaigns were included on their ability to contribute to sharing best practice. It was also agreed that the research team would not consider policies or campaigns which were created prior to January 2000, unless such campaigns were highlighted in recent policy documents.

In addition, the research team concluded that in order to provide an in depth view of member state promotion of health enhancing physical activity, the research team would provide a detailed analysis of seven member states. These target member states were: Denmark; Finland; France; Germany; Netherlands; Sweden; and the United Kingdom. These seven countries were selected in part because of the national expertise of the project partners as VDF, EOSE, and the FIA are based in

---

<sup>19</sup> Daugbjerg, Signe, B., *et al*, 'Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents' *Journal of Physical Activity and Health*, 2009, 6, pp 805-817, p 806

<sup>20</sup> World Health Organisation, 'What can we learn from health promotion campaigns? What can be applied to sustainable transport campaigns?'. *World Health Organisation*, 2006.  
[http://www.epomm.org/docs/mmttools/case\\_studies\\_TA/TF1\\_health\\_promotion\\_campaigns.doc](http://www.epomm.org/docs/mmttools/case_studies_TA/TF1_health_promotion_campaigns.doc) [accessed 28.1.11]

Germany, France, and the United Kingdom respectively. Furthermore, the Netherlands, Finland, and the United Kingdom were selected as they are recognised as countries which have adopted physical activity promotion strategies over the last decade.<sup>21</sup> In addition, the project partners noted that both participation in fitness centres and the size of the fitness sector in each country was suitable for research.

The final filter focused upon the language of the policy documents and campaigns. The research team decided to only focus on available literature written in English, French, or German, with all research to be translated into English for final analysis.

In order to ensure that there was a uniform research process, the project partners agreed a set method for the analysis of the policies and campaigns. For this purpose several analysis frameworks were drafted, which prioritised the information required by the project team, therefore allowing for comparison between initiatives. The research templates can be found in the appendix of this paper.

- Current situation analysis

Using the research tools outlined above, the research team undertook desk based research to establish the effectiveness of health enhancing physical activity promotion and prominence of the health and fitness sector in promotion. The research team analysed the following sources:

- Global and European governmental and official sources
- National statistical offices, other governmental and official sources for information
- Inter-governmental bodies and other official international sources for information
- National and international specialist trade press
- Websites of national and international trade associations
- Reports produced by CSR teams of major manufacturers/distributors, operators/suppliers/training providers in the health and fitness sector and other relevant sectors
- Online databases
- Financial, business and mainstream press
- Peer reviewed journals

In total 35 policies and 27 campaigns were examined from EU Member States, with a particular focus on the seven target member states. In addition, some notable international policies were analysed as were over 80 separate research studies. The table below lists the policies and campaigns that were scrutinised:

<b>Analysed Policies and Campaigns</b>	
Policies	Campaigns
<b>Austria</b>	
	'Fit for Austria' (2004)
<b>Denmark</b>	
'Healthy throughout Life – the targets and strategies for public health policy of the Government of Denmark' (2003)	'Get Moving Campaign' (2005)
'National Action Plan Against Obesity' (2003)	'Exercise on Prescription EoP' (2005)

<sup>21</sup> B.W Martin et al, 'Evidence based physical activity promotion: HEPA Europe, the European Network for the Promotion of Health Enhancing Physical Activity', *Journal of Public Health* 14 (2006) pp.53-57.



'Danish Public Health Report' (2007)	
'Cycle Policy' (2002)	
<b>Finland</b>	
'Government Resolution on the Development Guidelines for Health-Enhancing Physical Activity and Nutrition' (2008)	'Strength in Old Age' (2005)
'Higher Quality Services for Older People' (2008)	'Fit for Life: The Adventures of Joe Finn' (1995)
	'VoiTas Project' (2003)
<b>France</b>	
'Plan National de prévention par l'Activité Physique ou Sportive' (2008)	ICAPS 'Intervention Centred on Adolescents' Physical Activity and Sedentary Behaviour' (2002)
'Plan National Bien Vieillir' (National Plan on Healthy Ageing 2007-2009) (2007)	
'Second national programme for nutrition and Health 2006-2010' (2006)	'Together Let's Prevent Child Obesity' (2004)
La santé vient en bougeant' (2004)	
'Propositions pour encourager le développement de la bicyclette en France' (2004)	
<b>Germany</b>	
Aktiv Sein – für mich' (2010)	'Leben ist Bewegung - Prävention und Gesundheitsförderung' (2003)
Nationales Gesundheitsziel – Gesund aufwachsen: Lebenskom, Bewegung, Ernährung (2010)	'Quality Seal Sports for Health' (2004)
'Guidelines on Health Diet and Physical Activity – Key to a Higher Quality if Life' (2007)	Bike to Work (2002)
'National Cycling Plan 2002-2012: Ride your Bike' (2003) (Nationaler Radverkehrsplan 2002-2012: Fahrrad)	IN-FORM – German national initiative to promote healthy diets and physical activity (2008)
'Integrated Sport Development Planning' (2003)	FrauenSportWochen – Frauen gewinnen – Für Bewegung und Gesundheit (2007)
	Bewegung und Gesundheit (2005)
<b>Netherlands</b>	
National Action Plan for Sport and Exercise (2006)	Maak je niet dik (2002)
Covenant on Overweight and Obesity (2006)	BeweegKuur (2007)
Time for Sport – Exercise, Participate, Perform (2005)	Balance Day (2006)
Living longer in good health – also a question of a healthy lifestyle (2004)	
National Action Plan for Children (2004)	
Toward an 'active' policy (2003)	
'The Netherlands in balance: preventing obesity master plan' (2005)	
<b>Norway</b>	
Working together for physical activity: The Action Plan on Physical Activity 2005-2009 (2005)	
National Health Plan 2004-2010 Volume I – Priorities (2004)	
<b>Poland</b>	
	Revitalise your Heart Intervention (2001)
<b>Slovenia</b>	



National Public Health Plan on Health Enhancing Physical Activity Plan (2007)	Slovenia on the Move – Move for Health (1999)
<b>Spain</b>	
Spanish strategy for Nutrition Physical Activity and Prevention of Obesity (Estrategia para la Nutrición, Actividad Física y prevención de la Obesidad) (2003)	
<b>Sweden</b>	
Sweden's new public health policy – National public health objectives for Sweden (2003)	'Sweden on the Move' (2001)
Healthy dietary habits and increased physical activity – the basis for an action plan (2005)	Stockholm Diabetes Prevention Programme (1995)
	'Challenge Gothenburg' (2008)
<b>United Kingdom</b>	
Choosing Activity – a Physical Activity Action Plan (2005)	Change4Life (2009)
Healthy Weight Healthy Lives (2010)	Let's Dance with Change4Life (2010)
Be active Be Healthy (2009)	Well @ Work (2005)
Walking and Cycling – an action plan (2004)	Fit for the Future (2010)
Let's Get Moving – Physical Activity Care Pathway (2009)	Moreactive4Life (2009)
National Quality Assurance Framework for Exercise Referral Systems (2001)	

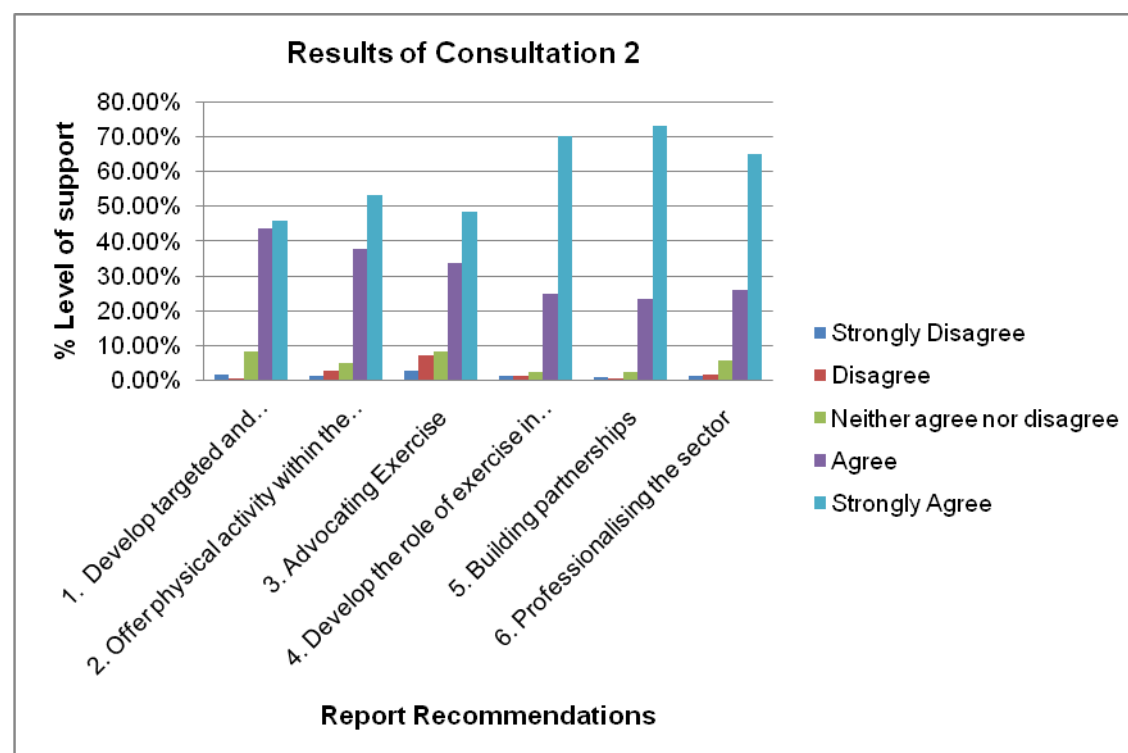
- Interpretation and presentation of findings and industry consultation

Following the desk based research, the team produced a series of interim reports for discussion and scrutiny within the fitness sector and with other experts. These interim reports were subject to several electronic consultations within the fitness sector. The first consultation, which commenced in July 2010, concentrated on the rationale for the project, with a particular focus on the selection filters used within the report. This demonstrated a significant proportion of support for the early research findings and the selection filters used, however the number of respondents (52 from 21 member states) was deemed statistically insignificant by the project partners and therefore the results of the consultation were not used robustly within the report. Furthermore, the partners agreed that following the Future Summit the recommendations would be open to consultation once again. The second consultation was not part of the original work plan however the project team felt it necessary, and greater effort and partner resource was put into the second round of consultation.

Following the first consultation, the report was nonetheless developed into an interim series of recommendations which were heavily scrutinised and discussed at the 'Future Summit' in Cologne on October 4<sup>th</sup> and 5<sup>th</sup>. The summit was attended by representatives of the fitness sector from each of the seven target countries who debated the recommendations and provided valuable insight into further policies and campaigns for research.

The fourth version of the interim report was considered by the EHFA Standards Council and the Chair of the EHFA Scientific Advisory Board and President of the European Network for Health Enhancing Physical Activity, Prof. Willem van Mechelen. Their comments highlighted further available research, and both made recommendations for future amendments.

The report was once again re-drafted and the new recommendations were used as the basis for the second round of consultation with the fitness sector, EHFA members, and associated stakeholders. The second round of consultation was far more successful than the first and received 219 responses from 21 European Member states. Once again the recommendations received significant support from the consultation respondents, with a large proportion either agreeing or strongly agreeing with the recommendations, details were as follows:



Following this consultation, the recommendations were again re-drafted. Most notably, the research team scrutinised the third recommendation, 'Advocating Exercise'. Respondents to the questionnaire had believed that the recommendation called for the promotion of vigorous forms of exercise rather than the widely used promotion of physical activity through activities of daily life. Therefore, the project partners sought to clarify that the recommendation supported the widely acknowledged physical activity guidelines, however asserted that more vigorous forms of exercise should be undertaken in addition to these guidelines. The initial research indicated that this was particularly true of older adults. For instance, the Global Recommendations on Physical Activity for Health indicated that in order to improve cardio respiratory and muscular fitness, bone and functional health, and reduce the risk of NCDs, depression and cognitive decline, older adults should perform muscle strengthening activities at least twice a week and engage in 150 minutes of vigorous intensity aerobic activity.<sup>22</sup>

#### **1.3.4 Work Package 4 - Developing the role of the health and fitness sector in health enhancing physical activity**

Having undertaken the initial research and consultation, the research team re-drafted all previous versions of the interim research report and produced an executive

<sup>22</sup> World Health Organisation, 'Global recommendations on physical activity for health', World Health Organisation, 2010. [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 28 January 2011]

summary of the report, outlining the six recommendations and referencing the evidence base.

The recommendations were based on the research undertaken in work package 3 and the feedback received from both rounds of consultation, and especially the 'Future Forum summit' in Cologne which featured detailed discussion with fitness sector experts.

The Executive Summary was published in a hard copy and disseminated at the 'London Summit' where the report was presented and discussed. Furthermore, an industry pledge to increase levels of health enhancing physical activity, based on the recommendations was developed and presented to all delegates in attendance. The seventy delegates in attendance were invited to sign the pledge below:

**Based on the evidence that now exists, the health and fitness sector believes it can provide a crucial role to use its extensive range of resources and skills to engage and stimulate citizens to achieve the EU Guidelines on Physical Activity. The European fitness industry will build a framework of action to encourage mass participation in exercise and activity. This will be based on the highest levels of professional collaboration and inter-agency coordination to develop integrated policies, campaigns and recommendations of best practice to get :**

**MORE PEOPLE | MORE ACTIVE | MORE OFTEN**

### ***1.3.5 Work Package 5 - Integrating results of EHFA strategy for the future***

The recommendations contained in this report have been approved by the EHFA Board of Directors and as such will be central component of EHFA's future strategy. Most notably, the EHFA Standards Council has developed a 3 year work plan in line with the recommendations of the Becoming the Hub project. The Standards Council is developing and promoting a complete sector approach that will enable recognition of the knowledge, skills and, competencies required for exercise professionals working in the industry when referenced to the eight levels of the European Qualification Framework (EQF). In particular, the EHFA Standards Council is supporting the Becoming the Hub's recommendations that certain population groups require tailored exercise interventions and therefore exercise professionals must have an in depth understanding of these areas. For instance, at present there seems to be a significant imbalance of the skills across the workforce with an estimated 85% at EQF level 4 and below. The challenge for the industry in working with a broader range of population cohorts – some of whom will require behavioural change, lifestyle adaptation, treatment of chronic disease and health related diseases, plus an aging population (as detailed in the Becoming the Hub report), will require the industry to improve the training of exercise professionals.

At the 31<sup>st</sup> January 2011 meeting of the EHFA Standards Council, the Council accepted the findings of the report and acknowledged that the report carries significant implications on how the fitness sector will need to develop. In order to support the recommendations of the Becoming the Hub report the Standards Council agreed to monitor and promote certain key actions:

- To develop a detailed proposal for primary research into the benefits of regular physical exercise and activity to help provide evidence into the cost-benefits and cost-effectiveness of the contribution the fitness sector can offer.
- To appoint new Technical Expert Groups to develop occupational standards for exercise professionals to work with specialist population groups to include older adults, children and adolescents, in the broader context of exercise referrals, for people with disabilities and impairments, and with chronic diseases such as coronary heart disease, obesity and diabetes mellitus, lower back pain and with mental health issues.
- To help promote the professionalising of the fitness sector and to work in cooperation with other health care professionals and the combining of services and solutions to encourage and support inactive population groups to adopt a healthy lifestyle which includes regular physical activity.
- To review and support the development of a full eight level sector qualification framework which fully integrates higher education and the role which graduates and contribute to providing wider and deeper skills to the fitness industry.

In time, the conclusions of the Becoming the Hub Report will further influence the EHFA's, and the European fitness sector, corporate strategy.

## **1.4 Report Recommendations**

Following the research and extensive consultation the report now includes **six recommendations** for action for its three audiences.

### **1.4.1 Develop targeted and integrated campaigns & policies**

Campaigns and policies promoting greater participation in physical activity should set specific objectives, target specific issues or demographics of the population, adopt an integrated approach, and evaluate success against the original objective.

<b>Who</b>	<b>The European Commission</b>
	<b>Member State Governments</b>
	<b>The European Fitness Sector</b>

Physical activity promotion, through campaigns or policies, too often relies on vague and broad targets. For instance, both the Danish National Action Plan against Obesity and the Danish Public Health policy, *'Health Throughout Life'* lack demonstrable targets. In contrast, the Netherlands National Action Plan for Sport and Exercise set precise objectives such as 65% of the adult population achieving the target level of exercise by 2010. The action plan for Sport and Exercise also aims to reduce the inactive proportion of the population to 7% by 2010, and increase the number of companies who have a formal exercise policy by 25%.<sup>23</sup> The plan even makes further objectives to ensure that healthcare providers are able to refer patients to adapted forms of sport and exercise.<sup>24</sup> However, the Netherlands National Action Plan is an exception and the majority of physical activity policies or interventions

---

<sup>23</sup> Netherlands Ministry of Health, Welfare and Sport, 'National Action Plan for Sport and Exercise', *Ministry of Health, Welfare and Sport*, (2006).

<sup>24</sup> Ibid.

broadly aim to; raise awareness; educate; conduct local physical activity programmes and initiatives; build capacity; and create supportive environments.<sup>25</sup> Setting targets facilitates and encourages the robust measurement of campaigns and policies, which in turn can more accurately demonstrate their effectiveness and benchmark levels of physical activity.

Physical activity promotion, particularly campaigns should be targeted at specific population groups such as children, older adults, employees, people with disabilities, women, cultural groupings or people with established risk factors for NCDs. Large scale national interventions which aim to increase physical activity at a population level should be adapted and include tailored activity suggestions for these specific groups. Throughout the research tailored interventions had greater levels of success. Furthermore, campaigns should, where possible, link to the aims objectives of government policies. For instance, in the Netherlands an intervention for those with an established risk of diabetes was established in 2007. The programme, Beweegkuur,<sup>26</sup> targets pre-diabetic individuals and those with type 2 diabetes who have an inactive lifestyle, defined by not adhering to the EU Physical Activity Guidelines. In the programme healthcare professionals refer patients to independent or supervised exercise with a physiotherapist; both options are over-seen by a lifestyle consultant who can also offer nutritional advice. In the first year of the Beweegkuur project (2008), seven Regional Support Structures implemented the programme in 19 primary health centres, however it is expected that two less intensive programmes will be integrated into the basic Netherlands medical insurance package in 2011<sup>27</sup>. The programme has been so successful that it is widely expected to be implemented nationally in 2011. The Beweegkuur programme contributes to the successful realisation of the Dutch National Action Plan objective to ensure healthcare providers are able to refer patients to adapted forms of sport and exercise.<sup>28</sup>

The development of tailored interventions should and can be extended to older adults, a growing population group, who often no longer take part in sport and instead rely on “lifestyle” activities. However, they require resistance training in order to improve muscle strength and to help protect against the threat of falls, and it should be noted that fitness centres are particularly well equipped to assist in this area. Activities of everyday life, such as walking and gardening, which older adults normally engage in, are unsupervised and they are susceptible to falls and injuries. Older adults need to exercise in structured and supervised settings, which the fitness sector can provide and where specialist advice is on hand to help with the issues of core stability and falls prevention. Despite this the research found that, very few policy documents recognise the need for supervised exercise for older adults. That being said the Finnish Guidelines for Health Enhancing Physical Activity and Nutrition recommend that the elderly have daily access to suitable facilities and physical activity that promotes muscular strength and balance.<sup>29</sup> In order to reduce the prevalence of falls, national governments should adopt the messages of the Finnish

---

<sup>25</sup> A. Baumann, S.Schoeppe and M.Lewicka, 'Review of best practice in interventions to promote physical activity in developing countries', *World Health Organisation Workshop on Physical Activity and Health*, 24-27 October 2005. <http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf> [accessed 12 November 2010]

<sup>26</sup> Nederlands Instituut voor Sport & Bewegen, *Beweegkuur*, 2008. <http://www.beweegkuur.nl/english/welcome/programmes.html> [accessed 12 October 2010]

<sup>27</sup> Bemelmans W J E et al, 'Kosteneffectiviteit beweeg- en dieetadvisering bij mensen met (hoog risico op) diabetes mellitus type 2: Literatuuronderzoek en modelsimulaties rondom de Beweegkuur', *Bilthoven: Rijksinstituut voor Volksgezondheid en Milieu* (2008).

<sup>28</sup> Netherlands Ministry of Health, Welfare and Sport, 'National Action Plan for Sport and Exercise', *Ministry of Health, Welfare and Sport*, (2006).

<sup>29</sup> Ministry of social affairs and health, 'Government resolution: On development guidelines for health enhancing physical activity and nutrition', *Ministry of Social Affairs and Health*, (2008), University Press, Finland.



guidelines and encourage older adults to be physically active in structured environments. The European Commission should encourage and support the research and development of targeted interventions for population groups such as older adults. The Becoming the Hub team welcomes initiatives such as the the European Innovation Partnership on Active and Healthy ageing.<sup>30</sup>

Campaigns should also adopt a more integrated and holistic approach, working with different sectors to offer both nutrition and physical activity messages. Campaigns that are integrated, working with transport, community based organisations and private companies will have a greater ability to engage with 'in-active people' who would not normally be confronted with physical activity messaging. Campaigns, in particular national population level campaigns, should be integrated with other ongoing activities and where possible use the resources of the private sector.<sup>31</sup> Campaigns which collaborate with the private sector can benefit from higher levels of exposure for instance, the United Kingdom Change4Life campaign benefited from £200 million of additional advertising from private companies. However, only 29% of the campaigns studied were wholly or partly funded by the private sector. Several of the campaigns that did feature partnerships with private companies, were very successful in garnering public recognition. For instance the German campaign, '*Leben ist Bewegung - Prävention und Gesundheitsförderung*', which partnered with insurance companies, medical partners and sports clubs, received 30,000 participants over a 6 year period, with 76% public recognition rates, and 120,000 co-operative partners.<sup>32</sup> Similarly, though not from one of the seven sample countries, the Polish Revitalise your Heart Intervention was funded by the Pfizer Foundation and Polpharma, and partnered medical organisations, local institutions, private companies and government organisations.<sup>33</sup> In 2003, the campaign collaborated with the fitness sector, amongst others, to offer physical activity in 137 facilities, a large increase from 33 in 2001. The health and fitness sector is a central component to any integrated holistic campaign but will have to recognise its position in a continuum of sport, exercise and lifestyle related physical activity and not in isolation to a broader spectrum of activities.

Finally, campaigns should feature an evaluation, in order to ensure that cost effective interventions are being introduced. Only 67% of the campaigns researched involved any evaluation and of these, a large proportion were substandard and failed to provide independent analysis. In addition to outcome evaluation, process evaluation of the implementation of physical activity interventions is needed to identify which strategies have been implemented effectively or ineffectively. Effective measurement and evaluation will inform the design and delivery of public health interventions to promote physical activity<sup>34</sup>. If interventions can be proved to have been successful and cost effective then they will be deemed sustainable and be extended which will in turn boost campaign success. The Dutch Beweegkuur programme has gradually

---

<sup>30</sup> European Commission, 'Public Consultation on the pilot European Innovation Partnership on Active and Healthy ageing' (2010) [http://ec.europa.eu/health/ageing/consultations/ageing\\_cons\\_01\\_en.htm](http://ec.europa.eu/health/ageing/consultations/ageing_cons_01_en.htm)

<sup>31</sup> Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W, 'Effectiveness of mass media campaigns for reducing drinking and driving and alcohol involved crashes: a systematic review', *American Journal of Preventative Medicine*, 24 (2004), p.57-65.

<sup>32</sup> Bild am Sonntag, Zweites Deutsches Fernsehen (ZDF), Barmer GEK die gesundexperten, '*Leben ist Bewegung – Prävention und Gesundheitsförderung*', (2003). [https://www.barmer-gek.de/barmer/web/Portale/Versicherte/Wissen-Dialog/Mitmachen/Deutschlandbewegtsich/DBS\\_20Marketingseite.html](https://www.barmer-gek.de/barmer/web/Portale/Versicherte/Wissen-Dialog/Mitmachen/Deutschlandbewegtsich/DBS_20Marketingseite.html) [accessed 12 November 2010]

<sup>33</sup> A. Baumann, S. Schoeppe and M. Lewicka, 'Review of best practice in interventions to promote physical activity in developing countries', *World Health Organisation Workshop on Physical Activity and Health*, 24-27 October 2005. <http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf> [accessed 12 November 2010]

<sup>34</sup> C.J Riddoch, L.B Anderson, N. Wedderkopp, M. Harro, L. Klasson-Heggebo, L.B Sardinha, A.R Cooper & U. Ekelund, 'Physical Activity Levels and Patterns of 9- and 15 year old European Children', *Official Journal of the American College of Sports Medicine* (August 2003) pp.86 – 92.

been extended from a small number of pilots to its anticipated national implementation which indicates it's success. The Dutch National Institute for Public Health and the Environment states that extending the intervention for a second year seems to guarantee that at least 50% of weight loss continues in obese people.<sup>35</sup> Whilst all agents involved in the delivery of campaigns should contribute to the development of evaluations, the EU in particular should support a more co-ordinated approach across Europe.

#### **1.4.2 Offer physical activity within the community**

All interventions, including campaigns, should offer individuals opportunities to become more active at a community level.

**Who**                      **The European Commission**  
                                 **Member state Governments**  
                                 **The European Fitness Sector**

Interventions, in particular national campaigns, which generally aim to educate and raise awareness, should provide opportunities for individuals to be physically active at a community level. The research showed that interventions which rely upon on national information provision as a means of changing behaviour often do not bring in the intended results. This is generally because information provision aims to change behaviour by "changing minds", in other words they assume that if you provide individuals with the appropriate information on an issue, then they will analyse the costs and benefits of their actions and respond accordingly.<sup>36</sup> A British report on behaviour change claims that interventions commonly assume that "if we provide the carrots and stick, alongside accurate information, people will weigh up the revised costs and benefits of their actions and respond accordingly".<sup>37</sup> Unfortunately, evidence suggests that people do not respond in this perfectly rational way, or maybe do not have the opportunity to do so. Therefore, interventions must acknowledge the social, economic and cultural obstacles to physical activity as many of these obstacles can be overcome by offering opportunities for physical activity in community settings and within everyday life.

Across Europe national government policies have embraced this approach and recognised the need to offer physical activity in a community setting. For instance, the French National Prevention Plan through Sport and Activities, '*Plan National de prévention par l'Activité Physique ou Sportive*', aims to devise opportunities for physical activity in community surroundings.<sup>38</sup> The policy supports local organisations and businesses to offer physical activity through non competitive activities for families. The Danish National Action Plan Against Obesity, also recognises the role of communities in creating norms and frameworks that stimulate increased physical activity.<sup>39</sup> However, these policy examples often do not translate into community driven campaigns and a fifth of Europeans believe that their local area does not

---

<sup>35</sup> F.M. Van der Meer, B. Couwenbergh, J. Enzing, G. Lightenberg, P. Stall, 'The combined lifestyle intervention; Costs, benefits and the practice', *College of Health Insurers, Diemen*, (2010) Netherlands.

<sup>36</sup> Institute for Government, 'MINDSPACE: Influencing behaviour through public policy', *UK Cabinet Officer*, (2010), pp.8.

<http://www.instituteforgovernment.org.uk/images/files/MINDSPACE-full.pdf> [accessed 7.10.10]

<sup>37</sup> Ibid.

<sup>38</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, '*Plan National de prévention par l'Activité Physique ou Sportive*', *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>39</sup> National Board for Health, 'National Action Plan Against Obesity', *Centre for Health promotion and prevention*, (2003) [http://www.sst.dk/publ/publ2003/national\\_action\\_plan.pdf](http://www.sst.dk/publ/publ2003/national_action_plan.pdf) [accessed 12 November 2010]

provide them with opportunities to be physically active.<sup>40</sup> For instance, the Netherlands Nutrition Centre launched a nationwide campaign entitled 'Maak je Niet Dik' which aimed to raise attention to the issue of weight gain prevention and induce more positive attitudes and the motivation to prevent weight gain.<sup>41</sup> A mass media campaign was launched in December 2002 and included six stages that used radio commercials, television advertisements, print materials, newspaper advertisements, and an information call centre. The campaign achieved high levels of campaign awareness, 88.4% at one stage, and a high message recall<sup>42</sup> however, the campaign did not encourage people to seek further information and people too often ignored the message believing that the campaign did not apply to them.<sup>43</sup> The campaign evaluation concluded that the small and mixed effects of the campaign on behaviour indicated that national messaging campaigns should be implemented in conjunction with other local prevention activities.<sup>44</sup> The lack of community driven activities is typical of many European campaigns, however those that have integrated national messaging with local activity have achieved considerable success. For example, in the United Kingdom the Department of Health 'Let's Dance with Change4Life'<sup>45</sup> campaign used a national marketing campaign to direct individuals to locally driven dance activities in fitness centres on a weekend in March 2010. The campaign created 70,000 dance places across 595 venues and over the weekend a total of 40,837 people participated in the campaign. Similar success was achieved by the German 'Bike to Work' campaign which encouraged individuals to build regular physical activity into everyday life. In year one (2002) of the campaign 10,000 individuals and 923 companies took part, these figures had more than quadrupled in four years as by 2005 there were 50,000 participants from 4,500 companies<sup>46</sup>. Campaigns across Europe should replicate the community aspects of these campaigns, and recognise the ability of the fitness sector to provide opportunities to be physically active as part of national campaigns.

