A joint position paper by

EuropeActive and International Diabetes Federation Europe

Beyond the *Diagnosis:*

Strengthening the Fitness Sector's Contribution to Diabetes Prevention, Management and Care

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International Diabetes Federation
Europe

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This joint paper by EuropeActive and IDF Europe looks beyond the evidence that physical activity matters, and asks what it takes to make it part of everyday life.

The question at the heart of this paper

What happens between knowing that physical activity is important and being able to make it part of everyday life?

EuropeActive

Foreword

The role of the fitness sector is changing. Across Europe, our sector is increasingly recognised not only for helping people become fitter and more active, but for its contribution to health promotion, disease prevention and quality of life.

With that opportunity comes a responsibility: to ensure that our environments, professionals, and services are equipped to support people with diverse health needs.

This year, World Diabetes Day puts “Early action on diabetes” at the centre of the global conversation. For EuropeActive, this is an important opportunity to ask what early action means in practice, and where the fitness sector can contribute. This is why we are proud to have developed this paper together with IDF Europe.

We want to look beyond the well-established evidence that physical activity matters and ask a more practical question: what happens between knowing that physical activity is important and being able to make it part of everyday life?

The answer must begin with people living with diabetes. Their experiences reveal the barriers, competing priorities and uncertainties that can make physical activity difficult, but also what can make a fitness environment feel welcoming, trustworthy, and supportive.

For us, early action should not stop at early diagnosis. It should extend across the whole pathway - from risk and prevention through diagnosis and long-term self-management - with early, sustained support to help people become and remain physically active.

This paper also reflects the evolution of our sector, through stronger professional standards supported through European Register of Exercise Professionals (EREPS), emerging qualifications such as the Level 5 Exercise for Health Professional, and closer connections with healthcare. But no sector can close these gaps alone. We need stronger collaboration between health and fitness, and a shift in how policymakers approach health investment - recognising prevention and health promotion as a long-term investment in healthier populations, rather than focusing primarily on treatment and short-term outcomes.

We are grateful to IDF Europe for bringing the diabetes community to the centre of this work. By bringing together the lived experience and expertise of the diabetes community with the reach and evolving role of the fitness sector, we can build stronger pathways into physical activity - making it more accessible, trusted and sustainable for people at every stage of the diabetes journey.

Early action should not be a moment. It should be a pathway.



Kai Troll
CEO, EuropeActive

Foreword

Physical activity plays an essential role in preventing type 2 diabetes and supporting the health, well-being and quality of life of those living with the condition.

Yet, despite the strength of the scientific evidence, translating this knowledge into everyday practice remains a challenge. For many people, becoming and remaining physically active is not simply a matter of motivation or personal choice, but is influenced by their health needs, individual circumstances and access to appropriate support and opportunities.

Across Europe, persistent inequalities in access to diabetes prevention and care highlight the need to bridge the gap between evidence and practice. Addressing these disparities requires more integrated, person-centred approaches that place greater emphasis on prevention, early intervention and ongoing support throughout the life course.

For people living with diabetes, a complex condition requiring continuous self-management, physical activity must be approached in a way that recognises individual needs, preferences and capabilities. This means going beyond general recommendations to provide personalised guidance, build confidence and ensure access to safe, enjoyable and sustainable opportunities to be active.

Healthcare professionals have a vital role to play, but they cannot achieve this alone. Stronger collaboration between policy makers, healthcare, public institutions responsible for physical activity, the fitness sector and community-based organisations can help translate clinical recommendations into everyday practice. By developing appropriately qualified professionals, strengthening referral pathways and creating more inclusive environments, we can better support people to incorporate physical activity into their daily lives.

Importantly, people living with diabetes must be actively involved in shaping these approaches. Their lived experiences provide essential insights into the barriers they encounter, the support they need and what makes participation meaningful and sustainable.

I am therefore pleased that IDF Europe is collaborating with EuropeActive on this joint position paper. As we mark World Diabetes Day 2026 under the theme of “Early action on diabetes”, we have an opportunity to reinforce our shared responsibility to make physical activity a more accessible and integral part of diabetes prevention and care.

By bringing together expertise across sectors and placing the needs and experiences of people living with diabetes at the centre, we can move beyond recommendations towards practical, lasting change that enables more people to lead healthier, more fulfilling lives.



