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

EXECUTIVE SUMMARY
Final
FEBRUARY 2011
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.

**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  
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  
OECD: Organisation for Economic Co-operation and Development  
QALY: Quality Adjusted Life Year  
VDF: Verband Deutscher Fitness und Gesundheitsunternehmen  
WHO: World Health Organisation
Foreword

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 into activities of daily life such as walking and gardening, however they also need strength and resistance training in order to protect 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 unchartered 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 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 report demonstrates that our committed sector can improve and contribute to getting the citizens of Europe to be more active and more often. This will be the start of an even closer working relationship with the European Commission in the promotion of health enhancing physical activity.

Harm B Tegelaars, President EHFA, Brussels, February 2010
Supporting Statement

“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.”

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 Centre in Amsterdam (NL) and Chairman of the steering committee of HEPA Europe (WHO).

Amsterdam, February 2011

The full report, finding and research references can be found at www.ehfa-programmes.eu
Executive Summary

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. 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, whilst only 34% of young people meet the recommendations.

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.

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. 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. 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, represent 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.

3 Ibid.
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. The Guidelines clearly state that achieving the European recommended levels of physical activity can reduce the risk of a stroke by up to 27%, diabetes by 33%, and coronary heart disease by 35%.

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.

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.

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. 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.

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.

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.

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

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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. 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.

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

3 Methodology

The project was focused on 5 work packages:

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.

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 Valorisations strategy is in the appendix of this paper.

18 Ibid.
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”  

“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”.  

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 generally not consider policies or campaigns which were created prior to January 2000.

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.


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:
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<th>Policies</th>
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<tr>
<td><strong>Austria</strong></td>
<td>‘Fit for Austria’ (2004)</td>
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<td>‘Cycle Policy’ (2002)</td>
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<td><strong>Denmark</strong></td>
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<td>‘VoiTas Project’ (2003)</td>
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<td><strong>Finland</strong></td>
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<td>‘La santé vient en bougeant’ (2004)</td>
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<td><strong>Germany</strong></td>
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<td><strong>Netherlands</strong></td>
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<td>Living longer in good health – also a question of a healthy lifestyle (2004)</td>
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<td>Toward an ‘active’ policy (2003)</td>
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<td>‘The Netherlands in balance: preventing obesity master plan’ (2005)</td>
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Norway

Poland
Revitalise your Heart Intervention (2001)

Slovenia
National Public Health Plan on Health Enhancing Physical Activity Plan (2007)
Slovenia on the Move – Move for Health (1999)

Spain

Sweden
‘Sweden on the Move’ (2001)
Healthy dietary habits and increased physical activity – the basis for an action plan (2005)
‘Challenge Gothenburg’ (2008)

United Kingdom
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)
Fit for the Future (2010)
Let’s Get Moving – Physical Activity Care Pathway (2009)
Moreactive4Life (2009)

- 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 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 4th and 5th. 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 (responses to the six Hub recommendations – see section 4) were as follows:

Following this consultation, the recommendations were again re-drafted. Most notably, the research team scrutinised the third recommendation, ‘Advocating Exercise’, in order to clarify that the recommendation supported the physical activity guidelines but also indicated that more vigorous forms of exercise should be undertaken in addition to the activity 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.\textsuperscript{21}

### 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 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. At the Summit an industry pledge to increase levels of health enhancing physical activity, based on the recommendations, was presented for the 70 delegates to sign:

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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
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### 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 31st January 2011 meeting of the EHFA Standards 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.

4 Report Recommendations

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

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.

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 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%. 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. 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 campaigns should be targeted at specific population groups such as older adults, children, people with disabilities, sedentary workers, 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, 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. The programme has been so successful that it is widely expected to be implemented nationally in 2011. The BewegKuur 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.

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

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23 Ibid.
muscular strength and balance. 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. The Becoming the Hub team welcomes initiatives such as the the European Innovation Partnership on Active and Healthy ageing.

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. 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.

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. 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. If interventions can be proved to have

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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 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.\textsuperscript{34} Whilst all agents involved in the delivery of campaigns should contribute to the development of evaluations, the EU in particular should support a more coordinated approach across Europe.

\subsection*{4.2 Offer physical activity within the community}

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

\begin{itemize}
\item \textbf{Who} The European Commission
\item Member state Governments
\item The European Fitness Sector
\end{itemize}

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.\textsuperscript{35} 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”.\textsuperscript{36} 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.\textsuperscript{37} 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.\textsuperscript{38} However, these policy examples often do not translate into community driven campaigns and a fifth of

\begin{itemize}
\item Ibid.
\end{itemize}
Europeans believe that their local area does not provide them with opportunities to be physically active. 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. 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 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. 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.

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’ 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. 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, offer nutritional and physical activity guidance delivered through leisure/fitness centres.

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45 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_AOK_Cycling_FS_Cycling_to_work_EN.pdf [accessed 14.11.10]

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. Government’s 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.\(^{47}\) 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.\(^{48}\) The fitness sector should work with employer organisations to deliver activity in the workplace.

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

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<th>The European Commission</th>
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<td>Member State Governments</td>
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<td>The European Fitness Sector</td>
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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.\(^{49}\) 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. 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. 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. 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 minutes of high intensity exercise three times a week and undertake six to eight muscle exercises twice a week. 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.\textsuperscript{54} 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

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%.\textsuperscript{55} 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.\textsuperscript{56}

\textsuperscript{54} 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’, \textit{Medicine and Science in
CD001800.
\textsuperscript{56} Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Health, Thompson & Bauman, ‘Physical Activity and Public Health: Updated
Recommendations for Adults from the American College of Sports Medicine and the American Heart Association’, \textit{Medicine and Science in
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.\(^{57}\)

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\(^{58}\). 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\(^{59}\). 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.\(^{60}\) 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 Bewegkuur programme which enables healthcare professionals to refer diabetic patients to exercise programmes, as previously mentioned this programme and will now be implemented nationally.

The European Register of Exercise Professionals (EREPS) offers a framework through its database from which healthcare professionals can refer 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 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
- 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.

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 5th and 6th 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 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 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), developed a national campaign entitled
“Maak je niet dik”\textsuperscript{61}, 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.

### 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.

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
referred 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.

\textsuperscript{61} Wammes, B. Oenema, A. Brug, A, “The Evaluation of a Mass Media Campaign aimed at weight gain prevention among young Dutch
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\textsuperscript{62} 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\textsuperscript{st} 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 is 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 the principles of the Code are already enshrined in the European Register of Exercise Professionals.

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