The Let's Dance with the Change4Life campaign mentioned earlier, utilised the capacity of the fitness sector in the United Kingdom, where nearly 90% of the population live within 20 minutes of a fitness centre. Campaigns across Europe should work more closely with the fitness sector to integrate national messaging with community delivery. In turn the fitness sector should champion itself as community based 'hubs' of 'wellbeing and activity'. Community 'hubs' can be used to offer more than traditional fitness centres, they can offer structured exercise, team sports, medical services and referrals, advice, and social opportunities. Recent campaigns, such as the Dutch Beweegkuur programme,<sup>47</sup> offer nutritional and physical activity guidance delivered through leisure/fitness centres.

---

<sup>40</sup> European Commission, 'Special Eurobarometer: Sport and Physical Activity' *Eurobarometer report*, 334 (2010), pp.14.

<sup>41</sup> A. Blokstra, CM. Burns, JC. Seidel, 'Perception of weight status and dieting behaviour in Dutch men and women', *International Journal of Obesity Related Metabolic Disorders*, 23 (1992), pp.7-17.

<sup>42</sup> Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W, 'Effectiveness of mass media campaigns for reducing drinking and driving and alcohol involved crashes: a systematic review', *American Journal of Preventative Medicine*, 24 (2004), p.57-65.

<sup>43</sup> RW. Rogers, 'Cognitive and psychological processes in fear appeals and attitude change: a revised theory of protection', In: Cacioppo JT, Petty RE, eds, *Social Psychoophysiology: A sourcebook*, (New York: Guilford Press 1983) pp.153-77.

<sup>44</sup> RJ. Wray, K. Jupka, C. Ludwig-Bell, 'A community-wide media campaign to promote walking in a Missouri town', *Prevention of Chronic Disease*, 2 (2005) pp.4.

<sup>45</sup> Department of Health, 'Let's Dance with Change4Life' March 2010.

<http://www.nhs.uk/Change4Life/Pages/lets-dance-change4life.aspx> [accessed 12.11.10]

<sup>46</sup> Via Nova, 'Cycling to Work for more day to day exercise', *Via Nova*, (2005) pp.3

[http://www.eltis.org/docs/studies/AOK\\_Cycling\\_FS\\_Cycling\\_to\\_work\\_EN.pdf](http://www.eltis.org/docs/studies/AOK_Cycling_FS_Cycling_to_work_EN.pdf) [accessed 14.11.10]

<sup>47</sup> Nederlands Instituut voor Sport & Bewegen, *Beweegkuur*, 2008.

<http://www.beweegkuur.nl/english/welcome/programmes.html> [accessed 12 October 2010]



In order to effectively deliver physical activity in a community setting, the health and fitness industry should utilise its workforce to deliver physical activity outside of fitness centres. Governments are increasingly recognising the importance of making physical activity a natural part of everyday life, and promote physical activity within the workplace or schools. For instance, the Finnish Guidelines for Health Enhancing Physical Activity and Nutrition aims to ensure that all employers should have access to efficient incentives for increasing physical activity among employees.<sup>48</sup> Delivering opportunities to be physically active during the working day or in the workplace is of increasing importance given the continuing rise of sedentary professions. In the United Kingdom the Fitness Industry Association, has worked with employers and the fitness sector to offer subsidised opportunities for physical activity for sedentary employee's whose physical activity is restricted by their occupation.<sup>49</sup> The fitness sector should work with employer organisations to deliver activity in the workplace.

### **1.4.3 Promote exercise**

All physical activity promotion should support 'activity for all' through the simple '5 times a week for 30 minutes' message and also recognise the need for different forms of activity and exercise for certain population groups.

**Who**                      **The European Commission**  
                                 **Member State Governments**  
                                 **The European Fitness Sector**

The European Union Physical Activity Guidelines supports the provision of 'activity for all' through its 30 minutes of physical activity on five occasions a week recommendation, and although there is widespread consistency in the promotion of this EU recommendation, there remains divergence in the promotion and message conveyance.

For instance, there are differences on how to meet the guidelines, where on the one hand walking is included whilst in other campaigns, such as the German 'Bike to Work' campaigns recommends more vigorous activities (cycling) five times a week. Additionally, the Danish National Action Plan Against Obesity recommends 30 to 45 minutes of physical activity between 3 and 5 times a week.<sup>50</sup> A consistent approach that distinguishes between the means in which to achieve the recommendations would facilitate coherence and pan European promotion.

However, caution must be noted as uniform promotion ignores important socio-economic inequalities in access to physical activity and exercise. Those from lower socio-economic backgrounds are often denied access to organised physical activity and exercise primarily for socio-economic reasons, whilst others are not attracted to traditional forms of physical activity. The fitness sector has recognised these barriers to physical activity and offers 'activity for all' in several respects. Firstly, fitness facilities are increasingly available and accessible for all population groups, for instance facilities are open from 6am until 11pm at 'pay as you go' rates whilst monthly memberships can be as low as €15.95 a month in some instances. In

---

<sup>48</sup> Ministry of social affairs and health, 'Government resolution: On development guidelines for health enhancing physical activity and nutrition', *Ministry of Social Affairs and Health*, (2008), University Press, Finland.

<sup>49</sup> Fitness Industry Association, 'Community Engagement: Shift into Sports', (2010) <http://www.fia.org.uk/community-engagement2.html> [accessed 11.11.10]

<sup>50</sup> National Board for Health, 'National Action Plan Against Obesity', *Centre for Health promotion and prevention*, (2003) [http://www.sst.dk/publ/publ2003/national\\_action\\_plan.pdf](http://www.sst.dk/publ/publ2003/national_action_plan.pdf) [accessed 12 November 2010]

addition, the latest research on the growing trend of 'budget gyms' demonstrates that the fitness sector is increasingly available for all socio-economic groups. Secondly, the health and fitness sector offers an increasingly wide range of activities including fitness, sport and traditional leisure activities. For example, the Let's Dance with Change4Life campaign in the United Kingdom, utilised the significant capacity within the fitness sector to deliver non-traditional dance activities over a weekend in March 2010<sup>51</sup>. Furthermore, the fitness sector has gradually taken steps to ensure that it is accessible for different population groups. For example, in the United Kingdom the Inclusive Fitness Initiative (IFI) adapts equipment and trains exercise professionals to be able to develop exercise programmes for people with disabilities and impairments. However, the IFI is a single example and the entire fitness sector should work to ensure accessibility for 'hard to reach groups', for example more training providers should develop exercise courses specifically tailored for older adults.

The European Union and member states should recognise the ability of the fitness sector to deliver activity for all. They should also re-evaluate physical activity recommendations in order to ensure that they will deliver the required health benefits for the entire population. As mentioned in the first recommendation, different population groups require different forms of exercise. The French National Prevention Plan through Sport and Activities, '*Plan National de prévention par l'Activité Physique ou Sportive*', has recognised that older adults require strength and flexibility training rather than basic physical activity broadly recommended in physical activity guidelines. The French Prevention Plan encourages strength and flexibility exercises in supplement of daily physical activity in order to reduce the risk of falls in older age<sup>52</sup>. Similarly the German policy, 'Aktiv Sein – für mich' recommends specific exercises for women, for example in addition to physical activity, the policy recommends strength training on 2-3 days a week.<sup>53</sup> Although both the German and French policies outlined above recommend specific exercises for specific population groups, too many policies simply adopt the '5x30' recommendation for all groups.

Groups such as older adults or those with an established risk factor for chronic disease, often require more structured and safer exercise in order to avoid injury and properly measure the benefits of exercise. For example, older adults need to undertake resistance and flexibility training in a structured and safe environment in order to avoid injury and reduce the risk of falls. Similarly, groups with an established risk factor for chronic disease will require higher levels of physical activity and exercise than recommended for the general population, whereas older adults may also require supervision. Therefore, governments should amend their physical activity guidelines to ensure specific population groups undertake more structured exercise.

Governments should also ensure that physical activity promotion includes the general '5x30' physical activity norm and also more intensive exercise and resistance training. The new recommendations from the World Health Organisation, American College of Sports Medicine and the Netherlands Institute for Sport and Physical Activity states that we need to undertake 30 minutes of physical activity a day, do 20

---

<sup>51</sup> Department of Health, 'Let's Dance with Change4Life' March 2010.

<http://www.nhs.uk/Change4Life/Pages/lets-dance-change4life.aspx> [accessed 12.11.10]

<sup>52</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, '*Plan National de prévention par l'Activité Physique ou Sportive*', *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>53</sup> I. Froböse, J. Kleinert, G. Akkerman, S. B. Biallas, S. Jüngling & M. Sulprozio, 'Aktiv sein – für mich: Auswirkungen von Bewegung auf die psychische Gesundheit von Frauen', *Bundesministerium für Gesundheit*, (2010) [http://www.bmg.bund.de/cln\\_187/SharedDocs/Publikationen/DE/Praevention/Aktiv-sein-f\\_C3\\_BCr-mich\\_templateld=raw.property=publicationFile.pdf/Aktiv-sein-f%C3%BCr-mich.pdf](http://www.bmg.bund.de/cln_187/SharedDocs/Publikationen/DE/Praevention/Aktiv-sein-f_C3_BCr-mich_templateld=raw.property=publicationFile.pdf/Aktiv-sein-f%C3%BCr-mich.pdf) [accessed 15.11.10]

minutes of high intensity exercise three times a week and undertake six to eight muscle exercises twice a week.<sup>54</sup> The '5x30' message should therefore be adopted as a minimum approach, because there is a dose response relationship between the amount of exercise completed and its positive effects.<sup>55</sup> Therefore, governments should retain the simple '5x30' message and include the need for more structured exercise which has the added benefit of being measurable in contrast to traditional physical activity. Unplanned physical activity such as gardening, opting to take the stairs, and walking are commendable, however they are rarely well measured. Therefore, in campaigns member state governments should encourage structured exercise which can be measured and will deliver greater health benefits, and the fitness sector is well placed to deliver on this.

#### **1.4.4 Develop the role of exercise in healthcare**

Exercise should be part of the routine prevention and management of chronic disease; therefore in partnership with relevant medical associations, member states should develop frameworks for the use of exercise in primary care and public health.

**Who**                      **The European Commission**  
                                 **Member States**  
                                 **The Europe Fitness Sector**

There is now compelling evidence that exercise is an effective part of primary prevention, secondary prevention and primary care. The role of exercise in healthcare deals with:

- Primary prevention; where healthcare services ensure that all individuals are aware of the importance of physical activity
- Secondary prevention; where physical activity or exercise is recommended by a healthcare professional for an individual with an established risk of chronic disease
- Primary Care; relates to the use of exercise in the management of chronic disease, most commonly through an exercise referral scheme.

Exercise has been used as part of the management of chronic disease for many years; during the 1990s a number of schemes were developed whereby general practitioners (GPs) and healthcare professional could refer patients to a fitness club or individual fitness professional with the specific purpose of using exercise as a form of treatment. This practice is now commonly known as 'Exercise Referral' (ER). It differs from exercise recommendation whereby a health professional only advises patients to become more active.

There is now a considerable amount of peer reviewed literature published on the benefits of exercise in chronic disease. For instance, in cases of documented heart disease, exercise reduces all cause mortality by 27% and cardiac mortality by 31%.<sup>56</sup> Similar evidence exists for musculoskeletal conditions, Type 2 diabetes, and

---

<sup>54</sup> World Health Organisation, 'Global recommendations on Physical Activity for Health', *WHO Global strategy on diet, physical activity and health*, (2010) [http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/index.html](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html) [accessed 15.11.10]

<sup>55</sup> Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Heath, Thompson and Bauman, 'Physical Activity and Public Health: Updated Recommendation for Adults from the American College of Sports Medicine and the American Heart Association', *Medicine and Science in Sports and Exercise*, 39 (8) (2007) pp.1423-1434.

<sup>56</sup> J.A Jolliffe, K. Rees, R.S. Taylor et al, 'Exercise-based rehabilitation for heart failure', *Cochrane Database System Review*, (2001) 1: CD001800.

pulmonary diseases. The full benefits of exercise in the management of chronic disease have been summarised by the American College of Sports Medicine.<sup>57</sup>

There is also evidence that the use of exercise in the management of chronic disease is cost effective in comparison to some other more traditional pharmaceutical methods. As mentioned earlier, NICE conducted an economic modelling which concluded that in the treatment of obesity, physical activity interventions costs between €23 and €520 per QALY (Quality Adjusted Life Years), in contrast the use of traditional statin based interventions is said to cost between €11,800 and €20,000 per QALY.<sup>58</sup>

Exercise referral schemes are also a valuable opportunity to introduce inactive individuals with a chronic disease or an established risk factor of disease, to the benefits of exercise and encourage them to continue unsupervised exercise after the completion of an exercise referral scheme. Two separate reviews have found that exercise referral schemes can result in sustainable improvement in physical activity and indicators of health; whilst they can also play a wider role in health promotion<sup>59</sup>. The use of exercise referral schemes has been recognised and promoted in numerous government policy documents across Europe, for example the Danish 'Healthy Throughout Life' policy aims to ensure that physical activity is available as part of treatment and rehabilitation<sup>60</sup>. Similarly, the Netherlands National Action Plan for Sport and Exercise sets the objective of ensuring that first line healthcare providers must be able to refer patients to appropriate, and if necessary specifically adapted, forms of sport and exercise.<sup>61</sup> However, these policy recommendations and objectives have not translated into campaigns or interventions to promote the use of exercise in the management of disease. One of the few campaigns that have encouraged the use of exercise in the management of disease is the Beweegkuur programme which enables healthcare professionals to refer diabetic patients to exercise programmes. As previously mentioned this programme will now be implemented nationally.

The European Register of Exercise Professionals (EREPS) offers a framework through its database which healthcare professionals can refer to in order to locate suitably qualified exercise professionals. An exercise referral can be undertaken by a level four or five EREPS registered exercise professional. In order to promote the greater use of exercise in the management of chronic conditions, The European Health and Fitness Association and member state governments should develop standards for exercise referral systems. The standards should outline the minimum standards of the scheme, covering topics such as:

- Initial patient assessment
- Desired measurements and outcomes

---

<sup>57</sup> Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Heath, Thompson & Bauman, 'Physical Activity and Public Health: Updated Recommendations for Adults from the American College of Sports Medicine and the American Heart Association', *Medicine and Science in Sports and Exercise*, 39 (2007) pp. 1423-1434.

<sup>58</sup> NICE, 'Measuring effectiveness and cost effectiveness: the QALY' NICE February 2009 <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp> (accessed 15 November 2010).

<sup>59</sup> Department of Health, 'Exercise Referral Systems: A National Quality Assurance Framework', *Department of Health*, (2001) [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4079009.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079009.pdf) [accessed 12.11.10]

<sup>60</sup> Ministry of the Interior and Health, 'Healthy throughout life: the targets and strategies for public health policy of the government of Denmark, 2002-2010', *Ministry of the Interior and Health*, (2002) pp.28 <http://www.folkesundhed.dk/media/healthythroughoutlife.pdf> [accessed 15 November 2010]

<sup>61</sup> Netherlands Ministry of Health, Welfare and Sport, 'National Action Plan for Sport and Exercise', *Ministry of Health, Welfare and Sport*, (2006).

- Risk assessment of patients
- Exit strategies
- Evaluation
- Feed back into and assessment by the healthcare professional
- Confidentiality and codes of practice for working in healthcare with referred patients

Both the fitness sector and medical professions must contribute to the guidelines and to an agreed framework in order to ensure both parties understand and adopt exercise referral schemes. In the United Kingdom, the Fitness Industry Association has partnered with the Royal Colleges of Medicine and, Faculties of Health to develop a new set of standards which will govern the use of exercise referral schemes. Member state governments should facilitate similar working arrangements in order to effectively encourage the use of exercise in the management of chronic conditions.

#### **1.4.5 Building partnerships**

The European Fitness Sector should build links with medical association, non-governmental organisations, employer organisations, sporting organisations, and academic and education institutions to increase the credibility and influence of the fitness sector.

#### **Who                      The European Fitness Sector**

In order to successfully deliver each of the prior recommendations the fitness sector will have to build partnerships with a range of organisations and other sectors. For instance, in order to effectively deliver physical activity within the community, the fitness sector should partner with community organisations such as schools and employers, whereas the use of exercise in the management of primary care will require partnerships with the medical profession. It should be noted that this recommendation was a central focus of the consultation forum in Cologne on the 5<sup>th</sup> and 6<sup>th</sup> October. Similarly, the second round of consultation results showed that over 95% of respondents agreed that the fitness sector should partner with a much broader range of organisations and sectors that it has not previously engaged with.

The consultation concluded that the fitness sector should attempt to build links with the following institutions:

**Healthcare organisations** – exercise has a significant role within the treatment and management of disease. Furthermore, the fitness sector is a significant resource for this promotion. However to ensure that healthcare practitioners are confident to recommend patients to undertake exercise in fitness facilities the sector must build links with medical institutions such as the Royal Medical Colleges, Physiotherapy and Sports Medicine institutions. For example, in the United Kingdom the widening role of fitness professionals into primary care, and the modern role of physiotherapists in health promotion, has resulted in confusion not only between the two professions but also for medical practitioners in that it is not always clear which is the appropriate professional to whom to refer a patient. To combat this, for example the Fitness Industry Association has partnered with the Chartered Society of Physiotherapy to develop guidance on how the two professions can work together.



**Sporting Institutions** – fitness facilities across Europe represent a significant resource to deliver sporting activities, therefore effective links should be made with the sporting sector to promote the use of these facilities. For example, in the Netherlands FitVak! have partnered with the National Institute for Sports Movement (NISB) and are part of the network supporting the future bid to host the Olympic Games.

**Patients Organisation** – organisations such as the Finnish Heart Association frequently encourage physical activity as a tool to reduce the risk of chronic disease and promote national awareness of these conditions. The fitness sector should partner with these organisations to promote the benefits of physical activity and possibly develop non-governmental campaigns. This partnership would help to ensure that campaigns aimed at improving awareness can also signpost individuals to particular services. Despite this appearing a rational and obvious development, across Europe the fitness sector is not recognised as a partner of these campaigns. For example, in the Netherlands, the Dutch Nutrition Centre (Voedingscentrum), launched a national campaign entitled “Maak je niet dik”<sup>62</sup>, encouraged physical activity in order to reduce the rates of obesity, however did not partner with the fitness sector.

**Education** – as already mentioned the rates of obesity are particularly worrying amongst children, with the Eurobarometer indicating that only 34% of people in education meet the EU physical activity guidelines. There is a significant opportunity for fitness facilities to partner with local schools and offer facilities and exercise tuition to the higher education sector.

**Commercial bodies** – commercial organisations, such as insurance companies, employer groups. or food manufacturers represent a fantastic resource for consumer outreach. Partnerships with commercial bodies can help the fitness sector to reach inactive consumers who would not usually consider using fitness facilities. For example, in the United Kingdom the Fitness Industry Association has partnered with a supermarket Marks & Spencer's to incentivise M&S consumers to attend fitness facilities.

#### **1.4.6 Professionalising the sector**

The fitness sector must focus on developing a deeper understanding and broader range of skills within the industry, that are required if the industry is to fulfil its potential.

#### **Who                      European Fitness Sector                                 European Union**

As discussed throughout this report, the European Fitness Sector has the potential to make valuable contributions to key areas of the European Union agenda, and in certain countries it is already doing so., However in order to realise this potential, the sector must professionalise.

EHFA's Standards Council is developing and promoting a complete sector approach that will enable recognition of the knowledge skills and competencies required for exercise professionals working in the industry when referenced to the eight levels of

---

<sup>62</sup> Wammes, B. Oenema, A. Brug, A, “The Evaluation of a Mass Media Campaign aimed at weight gain prevention among young Dutch adults”, *Obesity*, (2006) Volume 15 No. 11 November 2007.

the European Qualification Framework (EQF). It is important that all contributions being made from a diverse range of occupations are acknowledged, and professionally recognised, if the industry is to develop a framework and structure that will improve its credibility, accountability and professionalism.

At present that seems to be a significant imbalance of the skills across the workforce with an estimated 85% at EQF level 4 and below. The challenges for industry in working with a broader range of population groups – some of whom will require behavioural change, lifestyle adaption, treatment of chronic diseases and health-related diseases, plus an aging population, will require the industry to concentrate on improving its skills base.

Currently, the industry focus is on vocational training and development (EQF levels 2-5) but alongside other health professionals and strategists who are developing effective and evidenced public policy interventions, these fitness trainers are insufficiently qualified to the others involved. If the sector continues to promote the employment and training of lower-skilled exercise instructors, then the capacity of the industry to meet the challenges and opportunities of promoting health enhancing physical activity and attracting “mainstream” funding and better cooperation with Governments and commissioning Agencies, will be diminished.

The European industry needs to embrace the contribution already being made by the higher education sector and to ensure that these professionals, who have come through the Bologna cycles (comparative to EQF levels 6-8), are fully integrated into EHFA's sector qualification framework. The existing European Register of Exercise Professionals (EREPS) should start planning and discussing for how the full 8 levels of the EQF can be used to structure itself accordingly and to mirror other professions – some of whom enjoy the automatic recognition and protection of professions through Directive 2005/36EC.

This directive is now being reviewed taking into consideration the impact of the EQF and Bologna Process. For recognition purposes the Directive lays down minimum training conditions, including minimum duration of studies and these qualifications enable holders to practise their profession in any Member State. The review is an opportunity for the fitness sector to consider the promotion of higher levels of professional recognition, whilst using a comprehensive structure that will allow for career development and individual improvement of skills through a structured programme of lifelong learning.

According to earlier research done by NSCA<sup>63</sup> the qualification level of exercise professionals working for the routine treatment and prevention of chronic disease, in secondary prevention and primary care, should be a bachelor degree equivalent (Bologna 1<sup>st</sup> cycle and EQF level 6). The issues of current imbalances and shortages of qualified exercise professionals needs to be addressed and in addition the overall structure of professional recognition through a register still needs much further development and understanding if it is to reach its potential. If there is to be a credible professional register for the fitness industry it should ensure that there are close parallels with other professions' solutions and especially for those in health care.

---

<sup>63</sup> M.O.H Malek, P. David, D. Nalbone, E. Berger & J.W. Coburn, 'Importance of Health Science Education for Personal Trainers', *Journal of Strength and Conditioning Research*, 16 (2002) pp.19-24.

EHFA's Standards Council is developing a framework which supports and defines the full range of occupations across the sector, and their specific purpose in the industry. EREPS, which started in 2008, binds its members to a Code of Ethical Practice and ensures that adequate and appropriate liability insurance and these principles are already enshrined in the European Register of Exercise Professionals.



## 2. Health Enhancing Physical Activity across the European Union

The evidence base is now well established for the use of exercise in the promotion of both physical and mental health, the prevention of inactivity related disease, the management of chronic disease and the sustaining of a healthy and independent older age.<sup>64</sup> Regular physical activity is linked to a reduced risk of cardiovascular and respiratory diseases, musculoskeletal and metabolic conditions, and psychological wellbeing.<sup>65</sup> Additionally, physical activity is a key determinant of energy expenditure, and thus is fundamental to energy balance and weight control.<sup>66</sup> Physical activity does not only have beneficial effects on disease control, mortality, morbidity and quality of life but can also confer a broad range of economic and social benefits on individuals, communities and countries as a whole.<sup>67</sup> Over the last decade there has been an increasing interest in physical activity promotion and the benefits of physical activity are well documented in the policies of national governments and within the European Commission. The benefits of regular physical activity are well reported, for instance the European Union White Paper on Sport recognises that:

*A lack of physical activity reinforces the occurrence of overweight, obesity and a number of chronic conditions such as cardio-vascular diseases and diabetes, which reduces the quality of life, put individuals' lives at risk and are a burden on health budgets and the economy.*<sup>68</sup>

Furthermore, the European Council has repeatedly called for the Commission to develop policies to promote physical activity and nutrition,<sup>69</sup> whilst the European Union Platform on Diet, Physical Activity and Health proclaimed that "European Union citizens are moving too little and consuming too much".<sup>70</sup> In May 2004, the Fifty-seventh World Health Assembly endorsed Resolution WHA67.17, *Global Strategy on Diet, Physical Activity and Health*, and recommended that member states develop national physical activity action plans and policies to increase physical activity levels in their populations.<sup>71</sup> There has also been an increase in the number of member states who promote physical activity, most notably in the United Kingdom,

---

<sup>64</sup> U.M Jukala, 'Evidence on the effects of exercise therapy in the treatment of chronic disease', *British Journal of Sports Medicine*, 43 (2003) 550-555

<sup>65</sup> W.L. Haskell et al, 'Physical Activity and Public Health: updated recommendation for adults from the American College of Sports Medicine and American Heart Association', *Association College of Sports Medicine and the American Heart Association*, 116 (20007), 1081-1093.

<sup>66</sup> World Health Organisation. "Global Recommendations on Physical Activity for Health", *World Health Organisation*, 2010, [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 31.1.11]

<sup>67</sup> S.B Daugbjerg, S. Kahlmeier, F. Racioppi, E.M. Diener, B.Martin, P. Oja & F.Bull, 'Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents', *Journal of Physical Activity and Health*, 6 (2009, pp. 805-817.

<sup>68</sup> European Commission, "White paper on sport", *European Commission*, 11 July 2007.

[http://ec.europa.eu/sport/white-paper/whitepaper8\\_en.htm#1](http://ec.europa.eu/sport/white-paper/whitepaper8_en.htm#1) [accessed 3 March 2010].

<sup>69</sup> Council of the European Union, 'Council Conclusions on Obesity, Nutrition and Physical Activity', in *Council of the European Union Conclusions on Obesity, Nutrition and Physical Activity*, Brussels, June 6 2005.

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/nutrition/documents/ev\\_20050602\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/ev_20050602_en.pdf) [accessed 11 November 2010].

<sup>70</sup> Health & Consumer Protection Directorate-General, "The key facts about nutrition and obesity", *International Association for the Study of Obesity*, 28 September 2006.

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/nutrition/documents/10keyfacts\\_nut\\_obe.pdf](http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/10keyfacts_nut_obe.pdf) [accessed 11 November 2010]

<sup>71</sup> World Health Organisation. "Global Recommendations on Physical Activity for Health", *World Health Organisation*, 2010, [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 31.1.11]

Finland, and the Netherlands<sup>72</sup>. For instance, in England in 2010, the then Chief Medical Officer, Sir Liam Donaldson, stated that,

*Being physically active is crucial to good health. If a medication existed that had a similar effect on preventing disease, it would be hailed as a miracle cure.*<sup>73</sup>

During the same period, there has been a growth in research into the health effects of physical activity, and work has also begun on assessing the effectiveness of physical activity interventions.<sup>74</sup>

However, despite these calls for action, as this report demonstrates, this has not necessarily translated into increased levels of participation in physical activity and more must be done to promote health enhancing physical activity. Sedentary behaviour and inactive lifestyles remain a common problem across Europe and levels of physical activity are lower than the recommendations set out in the EU Physical Activity Guidelines.<sup>75</sup> Roughly two thirds of European adults do not reach recommended levels of physical activity,<sup>76</sup> whilst only 34% of young people meet the recommendations.<sup>77</sup> More worryingly the Eurobarometer reports that 14% of EU citizens are “completely physically inactive”, meaning that they never undertake any physical activity, while another 20% say they are active only “seldom”<sup>78</sup>.

Physical inactivity has been identified as the fourth leading risk factor for global mortality, causing 6% of deaths globally.<sup>79</sup> This follows high blood pressure, 13%, tobacco use, 9%, and high blood glucose, 6%, whilst overweight and obesity are responsible for 5% of global mortality.<sup>80</sup> Levels of physical inactivity worldwide have damaging implications for the general health of populations and in particular the levels of non-communicable diseases, such as cardiovascular disease, diabetes and cancer, and their risk factors such as raised blood pressure, and obesity. Physical inactivity is estimated as being the principal cause for approximately 21-25% of breast and colon cancer cases, 27% of diabetes and approximately 30% of ischaemic heart disease.<sup>81</sup> In addition, NCDs now account for nearly half of overall global disease burden, and it is estimated that currently 50% of deaths, are attributable to non-communicable conditions.<sup>82</sup>

European levels of physical inactivity are estimated to cause 600,000 deaths in Europe and cause a loss of 5.3 million years of healthy life due to early mortality and

---

<sup>72</sup> Foster, C, “Guidelines for health enhancing physical activity promotion programmes”, *The European network for the Promotion of Physical Activity*, UKK Institute, Tampere, 5 Jan 2006.

<http://www.hepa.ch/gf/hepa/expertmeeting/documentation.htm> [accessed 21.4.10]

<sup>73</sup> BBC, “Call for Child Fitness Tests”, *Chief Medical Officer for England Sir Liam Donaldson*, 15 March 2010.