Prof. Tadej Battelino MD, PhD
Chair, IDF Europe

Five priorities at a glance

What EuropeActive and IDF Europe are calling for

1 Make physical activity a routine part of diabetes prevention and care

2 Strengthen the collaboration between healthcare and the fitness sector

3 Invest in professional competence and inclusive fitness environments

4 Embed lived experience in the design, delivery and evaluation of physical activity initiatives

5 Prioritise funding, healthier environments and equity in physical activity

Full recommendations on page 20

Key facts

Diabetes and physical activity in Europe, at a glance

66M

adults are estimated to be living with diabetes in Europe

International Diabetes Federation, 2025

1 in 3

adults in Europe do not meet recommended levels of physical activity

OECD/WHO, 2023

90%

of cases are type 2 diabetes

International Diabetes Federation, 2025

€178bn

diabetes-related health expenditure in 2024

International Diabetes Federation, 2025

5.5%

of total health expenditure spent on prevention in EU countries, compared with nearly 60% on curative and rehabilitative care

OECD/European Commission, 2024

75.5M

club members served by the sector represented by EuropeActive's network in 2025

European Health and Fitness Market Report, 2025

Eight people living with diabetes share, in their own words, what helps them become and stay active, and the barriers they face along the way.

01

Understanding Diabetes and the Role of Physical Activity

Diabetes is a major and growing public health challenge across Europe.



An estimated **66 million adults are living with diabetes in Europe**, with **type 2 diabetes accounting for around 90% of cases**. Diabetes also places a substantial economic burden on healthcare systems, with **diabetes-related health expenditure estimated at €178 billion in 2024** (International Diabetes Federation, 2025).

Diabetes is a group of conditions characterised by elevated blood glucose levels. The two most common types of diabetes, which are the focus of this paper, are:

Type 1 diabetes (T1D)

An autoimmune condition in which the immune system attacks the insulin-producing cells in the pancreas. It can develop at any age, although it often begins in childhood or early adulthood; and

Type 2 diabetes (T2D)

A metabolic condition characterised by insulin resistance (when the body's cells cannot respond effectively to insulin) and progressive decline of insulin production.

Each type of diabetes has distinct factors that influence the risk of developing the condition. For T1D, a combination of genetic and environmental factors is thought to contribute to the autoimmune response responsible for the destruction of insulin-producing beta cells.

For T2D, risk is shaped by a complex interplay of non-modifiable factors, including age, ethnic background, genetic predisposition, and family history, and modifiable factors, such as physical inactivity, dietary patterns, overweight, and obesity. These factors are also influenced by wider environmental and socio-economic conditions that shape people's opportunities to engage in health-promoting behaviours, including physical activity.

Physical activity encompasses a broad range of forms of movement, from everyday activities and active transport to structured exercise and participation in fitness activities. Within this broader spectrum, the fitness sector represents one specific setting for promoting and delivering physical activity, and is the focus of this paper.

Physical activity is one of the key modifiable factors in reducing the risk of developing T2D, with strong evidence demonstrating that higher levels of activity are generally associated with greater risk reduction. Physical activity can take many forms, from everyday movement to structured exercise and participation in fitness activities. Beyond T2D prevention, physical activity helps reduce the risk of several other non-communicable diseases (NCDs), including cardiovascular disease and certain cancers, and can support mental health by reducing the risk of depression. Its benefits are particularly important in ageing populations, where regular movement can help maintain mobility, physical function, independence, and overall well-being.

For people already living with diabetes (PwD), physical activity also plays an important role in managing the condition. Across both T1D and T2D, regular activity can improve blood glucose management, support cardiovascular health, enhance physical and mental well-being, and improve quality of life. It can also help prevent or delay certain long-term complications.

Physical activity helps the body use insulin more effectively and allows muscles to take up glucose from the blood, ultimately contributing to lower blood glucose levels. It can also support weight management. However, the recommended type, intensity and amount of activity will vary according to individual needs, treatment, and circumstances. For people living with T1D, for example, physical activity may require additional planning to manage insulin, food intake and blood glucose levels.



Mateja Malnar Štembal, 54 years old, Slovenia

My best personal trainer has four legs.

His name is Lars, and he is my dog. He doesn't care about the weather or whether I feel like exercising. He simply expects us to go for a walk. And that's often exactly what I need.

After pancreatic surgery in 2003, I developed type 3c diabetes 20 years later. Staying active requires planning and monitoring my glucose levels, but I refuse to let diabetes dictate how I live.

I walk, cycle, swim and travel. The secret is choosing activities that bring us joy, rather than treating exercise as another obligation. Movement should become a natural part of everyday life: walking the dog, taking the stairs or swimming simply because it feels wonderful.

I wish healthcare and fitness professionals understood that people with diabetes need encouragement and understanding, not judgement, blame or stigma. Everyone's circumstances are different. Diabetes may change the road, but the steering wheel is still in our hands.

