



Becoming the Hub

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

Executive Summary Report

22nd November 2010

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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 sports professionals can be utilised as a major resource in the battle against sedentary lifestyles, ill health, obesity, health-related diseases and social exclusion.

The primary research was undertaken by EHFA and its partners the FIA and EOSE between March and June 2010 and these recommendations have been through several rounds of consultation with the fitness sector. The full detailed findings with a summary of the extensive research and references that have been involved with this project will be in the final report that will be completed in February 2011. This version is the executive summary of the main recommendations and principle supporting points, with some illustrative examples. Further details can be found at www.ehfa-programmes.eu.

The Becoming the Hub project realises the potential of the fitness sector and would like as many organisations and individuals as possible to sign up to the following industry pledge:

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

Foreword

As 2010 draws to a close, after another year of financial uncertainty, governments across Europe are plotting their routes to good financial health. 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 well-established life, 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 six 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.

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 in healthcare we will have to partner with the medical community and up-skill our staff 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.

The recommendations in this report have the full backing of the fitness sector and demonstrate how we can improve and contribute to getting the citizens of Europe to be more active | more often.



A handwritten signature in black ink, appearing to read 'Harm B Tegelaars'.

Harm B Tegelaars

President of EHFA, November 2010

Project Aims

Recognising the challenges of chronic disease and the ageing population currently facing the European Union, this project analyses 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.

The Becoming the Hub Project researched physical activity promotion across the European Union and specifically focused on examples of from national government policies and national and local campaigns.

Specifically, the project reviewed over 150 research studies, policies and campaigns primarily from seven Member States (Denmark, Finland, France, Germany, Netherlands, Sweden, and United Kingdom). However, the research was not confined to these countries in looking for examples of best practice and campaigns such as the *European Heart Study*,¹ the Polish '*Revitalise your Heart*' and Slovenian '*Move for Health*',² have also been analysed and contributed to the recommendations. Similarly, this report has also noted the work of the World Health Organisation HEPA network, which has an extensive inventory of policy documents focused on improving physical activity.

The recommendations in this executive summary have twice been sent out for consultation within the fitness sector and other main stakeholders. Furthermore, the recommendations were debated over a two-day conference in Cologne attended by representatives of the fitness sector from each of the seven Member States that were the main focus of the research. The full report and recommendations will be completed in February 2011 when delivered to the European Commission. The recommendations are set-out to address the three main audiences identified by the research: The Commission, National Governments and their Agencies and the European fitness industry.

Introduction

The importance and benefits of a physically active lifestyle have been well established. Regular physical activity is linked to a reduced risk of cardiovascular and respiratory diseases, musculoskeletal and metabolic conditions, and psychological wellbeing.³ Increasingly, the benefits of physical activity are recognised in the policies of national governments and with 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. 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 cardiovascular diseases and diabetes, which reduces the quality of life, puts individuals' lives at risk and are a burden on health budgets and the economy.*⁴

Furthermore, the European Council has repeatedly called for the Commission to develop policies to promote physical activity and nutrition,⁵ whilst the European Union Platform on Diet, Physical Activity and Health proclaimed that "European Union citizens are moving too little and consuming too much."⁶

Despite these calls for action and the well known benefits of regular 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.⁷ Roughly two thirds of European adults do not reach recommended levels of physical activity,⁸ whilst only 34% of young people meet the recommendations.⁹ 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."¹⁰

These 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 disability every year.¹¹ 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.¹² NCDs have risen dramatically over the last decade. For example, in 1980 one in 15 children were obese; this increased to one in eight to nine children in 1997, and moved to one in five 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.¹³ NCDs such as these cause 86% of deaths and account for 77% of disease burden within Europe.¹⁴

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. Using the Netherlands as a single example, the health care costs due to physical inactivity were €744 million in 2004.¹⁵ Research in the Netherlands demonstrated that a diabetic patient costs almost €15,000 per year, whereas a healthy and active individual costs less than €1,000 a year.¹⁶ A separate Swiss study estimated that direct treatment costs of physical inactivity at €1.1 - €1.5 billion.¹⁷ On an individual basis, the World Health Organisation estimates that physical inactivity "costs" between €150-300 per citizen per year.¹⁸ Yet,

despite the costs of NCDs, only 3% of health expenditure in the OECD is actually directed towards their prevention through public health interventions.¹⁹

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.²⁰ Overall, on the basis of current policies, age-related public expenditure is projected to increase on average by about 4¾ percentage points of GDP by 2060 in the EU. Consequently age-related public expenditure will increase by €126 billion by 2060.²¹

During the current period of economic difficulties, the projected costs as illustrated are unsustainable, and action should be taken to mitigate or curtail them in more informed and effective ways.

Physical Activity Promotion

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. It says, for example that the evidence of EU recommended levels of physical activity can reduce the risk of a stroke by up to 27%,²² diabetes by 33%,²³ and coronary heart disease by 35%.²⁴

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.²⁵

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. For example, new evidence suggests that every Euro spent on exercise yields a staggering 13.1 Euro return.²⁶ Similarly, 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 costs 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.²⁷

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.²⁸ 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 10 areas of focus.²⁹ 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 five times a week by 25%.³⁰

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 included 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.³¹ 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.³² 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.³³ 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 average membership of a fitness centre in Europe is 9% whilst a further 12% of Europeans are members

of sports clubs.³⁴ 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.³⁵

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.³⁶ 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.³⁷

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.³⁸ However this is more of an exception, and the converse example is the Danish National Action Plan against Obesity,³⁹ which does not refer to the fitness sector at all, and is rather more typical of national policy writing.

This report has six recommendations for action.

Principle recommendations

1st RECOMMENDATION: 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.