<http://news.bbc.co.uk/1/hi/health/8568111.stm> [accessed 31.1.11]

<sup>74</sup> M. Hilsdon et al, “The effectiveness of public health interventions for increasing physical activity among adults: a review of reviews”, *Health Development Agency*, (2005).

<sup>75</sup> European Union Working Group on Sport & Health, “EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity”, *European Union*, 10 October 2008.

[http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

<sup>76</sup> Sjostrom M et al., ‘Health enhancing physical activity across European Union countries: the Eurobarometer Study’, *Journal of Public Health*, 14 (2006) 1-10.

<sup>77</sup> Ibid.

<sup>78</sup> European Commission, ‘Special Eurobarometer: Sport and Physical Activity’ *Eurobarometer report*, 334 (2010), pp.14.

<sup>79</sup> World Health Organisation. “Global Recommendations on Physical Activity for Health”, *World Health Organisation*, 2010, [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 31.1.11]

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

<sup>82</sup> Ibid.

disability every year.<sup>83</sup> Furthermore, physical inactivity has contributed to a staggering and costly increase in the rates of non-communicable disease (NCD) which are a group of conditions that includes cardiovascular diseases (CVD), cancer, mental health conditions, diabetes, chronic respiratory diseases and musculoskeletal conditions.<sup>84</sup> NCDs, such as obesity, have risen dramatically over the last decade. For example, in 1980 1 in 15 children were obese; this increased to 1 in 8 to 9 children in 1997, and moved to 1 in 5 children in the following six years. The rise in obesity has contributed to a wider increase in NCDs, for instance in the Netherlands over 740,000 people have diabetes, a figure which increases by 70,000 new cases every year.<sup>85</sup> NCDs such as these cause 86% of deaths and account for 77% of disease burden within Europe.<sup>86</sup>

Physical inactivity, and the effect on NCDs, represents a substantial drain on European economies, where a large proportion of health budgets are spent on treating lifestyle conditions. The cost of physical inactivity in England – including direct costs of treatment for the major lifestyle-related diseases, and the indirect costs caused through sickness absence – has been estimated at £8.2 billion a year. This does not include the contribution of inactivity to obesity which itself has been estimated at £2.5 billion annually.<sup>87</sup> Using the Netherlands as another example, the health care costs due to physical inactivity were €744 million in 2004<sup>88</sup>. Research in the Netherlands demonstrated that a diabetic patient costs almost €15,000 euro per year, whereas a healthy and active individual costs less than €1,000 a year.<sup>89</sup> A separate Swiss study estimated that direct treatment costs of physical inactivity at €1.1 - €1.5 billion<sup>90</sup>. On an individual basis, the World Health Organisation estimates that physical inactivity “costs” between €150-300 per citizen per year.<sup>91</sup> Yet, despite the costs of NCDs, only 3% of health expenditure in the OECD is actually directed towards their prevention through public health interventions.<sup>92</sup>

The prevalence and cost of NCDs is further set to rise due to the ageing European population, where over the next 50 years, the median age is projected to rise from 40.4 years to 47.9 years in 2060, and as a result there will be a significant rise in the prevalence of NCDs. For instance, by 2025 over six million people in the United Kingdom are predicted to suffer from a debilitating illness.<sup>93</sup> Overall, on the basis of current policies, age-related public expenditure is projected to increase on average

---

<sup>83</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.5

<sup>84</sup> World Health Organisation Europe, 'Tackling Europe's major diseases: the challenges and the solutions', *World Health Organisation Europe Fact Sheet* EURO/03/06 (2006) pp1.

<sup>85</sup> Bemelmans W J E et al, 'Kosteneffectiviteit beweeg- en dieetadvies bij mensen met (hoog risico op) diabetes mellitus type 2: Literatuuronderzoek en modelsimulaties rondom de Beweegkuur', *Bilthoven: Rijksinstituut voor Volksgezondheid en Milieu* (2008).

<sup>86</sup> European Commission, 'White Paper: A Strategy for Europe on Nutrition, Overweight and Obesity related health issues' *European Commission*, (2007).

<sup>87</sup> Department of Health, "At least five times a week: Evidence on physical activity and its relationship to health", *Department of Health*, 29 April 2009.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4080981.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4080981.pdf) [accessed 31.1.11]

<sup>88</sup> K. Proper & W.V.Mechelen, 'Effectiveness and economic impact of worksite interventions to promote physical activity and diet'. *World Health Organisation*, (2007).

<sup>89</sup> David M. Cutler & Elizabeth Richardson, 'Your money and your life: The Value of Health and what affects it', *Frontiers in Health Policy Research*, (1999) National Bureau of Economic Research, vol.2

<sup>90</sup> Martin BW et al, 'Economic benefits of the health enhancing effects of physical activity: first estimates for Switzerland', *Scientific position statement of the Swiss Federal Office of Sports, Swiss Federal Office for Public Health*, 49 (2001), 131-133.

<sup>91</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.7

<sup>92</sup> World Economic Forum, 'Working Towards Wellness: Accelerating the prevention of chronic disease', *PricewaterhouseCoopers and World Economic Forum* (2007) pp.7

<sup>93</sup> International Longevity Centre, 'Call to action: Hip fractures are breaking the bank and lives – are you ready to stop the UK reaching breaking point', *International Longevity Centre*, (2010).

by about 4.75 percentage points of GDP by 2060 in the EU. Consequently age related public expenditure will increase by €126 billion by 2060.<sup>94</sup>

The magnitude of the problem calls for the development of new approaches and partnerships. The World Health Organisation HEPA network has emphasised the need for countries to address low levels of physical activity, it stated:

*Countries need to reverse the trend towards inactivity and create conditions across the European Region, in which people can strengthen their health by making physical activity part of their everyday lives.*<sup>95</sup>

As mentioned earlier, there is strong evidence to support the promotion of health enhancing physical activity and exercise in the prevention and treatment of disease. The proven medical benefits do not require a great deal of discussion here, as they are succinctly summarised in the European Union Physical Activity Guidelines. The Guidelines state, for example that the EU recommended levels of physical activity can reduce the risk of a stroke by up to 27%,<sup>96</sup> diabetes by 33%,<sup>97</sup> and coronary heart disease by 35%.<sup>98</sup> Similar statistics and endorsements are available across member states, for instance the previous Chief Medical Officer for England Sir Liam Donaldson has commented that, “adults who are physically active have a 20-30% reduced risk of premature death and up to a 50% reduced risk of developing major chronic diseases such as cancers, depression, dementia, coronary heart disease, diabetes, and stroke”.<sup>99</sup>

Exercise can also help foster social interaction, community participation, and improved levels of social cohesion. Undertaking physical activity encourages individuals to participate and interact with other people, and can provide an avenue for shared interests which can help to counter feelings of isolation and social deprivation.<sup>100</sup>

Most importantly, increased levels of physical activity can also reduce the financial burden of physical inactivity and there is now some compelling evidence to prove that physical activity is a cost effective measure in reducing the risk of NCDs. In the United Kingdom, NICE (National Institute for Health and Clinical Excellence) has conducted an economic modelling of physical activity interventions using Quality Adjusted Life Years (QALYs) as the outcome measure. NICE normally concludes that any intervention that costs less than €35,425 per QALY is cost-effective and useful for the National Health Service. The modelling concluded that in the treatment of obesity, physical activity interventions cost between €23 and €520 per QALY, in contrast the use of traditional statin based interventions is said to cost between €11,800 and €20,000 per QALY.<sup>101</sup> In the United Kingdom, the research on the cost effectiveness of physical activity interventions is such that Professor Jerry Morris stated:

---

<sup>94</sup> European Commission, *Dealing with the impact of an ageing population in the EU*, Ageing Report (2009).

<sup>95</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.7

<sup>96</sup> Lee, C.D et al, 'Physical Activity and Stroke: A meta-analysis', *Stroke* (2003), 34, pp. 2475-2481

<sup>97</sup> Department of Health. 'Be Active Be Healthy', *Department of Health Physical Activity Team*, (2009) pp.5.

<sup>98</sup> NICE, 'National Service Framework: Coronary Heart Disease', *NICE*, (2006),

<sup>99</sup> Department of Health, "At least five times a week", *Chief Medical Officer for England Sir Liam Donaldson*, April 2004

<sup>100</sup> Mental Health Foundation, 'Moving on Up' *MHF*, (2007) pp.7.

<sup>101</sup> NICE, 'Measuring effectiveness and cost effectiveness: the QALY' *NICE* February 2009

<http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp> (accessed 14.5.10).



*The potential health gain by increasing population physical activity levels is arguably the best buy in public health today.*<sup>102</sup>

Despite both the financial and health benefits, governments across Europe still do not appear to effectively promote exercise in any structured way. Sport promotion has a long history in many countries, however long term physical activity promotion strategies have only arrived over the last decade and have had varying degrees of success.<sup>103</sup> Whilst the majority of governments have recognised the benefits of physical activity few have introduced intervention policies and campaigns that effectively promote physical activity. Exceptions to this do exist, for instance the Finnish North Karelia programme in 1972 used innovative media and communication activities to increase levels of physical activity. Similarly, policies have promoted physical activity, for example the Swedish Public Health Policy lists “increasing physical activity” as one of ten areas of focus.<sup>104</sup> Certain policies go further and set target levels of physical activity, for example the French National Prevention Plan through Sport and Activities, ‘*Plan National de prévention par l’Activité Physique ou Sportive*’, set the target to increase the number of adults doing at least 30 minutes of sport 5 times a week by 25%.<sup>105</sup>

However, despite these examples of best practice, generally physical activity promotion through policies and campaigns has not been successful in achieving measurably higher levels of physical activity and exercise. Our research suggests that one of the principal barriers in this field has been the lack of valid measurement to capture physical activity or exercise. This is particularly true of physical activity campaigns which have recommended a range of sometimes unplanned, play or lifestyle activities which cannot be assessed, and lack the capture of the basic information needed to establish effective public health policy.<sup>106</sup> Accurate measurement of activity and adherence levels adds strength to observed relationships with health risk factors, enabling more valid recommendations for physical activity to be formulated.<sup>107</sup> Secondly, accurate information on activity rates, together with the factors that influence them, can inform the design and delivery of public health interventions to promote physical activity.<sup>108</sup> However, physical activity campaigns too often lack important measurement.

The fitness sector is uniquely placed to contribute to the development and delivery of physical activity promotion. In Europe as a whole there are over 40,000 health and fitness centres servicing over 40,000,000 members and many more informal participants. Across the EU fitness centres are increasingly accessible for all socio-economic groups, for instance facilities are available at ‘pay as you go’ rates and many are ‘budget clubs’ available at €15 a month in some instances. The

---

<sup>102</sup> Jerry Morris, ‘Exercise in the prevention of coronary heart disease: today’s best buy in public health’, *Medicine and Science in Sports and Exercise*, 26 (1994), pp. 807-14.

<sup>103</sup> B.W Martin et al, ‘Evidence based physical activity promotion: HEPA Europe, the European Network for the Promotion of Health Enhancing Physical Activity’, *Journal of Public Health* 14 (2006) pp.53-57.

<sup>104</sup> The National Institute of Public Health, ‘Sweden’s New Public-Health Policy’, *The National Institute of Public Health*,

<sup>105</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, ‘Plan National de prévention par l’Activité Physique ou Sportive’, *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>106</sup> C.J Riddoch, L.B Anderson, N. Wedderkopp, M. Harro, L. Klasson-Heggebo, L.B Sardinha, A.R Cooper & U.Ekelund, ‘Physical Activity Levels and Patterns of 9- and 15 year old European Children’, *Official Journal of the American College of Sports Medicine* (August 2003) pp.86 – 92.

<sup>107</sup> *Ibid.*, pp.87.

<sup>108</sup> *Ibid.*

average membership of a fitness centre in Europe is 9% whilst a further 12% of Europeans are members of sports clubs<sup>109</sup>. Furthermore, 11% of Europeans engage in sport or physical activity at fitness centres whilst 8% play sport or engage in physical activity at Sports centres<sup>110</sup>.

It should be noted that whilst the health and fitness sector is broadly confined to fitness centres, they represent a significant resource for the promotion of sport and physical activity. For instance, in the United Kingdom research has shown that 11 out of the 20 most popular sports in the country are routinely played in fitness centres.<sup>111</sup> Additionally, in contrast to active leisure activities, exercise and physical activity within the fitness sector can be effectively measured. The European Heart Study concluded that equipment regularly used and developed within the fitness sector, such as accelerometers, are feasible and accurate instruments for the measurement of physical activity in large scale campaigns.<sup>112</sup>

Additionally, the fitness sector operates with spare capacity, and in contrast to traditional providers of physical activity, it has been calculated that it is possible to double current rates of use of fitness centres that can enable more people to meet physical activity recommendations. The fitness sector, via the European Health and Fitness Association, recognises its responsibility to work with partners at all levels across the European Union to create a healthier society, where living an active lifestyle is the social norm, rather than an exception, and that daily physical activity and exercise is seen as part of the routine part of the prevention and management of disease. Its mission is to get more people | more active | more often.

Despite the obvious capacity of the fitness sector across Europe and its willingness to contribute to increased levels of physical activity, the sector is rarely recognised in national governments' physical activity promotions. One of the only direct references is the French National Prevention Plan through Sport and Activities, '*Plan National de prévention par l'Activité Physique ou Sportive*' where it does mention the ability of the fitness sector to contribute to rates of physical activity promotion.<sup>113</sup> However this is more of an exception, and the converse example is the Danish National Action Plan against Obesity,<sup>114</sup> which does not refer to the fitness sector at all, and is rather more typical of national policy writing.

## 2.1 Project aims

Recognising the challenges of chronic and health-related diseases, and an ageing population that faces the European Union, this project has analysed European physical activity policies and campaigns. In learning from examples of best practice,

---

<sup>109</sup> European Commission, 'Special Eurobarometer: Sport and Physical Activity' *Eurobarometer report*, 334 (2010), pp.14.

<sup>110</sup> Ibid.

<sup>111</sup> Sport England, 'Active People Survey', *Sport England*, (2010) [http://www.sportengland.org/research/active\\_people\\_survey/active\\_people\\_survey\\_3.aspx](http://www.sportengland.org/research/active_people_survey/active_people_survey_3.aspx) [accessed 28 October 2010]

<sup>112</sup> C.J Riddoch, L.B Anderson, N. Wedderkopp, M. Harro, L. Klasson-Heggebo, L.B Sardinha, A.R Cooper & U.Ekelund, 'Physical Activity Levels and Patterns of 9- and 15 year old European Children', *Official Journal of the American College of Sports Medicine* (August 2003) pp.86 – 92.

<sup>113</sup> <sup>113</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, '*Plan National de prévention par l'Activité Physique ou Sportive*', *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>114</sup> National Board for Health, 'National Action Plan Against Obesity', *Centre for Health promotion and prevention*, (2003) [http://www.sst.dk/publ/publ2003/national\\_action\\_plan.pdf](http://www.sst.dk/publ/publ2003/national_action_plan.pdf) [accessed 12 November 2010]

it makes recommendations for where health-enhancing physical activity promotion and physical exercise could be improved to better utilise the resources of the fitness sector.

The project has completed a thorough research and consultation exercise which provided the basis upon which to make recommendations to the European Commission governments and their agencies and to European fitness sector with regards to the most effective way of promoting health enhancing physical activity. The project reviewed over 150 research studies, national government policies and campaigns primarily from seven Member States (Denmark, Finland, France, Germany, Netherlands, Sweden, and United Kingdom).

It also covered examples of best practice and campaigns from across the EU and elsewhere, and the World Health Organisation HEPA network, which all contributed to the evidence supporting the recommendations.

The project outcomes clearly demonstrate what opportunities there are for the fitness sector to work in partnership with other sectors and governments to increase levels of health enhancing physical activity.

The project in particular provided an in-depth analysis of physical activity promotion in seven member states, selected by the project partners. The rationale for selecting these countries is detailed in the methodology. The selected member states were:

- Denmark
- Finland
- France
- Germany
- Netherlands
- Sweden
- United Kingdom

Following the initial research, it was then agreed that the recommendations for where the promotion of health enhancing physical activity could be improved and better utilise the existing resource within the fitness sector, would be directed towards three main audiences:

- European Commission
- Member state governments & agencies
- European fitness sector

### **2.3 Existing Research**

Although the project primarily relied upon research undertaken by the project partners, it also encapsulated research already undertaken by a range of other organisations active in this area.

The World Health Organisation and the Health Enhancing Physical Activity Europe (HEPA) network have already completed and maintain a significant body of research into the promotion of physical activity across Europe. Similarly, The European Union Physical Activity Guidelines provided recommended Policy Actions in support of health enhancing physical activity. Both of the sources acknowledge the beneficial effects that physical activity has on most chronic diseases including the reduction of risk of cardiovascular disease, diabetes type 2, cancer, overweight and obesity,

improvements in musculoskeletal health and psychological well-being<sup>115</sup>. Furthermore, each of these sources acknowledges the growing public health crisis in Europe caused by the rise in overweight and obesity.

Additionally, the World Health Organisation HEPA network has an inventory of policy documents to promote physical activity<sup>116</sup> and has carried out a review of selected policy documents from European countries, which was not limited to the European Union. This study indicated that Sports promotion has had a long history in many countries, yet examples of comprehensive national strategies for the promotion of health-enhancing physical activity are still rare<sup>117</sup>. Despite the benefits of physical activity being well known for many years, interest in promoting physical activity at a member state level is a recent development. Previous research accredits this growing interest to the WHO Global Strategy on Diet, Physical Activity and Mental Health as well as the WHO European Ministerial Conference on Counteracting Obesity. Following these initiatives a wide agenda has formed around promoting physical activity as a part of daily life, however there has been very little focus on promoting more intense variation of activity which in turn could deliver greater health benefits.

Furthermore, the WHO concluded that very few policies have involved a wide range of stakeholders, such as different government departments, the private sector and Non governmental organisations. This underlines the lack of involvement of the health and fitness sector despite its obvious capacity.

The existing research has also highlighted the lack of quantified targets on the level of participation in physical activity or for the intended behaviour change. This lack of a benchmark impeded the evaluation of policies. It was found that very often policies to promote physical activity have not been effectively evaluated, and this report calls for better evaluation of health promotion that should be extended to physical activity promotion as well.<sup>118</sup>

The report accepts the information and statistics provided in the Eurobarometer report into Physical Activity and several other fitness sector reports into the state of the industry. Across the seven selected member states the Eurobarometer report asserts that participation in fitness centres is as follows:

Participation in fitness centre across seven member states <sup>119</sup>	
Area	% of population attending fitness centres
EU	11%
Denmark	20%
Finland	19%
France	2%
Germany	12%
Netherlands	19%
Sweden	31%
United Kingdom	14%

<sup>115</sup> Bull FC, et al, 'Physical inactivity', *Global and Regional Burden of Diseases Attributable to Selected Major Risk factors*, Volume 1, Ezzati, M. Lopez AD, Rodgers, A. Muarray, CJL. Geneva, 2004, World Health Organisation.

<sup>116</sup> S.B Daugbjerg, S. Kahlmeier, F. Racioppi, E.M.Diener, B.Martin, P. Oja and F. Bul, 'Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents', *Journal of Physical Activity and Health*, 6 (2009), pp.805-817.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

<sup>119</sup> European Commission, 'Special Eurobarometer: Sport and Physical Activity' *Eurobarometer report*, 334 (2010), pp.14.



The International Health, Racquet, and Sports Club Association has also undertaken market research into the capacity of the fitness sector. The number of facilities across the selected seven member states is as follows:

Number of fitness facilities in selected member states <sup>120</sup>	
Area	Number of facilities
Denmark	687
Finland	640
France	3295
Germany	6074
Netherlands	2030
Sweden	870
United Kingdom	5755

Both the Eurobarometer and the IHRSA report on the number of facilities clearly demonstrate the significant capacity of the fitness sectors potential to better promote increased levels of physical activity.

The findings from the research undertaken in the project and from the other sources outlined above have been duly considered and weighed during The Becoming the Hub project. Many of the key recommendations from previous research have been echoed by this project, but which demonstrate a lack of progress on this agenda. The results of The Becoming the Hub project will complement the existing research whilst filling the considerable gap in the current knowledge of physical activity promotion within the EU.

---

<sup>120</sup> IHRSA, 'The IHRSA European Market Report: The size and scope of the health club industry', IHRSA, 2008.

### **3. Methodology**

The project was undertaken between January 2010 and March 2011. The methodology for the project was determined by the work plan which included four work packages and divided the work amongst the project partners. The detailed work plan is available in the appendix of this project. The agreement between EHFA and the European Commission required the project partners to guarantee a series of deliverable outcomes throughout the course of the project. The detailed and comprehensive list of the deliverables is available in the appendix of this paper.

#### **3.1 Outline of Work Packages**

##### **3.1.1 Work Package 1 - Project Management and Quality Plan**

The objective of this work programme was to ensure that the project met its objectives, within budget, and the scheduled timescales. Tasks included monitoring project progress, tracking deliverables and reporting back to the project management group which was agreed to be all of the participating partners. Quarterly reports were issued to the EHFA Board and through the monitoring reports to the Commission which included progress reports, and cost statements.

The project manager, EHFA, organised partner meetings (including 8 full partner meetings) and where necessary provided a forum for regular review of the work in progress and in particular concerning the critical activities/timings. The project manager was responsible for the scheduling and organising of events (which included the Future Forum and London Summit), and for producing the agendas and minutes and coordinating all main project activities.

The eight formal full partner meetings took place on the dates below and the minutes are available on request from the project manager.

<b>Full Partner Meetings record</b>		
<b>Number</b>	<b>Date</b>	<b>Location</b>
1	19.1.10	Virtual Meeting
2	2.2.10	Virtual Meeting
3	3.3.10	London
4	14.4.10	Virtual Meeting
5	2.6.10	Virtual Meeting
	8.6.10	Virtual Meeting
6	22.7.10	Virtual Meeting
7	9.9.10	Brussels
	4.10.10	Cologne "Future Forum"
8	4.11.10	Virtual Meeting
	22.11.10	London "EHFA Summit"

In addition to the eight planned meetings, the group also met in June, October, and November to check on progress against the workplan.

The project manager was responsible for the appointment of the external evaluator to provide external verification of the project progress and performance and this was done with the agreement of the partners in September 2010.

### 3.1.2 Work Package 2 - Project Communication, Dissemination and Valorisation Strategy

The aim of this work package was to widen the impact of the project across Europe by effectively disseminating and exploiting project outcomes. Valorisation is a term used by the European Commission to describe the activities of disseminating and exploiting the products and outcomes of this project. To meet this objective project partners:

- Exploited the results of the project at conferences and events
- Further developed project results in different contexts and situations, such as the Cologne "Future Forum"
- Recognised good practice and encouraged relevant key players to do so, for instance EHFA members were all invited to submit examples of best practice
- Embedded project results into the practices of organisations, such as the EHFA Standards Council
- Develop a new EHFA website to carry information on this project

The project was communicated through the respective partners channels, and some of the key dissemination activities included:

- Discussing the project at meetings, seminars and conferences
- Sending mails/documents to relevant organisations
- Producing newsletters/articles/journals
- Placing information on partner websites
- Organising project seminars and conferences

Each partner disseminated information in the project in this manner, examples include the following:

Dissemination Activities		
Source	Title	Date
Trade media	<a href="#">World Leisure News &amp; Jobs</a>	2/7/10
Associated Organisations	<a href="#">Active IQ</a>	10/5/10
Partner websites	<a href="#">FIA</a>	31/1/11

Representatives of the project also publicised the project at a number of forums and conferences, examples include:

Dissemination at Conferences and Forums		
Conference	Date	Number of attending organisations
ISCA European Parliament Seminar 'Sport for All'	22/6/10	50
FIA Vanguard Council <sup>121</sup>	8/6/10	30
FIA Communications Forum <sup>122</sup>	11/6/10	25
EHFA London Summit	22/11/12 – 23/11/12	70
EHFA European Fitness Forum	10/5/10 – 11/5/10	50
IWI Conference	23.1.10	200
EU Sport Forum	22.2.11	200

<sup>121</sup> The Fitness Industry Association Vanguard Group is a group of high level organisations within the UK fitness sector. The group debates the strategic focus of the fitness sector and the UK trade body.

<sup>122</sup> The Fitness Industry Association Communications Forum is a group of communications experts from the major operators within the UK fitness sector market.

DG Sanco High Level Conference on Monitoring and Evaluation of EU and Member States' strategies on nutrition, overweight and obesity related health issues	8/12/10 – 9/12/10	60
--	-------------------	----

A complete record of dissemination activities are available in section 3.5.

Please note that the table above does not include events which were specifically developed for the purposes of publicising the Becoming the Hub Project. Furthermore, it does not include details of the project partners Board of Directors meetings, where the project was also discussed and approved. Additionally, the project was also a topic of discussion at the EHFA Standards Council and Scientific Advisory Board, chaired by Prof. Alfonso Jimenez and Prof. Willem van Mechelen respectively.

The project application included a commitment to develop a dedicated website for the project, but after discussion with the EHFA Board it was considered more appropriate that the project details were part of one, comprehensive site that included all EHFA projects and programme activities – to a single source of information for the fitness sector. The project partners agreed that a new and separate website could possibly create confusion amongst individuals and would require a dedicated plan for how to increase the number of visitors to the website. In contrast, the EHFA programmes website is an established resource for the European fitness sector and the Hub project part of this has received nearly 6,000 unique address hits since November. This is a new site and the domain name is [www.ehfa-programmes.eu](http://www.ehfa-programmes.eu).

A further decision was taken that the interim reports and any preliminary research findings (see below) would not be put onto the website until the industry's position and consultation processes had been completed in October. This was a deliberate policy to stop any unnecessary speculation or deviation from the project purpose. The full report, Executive Summary, listing of key references and documents and the recommendations are all available at [www.ehfa-programmes.eu](http://www.ehfa-programmes.eu).

The Dissemination and Valorisation strategy is outlined in the appendix of this paper.

### **3.1.3 Work Package 3 - Research and Development**

This report is largely the product of desk based research undertaken to establish the effectiveness of physical activity promotion and the extent to which the fitness sector has featured in such promotion. The Research and Development work package was further divided into the following:

- **Identification of key project stakeholders**

The research teams of both the FIA and EOSE identified the key stakeholders involved in the promotion of health enhancing physical activity. In order to ensure a uniform approach to research which would deliver representative results, the FIA and EOSE worked together in order to define the parameters of the research, this approach enhanced the scientific evidence base of the research.

The partners agreed that there would be three pillars of the review:

- General promotion of physical activity for better health
- Directed physical activity to improve levels of health

- Specific actions to help manage health related diseases and problems

Information was collated and assessed in a systematic fashion to ensure consistency of approach, this approach is summarised in section 3.3 'Selection Criteria'.

The Partners acknowledged the importance of referencing work to the EU White Paper on Sport, EU Guidelines for Physical Activity, and the Eurobarometer report.

- **Current situation analysis**

Using the research tools outlined in section 3.4, the research team undertook desk based research to establish the effectiveness of health enhancing physical activity and prominence of the health and fitness sector in promotion. The research team analysed the following sources:

- Global and European governmental and official sources
- National statistical offices, other governmental and official sources for information
- Inter-governmental bodies and other official international sources for information
- National and international specialist trade press
- Websites of national and international trade associations
- Reports produced by CSR teams of major manufacturers/distributors, operators/suppliers/training providers in the health and fitness sector and other relevant sectors
- Online databases
- Financial, business and mainstream press
- Peer reviewed journals

In total 35 policies and 27 campaigns were examined from EU Member States, with a particular focus on the following seven member states; Denmark, Finland, France, Germany; Netherlands; Sweden; and the United Kingdom. In addition, international policies were analysed as were over 80 research studies. Section 3.5 outlines all of the policies and campaigns analysed throughout the course of the project.

- **Interpretation and presentation of findings and industry consultation**

Once the information was collated, it was written-up in a report for wider distribution and initial feedback/consultation. There were a number of variations of the report produced during June-August and it was agreed at the time that the actual research evidence being gathered would not be included as the document was too large to be used for consultation.

EOSE, with assistance from the project partners, prepared and implemented the consultation process based on the strategy EOSE had originally produced in April 2010. This is attached in the appendix. In the end it was agreed that there would have to be 2 rounds of electronic consultation supplemented by the Cologne "Future Forum", and the results, implications and outcomes of the consultation are referenced in section 3.6.1 'Consultation results'.

The project was open to consultation on three official occasions throughout the project, details were as follows:

Consultation activities			
Title of consultation	Form of consultation	Date	Response
Consultation 1	Electronic questionnaire	July 2010	52
Cologne 'Future Summit'	Two day workshop	October 2010	16
Consultation 2	Electronic questionnaire	October 2010	219

Please note that the list above is restricted to events which were specifically designed for consultation, however the project was also discussed and feedback was received on the report at a range of other events, as listed in section 3.1.2.

The Cologne Future Forum in early October, provided the opportunity for industry experts to look closely at the findings and initial recommendations to determine more precisely how the European health and fitness sector can contribute to the provision of health enhancing physical activity across Europe. Rather than an event of presentations, the partners considered it better to invite a group of experts representing the countries where research was undertaken and some stakeholders of the sector.