What gets in the way, and what helps

Commonly reported barriers	What can help
Insufficient support from healthcare professionals, family and friends	Social support
Limited time	Enjoyable and inclusive environments
Depression, diabetes distress, low motivation, embarrassment, low self-efficacy	Appropriately trained professionals
Fatigue, pain or low fitness	Self-management education
For T1D: hypoglycaemia and fear of hypoglycaemia	Tailored programmes with goal-setting, self-monitoring and behavioural support
	Stronger connections between healthcare and fitness

Brennan et al., 2021; MOVEUP Project Consortium, 2025

Despite the well-established benefits of physical activity, **around one in three adults in Europe do not meet recommended levels of physical activity** (OECD/WHO, 2023), with even lower levels of physical activity and higher sedentary behaviour observed among people living with diabetes (Kennerly & Kirk, 2018). This suggests that PwD may face additional, often complex barriers to physical activity that extend beyond those experienced by the general population.

Understanding what prevents or enables PwD to be physically active is therefore essential to improving participation. **Commonly reported barriers among those living with T1D and T2D include insufficient support from healthcare professionals, family, and friends; limited time; psychosocial factors including depression, diabetes distress, low motivation, embarrassment, and low self-efficacy; and physical symptoms such as fatigue, pain, or low fitness.**

Barriers specific to those living with T1D include hypoglycaemia (or low blood glucose) and fear of hypoglycaemia; concerns about blood glucose management; and insufficient knowledge to manage T1D with physical activity. While some of these barriers may also be encountered by the general population, they can be experienced differently or exacerbated by the additional demands and stigma associated with living with diabetes. Conversely, social support, enjoyable and inclusive environments, appropriately trained professionals, self-management education, and tailored programmes incorporating goal-setting, self-monitoring and behavioural support can help facilitate participation. Stronger connections between healthcare and the fitness and physical activity sectors are also important in supporting accessible and sustainable physical activity (Brennan et al., 2021; MOVEUP Project Consortium, 2025).

> Around one in three adults in Europe do not meet recommended levels of physical activity.



Linda Kolleskov,
50 years old, Faroe Islands

After my diagnosis I felt shame and defeat. Moving my body, especially together with others, helped me find myself again.

The stigma around type 2 diabetes made it harder. Slowly, I found my way back through walking, sea swimming and group fitness classes, which motivate me far more than training alone.

My biggest surprise was health football. I had never played football in my life, but when I was offered a place in a research study for people with type 2 diabetes, I fell in love with it. Six years on, I hope to keep training, because it brings calm and joy to my everyday life.

Even a gentle walk with others can be the key that gets people moving. The healthcare system should make that first step easier.

02

From recommendation to everyday action

For many people, the advice to “be more active” sounds simple. In reality, turning that recommendation into everyday action can be much harder.



The stories in this paper show that people face different circumstances, levels of confidence, health needs, and practical barriers. What works for one person may not work for another.

Physical activity is an important part of diabetes management, alongside medication, nutrition, blood glucose management, and regular clinical follow-up. Current guidance recommends that **physical activity is discussed as part of ongoing diabetes care, rather than treated as a one-off lifestyle recommendation** (Davies et al., 2022; WHO, 2022).

In practice, people may receive information about physical activity at diagnosis, during routine appointments with their diabetes care team, or through diabetes self-management education and support programmes. Depending on the healthcare system and the individual’s needs, this support may involve GPs, diabetes nurses, endocrinologists, dietitians, and other healthcare professionals. However, the frequency, detail and continuity of physical activity advice, as well as access to more specialised support, may vary (Davies et al., 2022; ADA, 2026).

Simply communicating physical activity recommendations is not enough to support PwD to become and remain active. People may need help understanding what physical activity is appropriate for them, where to start, how to build confidence, and how to make activity fit around work, family, health, and other priorities. For some, concerns about symptoms, complications or doing the “wrong” type of exercise can also become barriers. For example, people taking insulin or certain glucose-lowering medicines may need guidance on managing the risk of hypoglycaemia during activity, while those with diabetes-related complications or other health conditions may need more individualised advice (Davies et al., 2022).



Oliwia Kaczmarek,
28 years old, Poland

For a long time, I struggled with losing weight and finding physical activities that worked for me.

After being diagnosed with PCOS and insulin resistance, I started exploring different types of exercise to understand what my body needed.

It took some time, but I discovered that strength training at the gym and Pilates were the activities I enjoyed most. They make me feel stronger, more confident, and better both physically and mentally.

One of the biggest challenges was knowing where to start and understanding which activities would be right for me. What helped most was giving myself the freedom to try different things without putting too much pressure on myself.

I believe healthcare and fitness professionals should understand that physical activity is not just about losing weight. It is also about feeling good, building confidence, and finding something enjoyable and sustainable. Everyone deserves support in finding their own way to stay active.

Healthcare professionals (HCPs) can play an important role in having meaningful conversations about physical activity, providing appropriate advice and, where available, connecting people with qualified exercise professionals and suitable opportunities in the community or fitness sector. Clear referral and support pathways can help turn a conversation about physical activity into a realistic next step (Collado-Mateo et al., 2021; Williamson et al., 2021).