Who?

The European Commission
Member State Governments
The European Fitness Sector

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 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%.⁴⁰ The plan even makes further objectives to ensure that healthcare providers are able to refer patients to adapted forms of sport and exercise.⁴¹ However, the Netherlands National Action Plan is an exception and the majority of physical activity policies or interventions broadly aim to; raise awareness; educate; conduct local physical activity programmes and initiatives; build capacity; and create supportive environments.⁴² 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 older adults, children, older adults, employees, disabled people, 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 different 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,⁴³ 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 2011.⁴⁴ 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.⁴⁵

The development of tailored interventions should be extended to older adults 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 protect against the threat of falls. 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. 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.⁴⁶ In order to reduce the prevalence of falls, national governments should adopt the messages of the Finnish 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.

Campaigns should also adopt an integrated 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 ‘inactive 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 should use the private sector.⁴⁷ Campaigns which collaborate with the fitness 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 partnership 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 six year period, 76% public recognition rates, and 120,000 co-operative partners.⁴⁸ 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.⁴⁹ 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 its impact across this wider spectrum.

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.⁵⁰ 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 BeweegKuur 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.⁵¹ 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.

2nd RECOMMENDATION: 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. Interventions which rely 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.⁵² 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.”⁵³ 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. 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.⁵⁴ 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.⁵⁵ 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.⁵⁶ 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.⁵⁷ 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 recall⁵⁸ 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.⁵⁹ 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.⁶⁰

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’⁶¹ 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.⁶² 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 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 the opportunity to meet friends and enhance community based activity. Recent campaigns, such as the Dutch BeweegKuur programme,⁶³ 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.⁶⁴ 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 employees whose physical activity is restricted by their occupation.⁶⁵ The fitness sector should work with employer organisations to deliver activity in the workplace.

3rd RECOMMENDATION: 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.

**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 three and five times a week.⁶⁶ A consistent approach that distinguishes between the means in which to achieve the recommendations would facilitate coherence and ability to promote pan European promotion.

However, caution must be noted as uniform promotion ignores socio-economic inequalities in access to physical activity and exercise. Those from lower socio-economic backgrounds are 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 are as low €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 traditionally 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 2010.⁶⁷ 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.⁶⁸ 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 two - three days a week.⁶⁹ Although both the German and French policies outlined above recommend specific exercises for specific population groups, too many policies simply adopt the 'five x 30' 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. 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 'five x 30' 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 minutes of high intensity exercise three times a week and undertake six to eight muscle exercises twice a week.⁷⁰ The 'five x 30' message should be adopted as a minimum approach, however there is a dose response relationship between the amount of exercise completed and its positive effects.⁷¹ Therefore,

Governments should retain the simple 'five x 30' 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.

4th RECOMMENDATION: 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.

**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:

- 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 advises patients to become more active.

There is now a considerable amount of peer reviewed literature has been 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%.⁷² 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.⁷³

There is also evidence that the use of exercise in the management of chronic disease is cost effective in comparison to 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, in contrast the use of traditional statin based interventions is said to cost between €11,800 and €20,000 per QALY.⁷⁴

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; that they can play a wider role in health promotion.⁷⁵ 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.⁷⁶ 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.⁷⁷ 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 has 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 and a database from which healthcare professionals can refer to 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, member state government 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
- Risk assessment of patients
- Exit strategies
- Evaluation
- Feed back into and assessment by the healthcare professional.

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, Faculties of Health and the Department 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.

5th RECOMMENDATION: Building partnerships

The European Fitness Sector should build links with medical association, non-governmental organisations, sporting organisations and academic 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 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 5th and 6th October. Similarly, the latest consultation results showed that over 95% of respondents agreed that the fitness sector should partner with partners and sectors that the sector has not previously engaged with.

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

Healthcare organisations – exercise and the fitness sector has a significant role within the treatment and management of disease. 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, Physiotherapists and Sports Medicine institutions. For example, in the United Kingdom the widening role of fitness professionals into primary care, and the modern role 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 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 periods for these conditions. The fitness sector should partner with these organisations to promote the benefits of physical activity and possibly develop non-governmental campaigns. For example, in the Netherlands, the Dutch Nutrition Centre (Voedingscentrum), developed launched a national campaign entitled “Maak je niet dik,”⁷⁸ encouraged physical activity, 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 higher education facilities.

Commercial bodies – commercial organisations, such as insurance companies 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.

6th RECOMMENDATION: Professionalising the sector

The fitness sector must focus on developing a deeper understanding and broader range of skills within the industry, that will be 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 its potential the sector must be more professional.

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 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 there seems to be a significant imbalance of the skills across the workforce with an estimated 85% at EQF level four and below. The challenges for the 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.

At present 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 when compared to some of the others involved. If the industry 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 it accordingly, and probably to mirror other professions – some of whom enjoy the automatic recognition and protection of professions through Directive 2005/36.⁷⁹

This directive is shortly to be 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 practice 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 NSCA⁸⁰ 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 1st cycle and EQF level 6). Through this report the European industry is not advocating that to be “professional” it is necessary to be EQF level 6 – but the issues of current imbalances and shortages of qualified exercise professionals needs to be addressed and 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 those in health care.

EHFA's Standards Council is developing a framework which supports and defines the full range of occupations, and their 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.

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The project partners are:

The European Health and Fitness Association (EHFA)
European Observatoire for Sport Employment (EOSE)
The Fitness Industry Association (FIA)
Verband Deutscher Fitness und Gesundheitsunternehmen (VDF)



The Becoming the Hub project partners would like to invite the fitness sector and interested stakeholders to support the recommendations by signing up to the pledge below:

Based on the evidence that now exists, the health and fitness industry 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

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