There were 16 delegates at the Future Forum who worked together over 2 days to produce a draft strategy and critique the progress of the project. The direction given by the Forum enabled EHFA and FIA to re-write the recommendations and the outline of a summary report that could be used for round 2 of the consultation and that would form the latter versions of the report. Specifically, the feedback from the Cologne forum led to the partners amending the interim report to include six recommendations for the selected audiences. The second round of consultation then gauged the level of support for the six recommendations made within the report.

The interim report was also considered by the EHFA Standards Council and the Chair of the EHFA Scientific Advisory Board and President of the European Network for Health Enhancing Physical Activity, Prof. Willem van Mechelen. Both parties scrutinised the report, highlighted further available research, and made recommendation for future amendments.

#### ***3.1.4 Work Package 4 - Developing the role of the health and fitness sector in health enhancing physical activity***

Having undertaken the initial research and consultation, the research team re-drafted all previous versions of the interim report and produced an executive summary detailing the six recommendations of the project. At this stage the recommendations were as follows:

- Develop targeted and integrated campaigns & policies
- Offer physical activity within the community
- Promote exercise
- Develop the role of exercise in healthcare
- Building partnerships
- Professionalising the sector



The executive summary, with the six recommendations, was next presented at the EHFA 'London Summit' in November 2010.

The timing of the London Summit was critical (and in accordance with the agreed work plan) to ensure the best audience of industry stakeholders could attend to hear the recommendations and to be able to understand the context and process of development. To be such a major event it was necessary for early planning and preparation.

More than 70 delegates attended from over 20 European countries plus some international guests and a representative from the Commission. It was directly linked to the EHFA National Associations annual meeting and it was felt appropriate to invite a world-renowned key note speaker to outline the context and importance of the opportunity for the fitness sector to promote health-enhancing physical activity. To this end, Prof Dr Harold W. (Bill) Kohl III, President of the International Society of Physical Activity and Health spoke on the International Dimension of Health Enhancing Physical Activity.

### **3.1.5 Work Package 5 - Integrating the results of EHFA strategy for the future**

The recommendations contained in this report have been approved by the EHFA Board of Directors and as such will be a central component of EHFA's future strategy. Most notably the Becoming the Hub project will influence the development of the following:

- Website development

The new EHFA programmes website has been developed in order to develop into the central hub for information relating to the promotion of health enhancing physical activity within the Europe. Significant policies such as the Eurobarometer: Sport and Physical Activity report and the European Union Physical Activity Guidelines. Associated organisations from within the EHFA network will also be invited to deposit examples of best practice from member states for presentation on the EHFA website.

It is already noted that there is a significant amount of traffic to the free downloads on the research papers that have been used in the Hub project and for the Executive Summary Report. The process is now in place where people can add comments or links to other research in the area of HEPA. This site will continue to be expanded and integrated into the broader EHFA Reference Area long after the project has been completed.

- EHFA Standards Council

The Becoming the Hub recommendations have significantly influenced the future work plan of the EHFA Standards Council. As mentioned earlier, the Chair of the EHFA Standards Council, Prof. Alfonso Jimenez, scrutinised the report on several occasions and was therefore well placed to ensure that the Standards Council work plan reflected the Becoming the Hub recommendations. Most notably, the recommendations indicate that exercise is effective in both the prevention and management of chronic conditions, and that certain population groups require tailored exercise interventions. This has greatly influenced the work of the Standards Council. At present across Europe there is a lack of qualified exercise professionals who can safely deliver exercise interventions in the management of chronic disease

and for specific population groups. For instance, across Europe 85% of the workforce is qualified at EQF level 4, whilst in United Kingdom although there are almost 30,000 exercise professional on the national Register of Exercise Professionals only 2,000 of these individuals are qualified to deliver exercise in the management of chronic conditions. The challenge for the industry in working with a broader range of population groups, such as older adults, those with chronic disease, and those who have not previously engaged in exercise, requires the training of exercise professionals to better include an understanding of behavioural change.

Furthermore, recommendation four, *Develop the role of exercise in healthcare*, will again require higher levels of qualifications of exercise professionals. Additionally, the final recommendation states that career pathways must be developed for all roles in the industry including, administration, management, and operations. In the United Kingdom a fitness sector consultation which attempted to develop a three year strategy for the fitness sector, *The TwentyTen Commission*, has similarly stated that professional recognition must be replicated for other sections of the industry.

In light of these points, at the 31<sup>st</sup> January 2011 meeting of the EHFA Standards Council, The council accepted the findings of the report and acknowledged that the report carries significant implications for how the fitness sector will develop. In order to support the recommendations of the Becoming the Hub report the Standards Council agreed to monitor and promote certain key actions:

- To develop a detailed proposal for primary research into the benefits of regular physical exercise and activity to help provide evidence into the cost-benefits and cost-effectiveness of the contribution the fitness sector can offer.
- To appoint new Technical Expert Groups to develop occupational standards for exercise professionals to work with specialist population groups to include older adults, children and adolescents, in the broader context of exercise referrals, for people with disabilities and impairments, and with chronic diseases such as coronary heart disease, obesity and diabetes mellitus, lower back pain and with mental health issues.
- To help promote the professionalising of the fitness sector and to work in cooperation with other health care professionals and the combining of services and solutions to encourage and support inactive population groups to adopt a healthy lifestyle which includes regular physical activity.
- To review and support the development of a full eight level sector qualification framework which fully integrates higher education and the role which graduates and contribute to providing wider and deeper skills to the fitness industry.

In order to properly resource the work of the Standards Council outlined above, EHFA has applied for support from the '*Jean Monnet Programme support to European Associations active at European Level in the Field of Education and Training and European Integration*' (EACEA/24/2010). If successful this will provide matched-funding to accelerate the development of specialist standards to provide new qualifications for exercise professionals to work with such populations groups as older adults and those with chronic diseases. These higher qualifications (referenced to the European Qualification Framework) will also embody principles of professional

practice for closer working with health professionals and especially in the area of exercise referrals.

The combined commitment of the EHFA Board and Standards Council resolution will be presented to membership of EHFA at Europe's largest trade show (FIBO) in Essen in April 2011. This will mark the approval of the actions to integrate the Hub recommendations into EHFA's Future Strategy document which provides objective planning for the European fitness sector to 2016.

By having a unified approach EHFA will be able to invest in the development of long-term partnerships with other sectors to help mobilise and realise the potential of the fitness sector to provide a broader range of solutions and opportunities for health-enhancing activity. The addition and development of new, higher, qualifications will allow for better professional recognition and closer integration with health care providers.

All of these will help to break down barriers to the recognition of the vast fitness sector resources available and importantly to create pathways for more citizens to be able to participate in safe, regulated exercise activities.

- Corporate Social Responsibility

As outlined above in recommendation 6, *Professionalising the Sector*, has already greatly influenced EHFA's future strategy. The recommendation correctly states that in order for the fitness sector to reach its potential, outlined in the earlier sections, it must professionalise including addressing the skills of professionals and the corporate social responsibility of the sector. An immediate focus of EHFA's strategy to improve the corporate social responsibility of the fitness sector is the *Fitness Against Doping* project currently being lead by EHFA in collaboration with 11 project partners across 10 member states.

The EU White Paper on Sport recognises that doping poses a threat to sport and calls on sport organisations "to develop rules of good practice to ensure that young sportsmen and sportswomen are better informed and educated in the issues of doping substances, prescription medicines which may contain them, and their health implications".<sup>123</sup>

Previous anti-doping research and international regulation has focused on elite sport, but it is recognised that amateurs are also making use of performance-enhancing drugs and this is a concern to the fitness industry because of the detrimental effect that doping has on the long-term health of the users.

In response to this the *Fitness Against Doping* project will undertake primary research study across 10 member states in order to establish the prevalence of doping in the European Fitness Industry. The results will provide the evidence base for future targeted interventions within the industry and will start a network of best practice to further the fight against doping.

EHFA will continue to identify areas in which both the standards of practice and corporate social responsibility could be improved across the European fitness sector.

---

<sup>123</sup> European Commission, "White paper on sport", *European Commission*, 11 July 2007. [http://ec.europa.eu/sport/white-paper/whitepaper8\\_en.htm#1](http://ec.europa.eu/sport/white-paper/whitepaper8_en.htm#1) [accessed 3 March 2010].

### **3.2 Variations in delivery compared to original project plan**

The Becoming the Hub project was a large undertaking in a relatively short period of time, and therefore on several occasions the project team diverged or adapted the original project plan in order to improve the quality of the report, and to match the required project outcomes.

Firstly, a formal quality plan was not produced by the project management team as it was decided that the EHFA Board of Directors could effectively monitor the progress of the report. Furthermore, the project partners were content to manage the project through 8 full partner meetings, details of which are available in section 3.1.1..

Secondly, the initial date and location for the “Future Summit” was re-arranged in order to ensure that the two day workshop was attended by representatives of the seven member state countries that were principally analysed. In order to avoid many other conflicting sector events in September, the summit took place in early October 2010 and the location was changed from Berlin to Cologne which has better communications.

There were some other minor changes to the delivery, for instance no external facilitator was appointed for the London Summit because it was considered more appropriate to use this budget to support the appointment of Prof Bill Kohl to be an international key presenter, and this proved to be an excellent outcome. A second minor variation concerned the specific PowerPoint presentation to be prepared for the interim findings. This did not happen because the report went through many drafts during June-October. A summary was given at the Future Summit and a full PPT at the London Summit, this presentation is available on the Becoming the Hub website.

Finally, the project partners decided to undertake a second consultation within the European fitness sector following the Future Summit, the partners (and project deliverable) set a target of achieving a minimum of 100 replies to the consultation. The project partners and participants at the Future Summit deemed a second round of consultation necessary because the number of responses to the first consultation was disappointingly low. The second consultation took place to ensure that the recommendations within the report were supported and representative of the European Fitness Sector.

The original work plan detailed a series of project deliverables that must be met throughout the course of the project. The table below details the project deliverables and the progress achieved in meeting these objectives.

<b>Deliverable No:</b>	<b>Deliverable title</b>	<b>Month</b>	<b>Nature</b>	<b>Level</b>	<b>Results, progress and comments</b>
1	Final report (WP1)	March	Report	Public	The technical report required under the Agreement was completed and submitted to the Commission in March
2	Interim report (WP1)	June	Report	Public	Four versions of the interim report were completed

3	Final Conference (WP2)	March	Event	Public	The London Summit was held on 22 <sup>nd</sup> Nov 2010
4	Admin and Operations manual (WP1)	January (10)	Report	Participants	Admin and Ops Handbooks were produced in Jan 2010
5	Project leaflet in multiple languages (WP2)	February (10)	Report	Participants	A summary of the Hub project leaflet was produced in EN DE FR and on website
6	Project website (WP2)	February (10)	Product	Public	The website for the project was set up in March 2010 and has been under constant update and additions during the project lifetime
7	Project risk analysis (WP1)	January	Product	Participants	No separate risk analysis was completed
8	Tender document for external evaluation consultancy (WP1)	January	Report	Public	No separate tender was required (value below 5,000€). Berkley Associates sprl were appointed.
9	Tender document for external PR support (WP2)	January	Report	Public	This was removed from the final agreement during the original budget reduction
10	Three lead partner meetings (WP1)	July	Event	Participants	There were 8 project partner meetings plus a number of other "informal" meetings
11	Communication and dissemination strategy (WP2)	February	Report	Participants	The dissemination strategy was agreed in April/June. Partners have completed dissemination activity reports which are summarised in the technical report.
12	Presence at international, EU, national and regional events to promote project (WP2)	March (11)	Event	Public	EHFA and partners attended EU, national and regional events to promote project and finally at the EU Sport Forum in Budapest to report on the findings and outcome of the Hub project.
13	Press releases updating on progress (WP2)	Dec	Report	Public	EHFA, and the project partners released a number of news updates which are summarised in dissemination activities.

14	1x EHFA Future Summit/Final Conference with 50 attendees (WP2)	March (11)	Event	Public	The London Summit held on 22 <sup>nd</sup> Nov with over 70 delegates in attendance.
15	Research report based on current position of health and fitness sector in policy development (WP3)	March	Report	Public	The summary of the research is included in the technical report. There were 4 interim versions of the research report prepared June-Sept. References to the research all listed on the website.
16	Presentation on current position of health and fitness sector in policy development (WP3)	March	Report	Public	The report recommendations summarises the policy decisions desired at Commission, Member State and European fitness sector levels.
17	EHFA Future Forum to consult with industry on current position of health and fitness sector in policy development (WP3)	April	Event	Public	The Future Forum was held in Cologne on 4th 5th October. This reviewed the findings from consultation 1 and interim research report number 4 findings/recommendations.
18	Consultation document for feedback on existing information on current position of health and fitness sector in policy development (WP3) Feedback from at least 100 people.	April	Exhibit or	Public	Consultation 2 was undertaken because there were insufficient replies in the first round. This was targeted to the fitness sector only in October with 219 responses to the survey.
19	Final review document on current position of health and fitness sector in policy development (WP3)	May	Exhibitor	Public	Included in final report.



20	Draft strategy for the future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	July	Exhibitor	Public	Executive Summary produced in Nov – printed in hard copy (350) and published on EHFA website. Revised copy updated with comments and contributions published in February 2011 (pdf on website)
21	Presentation on draft future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	August	Exhibit or	Public	Presentation at London Summit on 22 <sup>nd</sup> Nov and including signing of fitness sector pledge.
22	Second EHFA Future Forum with 20 attendees to the future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	Sept	Event	Public	2 <sup>nd</sup> Future Forum removed from project during budget reduction.
23	Consultation document for feedback on draft strategy for the future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	Nov	Exhibit or	Public	Part of agreed consultation strategy – undertaken and completed in Oct. The 6 recommendations and pledge were considered at the London Summit and then by Partner Boards and EHFA standards Council
24	Final Strategy Document and Presentation the future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	Dec	Report & Exhibit or	Public	Included in final report recommendations. These have been considered by the EHFA Standards Council who issued a statement of follow-up actions which were endorsed by EHFA Board in February and will be taken to General Assembly in April.

25	Presentation to Partner Board Meetings on the future role of health and fitness sector in the provision of health enhancing physical activity (WP4)	Dec	Event	Public	Presentation to EHFA Board in Nov and Feb. Presentation to EHFA Standards Council in Feb Presentation to EOSE Board and at their GA in Dec. FIA & VDF Boards considered and accepted recommendations in Jan 2011,
26	Communication campaign from EHFA to convey the future role of health and fitness sector in the provision of health enhancing physical activity (WP5)	March (11)	Product	Public	Started at London Summit in November 2010. Revised Executive Summary published in Feb 2011. Presentation to members and dissemination of recommendations at General Assembly in April 2011.
27	Criteria for inclusion of best practice projects demonstrating role of health and fitness industry in promoting health enhancing physical activity (WP5)	February (11)	Product	Public	Research criteria determined which campaigns and policies should be included as best practice. These are explained in the technical report.
28	Development of online tool for capture of best practice projects demonstrating the role of health and fitness sector in promoting health enhancing physical activity (WP5)	February (11)	Product	Public	Website developed to allow for (public) contributions to add to research papers and descriptions/comments on HEPA campaigns.

### **3.3 Selection Criteria for Policies and Campaigns**

During the earlier research of existing policies and campaigns a number of filters were used to ascertain the scope of the project. The research and analysis focused on policies and campaigns and therefore the primary filter involved the definitions attributable to a policy document and a campaign. It was necessary for the credibility of the project that defined parameters were developed to limit the scope of the

research. This process also helped to ensure that the research could be undertaken by the two different project partners, EOSE and the FIA. The various selection filters used throughout the project are outlined below.

### 3.3.1 Policies

There is a wide range of recorded definition of a policy, for instance certain authors define policies as “legislative or regulatory action taken by a federal, state, city, or local governments, government agencies, or non-governmental organisations”.<sup>124</sup> In contrast policies have also been defined as “a guide to action to achieve intended goals initiated by government, non government or private sector organisations, and can occur on a written or unwritten basis (within usual practice)”.<sup>125</sup>

Given that physical activity promotion has rarely been the subject of regulatory or legislative action and that the report aimed to make recommendations to member state governments, the research team disregarded the definitions above. Rather, the research team adopted the following definition of a policy:

*“Policies that are written documents that contain strategies and priorities, define goals and objectives, and are issued by a part of the national government”*<sup>126</sup>

Furthermore, the research team decided to focus on national government policies. However, it was noted that the phrase ‘national government’ has different meanings and connotations across Europe, for instance Scotland can be considered to have a national government in addition to that of Westminster, the seat of government for the United Kingdom. In order to remedy this, it was agreed that policies must be applicable to a substantial majority (80%) of the population. This excluded policies from devolved national assemblies, such as Wales and Bavaria whose policies are not applicable to over 80% of either the UK or German populations respectively.

### 3.3.2 Campaigns

Recognising previous work undertaken by Cavill and Bauman in 2004<sup>127</sup> and the 2006 MAX project<sup>128</sup>, the definition of campaigns used within the research was as follows:

*“Campaigns are purposive attempts to inform, persuade, and motivate a population (or sub-group of a population) using organised communication activities through specific channels, with or without other communication activities”*.<sup>129</sup>

---

<sup>124</sup> Schmid, TL, Pratt, M, Witmer, L., ‘A Framework for physical activity policy research’, *Journal of Physical Activity and Health*, (2006), 1, S20-S29.

<sup>125</sup> Bull, FC., et al, ‘Developments in National Physical Activity Policy: an international review and recommendations toward better practice’, *Journal of Science Medicine Sport*, (2004), 1, pp. 93-104.

<sup>126</sup> Daugbjerg, Signe, B., et al, ‘Promotion of Physical Activity in the European Region: Content Analysis of 27 National Policy Documents’ *Journal of Physical Activity and Health*, (2009), 6, pp 805-817, p 806

<sup>127</sup> Cavill, N & Bauman, A, ‘Changing the way people think about health enhancing physical activity: do mass media campaigns have a role?’, *Journal of Sports Science*, (2004), 22, pp.771-790.

<sup>128</sup> World Health Organisation, ‘What can we learn from health promotion campaigns? What can be applied to sustainable transport campaigns’, *World Health Organisation*, (2006)

[http://www.epomm.org/docs/mmttools/case\\_studies\\_TA/TF1\\_health\\_promotion\\_campaigns.doc](http://www.epomm.org/docs/mmttools/case_studies_TA/TF1_health_promotion_campaigns.doc) [accessed 3.3.10]

<sup>129</sup> World Health Organisation, ‘What can we learn from health promotion campaigns? What can be applied to sustainable transport campaigns?’. *World Health Organisation*, 2006.

[http://www.epomm.org/docs/mmttools/case\\_studies\\_TA/TF1\\_health\\_promotion\\_campaigns.doc](http://www.epomm.org/docs/mmttools/case_studies_TA/TF1_health_promotion_campaigns.doc) [accessed 28.1.11]

The project team acknowledged that campaigns are often implemented and designed locally, for instance one of the most frequently cited programmes, Beweegkuur, was first implemented regionally in the Netherlands, however it is now anticipated that the programme will be adopted nationally. Therefore, in order to best disseminate elements of best practice, local campaigns were included in the research.

### **3.3.3 Physical Activity Promotion**

The project adopted the European Union Physical Activity Guidelines definition of physical activity. The definition is as follows:

*“Physical activity is any bodily movement associated with muscular contraction that increases energy expenditure above resting levels”<sup>130</sup>*

The project focused on policies and campaigns that promoted physical activity as defined above. This includes a broad spectrum of policies and campaigns ranging from the promotion of walking to organised sporting activities. As a result the research includes policies and campaigns from government agencies and departments which are not strictly focused on the promotion of Sport or physical activity. For instance, policies which have originated from Transport Agencies often encourage individuals to undertake physical activity or ‘active travel’ rather than traditional forms of transport, as a method of reducing congestion and carbon emission. In this case the principal objective of the policy was to reduce carbon emissions or congestion, however increasing levels of physical activity is a component of this plan and therefore the policy was included in the research.

### **3.3.4 Language**

The research team also decided to only focus on literature which was available in English, French, or German. Finally, all research notes and analysis were translated into English.

### **3.3.5 Member State focus**

The research team undertook a pan European research study of physical activity promotion in order to identify areas where the fitness sector could contribute to promotion. The research analysis included pan European sources such as the European Union, World Health Organisation, and the HEPA network. In addition, the research team undertook an in depth analysis of the following seven Member States:

- Denmark
- Finland
- France
- Germany
- Netherlands
- Sweden
- United Kingdom

These seven countries were selected in part because of the national expertise of the project partners as VDF, EOSE, and the FIA are based in Germany, France, and the

---

<sup>130</sup> European Union Working Group on Sport & Health, “EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity”, *European Union*, 10 October 2008. [http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

United Kingdom respectively. Furthermore, the Netherlands, Finland, and the United Kingdom were selected as they are recognised as countries which have adopted physical activity promotion strategies over the last decade.<sup>131</sup>

In addition, the project partners felt it was necessary to include member states which had a developed fitness sector able to contribute to physical activity promotion. For instance though the number the facilities ranges from 640 in Finland to 6074 in Germany, the average number of fitness facilities across the seven member states was 2,764.<sup>132</sup> It was also noted that participation in fitness centres ranged from 2% of the population in France to 31% in Sweden, and that the average population participation in fitness centres in the member states was 16% which is 5% more than the European average.<sup>133</sup> Therefore, the fitness sector was suitably present in each of the member states. Further detail on the size of the fitness sector in the seven member states is available in section 2.3.

### **3.4 Research Method**

As mentioned earlier the project partners defined the scope of the document by developing a selection criteria for both policies and campaigns. The criteria included definitions of both policies and campaigns, and also clarified what activities would qualify as physical activity promotion. It was also agreed that the research team would not consider policies or campaigns which were created prior to January 2000, unless such campaigns were highlighted in recent policy documents.

The research was undertaken by EOSE and the FIA, in order to ensure there was a uniform approach to the research and data collection the project partners agreed a research method. The partners agreed what information should be collected by the research team and developed several analysis frameworks for both policies and campaigns. The analysis frameworks identified a series of indicators that must be captured for both policies and campaigns. The frameworks method are frequently used in both discourse and content analysis methods.

The following indicators were identified as being relevant for both policies and campaigns:

- Country of publication
- Title of policy or campaign
- Year of publication/initiation
- Time frame
- Publication department

The following indicators were identified as essential for the analysis of policies:

- Reference to stakeholders - including public, private, and international stakeholders.
- Policy Area and Objectives – in order to determine the original objective of the policy the framework required the original policy area. For instance policy

---

<sup>131</sup> B.W Martin et al, 'Evidence based physical activity promotion: HEPA Europe, the European Network for the Promotion of Health Enhancing Physical Activity', *Journal of Public Health* 14 (2006) pp.53-57.

<sup>132</sup> IHRSA, 'The IHRSA European Market Report: The size and scope of the health club industry', IHRSA, 2008.

<sup>133</sup> European Commission, 'Special Eurobarometer: Sport and Physical Activity' *Eurobarometer report*, 334 (2010), pp.14.

objectives may include, health promotion, participation in sport, reduced congestion, or reduced carbon emissions.

- Target group – in order to determine whether policies were concerned with the entire population or certain population cohorts defined by age group, gender, or level of physical activity.
- Health concerns – the particular concern, disease or condition targeted by the policy.
- Target objective – whether the policy had a clear target, such as increasing levels of physical activity by 10%.
- Physical Activity Guidelines – whether there were national physical activity guidelines in place
- Physical activity levels – the current level of physical activity in the population
- Financial cost of physical inactivity – information on the financial burden of physical inactivity in the population
- Reference to other policies or campaigns – essential in order to identify whether policies were integrated with campaigns.

The following indicators were identified as essential for the analysis of campaigns:

- Reference to stakeholders – including public, private, international, and funding stakeholders.
- Target group – whether the policy was concerned with certain population cohorts.
- Objectives – clearly identified targets.
- Campaign Activities – activities may include media promotion, promotion of physical activity in schools, or the delivery of exercise as part of the a medical care pathway.
- Expenditure – funding for the campaign.
- Evaluation results – the results of the campaign.
- Reference to other campaigns – essential in order to identify the campaign was part of a larger campaign. For instance, in the United Kingdom the *Moreactive4Life* campaign is a sub group of the *Change4Life* campaign.
- Reference to other policies – essential in order to identify whether the campaign was integrated with a policy.

Examples of both the Campaign and Policy Analysis frameworks are available in the appendix of this document.

The research team applied the frameworks to policies and campaigns from the seven identified member states. In total 35 policies and 27 campaigns were examined from EU Member States, with a particular focus on the seven target member states. The team also analysed existing evaluations of policies and campaigns, and on these occasions the team did not use the frameworks as an evaluation had been done. Furthermore, the research team also analysed the following sources:

- Global and European governmental and official sources
- National statistical offices, other governmental and official sources for information
- Inter-governmental bodies and other official international sources for information
- National and international specialist trade press
- Websites of national and international trade associations



- Reports produced by CSR teams of major manufacturers/distributors, operators/suppliers/training providers in the health and fitness sector and other relevant sectors
- Online databases
- Financial, business and mainstream press
- Peer reviewed journals

Following the completion of this initial research an interim report was produced detailing the method, research results and suggested recommendations. The interim report was debated by the project partners and put to consultation, after which the report was continually amended and re-drafted into an executive summary for the EHFA London summit in November 2010.

The partners decided that to circulate drafts of the interim research report with all attachments (such as the research findings) would have been too large and so only the summary of evidence and developing recommendations were used up to version 4. In the preparation of the final report (technical report) to the Commission all references, findings and attachments have been included.

### **3.5 Research Undertaken**

In total 35 policies and 27 campaigns were examined from EU Member States, with a particular focus on the seven target member states. In addition, some notable international policies were analysed as were over 80 separate research studies. The table below lists the policies and campaigns that were scrutinised:

<b>Analysed Policies and Campaigns</b>	
Policies	Campaigns
<b>Austria</b>	
	'Fit for Austria' (2004)
<b>Denmark</b>	
'Healthy throughout Life – the targets and strategies for public health policy of the Government of Denmark' (2003)	'Get Moving Campaign' (2005)
'National Action Plan Against Obesity' (2003)	'Exercise on Prescription EoP' (2005)
'Danish Public Health Report' (2007)	
'Cycle Policy' (2002)	
<b>Finland</b>	
'Government Resolution on the Development Guidelines for Health-Enhancing Physical Activity and Nutrition' (2008)	'Strength in Old Age' (2005)
'Higher Quality Services for Older People' (2008)	'Fit for Life: The Adventures of Joe Finn' (1995)
	'VoiTas Project' (2003)
<b>France</b>	
'Plan National de prévention par l'Activité Physique ou Sportive' (2008)	ICAPS 'Intervention Centred on Adolescents' Physical Activity and Sedentary Behaviour' (2002)
'Plan National Bien Vieillir' (National Plan on Healthy Ageing 2007-2009) (2007)	
'Second national programme for nutrition and Health 2006-2010' (2006)	'Together Let's Prevent Child Obesity' (2004)
La santé vient en bougeant' (2004)	
'Propositions pour encourager le développement de la bicyclette en France'	

(2004)	
<b>Germany</b>	
Aktiv Sein – für mich' (2010)	'Leben ist Bewegung - Prävention und Gesundheitsförderung' (2003)
Nationales Gesundheitsziel – Gesun aufwachsen: Lebenskom, Bewegubng, Ernährung (2010)	'Quality Seal Sports for Health' (2004)
'Guidelines on Health Diet and Physical Activity – Key to a Higher Quality if Life' (2007)	Bike to Work (2002)
'National Cycling Plan 2002-2012: Ride your Bike' (2003) (Nationaler Radpverkehrsplan 2002-2012: FahrRad)	IN-FORM – German national initiative to promote healthy diets and physical activity (2008)
'Integrated Sport Development Planning' (2003)	FrauenSportWochen – Frauen gewinnen – Für Bewegung und Gesundheit (2007)
	Bewegung und Gesundheit (2005)
<b>Netherlands</b>	
National Action Plan for Sport and Exercise (2006)	Maak je niet dik (2002)
Covenant on Overweight and Obesity (2006)	BeweegKuur (2007)
Time for Sport – Exercise, Participate, Perform (2005)	Balance Day (2006)
Living longer in good health – also a question of a healthy lifestyle (2004)	
National Action Plan for Children (2004)	
Toward an 'active' policy (2003)	
'The Netherlands in balance: preventing obesity master plan' (2005)	
<b>Norway</b>	
Working together for physical activity: The Action Plan on Physical Activity 2005-2009 (2005)	
National Health Plan 2004-2010 Volume I – Priorities (2004)	
<b>Poland</b>	
	Revitalise your Heart Intervention (2001)
<b>Slovenia</b>	
National Public Health Plan on Health Enhancing Physical Activity Plan (2007)	Slovenia on the Move – Move for Health (1999)
<b>Spain</b>	
Spanish strategy for Nutrition Physical Activity and Prevention of Obesity (Estrategia para la Nutrición, Actividad Fisicca y prevención de la Obesidad) (2003)	
<b>Sweden</b>	
Sweden's new public health policy – National public health objectives for Sweden (2003)	'Sweden on the Move' (2001)
Healthy dietary habits and increased physical activity – the basis for an action plan (2005)	Stockholm Diabetes Prevention Programme (1995)
	'Challenge Gothenburg' (2008)
<b>United Kingdom</b>	
Choosing Activity – a Physical Activity Action Plan (2005)	Change4Life (2009)
Healthy Weight Healthy Lives (2010)	Let's Dance with Change4Life (2010)
Be active Be Healthy (2009)	Well @ Work (2005)
Walking and Cycling – an action plan (2004)	Fit for the Future (2010)
Let's Get Moving – Physical Activity Care	Moreactive4Life (2009)

Pathway (2009)	
National Quality Assurance Framework for Exercise Referral Systems (2001)	

### 3.6 Dissemination

Throughout the project the outcomes and work plan were communicated by the project partners. The complete Dissemination and Valorisation Strategy is available in the appendix. The project was communicated through the networks of the project partners, in particular dissemination activities included:

- Discussing the project at meetings, seminars and conferences
- Sending mails/documents to relevant organisations
- Producing newsletters/articles/journals
- Placing information on partner websites
- Organising project seminars and conferences

The image to the right is an example of newsletter communication of the Becoming the Hub Project. The image displays an article in the VDF newsletter, 'VDF Club Aktuell' on the 7<sup>th</sup> May 2010. The article entitled, "EHFA, EOSE, FIA und VDF starten gemeinsames Projekt The Hub auf europäischer Ebene", outlines the aims of the project and informs readers that the project has commenced.

The image below is a further example of project dissemination within the media. In this case the publication, *World Leisure News & Jobs*, published an article on the Becoming the Hub project. The article, "FIA and EHFA work towards a European Plan", announces that the project has commenced and that the review of policies and campaigns has begun, it also invites readers to visit the project website to read more information or express an interest in participating in the consultation.










### Latest news

02 Jul 2010

#### FIA and EHFA to work towards a "European plan"

BY TOM WALKER

The Fitness Industry Association (FIA), in partnership with the European Health and Fitness Association (EHFA), has won a European Commission grant to raise the profile of the fitness sector in the fight against obesity in Europe.

The commission has appointed the FIA and EHFA to research the health and fitness sector's ability to address the rising tide of obesity and relieve the pressure on healthcare budgets across the EU. The project is entitled *Becoming the hub: the health and fitness sector and the future of health enhancing physical activity*.


Work has already started, with an analysis of EU government policy and campaigns across European national governments.

Working with FIA equivalents in France (the European Observatoire for Sport Employment) and Germany (Verband Deutscher Fitness und Gesundheitsunternehmern), the team will consult with operators and suppliers from Sweden to Swindon and will produce a report at the end of the year.

"Any ambitious sector must look to the European markets for growth," comments David Stalker, FIA executive director. "We've gone from being ambassadors for the role of the health and fitness sector in an integrated public health strategy, to being a champion for all our European colleagues in just a matter of months. That's a wonderful testimony."

Anyone interested in reading more about the project, or in participating in the consultation, can visit [www.ehfa-programmes.eu/hub.aspx](http://www.ehfa-programmes.eu/hub.aspx)

### Health & Fitness



#### Space to grow

Kate Cracknell speaks to Third Space CEO Eric Dunmore about his plans

[View >](#)

### Catalogue gallery



Retail packaged fitness and sports performance products featuring educational programming by some of the World's leading professional coaches and trainers including Mark Verstegen - trainer of the Top Champions in Professional Sports around the world and Founder of Athletes' Performance Institute - the most renowned brand in sports performance training in the USA.

- Premium quality equipment & retail packaging
- Programming delivered by world-leading trainers

Finally, the image below is an example of project partner promoting the project via their website. In this instance, the FIA have web page dedicated to updating members on its work with European stakeholders, and the web page highlights the Becoming the Hub project.



more people | more active | more often

[HOME](#)
[ABOUT US](#)
[HOW HEALTHY?](#)
[FIND A GYM](#)
[COMMUNITY ENGAGEMENT](#)
[MEDIA CENTRE](#)
[SPONSORS](#)
[TWENTYTEN](#)

[Press Announcements](#)
[Fact Sheets](#)
[Coverage](#)
[Media Reviews](#)
[Public Affairs & Policy](#)
[Communications Forum](#)

### European Engagement

The FIA is a member of the European Health and Fitness Association (EHFA), and in partnership with EHFA represents the interests of the fitness sector to the European Commission.

Working with EHFA, the FIA undertakes a number of projects with the European Commission to demonstrate the role of the fitness sector in tackling societal challenges, improving education and training, and improving the reputation of the sector. Most recently, the FIA has pledged its support to EHFA who have been awarded a grant by the European Commission to lead a project to research and develop preventative strategies to counter doping practices in fitness facilities. To find out more about this project click here.

The FIA also fully supports the strategic principles and objectives of the European Union Lifelong Learning Programme.



### FIA INDUSTRY SECTION

[GO TO SECTION](#)

For exercise professionals, gyms, leisure trusts, educators, fitness groups and suppliers.

membership number

\*\*\*\*\*

[Forgot Password](#)

### PUBLIC AFFAIRS & POLICY

Vanguard Group	<a href="#">VIEW DETAILS</a>
Medical Engagement	<a href="#">VIEW DETAILS</a>
Political Intelligence	<a href="#">VIEW DETAILS</a>
European Engagement	<a href="#">VIEW DETAILS</a>

### Becoming the Hub - The Health and Fitness Sector and the future of Health Enhancing Physical Activity

Currently the FIA is working in partnership with the European Health and Fitness Association (EHFA) and a number of European research partners on a project examining health enhancing physical activity policies and campaigns throughout Europe.



The above images are examples of project dissemination however it should be noted that dissemination was not limited to these examples, rather the project was presented and discussed at a range of events and meetings, whilst it was also vigorously promoted through trade media channels. A complete record of project dissemination is listed below:

Dissemination Activities			
Date	Activity	Description	Partner Responsible
<b>Media</b>			
5.5.10	Trade Media Article	'Brussels Sprouts a New Plan' article in Health Club Management	FIA
7.5.10	Partner Newsletter	Becoming the Hub update in 'VDF-Club aktuell'	VDF
10.5.10	Fitness sector website	'EHFA Members Approve Strong Plans For Growth' article carried on the Active IQ website	EHFA
7.7.10	Trade Media Article	'EHFA & FIA work toward a European Plan' in World Leisure News & Jobs	FIA
30.8.10	Partner Newsletter	Becoming the Hub update in 'VDF-Trainer aktuell'	VDF
10.9.10	EREPS bulletin	Member bulletin sent to over 3000 members	
21.9.10	Partner Newsletter	Becoming the Hub update in 'VDF-Club aktuell'	VDF
21.10.10	Partner Newsletter	Becoming the Hub update in 'VDF-Club aktuell'	VDF
1.10.10	Partner Bulletin	EOSE E-Bulletin sent to 800 representatives from the European Active Leisure Sector	EOSE
3.11.10	Partner Newsletter	Becoming the Hub update in 'VDF-Trainer aktuell'	VDF
2.12.10	Press Release	Release on the 'Becoming the Hub Pledge'. Circulated to EHFA membership and trade media	EHFA
12.10	Article	Article on the London Summit in Health Club Management which distributes over 20,000 copies	EHFA
13.12.10	Press Release	Release on the EHFA International Standards Meeting. Circulated to EHFA membership and trade media	EHFA
<b>Events</b>			
23.1.10	IWI Conference (Budapest)	Presentation at IWI Conference to a congress of over 200 exercise professionals and club owners	EHFA
28.1.10	EA Fitness Project (Amsterdam)	Informal discussion with project partners of the EA Project	EHFA
10.3.10	IHRSA Convention	Informal discussions with over 25 members of the Convention	EHFA
14.4.10	VNU Exhibitions (Utrecht)	Informal discussion with industry representatives	EHFA
22.4.10	FIBO (Essen)	Informal discussions with over 20 industry contacts	
10.5.10	3 <sup>rd</sup> EHFA Fitness Forum	Details of the project were presented at the EHFA Fitness Forum with representatives from the European fitness sector in attendance	EHFA

8.6.10	FIA Vanguard Council	The Vanguard Council is a group of 31 equipment suppliers, facility operators, and training providers who contribute to the UK fitness sector strategy	FIA
11.6.10	FIA Communications Forum	The FIA Policy team presented the project to the communications executives from 17 organisations	FIA
22.6.10	ISCA European Parliament Seminar 'Sport for All'	3 Becoming the Hub representatives attended the International Sport and Culture Association, Parliament Seminar on Sport For All	EHFA/FIA
14.7.10	FIA FLAME Conference	Informal discussion of the project with over 25 sector organisations	FIA/EHFA
16.9.10	CLO2 Final Conference	Reporting and Informal Discussion at the CLO2 project final conference.	EOSE
21.9.10	Leisure Industry Week	Informal discussions with over 15 organisations at the UK Leisure Trade Show	EHFA
4.10.10	Cologne "Future Forum"	Becoming the Hub Consultation Two Day Workshop in Cologne Germany	EHFA
8.12.10	High Level Conference	Becoming the Hub representatives attended the High Level Conference on Monitoring and Evaluation of EU and Member States' strategies on nutrition, physical activity and obesity related issues.	EHFA/FIA
8.10.10	SKY Finnish Convention	Speech to convention on EHFA's strategy including the Becoming the Hub report	EHFA
18.10.10	IHRSA EU Congress	Informal discussions with over 35 organisations	EHFA
14.10.10	Utrecht Health and Fitness Show	Presentation on the Hub project to over 120 delegates	EHFA
21.10.1	FISAF Congress (Eindhoven)	Presentation to business forum of 30 delegates and the standards technical group of 20 delegates	EHFA
4.11.10	European Outdoor Forum	Presentation and informal discussion the European Outdoors Forum in Annecy France	EOSE
22.11.10	EHFA London Summit	Summit of 70 delegates, where the report recommendations were debated by guest experts such Prof. Harold Bill Kohl.	EHFA
8.12.10	EOSE Working Conference and General Assembly 2010	Presentation of the Hub recommendations at the EOSE Working Conference and General Assembly	EOSE
21.2.11	EU Sport Forum	Presentation of the Hub project at the EU Sport Forum	EHFA
<b>Meetings</b>			
6.1.10	EOSE Board Meeting	Presentation to EOSE Board	EOSE
22.1.10	Sport Unit Meeting	Presented the Hub project to the 8 other projects delivered under the Preparatory Action	EHFA
10.2.10	EHFA Board	Project Management discussion at EHFA Board Meeting	EHFA
17.2.10	European Paralympic Committee (EPC)	Presentation to the EPC	EOSE



11.2.10	EU Platform on Diet & Physical Activity	Report and Informal Discussion with members of the Platform	EHFA
26.3.10	'EA-Fitness' Full Partner Meeting	Reporting and Informal Discussion with the 10 project partners in the 'EA-Fitness' project Full Partner Meeting	EOSE
7.4.10	EOSE Board	Report and discussion at EOSE Board meeting	EOSE
8.4.10	Malta Sports Council (KMS)	Report and discussion at the KMS meeting	EOSE
9.4.10	Malta Exercise Health and Fitness Association (MEHFA)	Report and informal discussion with MEHFA	EOSE
28.4.10	'All for Sport for All' Full Partner Meeting	Report and Discussion at the 'All for Sport for All' project full partner meeting	EOSE
3.6.10	Bulgarian Associations meeting	Meeting with Bulgarian National Association	EHFA
6.5.10	SATs	Meeting with largest operator of Scandinavian fitness clubs, SATs	EHFA
8.6.10	FIA Board	The FIA Board regularly checked and approved the work of the FIA Policy team	FIA
17.6.10	'EA-Fitness' Full Partner Meeting	Reporting and Informal Discussion with the 10 project partners in the 'EA-Fitness' project Full Partner Meeting	EOSE
22.6.10	EHFA Board	Project Management discussion at EHFA Board Meeting	EHFA
24.6.10	EHFA Standards Council	Briefing on the Hub project	EHFA
25.6.10	EOSE Research Committee Meeting	Working session and distribution at the EOSE Research Committee	EOSE
16.7.10	ECOTEC	Conference call and discussion with ECOTEC	EOSE
20.7.10	EOSE Board	Report and discussion at EOSE Board meeting	EOSE
3.8.10	DSSV	Meeting with German fitness association, DSSV	EHFA
9.9.10	'EA-Fitness' Full Partner Meeting	Reporting and Informal Discussion with the 10 project partners in the 'EA-Fitness' project Full Partner Meeting	EOSE
13.10.10	'All for Sport for All' Full Partner Meeting	Report and Discussion at the 'All for Sport for All' project full partner meeting	EOSE
28.10.10	Golf Stand Technical Meeting	Reporting and Informal discussion at the Golf Stands Technical Meeting (Paris)	EOSE
29.11.10	AGAP	Meeting with Portugese fitness association, AGAP	EOSE
<b>Other</b>			
2010-2011	FIA Media Review	A short update on the project was placed on the FIA daily media monitoring service sent to over 2500 individuals	FIA
2010-2011	FIA Active Intelligence	A short update on the project was placed on the FIA weekly political monitoring service sent to over 2500 individuals	FIA
2010-2011	Partner Websites	Each Project Partner carried updates on the project on their respective websites throughout the project	ALL

The largest set piece promotion and dissemination of the Becoming the Hub project was undoubtedly the EHFA London Summit, which was a two day conference attended by over 70 delegates from the health and fitness sector across Europe. The attendants were primarily EHFA members and stakeholders. The conference took place on the 22<sup>nd</sup> November 2011.

All attendants to the conference received a published hard copy of the executive summary of the report. The project recommendations were presented to the conference by the project Management team of Herman Rutgers and Cliff Collins. The conference also featured presentations from:

- Prof Dr Harold W. (Bill) Kohl III, President of the International Society of Physical Activity
- Jacob Kornbeck, Director of the DG EAC Sport Unit

Following the three presentations EHFA Executive Director, Herman Rutgers, presented the following pledge for action for the European fitness sector:

**Based on the evidence that now exists, the health and fitness sector believes it can provide a crucial role to use its extensive range of resources and skills to engage and stimulate citizens to achieve the EU Guidelines on Physical Activity. The European fitness industry will build a framework of action to encourage mass participation in exercise and activity. This will be based on the highest levels of professional collaboration and inter-agency coordination to develop integrated policies, campaigns and recommendations of best practice to get :**

**MORE PEOPLE | MORE ACTIVE | MORE OFTEN**

The pledge was then signed by all in attendance; the picture below displays the signed pledge and the delegates.



Although EHFA and the project partners will continue to disseminate the project recommendations, the final piece of dissemination took place at the EU Sport Forum 2011. The forum took place in Budapest on February 21<sup>st</sup> and 22<sup>nd</sup> and was attended by 200 participants from the Olympic and sport movement, including leading representatives from international and European sport federations, European and national sport umbrella organisations and other sport-related organisations. The EHFA project management team, Cliff Collins and Herman Rutgers, attended and exhibited at the forum. Cliff Collins presented the Becoming the Hub report in its entirety and the pledge, which integrated the findings of the project into the long term EHFA strategy. The image below displays both Herman Rutgers and Cliff Collins attending the exhibition and discussing the findings of the Hub report with Androulla Vassiliou, European Commissioner for Education, Training, Culture and Youth.



### **3.7 Consultation**

The findings of the research and subsequent recommendations were put to consultation across the fitness sector on several occasions throughout the work plan. Details of the consultation are listed below:

Consultation activities			
Title of consultation	Form of consultation	Date	Response
Consultation 1	Electronic questionnaire	July 2010	52
Cologne 'Future Summit'	Two day workshop	October 2010	16
Consultation 2	Electronic questionnaire	October 2010	219

Both consultations 1 & 2 were public consultations using the following definition from the OECD:

*“Public consultation, or simply consultation, is a regulatory process by which the public’s input on matter affecting them is sought. Its main goals are in improving the efficiency, transparency and public involvement in large-scale projects or laws and policies. It usually involves notification (to publicise the matter to be consulted on), consultation (a two way flow of information and opinion exchange) as well as participation (involving interest groups in the drafting policy of policy or legislation).”<sup>134</sup>*

The objectives of the overall Hub consultation strategy as they relate to each specific area? were:

- Manage information to ensure the general fitness community/industry and key fitness and health stakeholders are informed throughout the project
- Build on existing established relationships with key fitness and health stakeholders and the fitness industry
- Deliver responsive and innovative solutions to the health and fitness industry/community and social issues that reflect the context of the Hub project
- Address identified and emerging issues in a timely and appropriate manner

The Hub consultation also had the following supplementary objectives:

- Ensure an open, accountable and transparent fitness sector stakeholder process
- Encourage policy support and involvement in the process to facilitate a better and more accepted outcome
- Ensure all fitness stakeholders are fully aware of the need for the project and its likely scope
- Provide a range of accessible opportunities for fitness key stakeholders and where applicable the wider fitness public to contribute to the project through issues identification and open evaluation
- Provide a sound basis from which to develop a comprehensive set of options for the study area for fitness and policy stakeholder review

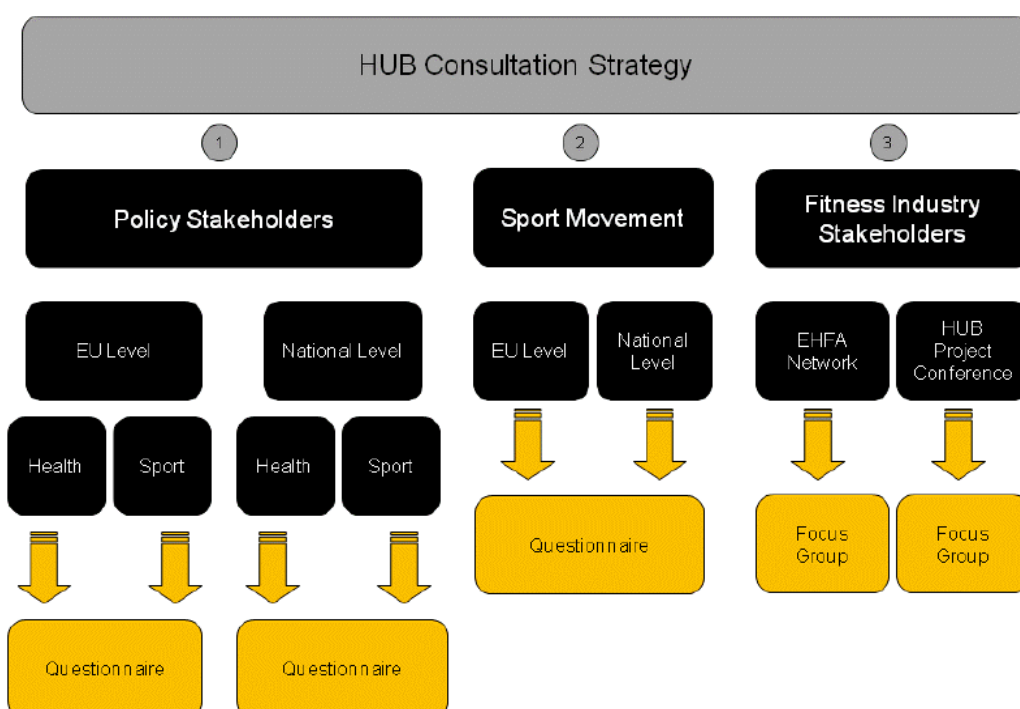
In order to receive the best possible consultation results the strategy was based on both a qualitative and quantitative approach using two tools of consultation:

- Focus Groups
- Online Questionnaire

The diagram below demonstrates the Consultation Strategy for the Becoming the Hub project.

---

<sup>134</sup> Organisation for Economic Co-operation and Development, “Guidelines for Public Consultation”, OECD, 28 February 2011. [http://www.oecd.org/document/40/0,3746,en\\_2649\\_34495\\_37539752\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/40/0,3746,en_2649_34495_37539752_1_1_1_1,00.html) [accessed 28 February 2011]

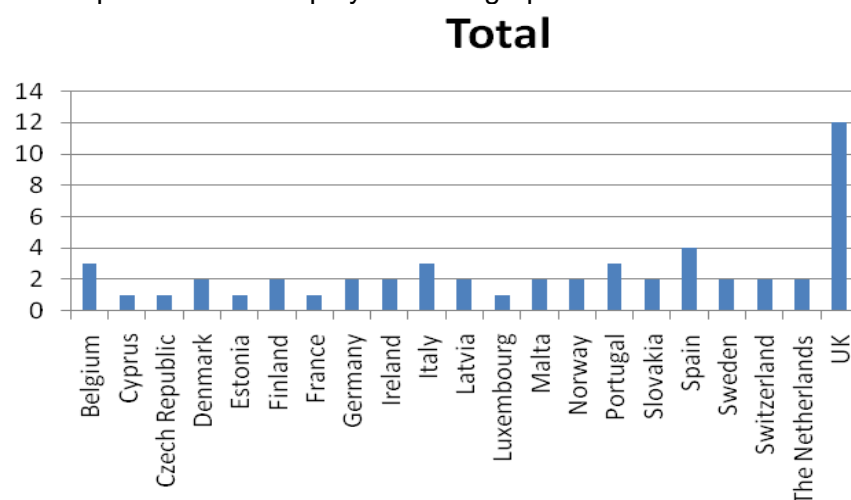


### 3.7.1 Consultation One

In July 2010 the project team developed a questionnaire which sought to identify the levels of agreement within the industry for the following:

- The selection criteria used by the team
- The rationale for the project
- The potential conclusions of the project

An electronic questionnaire was developed by EOSE and circulated throughout the EHFA and FIA networks and also through a stakeholder list developed by EOSE. Overall the consultation was distributed to over 5000 individuals, however the level of responses was very disappointing as only 52 individuals responded. As a result the project team did not make significant changes to the report following the consultation. The response rate is displayed in the graph below:





The entire results of the consultation are available in the appendix.

Despite the low response rate the results did indicate a significant level of support for the selection criteria and early research conclusions. The findings of note were as follows:

- Interestingly over 64.7% of the respondents disagreed with the definition of sport used in the European Union White Paper on Sport
- 81.3% of respondents correctly stated that European citizens are not sufficiently physically active.
- All agreed (at differing levels) that the fitness sector can contribute to increasing levels of physical activity
- 64.2% of respondents disagreed with the statement that '*Member States sufficiently Promote Physical Activity*'
- 85.6% agreed that the EU should promote physical activity through policies and campaigns
- 81.8% agreed that an holistic approach to improving lifestyles is essential in order to deliver success
- 62.8% agreed that the fitness sector had been inadequately utilised by governments in promoting physical activity, whilst 87.1% agreed with the recommendation that '*Governments should work with the health and fitness sector to increase the physical activity of European citizens*'

Though the results were based on an inadequate sample size they did provide support for the rationale for the project. A large majority of respondents identified the benefits of physical activity, encouraged the European Union and member state governments to encourage higher levels of physical activity, and recognised that although the fitness sector is a substantial resource for the promotion of physical activity it has not been utilised by governments.

Interestingly, 90.7% of respondents disagreed with the statement that, '*European governments and the EU should encourage physical exercise (such as running, football, swimming) rather than physical activity (such as gardening)*'. It is widely acknowledged that there is a dose response relationship between the level of activity, the amount and its positive effects.<sup>135</sup> Furthermore, the broad promotion of physical activity does not recognise the need for more structured forms of resistance training, which is encouraged by the WHO Physical Activity Guidelines. Following the consultation the project team sought to clarify this statement in order to demonstrate that whilst the fitness sector supports the promotion of physical activity, there is a need for more structured and vigorous forms of exercise which the sector is particularly well placed to provide.

Additionally, 73.8% of respondents agreed with the statement that, '*Governments should work with the health and fitness sector to increase the physical activity of European citizens particularly by providing tax incentives for physical activity*'. The issue of tax subsidies was not pursued throughout the project as early research indicated that only a minority of EU Member States have reduced VAT rates of Fitness activities to increase participation. For instance, France has been proposing tax subsidies for those who cycle to work and are physically active. These measures

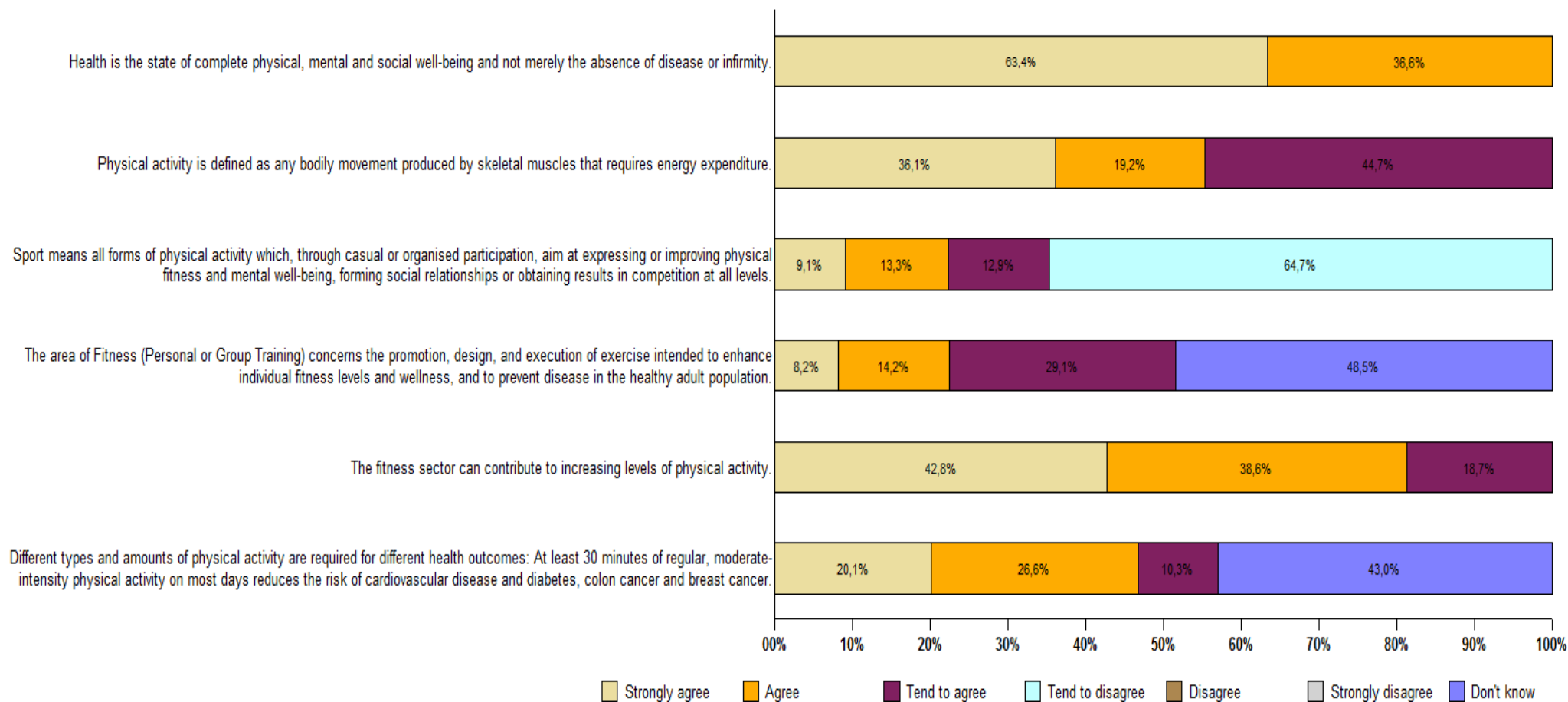
---

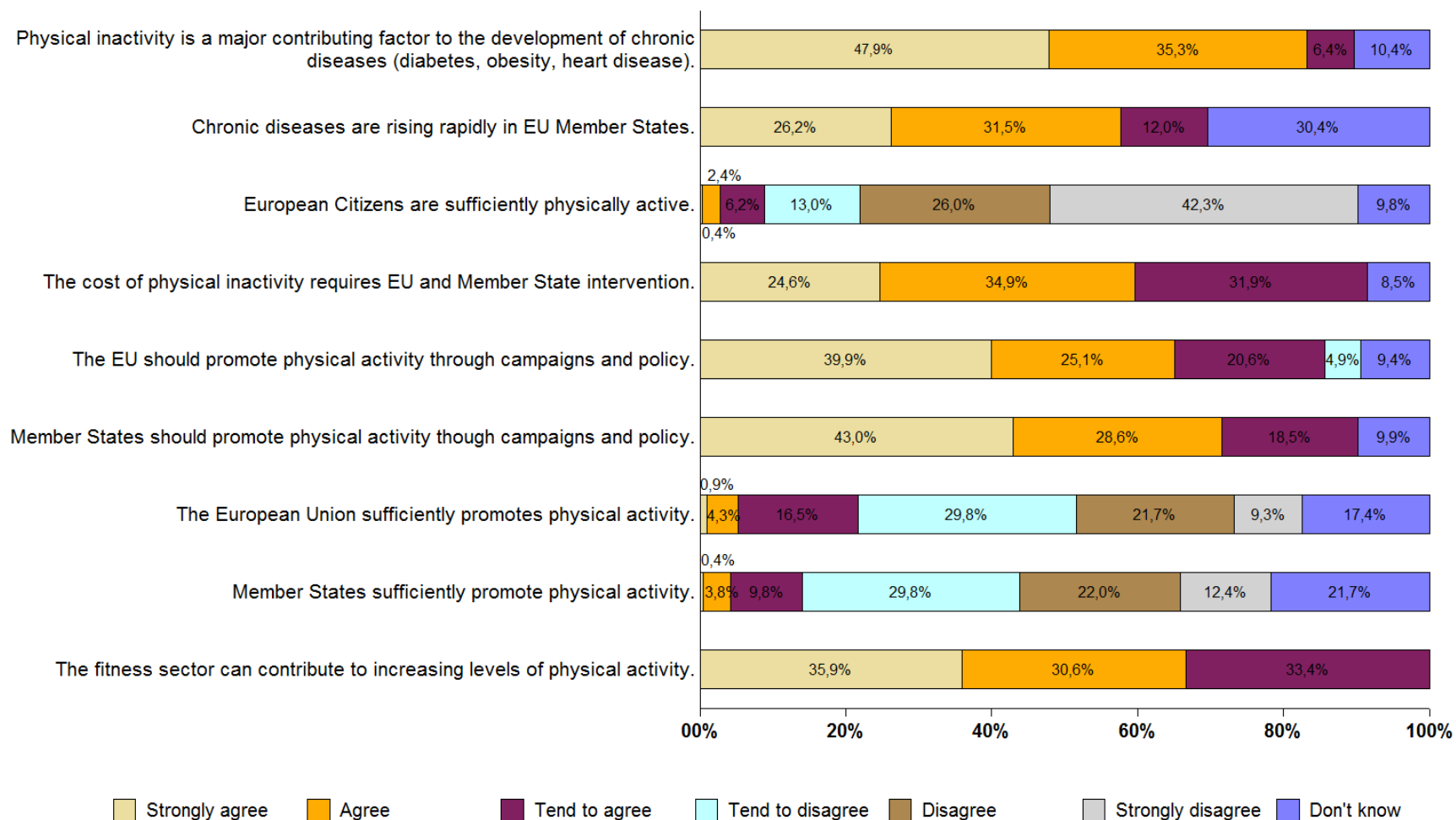
<sup>135</sup> W.L. Haskell et al, 'Physical Activity and Public Health: updated recommendation for adults from the American College of Sports Medicine and American Heart Association', *Association College of Sports Medicine and the American Heart Association*, 116 (2007), 1081-1093.

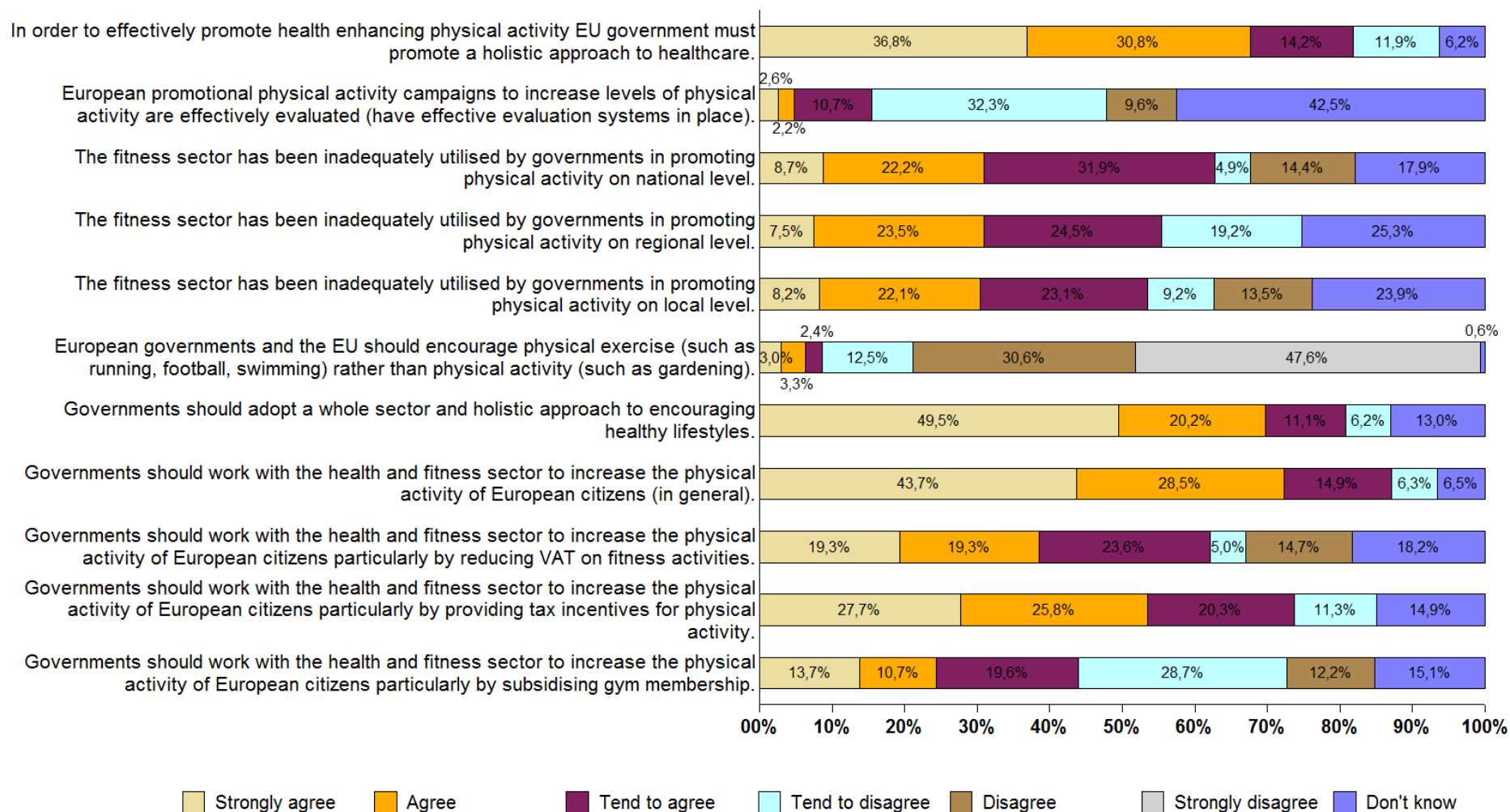


have been successful and evaluations of campaigns that use this method have shown an increase in physical exercise. However, there remain some anomalies; the UK 1999 Finance Act, for example, provides annual tax exemption to allow employers to loan bicycles and cycling safety equipment to employees as a tax-free benefit. Yet this tax exemption does not include the provision of broader fitness services. Therefore, without an evidence base from which to recommend the use of tax incentives, the Project team felt that the report should not pursue this agenda. Rather, the issue would be adopted by EHFA who would encourage its network to actively research the cost effectiveness of tax subsidies for fitness activities.

The consultation relied on a small sample size and as a result the project team did not feel comfortable integrating the results fully into the report. Nevertheless, the project team did absorb several points from the consultation into future drafts of the consultation, for instance the team sought to clarify the distinction between physical activity and more vigorous forms of exercise which must supplement the message of 30 minutes of activity on 5 occasions per week. The graphs below outline the responses to the first consultation.







### **3.7.2 Cologne 'Future Summit'**

Following the initial round of consultation the Project Team re-drafted the interim report on several occasions between July and October 2010. Importantly, during this period the report was also scrutinised by EHFA's Scientific Adviser Professor Willem van Mechelen and the Chair of the EHFA Standards Council, Professor Alfonso Jimenez. Their comments were very useful, most notably both advised on the distinction between physical activity and more vigorous forms of exercise and the existing research base. The research team once again re-drafted the interim report and developed the following six recommendations and sub-recommendations:

#### **Providing the Evidence**

- Evaluate all campaigns
- Develop stronger links with academic institutions

#### **Developing Campaigns**

- Develop long term campaigns
- Develop targeted campaigns
- Create integrated holistic campaigns
- Ground campaigns in community activity

#### **Promoting the Industry**

- Create stronger national Health and Fitness Associations
- Promote consistent physical activity guidelines
- Promote health and fitness centres as community 'hubs'
- Activity for all
- Work to get the Health and Fitness Industry recognised in Policy

#### **Advocating Exercise**

- Target exercise at 3 levels
- Take the indoors, outdoors

#### **Building partnerships**

- Create national Covenants on obesity and physical activity
- Develop stronger links with non-governmental organisations and relevant stakeholders

#### **Enhancing capabilities**

- Developing the technical skills of the workforce
- Recognition of qualifications
- Building Respect

The project manager, EHFA, and VDF arranged a two day workshop in October 2010 where a select group of fitness sector experts debated and scrutinised the report and the recommendations above. As mentioned earlier the workshop was originally scheduled to take place in Berlin during September, however in order to avoid conflicting with other fitness sector events during September which would effect

individuals ability to attend EHFA and VDF re-arranged the workshop to take place on October 4<sup>th</sup> and 5<sup>th</sup> in Cologne at the New Yorker Hotel.

The project team agreed that representation from each of the target countries would be sought. Invitations to attend were sent to select individuals from the FIA, VDF and EHFA networks. The following delegates attended the two day Workshop:

<b>Representative</b>	<b>Organisation</b>	<b>Country</b>
Rainer Böer	MAP Sport and Fitness Medic	Germany
Cliff Collins	EHFA	UK/EU
Aurélien Favre	EOSE	France/EU
Matthias Gütt	EOSE	Germany/EU
Saskia Hoeft	Effektive Trainings & Abnehmkozepte	Germany
Herman Rutgers	EHFA	Netherlands/EU
Julia Olfen	Premuim Personal Trainer Club	Germany/EU
Jean-Yves Lapeyrere	SNELM	France
Jyri Manninen	Fitness Academy of Finland	Finland
Andreas Paulsen	Dansk Fitness	Denmark
Karl Heinz Rütter	VFD	Germany
Claudia Schimmelfeder	VDF	Germany
Kai Schimmelfeder	VDF	Germany
Dyon Voogt	FitVak!	Netherlands
Stephen Wilson	FIA	UK
Ben Tegelaars	FIA	UK

A photograph of the delegates at the Cologne Workshop is below:



Ahead of the meeting the delegates were sent the interim research report and details of the European Union White Paper on Sport, the Eurobarometer report, and the European Union Physical Activity Guidelines in order to ensure that the group would have an informed debate.



At the workshop the project team first presented to the group on the following points:

- Project aims and objectives
- Research process
- Consultation process & results

The complete minutes of the workshop are available from the Project Manager. The principal feedback from the group regarding the report and recommendations was as follows:

- There were too many recommendations
- The report must be clear who the recommendations are for
- The report must articulate how the recommendations will correspond to action

In order to articulate how the recommendations will correspond to action, the project partners developed the pledge that was later signed by representatives of the industry at the final London Summit.

The delegates also concluded a series of points on the development of the following recommendations:

#### *Developing Campaigns*

The group noted that the focus on long term campaigns was incorrect and rather the recommendation should be for campaigns which result in long term changes in physical activity. Furthermore, the group concluded that the sub recommendations should be collated under the title of '*Develop targeted and integrated campaigns & policies*'. The Dutch BeweegKuur programme was highlighted as an example of a targeted and integrated campaign as it focuses on diabetic individuals and integrates the traditional care pathway with physical activity providers.

#### *Promoting the industry*

The group stated that the report should correctly demonstrate the accessibility of the sector, as despite progress in improving access to the sector the perception remains that the sector is expensive to participate in. For instance, the group highlighted the fact that leisure facilities are regularly available at 'pay as you go' rates or with monthly memberships as low as €15 per month.

Regarding the recommendation to promote consistent physical activity guidelines which include more vigorous forms of exercise, the group concluded that with roughly two thirds of European adults not meeting the Physical Activity Guidelines there is a considerable challenge to simply introduce individuals to physical activity. As a result, the project partners agreed to clarify the recommendation and ensure that it encourages the physical activity guidelines which could be further supplemented by more vigorous forms of exercise.

#### *Target Exercise at 3 Levels*

This recommendation concerned the use of exercise in healthcare and particularly at the following 3 levels:

- Primary Prevention
- Secondary Prevention

- Primary Care

The group noted that although the evidence base for the use of exercise at these levels is well established, the level of fitness sector engagement with the medical community across Europe varies a great deal. For instance, it was acknowledged that the practice of Exercise Referral does not exist in France whereas in the UK there are over 800 exercise referral schemes in operation.

*Take the indoors outdoors*

Whilst the group agreed with the sentiment of the recommendation it felt that it should be further developed underneath the recommendation, '*Develop targeted and integrated campaigns*'.

*Building partnerships*

The group stated that far more detail was required in this section, furthermore each delegate developed a list of sectors and organisations that the fitness sector should attempt to engage with. As a result, future versions listed the sectors and organisations which the fitness sector should engage with.

Finally, the group also expressed concern that the first consultation was poorly received by the industry and encouraged the project team to develop a second consultation exclusively on the re-drafted recommendations within the report. The project partners agreed with this point and developed a second consultation which was again circulated through the FIA and EHFA networks, and also the delegate organisations present at the workshop.

### **3.7.3 Consultation Two**

Immediately following the Cologne 'Future Summit' the interim report was re-drafted and developed into an executive summary of six recommendations. The recommendations were as follows:

1. Develop targeted and integrated campaigns

Campaigns promoting participation in physical activity should set specific goals and objectives, target specific issues or groups of the population, and evaluate success against the original objective.

2. Offer physical activity in the community

All interventions, including campaigns, should offer individuals opportunities to become more active at a community level.

3. Advocating exercise

Physical activity promotion should support the simpler '5 times a week for 30 minutes' messaging and recognise the potential barriers to physical in order to ensure the delivery of 'activity for all'.

#### 4. Develop the role of exercise in healthcare

Exercise should be part of the routine treatment and prevention of chronic disease; therefore in partnership with the relevant medical associations, member states should develop frameworks for the practice of exercise referral and exercise recommendation.

#### 5. Building partnerships

The Fitness Sector should build links with medical associations, non-governmental organisations, sporting organisations and academic institutions to increase the credibility and influence of the fitness sector.

#### 6. Professionalising the sector

The fitness sector must focus on developing a deeper and broader range of skills within the industry, that are required if the industry offers physical activity to inactive and unhealthy population groups.

The partners agreed that these should be tested on the fitness sector and a second round of consultation was put in place. This was controlled by EHFA with the help of the FIA and VDF. The questionnaire simply asked individuals to indicate their level of support for the recommendations above. Additionally, it also asked respondents to attach a level of importance to each recommendation.

The consultation was circulated exclusively to the fitness sector through the networks of the associations who attended the Cologne 'Future Summit'. In addition, EHFA representative Herman Rutgers attended the Benelux Health and Fitness Show where he presented hard copies of the presentation to select individuals. As a result the consultation was answered by a much higher number of individuals from 21 member states than was the case in the first consultation. There were 219 replies to consultation round 2.

The responses to the consultation indicated an overwhelming level of agreement with the recommendations. For instance, on average 90.65% of the respondents either agreed or strongly agreed with the recommendations. Furthermore, the recommendations were all given a high 'importance rating' by respondents. Recommendations three and four were rated as the most important as only 1.8% of respondents indicated that the recommendations were not important. The full results of the consultation are displayed on the following two pages.

Interestingly, 18.2% of respondents did not agree with the third recommendation, '*Advocating Exercise*'. However, despite this 98.2% of the respondents felt that the recommendation was either 'very important' or 'important'. This led the project team to conclude that the recommendation had not been adequately explained by the report and that as a result respondents had not understood the recommendation. The optional comments on the consultation supported this conclusion, for instance the following comment indicates support for the recommendation but a lack of understanding.

*'The Fitness Industry should still offer Fitness and work with the 'active' market but needs to develop it's people and programmes to enable access towards more structured and vigorous exercise programmes for inactive as well as referred populations. There is a huge skills deficit here. Beware of a*

*simplistic approach to 5 x30...It's much more complex than that. You can't talk about 'fitness' and 'healthy activity' in the same breath. They are 2 different things. Question 3 is poorly framed and I am unsure if 'activity for all' can or should be an aspiration of the fitness industry'*

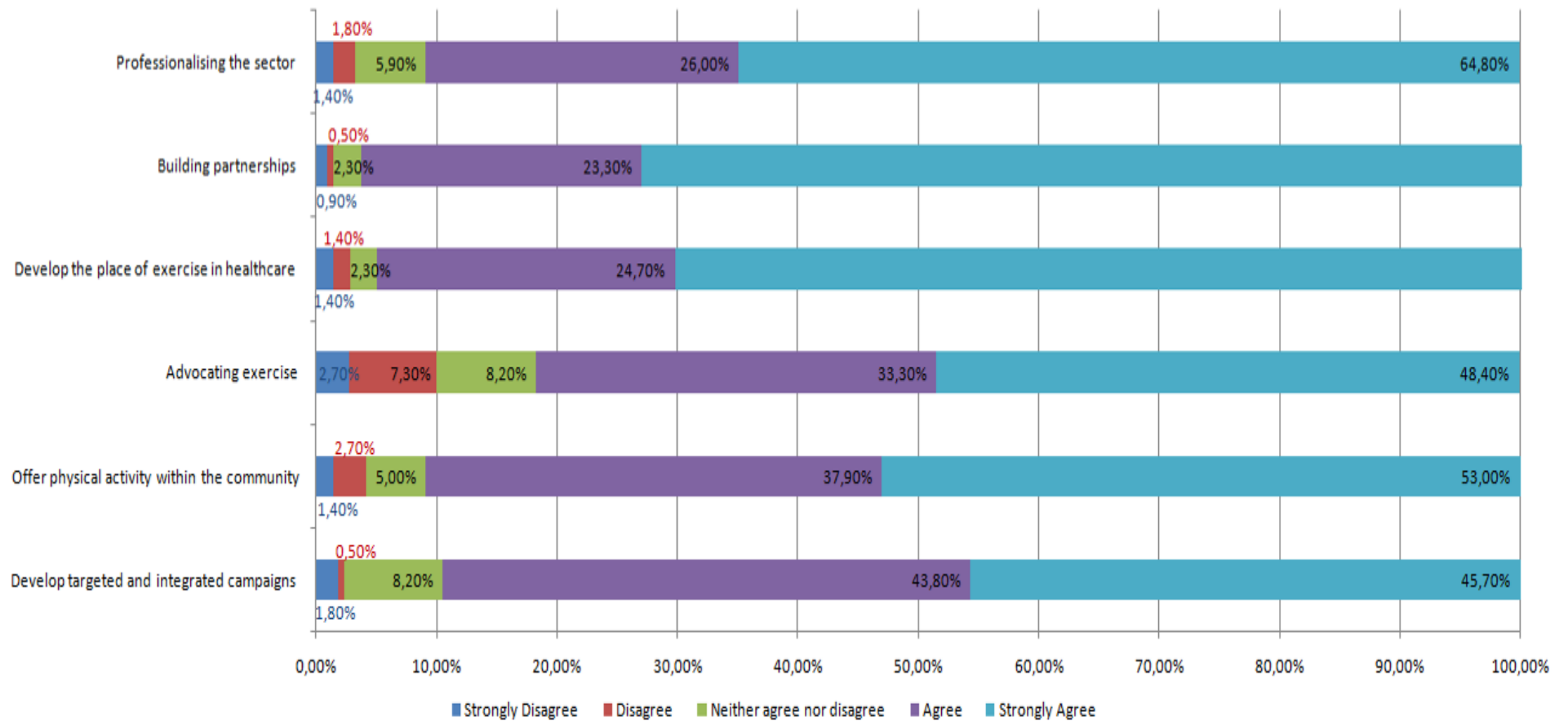
As a result of these comments the Project Partners once again changed the recommendation to the following:

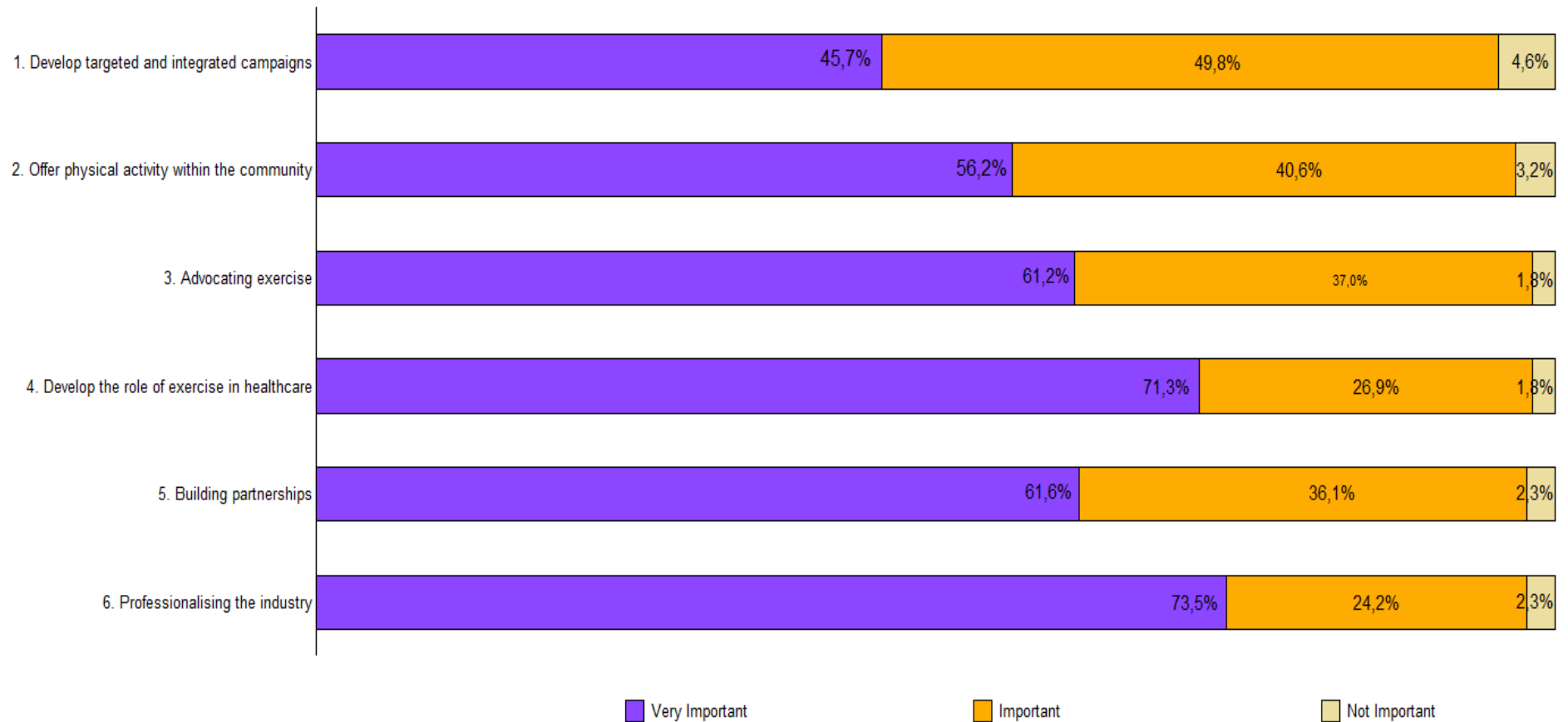
*Promote exercise*

*All physical activity promotion should support 'activity for all' through the simple 'five times a week for 30 minutes' and recognise the need for different forms of activity and exercise for certain population groups*

The re-drafted recommendation clearly states that the '5x30' recommendation should be supported for the minimum amount of physical activity for all individuals, however it acknowledges that certain population groups, such as older adults or those who are overweight, will require more tailored exercise solutions.

The following two graphs summarise the support for the recommendations and the perceived importance of the recommendations. The entire results of the consultation are available in the appendix.







### **3.8 Independent Evaluation**

The project manager was responsible for the appointment of an external evaluator to provide external verification of the project progress and performance and this was done with the agreement of the partners in August 2010. The project appointed Berkley Associates to provide independent evaluation of the project. Berkley Associates is a based consultancy, with over twenty years of experience in the development and management of projects financed by the European Union.

The project management team, EHFA, have been in regular contact with Berkley Associates, following their appointment. Lead evaluator, John Stringer, was provided with drafts and interim versions of the report and also attended the London Summit in November 21<sup>st</sup>. Berkley Associates will submit their own independent report on their findings to the Project Management Team.

### **3.9 Critical Analysis of Implementation**

The project addressed three main “audiences” – the Commission, Member States and the European fitness sector. It is fair to say that the Becoming the Hub project and resulting recommendations have already clearly had a significant effect on the fitness sector – across Europe and with its messages also being picked up in the USA, Canada and Australia. The challenge now comes to realise a response from the Commission and across the Member States,

A key outcome of the project has been to realise that partnership working is essential if the message of the importance of health-enhancing physical activity is to be more widely accepted and practised. EHFA and its network alone cannot make the difference, but through the coordinated approach of partnership working – or as the pledge says:

**... The European fitness industry will build a framework of action to encourage mass participation in exercise and activity. This will be based on the highest levels of professional collaboration and inter-agency coordination to develop integrated policies, campaigns and recommendations of best practice to get :**

**MORE PEOPLE | MORE ACTIVE | MORE OFTEN**

Then this has to become the reality and not just words. However, to even get to this point has taken EHFA and its partners into new areas of research and analysis which has been most rewarding and instructive and created many challenges. A vast majority of the expected project deliverables have happened, but with the benefit of some hindsight the project could have been constructed differently although the outcomes probably would not have changed.

The methodology of consultation was proven to be wrong and a second round had to be added; the website could have been constructed differently and perhaps earlier; and the number of partners could have been higher to help spread some of the responsibilities. The timeline of just 14 months put immense pressure onto key deliverables being ready for the main events which all happened, but with a longer lead-in could have been re-arranged.

Nonetheless the range and depth of research and analysis and the resulting evidence have stood the scrutiny of many experts in the area of health enhancing physical activity and the outcome of just six targeted recommendations is an indication of its success.

## 4. Report Recommendations

This section details the six principal recommendations and in each case details the audience, or audiences, for which it is intended. Following the extensive research detailed in section 3 the project partners developed six recommendations for action for the project's three main audiences. As discussed in sections 3.6 & 3.7 these recommendations have been scrutinised by the fitness sector and associated stakeholders and now have the full support of the fitness sector.

### 4.1 Develop targeted and integrated campaigns & policies

Campaigns and policies promoting greater levels of physical activity should set specific objectives, target promotion towards specific population cohorts, adopt an integrated approach, and evaluate success against the original objective.

**Who**                The European Commission  
                         Member State Governments  
                         The European Fitness sector

The research indicated that physical activity promotion, through campaigns or policies, is too often based upon vague and broad targets. For instance, too many initiatives simply aim to promote the national physical activity campaigns, this is the case with the German policy, '*Nationales Gesundheitsziel – Gesund aufwachsen: Lebenskom, Bewegung, Ernährung*', which simply aims to improve levels of physical activity and reduce sedentary behaviour. Similarly both the Danish '*National Action Plan against Obesity*' and the Danish Public Health policy, '*Healthy Throughtout Life*' lack demonstrable targets. In contrast, the Netherlands '*National Action Plan for Sport and Exercise*' sets precise objectives such as 65% of the adult population achieving the target level of exercise by 2010. The action plan for Sport and Exercise also aims to reduce the inactive proportion of the population to 7% by 2010, and increase the number of companies who have a formal exercise policy by 25%.<sup>136</sup> The plan even makes further less quantifiable objectives to ensure that healthcare providers are able to refer patients to adapted forms of sport and exercise.<sup>137</sup> In order to achieve this objective the available budget will be raised to over €13 million a year<sup>138</sup>, and an education campaign will be launched with sub-categories in school, sport, workplace, health care, home and neighbourhood settings.<sup>139</sup> Similar targets were also used in the '*Stockholm Diabetes Prevention Program*' (SDPP), which was a ten year campaign initiated in 1995 and held the ultimate aim to reduce the incidence of type 2 diabetes by 25% over a 10 year period, by reducing the risk factors in the population.<sup>140</sup> However, these examples are exceptions to the majority of physical activity policies or interventions which broadly aim to; raise awareness; educate; conduct local physical activity programmes and initiatives; and create

---

<sup>136</sup> Netherlands Ministry of Health, Welfare and Sport, '*National Action Plan for Sport and Exercise*', *Ministry of Health, Welfare and Sport*, (2006).

<sup>137</sup> Ibid.

<sup>138</sup> World Health Organisation Europe, *Nutrition, physical activity and the prevention of obesity*, 2007 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0013/111028/E90669.pdf](http://www.euro.who.int/_data/assets/pdf_file/0013/111028/E90669.pdf) [accessed 18 October 2010]

<sup>139</sup> Ibid.

<sup>140</sup> C.M Anderson, G.E.M Bjärås and C.G. Ostenson, 'A stage model for assessing a community based diabetes prevention program in Sweden', *Diabetes Prevention Unit Karolinska Hospital & Health Promotion Internationa*, 2002, vol. 17,4. <http://80.64.63.173/research/physical-activity-referrals-swedish-primary-health-care-prescriber-patient-characteristics-reasons-prescriptions-prescribed-activities/> {accessed 12.12.10}

supportive environments.<sup>141</sup> Setting targets, such as those highlighted, facilitates and encourages the robust measurement of campaigns and policies, which in turn can more accurately demonstrate their effectiveness and benchmark levels of physical activity. Simply put, targets facilitate measurement and evaluation which can demonstrate the effectiveness of interventions and can inform future promotion.<sup>142</sup> Our research suggests that one of the principal barriers to effective physical activity promotion has been the lack of quantifiable targets and its effect on evaluation.

All campaigns should feature an evaluation, in order to ensure that all interventions are effective and economically viable. Outcome assessments, evaluations, and measurements that capture the full complexity of physical activity are crucial to the development of effective policies and campaigns.<sup>143</sup> Despite this only 67% of the campaigns researched involved an accessible evaluation and of these, a large proportion were substandard and failed to provide independent analysis. In addition to outcome evaluation, process evaluation of the implementation of physical activity interventions is needed to identify which strategies have been implemented effectively or ineffectively. Effective measurement and evaluation will inform the design and delivery of public health interventions to promote physical activity<sup>144</sup>. If interventions can be proved to have been successful and cost effective then they will be deemed sustainable and be extended which will in turn boost campaign success. The Dutch Beweegkuur programme has gradually been extended from a small number of pilots to its anticipated national implementation which indicates its success. The Dutch National Institute for Public Health and the Environment states that extending the intervention for a second year seems to guarantee that at least 50% of weight loss continues in obese people.<sup>145</sup> Whilst all agents involved in the delivery of campaigns should contribute to the development of evaluations, the EU in particular should support a more co-ordinated approach across Europe.

Throughout the research it was also apparent that often policies were not directly linked to campaigns and interventions, or rather interventions were not the result of a policy. This joined up approach will ensure that policies are developed with knowledge of the success of interventions which will in turn inform the future development of policies. For instance, in Denmark, the *'Healthy throughout Life'* strategy led to the creation of the *'National action plan against obesity'* which in turn resulted in: an evaluation of the prevalence, causes and consequences of obesity; an overview of prevention and treatment initiatives and their effects; and 66 interventions aimed at different target groups.<sup>146</sup> Similarly, in Finland a health enhancing physical activity committee was set up in connection with the adoption of a resolution on health enhancing physical activity in 2002. The committee contributes

---

<sup>141</sup> <sup>141</sup> A. Baumann, S.Schoeppe and M.Lewicka, 'Review of best practice in interventions to promote physical activity in developing countries', *World Health Organisation Workshop on Physical Activity and Health*, 24-27 October 2005. <http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf> [accessed 12 November 2010]

<sup>142</sup> C.J Riddoch, L.B Anderson, N. Wedderkopp, M. Harro, L. Klasson-Heggebo, L.B Sardinha, A.R Cooper & U.Ekelund, 'Physical Activity Levels and Patterns of 9- and 15 year old European Children', *Official Journal of the American College of Sports Medicine* (August 2003) pp.86 – 92.

<sup>143</sup> E.Wimbush, and J. Watson, 'An evaluation framework for health promotion: theory, quality and effectiveness', *Evaluation* (2000) 6, pp.301-321.

<sup>144</sup> C.J Riddoch, L.B Anderson, N. Wedderkopp, M. Harro, L. Klasson-Heggebo, L.B Sardinha, A.R Cooper & U.Ekelund, 'Physical Activity Levels and Patterns of 9- and 15 year old European Children', *Official Journal of the American College of Sports Medicine* (August 2003) pp.86 – 92.

<sup>145</sup> F.M. Van der Meer, B. Couwenbergh, J. Enzing, G. Lightenberg, P. Stall, 'The combined lifestyle intervention: Costs, benefits and the practice', *College of Health Insurers, Diemen*, (2010) Netherlands.

<sup>146</sup> <sup>146</sup> World Health Organisation Europe, *Nutrition, physical activity and the prevention of obesity*, 2007 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0013/111028/E90669.pdf](http://www.euro.who.int/_data/assets/pdf_file/0013/111028/E90669.pdf) [accessed 18 October 2010]

to the development of physical activity policy which has resulted in almost 40 projects being taken forward by various members of the committee.<sup>147</sup>

Furthermore, physical activity promotion, particularly campaigns should be targeted at specific population groups such as children, older adults, employees, disabilities, women, cultural groupings or people with established risk factors for NCDs. National interventions which aim to increase levels of physical activity across the entire population should include tailored activity interventions for specific population cohorts. The groups outlined above require different forms of physical activity for instance, individuals with established risk factors for disease will require more structured forms of exercise. The World Health Organisation acknowledges this approach and states that general guidelines will likely need to be modified to suit the needs and circumstances of individuals, and to reflect the values and cultures of different groups.<sup>148</sup> In addition, the perceived barriers to physical activity are complex and vary across the population cohorts outlined above.

Throughout the research tailored interventions had greater levels of success. For instance, in the Netherlands an intervention for those with an established risk of diabetes was established in 2007. The programme, Beweegkuur,<sup>149</sup> targets pre-diabetic individuals and those with type 2 diabetes who have an inactive lifestyle, defined by not adhering to the EU Physical Activity Guidelines. In the programme healthcare professionals refer patients to independent or supervised exercise with a physiotherapist; both options are over-seen by a lifestyle consultant who can also offer nutritional advice. In the first year of the Beweegkuur project (2008), seven Regional Support Structures implemented the programme in 19 primary health centres, however it is expected that two less intensive programmes will be integrated into the basic Netherlands medical insurance package in 2011<sup>150</sup>. The programme has been so successful that it is widely expected to be implemented nationally in 2011. The Beweegkuur programme contributes to the successful realisation of the Dutch National Action Plan objective to ensure healthcare providers are able to refer patients to adapted forms of sport and exercise.<sup>151</sup> A similarly tailored approach was adopted in the Stockholm Diabetes Prevention Program which focused on individuals at a particularly high risk of diabetes. The program was designed to include three stages i.e a combined baseline and aetiological study, a community-based intervention program and a follow up study after 10 years. This targeted approach was possible as the program focused exclusively on those with established risk factors of Type Two Diabetes.

The development of tailored interventions should and can be extended to older adults, a growing population group, who often no longer take part in sport and instead rely on “lifestyle” activities. However, they require resistance training in order to improve muscle strength and to help protect against the threat of falls, and it should be noted that fitness centres are particularly well equipped to assist in this area. Activities of everyday life, such as walking and gardening, which older adults normally engage in, are unsupervised and they are susceptible to falls and injuries.

---

<sup>147</sup> Ibid.

<sup>148</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.2.

<sup>149</sup> Nederlands Instituut voor Sport & Bewegen, *Beweegkuur*, 2008.

<sup>150</sup> <http://www.beweegkuur.nl/english/welcome/programmes.html> [accessed 12 October 2010]

<sup>151</sup> Bemelmans W J E et al, 'Kosteneffectiviteit beweeg- en dieetadvies bij mensen met (hoog risico op) diabetes mellitus type 2: Literatuuronderzoek en modelsimulaties rondom de Beweegkuur', *Bilthoven: Rijksinstituut voor Volksgezondheid en Milieu* (2008).

<sup>151</sup> Netherlands Ministry of Health, Welfare and Sport, 'National Action Plan for Sport and Exercise', *Ministry of Health, Welfare and Sport*, (2006).

Older adults need to exercise in structured and supervised settings, which the fitness sector can provide and where specialist advice is on hand to help with the issues of core stability and falls prevention. The WHO 'Global Recommendations on Physical Activity for Health' acknowledge the need for more vigorous forms of exercise and state that older adults should undertake muscle strengthening activities involving major muscle groups twice a week.<sup>152</sup> Despite this the research found that, very few policy documents recognise the need for supervised exercise for older adults. Our research indicated that Finland is an exception to this rule, in fact the Finnish Guidelines for Health Enhancing Physical Activity and Nutrition recommend that the elderly have daily access to suitable facilities and physical activity that promotes muscular strength and balance.<sup>153</sup> Furthermore, a Finnish national health exercise programme for older adults, 'Strength in Old Age', aims to increase the leg muscle and balance exercise of the target group.<sup>154</sup> Similarly, an Austrian intervention, 'Fit für 50 plus', has also developed a physical activity intervention tailored to the needs of older adults. The programme aims to encourage fitness, health, and mobility in old age by offering mobility tests and coaching at a variety of occasions on a 'mobility bus'. An accessible evaluation is not yet available however preliminary figures from 2004 indicate that between June 12<sup>th</sup> to August 1<sup>st</sup>, and September 4<sup>th</sup> to November 21<sup>st</sup> the bus stopped at 37 stations across 33 cities and administered 1800 mobility tests and engaged with 20,000 older adults.<sup>155</sup> Lastly a Dutch program, 'In Balans', which is a preventative intervention specifically designed for older adults with a high risk of falling, resulted in a 60% reduction in the number of falls amongst the non-frail and pre-frail elderly people.<sup>156</sup> In order to reduce the prevalence of falls, national governments should adopt the messages of the Finnish & Austrian guidelines and encourage older adults to be physically active in structured environments. The European Commission should encourage and support the research and development of targeted interventions for population groups such as older adults. The Becoming the Hub team welcomes initiatives such as the European Innovation Partnership on Active and Healthy ageing.<sup>157</sup>

Finally, policy makers and campaigns should also adopt a more integrated and holistic approach, working with different sectors to offer both nutrition and physical activity messages. Addressing the issue of physical inactivity is not the task of anyone organisation, it requires action from and partnership across a broad range of sectors and professions, many of which do not have physical activity as a core element of their emissions. These include town planners, teachers, environmentalists, transportation engineers, architects, sports professionals and employers in the public and private sectors.<sup>158</sup> Campaigns that are integrated, working with transport, community based organisations and private companies will have a greater ability to engage with 'in-active people' who would not normally be

---

<sup>152</sup> World Health Organisation, 'Global recommendations on physical activity for health', *World Health Organisation*, 2010. [http://whqlibdoc.who.int/publications/2010/9789241599979\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf) [accessed 28 January 2011]

<sup>153</sup> Ministry of social affairs and health, 'Government resolution: On development guidelines for health enhancing physical activity and nutrition', *Ministry of Social Affairs and Health*, (2008), University Press, Finland.

<sup>154</sup> E. Karvinen, P. Niemi, P. Kalmari, M. Säpyskä-Nordberg, M. Simonen, 'Strength in Old Age – A Health Exercise Programme for Older Adults', *Voimaa Vanhuuteen*, 2007.

[http://www.voimaaivanhuuteen.fi/sivu.php?artikkeli\\_id=430](http://www.voimaaivanhuuteen.fi/sivu.php?artikkeli_id=430) [accessed 1.2.11]

<sup>155</sup> M. Wenzel, 'Fit für 50 plus', *Staatssekretariat für Sport*, 2004

<http://www.thenapa2.org/partners/National%20Database/Austria.pdf> [accessed 6.1.11]

<sup>156</sup> S.V.D. Hombergh & R. Bisseling, 'An exercise in activity', *Public Service Review Science & Technology*, 2010, vol.05, pp. 270-272.

<http://edition.pagesuite-professional.co.uk/Launch.aspx?referral=other&pnum=270&refresh=9Mn10z7Ht5C1&EID=53bdae5d-d8ae-48f5-bf65-626c101f4c75&skip=true> [accessed 16.2.11]

<sup>157</sup> European Commission, 'Public Consultation on the pilot European Innovation Partnership on Active and Healthy ageing' (2010) [http://ec.europa.eu/health/ageing/consultations/ageing\\_cons\\_01\\_en.htm](http://ec.europa.eu/health/ageing/consultations/ageing_cons_01_en.htm)

<sup>158</sup>



confronted with physical activity messaging. Campaigns, in particular national population level campaigns, should be integrated with other ongoing activities and where possible use the resources of the private sector.<sup>159</sup> Campaigns which collaborate with the private sector can benefit from higher levels of exposure for instance the United Kingdom Change4Life campaign benefited from £200 million of additional advertising from private companies. However, only 29% of the campaigns studied were wholly or partly funded by the private sector. Several of the campaigns that did feature partnerships with private companies, were very successful in garnering public recognition. For instance the German campaign, '*Leben ist Bewegung - Prävention und Gesundheitsförderung*', which partnered with insurance companies, medical partners and sports clubs, received 30,000 participants over a 6 year period, with 76% public recognition rates, and 120,000 co-operative partners.<sup>160</sup> Similarly, though not from one of the seven sample countries, the Polish Revitalise your Heart Intervention was funded by the Pfizer Foundation and Polpharma, and partnered medical organisations, local institutions, private companies and government organisations.<sup>161</sup> In 2003, the campaign collaborated with the fitness sector, amongst others, to offer physical activity in 137 facilities, a large increase from 33 in 2001. In Sweden there is also a focus on intersectoral collaboration between the municipalities, national agencies and boards, nongovernmental organisations as well as between the national, local and regional levels.<sup>162</sup> Several member states have also developed intersectoral committees to develop responses to lifestyle condition, for instance the Netherlands developed the, '*Covenant on Overweigh and Obesity*', which includes the Dutch Food Industry Federation, THE Food Retail Board, the Association of Dutch Care Insurers, the Netherlands Olympic Committee and Netherlands Sports Confederation.<sup>163</sup> Similar bodies have been created in the England, '*The Responsibility Deal*', and Germany, '*The German Platform for Diet and Physical Activity*'. The health and fitness sector is a central component to any integrated holistic campaign but will have to recognise its position in a continuum of sport, exercise and lifestyle related physical activity and not in isolation to a broader spectrum of activities.

## 4.2 Offer physical activity within the community

All interventions, including campaigns, should offer individuals opportunities to become more active at a community level.

<b>Who</b>	<b>The European Commission</b>
	<b>Member state Governments</b>
	<b>The European Fitness Sector</b>

Interventions, in particular national campaigns, which generally aim to educate and raise awareness, should provide opportunities for individuals to be physically active at a community level. The research showed that interventions which rely upon on

---

<sup>159</sup> Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W, 'Effectiveness of mass media campaigns for reducing drinking and driving and alcohol involved crashes: a systematic review', *American Journal of Preventative Medicine*, 24 (2004), p.57-65.

<sup>160</sup> Bild am Sonntag, Zweites Deutsches Fernsehen (ZDF), Barmer GEK die gesundexperten, '*Leben ist Bewegung – Prävention und Gesundheitsförderung*', (2003).

[https://www.barmer-gek.de/barmer/web/Portale/Versicherte/Wissen-Dialog/Mitmachen/Deutschlandbewegtsich/DBS\\_20Marketingseite.html](https://www.barmer-gek.de/barmer/web/Portale/Versicherte/Wissen-Dialog/Mitmachen/Deutschlandbewegtsich/DBS_20Marketingseite.html) [accessed 12 November 2010]

<sup>161</sup> A. Baumann, S.Schoeppe and M.Lewicka, 'Review of best practice in interventions to promote physical activity in developing countries', *World Health Organisation Workshop on Physical Activity and Health*, 24-27 October 2005. <http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf> [accessed 12 November 2010]

<sup>162</sup> World Health Organisation Europe, *Nutrition, physical activity and the prevention of obesity*, 2007 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0013/111028/E90669.pdf](http://www.euro.who.int/_data/assets/pdf_file/0013/111028/E90669.pdf) [accessed 18 October 2010]

<sup>163</sup> Ibid.

national information provision as a means of changing behaviour often do not bring in the intended results. This is generally because information provision aims to change behaviour by “changing minds”, in other words they assume that if you provide individuals with the appropriate information on an issue, then they will analyse the costs and benefits of their actions and respond accordingly.<sup>164</sup> A British report on behaviour change claims that interventions commonly assume that “if we provide the carrots and stick, alongside accurate information, people will weigh up the revised costs and benefits of their actions and respond accordingly”.<sup>165</sup> Unfortunately, evidence suggests that people do not respond in this perfectly rational way, or maybe do not have the opportunity to do so. The lack of opportunity is often linked to personal, social or economic circumstances, such as low disposable income, accessibility and cultural barriers, a group of factors described by Michael Marmot as ‘*the causes of causes*’.<sup>166</sup> The lack of opportunity may also be due to supply side factors such as lack of availability or choice or inadequate services.<sup>167</sup> Therefore, interventions must acknowledge the social, economic and cultural obstacles to physical activity as many of these obstacles can be overcome by offering opportunities for physical activity in community settings and within everyday life.

Across Europe national government policies have embraced this approach and recognised the need to offer physical activity in a community setting. For instance, the French National Prevention Plan through Sport and Activities, ‘*Plan National de prévention par l’Activité Physique ou Sportive*’, aims to devise opportunities for physical activity in community surroundings.<sup>168</sup> The policy supports local organisations and businesses to offer physical activity through non competitive activities for families. The Danish National Action Plan Against Obesity, also recognises the role of communities in creating norms and frameworks that stimulate increased physical activity.<sup>169</sup> However, these policy examples often do not translate into community driven campaigns and a fifth of Europeans believe that their local area does not provide them with opportunities to be physically active.<sup>170</sup> For instance, the Netherlands Nutrition Centre launched a nationwide campaign entitled ‘Maak je Niet Dik’ which aimed to raise attention to the issue of weight gain prevention and induce more positive attitudes and the motivation to prevent weight gain.<sup>171</sup> A mass media campaign was launched in December 2002 and included six stages that used radio commercials, television advertisements, print materials, newspaper advertisements, and an information call centre. The campaign achieved high levels of campaign awareness, 88.4% at one stage, and a high message recall<sup>172</sup> however, the campaign did not encourage people to seek further information and people too

---

<sup>164</sup> Institute for Government, ‘MINDSPACE: Influencing behaviour through public policy’, *UK Cabinet Officer*, (2010), pp.8.

<http://www.instituteforgovernment.org.uk/images/files/MINDSPACE-full.pdf> [accessed 7.10.10]

<sup>165</sup> Ibid.

<sup>166</sup> A.M-Davis & R.Jolley, ‘Healthy Nudges: When the public wants change but the politicians don’t know it’, *Faculty of Public Health*, 2010

<http://www.fph.org.uk/uploads/Healthy%20nudges%20-%20FN4.pdf> [accessed 8.9.10]

<sup>167</sup> Ibid.

<sup>168</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, ‘Plan National de prévention par l’Activité Physique ou Sportive’, *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>169</sup> National Board for Health, ‘National Action Plan Against Obesity’, *Centre for Health promotion and prevention*, (2003)

[http://www.sst.dk/publ/publ2003/national\\_action\\_plan.pdf](http://www.sst.dk/publ/publ2003/national_action_plan.pdf) [accessed 12 November 2010]

<sup>170</sup> European Commission, ‘Special Eurobarometer: Sport and Physical Activity’ *Eurobarometer report*, 334 (2010), pp.14.

<sup>171</sup> A. Blokstra, CM. Burns, JC. Seidel, ‘Perception of weight status and dieting behaviour in Dutch men and women’, *International Journal of Obesity Related Metabolic Disorders*, 23 (1992), pp.7-17.

<sup>172</sup> Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W, ‘Effectiveness of mass media campaigns for reducing drinking and driving and alcohol involved crashes: a systematic review’, *American Journal of Preventative Medicine*, 24 (2004), p.57-65.

often ignored the message believing that the campaign did not apply to them.<sup>173</sup> The campaign evaluation concluded that the small and mixed effects of the campaign on behaviour indicated that national messaging campaigns should be implemented in conjunction with other local prevention activities.<sup>174</sup> The lack of community driven activities is typical of many European campaigns, however those that have integrated national messaging with local activity have achieved considerable success. For example, in the United Kingdom the Department of Health 'Let's Dance with Change4Life'<sup>175</sup> campaign used a national marketing campaign to direct individuals to locally driven dance activities in fitness centres on a weekend in March 2010. The campaign created 70,000 dance places across 595 venues and over the weekend a total of 40,837 people participated in the campaign.

Similar success was achieved by the German 'Bike to Work' campaign which encouraged individuals to build regular physical activity into everyday life. In year one (2002) of the campaign 10,000 individuals and 923 companies took part, these figures had more than quadrupled in four years as by 2005 there were 50,000 participants from 4,500 companies<sup>176</sup>. Campaigns across Europe should replicate the community aspects of these campaigns, and recognise the ability of the fitness sector to provide opportunities to be physically active as part of national campaigns.

In addition, the Finnish, '*Strength in Old Age*'<sup>177</sup>, programme was a national exercise programme for older adults carried out by the Ministry of Social Affairs and Health, Ministry of Education, the University of Jyväskylä, and several other actors in 2005-2009. The programme is principally funded by the Finnish Slot Machine Association and is co-ordinated by the Age Institute. The aims of the programme are implemented locally through 35 three year projects. The local projects organise strength and balance exercise, including gym, calisthenics and balance groups, and guided outdoor and indoor exercise. One local project was the development of a mobile gym<sup>178</sup> in Pyhäselkä municipality in Eastern Finland between October and December 2004. The pilot aimed to provide exercise services for older adults in a rural area in the form of a mobile gym bus. The bus toured rural villages for two months twice a week and participants were collected through the nursing home system, direct contacts and local media. The mobile gym drew 31 participants aged between 52 and 87. At the beginning and end of the project, tests of functional capacity were performed, and individual training programmes and home exercises were instructed for participants. The tests showed improved functional capacity and according to the final assessment the experiment was successful, it increased participants knowledge of how improve muscle strength and balance, and it inspired home exercise as well as made it easier to join the gym group at the community centre after the experiment ended.

---

<sup>173</sup> RW. Rogers, 'Cognitive and psychological processes in fear appeals and attitude change: a revised theory of protection', In: Cacioppo JT, Petty RE, eds, *Social Psychoophysiology: A sourcebook*, (New York: Guildford Press 1983) pp.153-77.

<sup>174</sup> R.J. Wray, K. Jupka, C. Ludwig-Bell, 'A community-wide media campaign to promote walking in a Missouri town', *Prevention of Chronic Disease*, 2 (2005) pp.4.

<sup>175</sup> Department of Health, 'Let's Dance with Change4Life' March 2010.

<http://www.nhs.uk/Change4Life/Pages/lets-dance-change4life.aspx> [accessed 12.11.10]

<sup>176</sup> Via Nova, 'Cycling to Work for more day to day exercise', *Via Nova*, (2005) pp.3

[http://www.eltis.org/docs/studies/AOK\\_Cycling\\_FS\\_Cycling\\_to\\_work\\_EN.pdf](http://www.eltis.org/docs/studies/AOK_Cycling_FS_Cycling_to_work_EN.pdf) [accessed 14.11.10]

<sup>177</sup> E. Karvinen, P. Niemi, P. Kalmari, M. Säpyskä-Nordberg, M. Simonen, 'Strength in Old Age – A Health Exercise Programme for Older Adults', *Voimaa Vanhuuteen*, 2007.

[http://www.voimaavanhuuteen.fi/sivu.php?artikkeli\\_id=430](http://www.voimaavanhuuteen.fi/sivu.php?artikkeli_id=430) [accessed 1.2.11]

<sup>178</sup> U. Salimä, E. Karvinen, P. Kalmari, 'A Mobile Gym for Older adults in rural areas', *Voimaa Vanhuuteen*, 2006. [http://www.voimaavanhuuteen.fi/sivu.php?artikkeli\\_id=429](http://www.voimaavanhuuteen.fi/sivu.php?artikkeli_id=429) [accessed 5.10.11]

Campaigns across Europe should replicate the community aspects of these campaigns, and recognise the ability of the fitness sector to provide opportunities to be physically active as part of national campaigns. The Let's Dance with the Change4Life campaign mentioned earlier, utilised the capacity of the fitness sector in the United Kingdom, where nearly 90% of the population live within 20 minutes of a fitness centre. Campaigns across Europe should work more closely with the fitness sector to integrate national messaging with community delivery. In turn the fitness sector should champion itself as community based 'hubs' of 'wellbeing and activity'. Community 'hubs' can be used to offer more than traditional fitness centres, they can offer structured exercise, team sports, medical services and referrals, advice, and social opportunities. Recent campaigns, such as the Dutch Beweegkuur programme,<sup>179</sup> offer nutritional and physical activity guidance delivered through leisure/fitness centres.

In order to effectively deliver physical activity in a community setting, the health and fitness industry should utilise its workforce to deliver physical activity outside of fitness centres. Governments are increasingly recognising the importance of making physical activity a natural part of everyday life, and promote physical activity within the workplace or schools. For instance, the Finnish Guidelines for Health Enhancing Physical Activity and Nutrition aims to ensure that all employers should have access to efficient incentives for increasing physical activity among employees.<sup>180</sup> Delivering opportunities to be physically active during the working day or in the workplace is of increasing importance given the continuing rise of sedentary professions. In the United Kingdom the Fitness Industry Association, has worked with employers and the fitness sector to offer subsidised opportunities for physical activity for sedentary employee's whose physical activity is restricted by their occupation.<sup>181</sup> The fitness sector should work with employer organisations to deliver activity in the workplace and other community settings.

### **4.3 Promote exercise**

All physical activity promotion should support 'activity for all' through the simple '5 times a week for 30 minutes' message and also recognise the need for different forms of activity and exercise for certain population groups.

<b>Who</b>	<b>The European Commission</b>
	<b>Member State Governments</b>
	<b>The European Fitness Sector</b>

The European Union Physical Activity Guidelines supports the provision of 'activity for all' through its 30 minutes of physical activity on five occasions a week recommendation, and although there is widespread consistency in the promotion of this EU recommendation, there remains divergence in the promotion and message conveyance.

For instance, there are differences on how to meet the guidelines, where on the one hand walking is included whilst in other campaigns, such as the German 'Bike to Work' campaigns recommends more vigorous activities (cycling) five times a week.

---

<sup>179</sup> Nederlands Instituut voor Sport & Bewegen, *Beweegkuur*, 2008.

<http://www.beweegkuur.nl/english/welcome/programmes.html> [accessed 12 October 2010]

<sup>180</sup> Ministry of social affairs and health, 'Government resolution: On development guidelines for health enhancing physical activity and nutrition', *Ministry of Social Affairs and Health*, (2008), University Press, Finland.

<sup>181</sup> Fitness Industry Association, 'Community Engagement: Shift into Sports', (2010)  
<http://www.fia.org.uk/community-engagement2.html> [accessed 11.11.10]



Additionally, the Danish National Action Plan Against Obesity recommends 30 to 45 minutes of physical activity between 3 and 5 times a week.<sup>182</sup> A consistent approach that distinguishes between the means in which to achieve the recommendations would facilitate coherence and pan European promotion.

However, caution must be noted as uniform promotion ignores important socio-economic inequalities in access to physical activity and exercise. Those from lower socio-economic backgrounds are often denied access to organised physical activity and exercise primarily for socio-economic reasons, whilst others are not attracted to traditional forms of physical activity. The fitness sector has recognised these barriers to physical activity and offers 'activity for all' in several respects. Firstly, fitness facilities are increasingly available and accessible for all population groups, for instance facilities are open from 6am until 11pm at 'pay as you go' rates whilst monthly memberships can be as low as €15.95 a month in some instances. In addition, the latest research on the growing trend of 'budget gyms' demonstrates that the fitness sector is increasingly available for all socio-economic groups. Secondly, the health and fitness sector offers an increasingly wide range of activities including fitness, sport and traditional leisure activities. For example, the Let's Dance with Change4Life campaign in the United Kingdom, utilised the significant capacity within the fitness sector to deliver non-traditional dance activities over a weekend in March 2010<sup>183</sup>. Furthermore, the fitness sector has gradually taken steps to ensure that it is accessible for different population groups. For example, in the United Kingdom the Inclusive Fitness Initiative (IFI) adapts equipment and trains exercise professionals to be able to develop exercise programmes for people with disabilities and impairments. However, the IFI is a single example and the entire fitness sector should work to ensure accessibility for 'hard to reach groups', for example more training providers should develop exercise courses specifically tailored for older adults.

The European Union and member states should recognise the ability of the fitness sector to deliver activity for all. They should also re-evaluate physical activity recommendations in order to ensure that they will deliver the required health benefits for the entire population. As mentioned in the first recommendation, different population groups require different forms of exercise. The French National Prevention Plan through Sport and Activities, '*Plan National de prévention par l'Activité Physique ou Sportive*', has recognised that older adults require strength and flexibility training rather than basic physical activity broadly recommended in physical activity guidelines. The French Prevention Plan encourages strength and flexibility exercises in supplement of daily physical activity in order to reduce the risk of falls in older age<sup>184</sup>. Similarly the German policy, 'AKtiv Sein – für mich' recommends specific exercises for women, for example in addition to physical activity, the policy recommends strength training on 2-3 days a week.<sup>185</sup> Although both the German and French policies outlined above recommend specific exercises for specific population groups, too many policies simply adopt the '5x30' recommendation for all groups.

---

<sup>182</sup> National Board for Health, 'National Action Plan Against Obesity', *Centre for Health promotion and prevention*, (2003)

[http://www.sst.dk/publ/publ2003/national\\_action\\_plan.pdf](http://www.sst.dk/publ/publ2003/national_action_plan.pdf) [accessed 12 November 2010]

<sup>183</sup> Department of Health, 'Let's Dance with Change4Life' March 2010.

<http://www.nhs.uk/Change4Life/Pages/lets-dance-change4life.aspx> [accessed 12.11.10]

<sup>184</sup> Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative, '*Plan National de prévention par l'Activité Physique ou Sportive*', *Ministère de la Santé, de la Jeunesse, des Sports et de la Vie Associative*, (2008). <http://www.sante-sports.gouv.fr/IMG/pdf/RapPreventionActivite-2008.pdf> [accessed 11 November 2010]

<sup>185</sup> I. Froböse, J. Kleinert, G. Akkerman, S.B. Biallas, S. Jüngling & M. Sulprozio, 'Aktiv sein – für mich: Auswirkungen von Bewegung auf die psychische Gesundheit von Frauen', *Bundesministerium für Gesundheit*, (2010) [http://www.bmg.bund.de/cln\\_187/SharedDocs/Publikationen/DE/Praevention/Aktiv-sein-f\\_C3\\_BCr-mich\\_templateId=raw.property=publicationFile.pdf/Aktiv-sein-f%C3%BCr-mich.pdf](http://www.bmg.bund.de/cln_187/SharedDocs/Publikationen/DE/Praevention/Aktiv-sein-f_C3_BCr-mich_templateId=raw.property=publicationFile.pdf/Aktiv-sein-f%C3%BCr-mich.pdf) [accessed 15.11.10]

Groups such as older adults or those with an established risk factor for chronic disease often require more structured and safer exercise in order to avoid injury and properly measure the benefits of exercise. For example, older adults need to undertake resistance and flexibility training in a structured and safe environment in order to avoid injury and reduce the risk of falls. Similarly, groups with an established risk factor for chronic disease will require higher levels of physical activity and exercise than recommended for the general population, whereas older adults may also require supervision. Therefore, governments should amend their physical activity guidelines to ensure specific population groups undertake more structured exercise.

Governments should also ensure that physical activity promotion includes more intensive exercise and resistance training. The new recommendations from the World Health Organisation, American College of Sports Medicine and the Netherlands Institute for Sport and Physical Activity states that we need to undertake 30 minutes of physical activity a day, do 20 minutes of high intensity exercise three times a week and undertake six to eight muscle exercises twice a week.<sup>186</sup> The '5x30' message should therefore be adopted as a minimum approach, because there is a dose response relationship between the amount of exercise completed and its positive effects.<sup>187</sup> Therefore, governments should retain the simple '5x30' message and include the need for more structured exercise which has the added benefit of being measurable in contrast to traditional physical activity. Unplanned physical activity such as gardening, opting to take the stairs, and walking are commendable, however they are rarely well measured. Therefore, in campaigns member state governments should encourage structured exercise which can be measured and will deliver greater health benefits, and the fitness sector is well placed to deliver on this.

#### **4.4 Develop the role of exercise in healthcare**

Exercise should be part of the routine prevention and management of chronic disease; therefore in partnership with relevant medical associations, member states should develop frameworks for the use of exercise in primary care and public health.

**Who**                      **The European Commission**  
                                 **Member States**  
                                 **The Europe Fitness Sector**

The promotion of physical activity often lies in the domain of professionals in sectors such as urban planning, transport and sport, however the health sector can make a unique contribution.<sup>188</sup> In particular, the health sector is well placed to provide leadership or stewardship for the subject of physical activity. There is now compelling evidence that exercise is an effective part of primary prevention, secondary prevention and primary care. The role of exercise in healthcare deals with:

- Primary prevention; where healthcare services ensure that all individuals are aware of the importance of physical activity

---

<sup>186</sup> World Health Organisation, 'Global recommendations on Physical Activity for Health', *WHO Global strategy on diet, physical activity and health*, (2010)

[http://www.who.int/dietphysicalactivity/factsheet\\_recommendations/en/index.html](http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html) [accessed 15.11.10]

<sup>187</sup> Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Heath, Thompson and Bauman, 'Physical Activity and Public Health: Updated Recommendation for Adults from the American College of Sports Medicine and the American Heart Association', *Medicine and Science in Sports and Exercise*, 39 (8) (2007) pp.1423-1434.

<sup>188</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.18.



- Secondary prevention; where physical activity or exercise is recommended by a healthcare professional for an individual with an established risk of chronic disease
- Primary Care; relates to the use of exercise in the management of chronic disease, most commonly through an exercise referral scheme.

There is now a considerable amount of peer reviewed literature published on the benefits of exercise in chronic disease. For instance, in cases of documented heart disease exercise reduces all cause mortality by 27% and cardiac mortality by 31%.<sup>189</sup> Similar evidence exists for musculoskeletal conditions, Type 2 diabetes, and pulmonary diseases. The full benefits of exercise in the management of chronic disease have been summarised by the American College of Sports Medicine.<sup>190</sup>

Exercise and physical activity should have a stronger role in primary prevention for example, by ensuring that general practitioners and other primary care professionals offer counselling and advice on physical activity and are well trained to do so. Over the past decade, practitioners in primary care settings in many countries have issued written prescription to patients to promote physical activity. For instance, in Denmark GPs are encouraged to prescribe physical activity for many lifestyle related diseases, either when they have been diagnosed or to prevent them from developing. GPs in Denmark are also expected to have a discussion with their patients once a year about health and lifestyle. Furthermore, in Sweden, the county of Östergötland has implemented a comprehensive approach. In 2004 & 2005 all primary care units in the county took part in prescribing physical activity.<sup>191</sup> During the two year period a total of 6,300 patients received a physical activity prescription, of which two thirds were female and half were aged between 45 and 64.<sup>192</sup> Half of the patients who received a physical activity prescription were issued home based activities. Furthermore, the number of PARs prescribed per year in relation to the number of unique individuals that visited primary health care during one year was 1.4% in 2004 and 1.2% in 2005. The most common reasons for issuing PARs were musculoskeletal disorders (39.1%) and overweight (35.4%), followed by high blood pressure (23.3%) and diabetes (23.2%). Twelve months on from the referral date, half of the patients had increased their level of physical activity and the proportion of inactive patients had decreased from 33% to 20%.<sup>193</sup>

There is also evidence that the use of exercise in the management of chronic disease is cost effective in comparison to some other more traditional pharmaceutical methods. As mentioned earlier, NICE conducted an economic modelling which concluded that in the treatment of obesity, physical activity interventions costs between €23 and €520 per QALY (Quality Adjusted Life Years), in contrast the use of

---

<sup>189</sup> J.A Jolliffe, K. Rees, R.S. Taylor et al, 'Exercise-based rehabilitation for heart failure', *Cochrane Database System Review*, (2001) 1: CD001800.

<sup>190</sup> Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Heath, Thompson & Bauman, 'Physical Activity and Public Health: Updated Recommendations for Adults from the American College of Sports Medicine and the American Heart Association', *Medicine and Science in Sports and Exercise*, 39 (2007) pp. 1423-1434.

<sup>191</sup> World Health Organisation Europe, 'Physical Activity and Health in Europe: evidence for action' *World Health Organisation* eds N.Cavill, S.Kahlmeier & F. Racioppi, (2006) pp.18.

<sup>192</sup> M. Leijon, P. Bendtsen, P. Nilsen, K. Ekberg, Stahle, A, 'Physical activity referrals in Swedish primary health care – prescriber and patient characteristics, reasons for prescriptions and prescribed activities', *Bio Medicine Central*, (2008).

<http://80.64.63.173/research/physical-activity-referrals-swedish-primary-health-care-prescriber-patient-characteristics-reasons-prescriptions-prescribed-activities/> [accessed 8.9.10]

<sup>193</sup> Ibid.

traditional statin based interventions is said to cost between €11,800 and €20,000 per QALY.<sup>194</sup>

Exercise has been used as part of the management of chronic disease for many years; during the 1990s a number of schemes were developed whereby general practitioners (GPs) and healthcare professional could refer patients to a fitness club or individual fitness professional with the specific purpose of using exercise as a form of treatment. This practice is now commonly known as 'Exercise Referral' (ER). It differs from exercise recommendation whereby a health professional only advises patients to become more active.

Exercise referral schemes are also a valuable opportunity to introduce inactive individuals with a chronic disease or an established risk factor of disease, to the benefits of exercise and encourage them to continue unsupervised exercise after the completion of an exercise referral scheme. Two separate reviews have found that exercise referral schemes can result in sustainable improvement in physical activity and indicators of health; whilst they can also play a wider role in health promotion<sup>195</sup>. The use of exercise referral schemes has been recognised and promoted in numerous government policy documents across Europe, for example the Danish 'Healthy Throughout Life' policy aims to ensure that physical activity is available as part of treatment and rehabilitation<sup>196</sup>. Similarly, the Netherlands National Action Plan for Sport and Exercise sets the objective of ensuring that first line healthcare providers must be able to refer patients to appropriate, and if necessary specifically adapted, forms of sport and exercise.<sup>197</sup> However, these policy recommendations and objectives have not translated into campaigns or interventions to promote the use of exercise in the management of disease.

One of the few campaigns that have encouraged the use of exercise in the management of disease is the Beweegkuur programme which enables healthcare professionals to refer diabetic patients to exercise programmes. Commissioned by the Dutch Ministry of Health, Welfare and Sports (VWS), the Beweegkuur programme is a lifestyle intervention tailored to the individual needs of patients either with health problems or with established risks of chronic disease. Presently, the programme is available for people with Type 2 diabetes. The programme '*starts and ends at the local GP practice and focuses on three principles; improving physical activity, changing dietary habits; and maintaining the change in behaviour*'.<sup>198</sup> The GP is responsible for the inclusion of the patient, and their referral to physiotherapist and/or local exercise coaches or sports physicians. The ultimate aim of the 12 month

---

<sup>194</sup> NICE, 'Measuring effectiveness and cost effectiveness: the QALY' NICE February 2009 <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp> (accessed 15 November 2010).

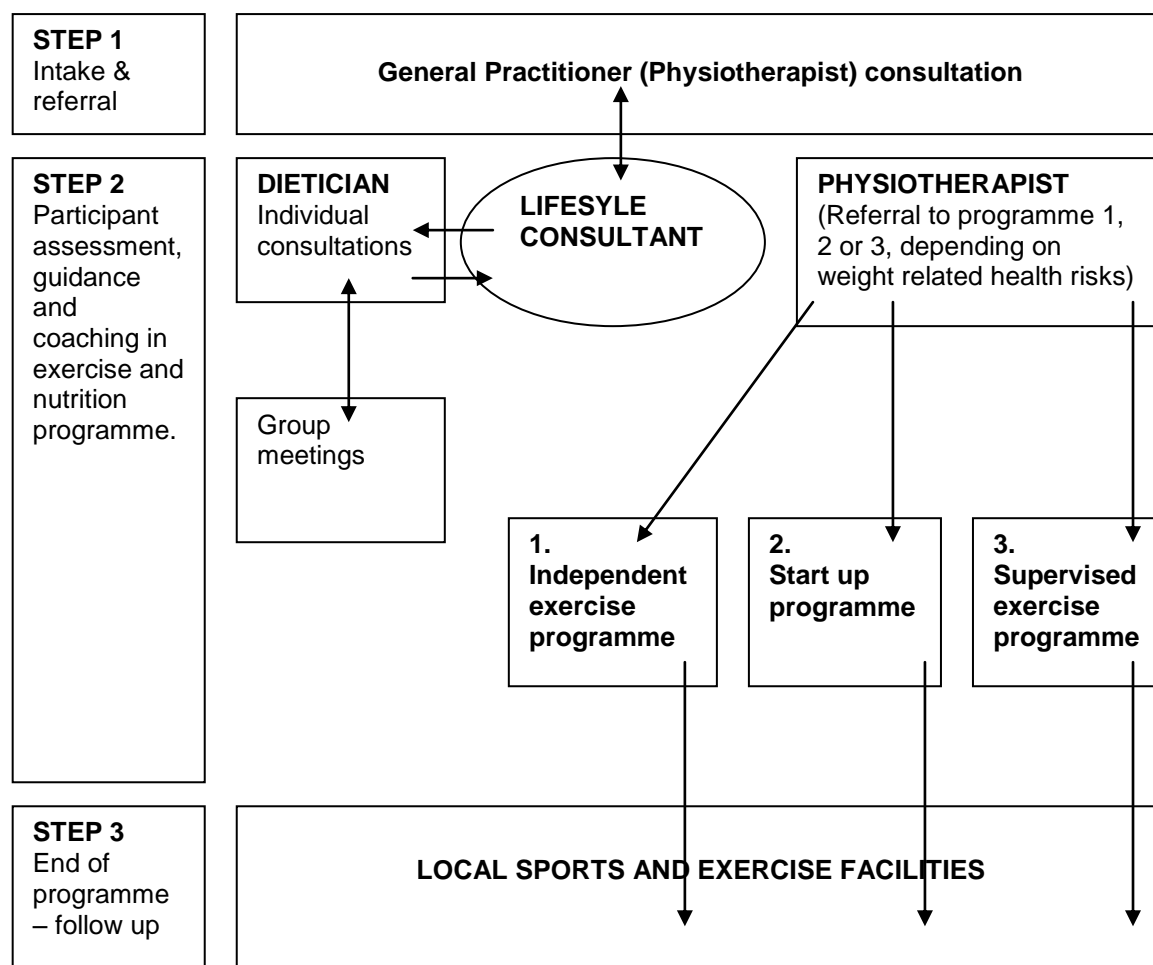
<sup>195</sup> Department of Health, 'Exercise Referral Systems: A National Quality Assurance Framework', *Department of Health*, (2001) [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4079009.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079009.pdf) [accessed 12.11.10]

<sup>196</sup> Ministry of the Interior and Health, 'Healthy throughout life: the targets and strategies for public health policy of the government of Denmark, 2002-2010', *Ministry of the Interior and Health*, (2002) pp.28 <http://www.folkesundhed.dk/media/healthythroughoutlife.pdf> [accessed 15 November 2010]

<sup>197</sup> Netherlands Ministry of Health, Welfare and Sport, 'National Action Plan for Sport and Exercise', *Ministry of Health, Welfare and Sport*, (2006).

<sup>198</sup> S.V.D. Hombergh & R. Bisseling, 'An exercise in activity', *Public Service Review Science & Technology*, 2010, vol.05, pp. 270-272. <http://edition.pagesuite-professional.co.uk/Launch.aspx?referral=other&pnum=270&refresh=9Mn10z7Ht5C1&EID=53bdae5d-d8ae-48f5-bf65-626c101f4c75&skip=true> [accessed 16.2.11]

intervention is to ease transfer to local exercise facilities. The diagram below details the referral process used in the Beweegkuur programme.



As mentioned earlier the Beweegkuur programme consists of three different programmes each varying in intensity and as indication of its success it is expected that the two less intensive programmes will be integrated into the basic Dutch medical insurance package in 2011.<sup>199</sup>

The European Register of Exercise Professionals (EREPS) offers a framework through its database which healthcare professionals can refer to in order to locate suitably qualified exercise professionals, as is the case in the Beweegkuur programme. An exercise referral can be undertaken by a level four or five EREPS registered exercise professional. In order to promote the greater use of exercise in the management of chronic conditions, The European Health and Fitness Association and member state governments should develop standards for exercise referral systems. The standards should outline the minimum standards of the scheme, covering topics such as:

- Initial patient assessment
- Desired measurements and outcomes

<sup>199</sup> W.J.E Bemelmans etc al, 'Kosteneffectiteit beweeg- en dieetadvisering bij mensen met diabetes mellitus type 2: Literatuuronderzoek en modelsimulaties rondom de Beweegkuur', *Rijksinstituut voor Volksgezondheid en Milieu (RIVM)*, (2008).

- Risk assessment of patients
- Exit strategies
- Evaluation
- Feed back into and assessment by the healthcare professional
- Confidentiality and codes of practice for working in healthcare with referred patients

Both the fitness sector and medical professions must contribute to the guidelines and to an agreed framework in order to ensure both parties understand and adopt exercise referral schemes. In the United Kingdom, the Fitness Industry Association has partnered with the medical community to establish the Joint Consultative Forum for the purpose of establishing exercise in the management of disease, the forum consists of the following medical institutions:

- Chartered Society of Physiotherapy
- Faculty of Sport and Exercise Medicine
- Faculty of Public Health
- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Paediatrics and Child Health
- Royal College of Psychiatrists

The Joint Consultative, established in 2010, will first produce new Professional and Operational Standards for Exercise Referral Schemes, which will in time, govern the provision of exercise in the management of chronic conditions. Member state governments should facilitate similar working arrangements in order to effectively encourage the use of exercise in the management of chronic conditions.

#### **4.5 Building partnerships**

The European Fitness Sector should build links with medical association, non-governmental organisations, employer organisations, sporting organisations, and academic and education institutions to increase the credibility and influence of the fitness sector. The single greatest barrier to the fitness sector faces in engaging with physical activity promotion is the lack of recognition by stakeholders and governments, building partnerships with alternative sectors is an effective means of improving the sectors prominence and recognition.

#### **Who                      The European Fitness Sector**

In order to successfully deliver each of the prior recommendations the fitness sector will have to build partnerships with a range of organisations and other sectors. For instance, in order to effectively deliver physical activity within the community the fitness sector should partner with community organisations such as schools and employers, whereas the use of exercise in the management of primary care will require partnerships with the medical profession. The research indicated that many successful campaigns already partner with commercial bodies, for instance the Finnish, 'Fit for Life' programme has implemented several campaigns to encourage sedentary middle aged men to lead a healthy lifestyle, and partnered with an insurance company and a shipping firm.<sup>200</sup> Similarly the 'Strength in Old Age'

---

<sup>200</sup> European Union Working Group on Sport & Health, "EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity", *European Union*, 10 October 2008. [http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

campaign previously mentioned was a multi partner initiative which was primary funded by the Finnish slot machine association.<sup>201</sup> Furthermore, increasingly across Europe, Governments are establishing multi sector committees and platforms to develop co-ordinated responses to physical inactivity and lifestyle related disease. For instance, the German Platform for Diet and Physical Activity, founded in 2004, is an illustrative example of mobilizing and integrating stakeholders from different groups of society, as the platform consists of more than 100 members and actively promotes 32 programmes.<sup>202</sup> Similarly, in England the Department of Health has established a Responsibility Deal with a range of organisations associated in public health including, food manufacturers, retailers, non-governmental organisations, scientific institutions, and the fitness sector.<sup>203</sup> These examples indicate that in order to successfully address physical inactivity partnerships across a broad range of sectors and professions must be Established. Therefore, the fitness sector should echo this approach and build partnerships with a wide range of institutions.

It should be noted that this recommendation was a central focus of the consultation forum in Cologne on the 5<sup>th</sup> and 6<sup>th</sup> October. Similarly, the second round of consultation results showed that over 95% of respondents agreed that the fitness sector should partner with a much broader range of organisations and sectors that it has not previously engaged with.

The consultation concluded that the fitness sector should attempt to build links with the following institutions:

**Healthcare organisations** – exercise has a significant role within the treatment and management of disease. Furthermore, the fitness sector is a significant resource for this promotion. However to ensure that healthcare practitioners are confident to recommend patients to undertake exercise in fitness facilities, the sector must build links with medical institutions such as the Royal Medical Colleges, Physiotherapy and Sports Medicine institutions. For example, in the United Kingdom the widening role of fitness professionals into primary care, and the modern role of physiotherapists in health promotion, has resulted in confusion not only between the two professions but also for medical practitioners in that it is not always clear which is the appropriate professional to whom to refer a patient. To combat this, for example the Fitness Industry Association has partnered with the Chartered Society of Physiotherapy to develop guidance on how the two professions can work together.

**Sporting Institutions** – fitness facilities across Europe represent a significant resource to deliver sporting activities, therefore effective links should be made with the sporting sector to promote the use of these facilities. For example, in the Netherlands FitVak! have partnered with the National Institute for Sports Movement (NISB) and are part of the network supporting the future bid to host the Olympic Games.

**Patients Organisation** – organisations such as the Finnish Heart Association frequently encourage physical activity as a tool to reduce the risk of chronic disease and promote national awareness of these conditions. The fitness sector should

---

<sup>201</sup> E. Karvinen, P. Niemi, P. Kalmari, M. Säpyskä-Nordberg, M. Simonen, 'Strength in Old Age – A Health Exercise Programme for Older Adults', *Voimaa Vanhuuteen*, 2007.

[http://www.voimaavanhuuteen.fi/sivu.php?artikkeli\\_id=430](http://www.voimaavanhuuteen.fi/sivu.php?artikkeli_id=430) [accessed 1.2.11]

<sup>202</sup> World Health Organisation Europe, *Nutrition, physical activity and the prevention of obesity*, 2007  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0013/111028/E90669.pdf](http://www.euro.who.int/_data/assets/pdf_file/0013/111028/E90669.pdf) [accessed 18 October 2010]

<sup>203</sup> Department of Health, 'Public Health Responsibility Deal', *Department of Health*, 2011.  
<http://www.dh.gov.uk/en/PublicHealth/PublicHealthresponsibilitydeal/index.htm#jumpTo3> [accessed 27.2.11]



partner with these organisations to promote the benefits of physical activity and possibly develop non-governmental campaigns. This partnership would help to ensure that campaigns aimed at improving awareness can also signpost individuals into particular services. Despite this appearing a rational and obvious development, across Europe the fitness sector is not recognised as a partner of these campaigns. For example, in the Netherlands, the Dutch Nutrition Centre (Voedingscentrum), launched a national campaign entitled “Maak je niet dik”<sup>204</sup>, encouraged physical activity in order to reduce the rates of obesity, however did not partner with the fitness sector.

**Education** – as already mentioned the rates of obesity are particularly worrying amongst children, with the Eurobarometer indicating that only 34% of people in education meet the EU physical activity guidelines. There is a significant opportunity for fitness facilities to partner with local schools and offer facilities and exercise tuition to the higher education sector. Examples of integration with schools do exist across Europe, for instance in France ‘*Intervention Centred on Adolescents’ Physical Activity and Sedentary Behaviour*’ (ICAPS) is a multi level programme involving young people, schools, parents, teachers, youth workers and fitness clubs. The programme aims to encourage young people to be more physical active and to offer opportunities both within and outside of schools. The results from the first four years have been positive and show that actions aimed at reducing obesity levels can be successful.<sup>205</sup>

**Commercial bodies** – commercial organisations, such as insurance companies, employer groups. or food manufacturers represent a fantastic resource for consumer outreach. Partnerships with commercial bodies can help the fitness sector to reach inactive consumers who would not usually consider using fitness facilities. For example, in the United Kingdom the Fitness Industry Association (FIA) has partnered with a supermarket Marks & Spencer’s to incentivise M&S consumers to attend fitness facilities. More recently, the FIA partnered with British newspaper, The News of the World, and supermarket chain, Asda, to offer subsidised physical activity offers to consumers. The News of the World and Asda distributed 5 million voucher chequebooks, each containing 20 healthy lifestyle vouchers, in January 2011 (starting on 9<sup>th</sup> January in the News of the World). Around 1 million were circulated through the stores, 3 million through newspaper channel and 1 million through Public Sector Channels (GP surgeries, schools and local community services).

**Employers** – the first recommendation explained that certain population groups, such as employees, require tailored opportunities to be physically active, therefore the fitness sector should partner with employer organisations to develop tailored opportunities for employees. The research indicated several successful initiatives which could be duplicated across Europe, for example in 2005 a two year national workplace health promotion program was initiated in the United Kingdom. Thirty two organisations, including the fitness sector, participated in 11 projects in 9 regions, affecting 10,000 employees.<sup>206</sup> Examples of programs and services included exercise and dance classes, sports clubs, corporate gym memberships and health screenings. The evaluation indicated that during the two years 546 initiatives were implemented with an average employee participation rate of 65%.

---

<sup>204</sup> Wammes, B. Oenema, A. Brug, A, “The Evaluation of a Mass Media Campaign aimed at weight gain prevention among young Dutch adults”, *Obesity*, (2006) Volume 15 No. 11 November 2007.

<sup>205</sup> European Union Working Group on Sport & Health, “EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity”, *European Union*, 10 October 2008.  
[http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

<sup>206</sup> British Heart Foundation, “Well @ Work”, *Gken*, 2009,  
[http://www.gken.org/Synopses/CI\\_10019.pdf](http://www.gken.org/Synopses/CI_10019.pdf) [accessed 15.1.11]



## **4.6 Professionalising the sector**

The fitness sector must focus on developing a deeper understanding and broader range of skills within the industry, that are required if the industry is to fulfil its potential.

### **Who                      European Fitness Sector                                 European Union**

As discussed throughout this report, the European Fitness Sector has the potential to make valuable contributions to key areas of the European Union agenda, and in certain countries already is, however in order to realise the sector must professionalise.

The sector must professionalise both its operation of facilities and its workforce. There are several instances where innovative work in these areas is currently underway and both EHFA and the European Union should encourage this innovation and assist in the professionalization of the sector. For instance in Germany, the German Olympic Sports Confederation together with the German Medical Association and various health insurance companies have developed a 'Quality Seal Sports for Health' programme.<sup>207</sup> In the programme sports clubs have to fulfil a standardised to be awarded the quality seal. The criteria include issues such as, qualified trainers, uniform organisational structure, preventive health check ups, and quality managements. Similarly in the United Kingdom, the Fitness Industry Association have developed a Code of Practice which outlines the minimum standard of operation which facilities must operate at.<sup>208</sup>

Regarding the professionalising of the fitness sector workforce much of this work is currently being undertaken by the EHFA Standards Council. The Standards Council is developing and promoting a complete sector approach that will enable recognition of the knowledge skills and competencies required for exercise professionals working in the industry when referenced to the eight levels of the European Qualification Framework (EQF). It is important that all contributions being made from a diverse range of occupations are acknowledged, and professionally recognised, if the industry is to develop a framework and structure that will improve its credibility, accountability and professionalism.

At present that seems to be a significant imbalance of the skills across the workforce with an estimated 85% at EQF level 4 and below. The challenges for industry in working with a broader range of population groups – some of whom who will require behavioural change, lifestyle adaption, treatment of chronic diseases and health-related diseases, plus an aging population will require the industry to concentrate on improving its skills base.

Currently, the industry focus is on vocational training and development (EQF levels 2-5) but alongside other health professionals and strategists who are developing effective and evidenced public policy interventions, these fitness trainers are insufficiently qualified to the others involved. If the sector continues to promote the employment and training of lower-skilled exercise instructors, then the capacity of the

---

<sup>207</sup> European Union Working Group on Sport & Health, "EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health Enhancing Physical Activity", *European Union*, 10 October 2008. [http://ec.europa.eu/sport/library/doc/c1/pa\\_guidelines\\_4th\\_consolidated\\_draft\\_en.pdf](http://ec.europa.eu/sport/library/doc/c1/pa_guidelines_4th_consolidated_draft_en.pdf) [accessed 11 November 2010]

<sup>208</sup> Fitness Industry Association, 'FIA Code of Practice', *FIA*, 2010. <http://www.fia.org.uk/about-us/FIA-Code-of-Practice.html> [accessed 6.11.10]

industry to meet the challenges and opportunities of promoting health enhancing physical activity and attracting “mainstream” funding and better cooperation with Governments and commissioning Agencies will be diminished.

The European industry needs to embrace the contribution already being made by the higher education sector and to ensure that these professionals, who have come through the Bologna cycles (comparative to EQF levels 6-8), are fully integrated into EHFA’s sector qualification framework. The existing European Register of Exercise Professionals (EREPS) should start planning and discussing for how the full 8 levels of the EQF can be used to structure itself accordingly and to mirror other professions – some of whom enjoy the automatic recognition and protection of professions through Directive 2005/36EC.

This directive is now being reviewed taking into consideration the impact of the EQF and Bologna Process. For recognition purposes the Directive lays down minimum training conditions, including minimum duration of studies and these qualifications enable holders to practise their profession in any Member State. The review is an opportunity for the fitness sector to consider the promotion of higher levels of professional recognition, whilst using a comprehensive structure that will allow for career development and individual improvement of skills through a structured programme of lifelong learning.

According to earlier research done by NSCA<sup>209</sup> the qualification level of exercise professionals working for the routine treatment and prevention of chronic disease, in secondary prevention and primary care, should be a bachelor degree equivalent (Bologna 1<sup>st</sup> cycle and EQF level 6). Through this report the European fitness sector is not advocating that to be “professional” it is necessary to be EQF level 6 or above – but the issues of current imbalances and shortages of qualified exercise professionals needs to be addressed so that the overall structure of professional recognition through a register still needs much further development and understanding. If there is to be a credible professional register for the fitness industry it should ensure that there are close parallels with other professions’ solutions and especially for those in health care.

EHFA’s Standards Council is developing a framework which supports and defines the full range of occupations across the sector, and their specific purpose in the industry. EREPS, which started in 2008, binds its members to a Code of Ethical Practice and ensures that adequate and appropriate liability insurance and these principles are already enshrined in the European Register of Exercise Professionals.

---

<sup>209</sup> M.O.H Malek, P. David, D. Nalbone, E.Berger & J.W Coburn, ‘Importance of Health Science Education for Personal Trainers’, *Journal of Strength and Conditioning Research*, 16 (2002) pp.19-24.