Evidence also shows that successful behaviour change is rarely about simply providing information. Approaches that are personalised, build confidence, set achievable goals, and provide ongoing support can help people become and remain active (Michie et al., 2011; BMJ Open, 2022).

The question, therefore, is not simply whether people have been told that physical activity is important. It is whether they have the **knowledge, confidence, opportunity, and support to act on that advice** - and to make physical activity a sustainable part of life with diabetes.

This is where the fitness sector has an important role to play. Supporting people to become and remain active requires a workforce equipped to respond to diverse health needs, adapt exercise to individual circumstances, and create safe, inclusive, and supportive environments. **The professionalisation of the fitness workforce, including through education and training in working with people with NCDs, is therefore an important step towards bridging the gap between the recognised benefits of physical activity and the support people need to experience them in practice.**

What people need to act on the advice

Knowledge
What activity is appropriate and where to start

Confidence
Feeling safe to start and keep going

Opportunity
Suitable options in the community or fitness sector

Support
Ongoing, personalised guidance

03

The Role of the Fitness Sector[1]: Matching Professional Support to Individual Need

Supporting people at risk of, or living with, diabetes to become and remain physically active requires an approach that reflects individual health status, level of risk and complexity.



Not everyone requires the same level of professional support. **EuropeActive's Professional Standards Framework provides a progressive workforce pathway designed to ensure that exercise and physical activity support is delivered by professionals with knowledge, skills and scope of practice appropriate to the needs of the individual.**

[1] For the purposes of this paper, the fitness sector is considered primarily through the scope of EuropeActive and its membership, which includes 30 national associations, fitness and health club operators, suppliers, and fitness and wellness technology companies. In 2025, the sector represented by EuropeActive's network collectively served over 75.5 million club members, comprised 67,515 fitness clubs and generated €39.1 billion in annual revenue, representing 9.1% growth compared with 2024 (European Health and Fitness Market Report, 2025). These figures should not be interpreted as covering the entire physical activity sector.

[2] The EuropeActive Professional Standards Committee is currently reviewing the EQF Level 5 Exercise for Health Specialist Standard and has indicated that the revised occupational title will be EQF Level 5 Exercise for Health Professional.

The sector represented by EuropeActive's network, 2025

30	75.5M	67,515	€39.1bn
national associations	club members	fitness clubs	annual revenue, +9.1% on 2024

For people who do not live with chronic health conditions or who are at increased risk of T2D but do not require condition-specific exercise support, Fitness Instructors, Group Fitness Instructors and Personal Trainers can play an important role in helping people increase physical activity, improve fitness and adopt sustainable healthy lifestyles. Working in partnership with individuals, they can provide personalised exercise, physical activity and healthy-lifestyle support within their professional scope, while supporting informed decisions about when additional medical guidance, referral or support from a more appropriately qualified professional may be beneficial.

Condition-informed exercise support for those living with established T2D and whose glucose levels are routinely within target range is provided through the EuropeActive EQF Level 5 Exercise for Health (EHP)[2]. Building upon Personal Trainer competence, the EHP develops additional knowledge and skills relating to common chronic health conditions, including T2D. This includes administrating exercise-readiness, risk

management and appropriate fitness and functional assessments, while being able to recognise contraindications, precautions and circumstances requiring medical guidance or referral. Based on these assessments and understanding the EHP can provide individualised exercise and physical-activity programmes and adapt those programmes according to the person's needs. Throughout these processes the EHP applies strategies to best support behaviour-change and a healthy lifestyle.

Importantly, the EHP is not a healthcare professional and does not diagnose, treat or clinically manage diabetes. Nor does the role include prescribing or adjusting medication or providing clinical nutrition therapy. Its purpose is to support people living with T2D by complementing healthcare and translating appropriate clinical and physical activity recommendations into safe, personalised, and sustainable exercise and physical activity programmes. Effective communication and referral between exercise professionals and healthcare professionals are therefore fundamental to the role.

Where diabetes presents increased clinical risk, the individual's needs may fall outside the independent scope of an EHP. This may include glucose levels consistently outside the individual's target range, significant comorbidities or diabetes-related complications. The key principle is that an EHP should recognise when an individual's needs exceed their professional competence and refer appropriately. As health status changes, people may move between different levels of support rather than remaining within a single exercise and physical activity support pathway.

This creates a proportionate and person-centred model of support: **mainstream fitness and physical activity professionals where appropriate; Exercise for Health Professionals where additional condition-specific competence is required; and healthcare or higher-level clinical exercise expertise where the person requires more intensive support and guidance.** The objective is to create a more connected workforce, where exercise professionals can complement healthcare services and support people in achieving and maintaining recommended levels of physical activity.

How regular activity helps people living with diabetes

Blood glucose

Improves blood glucose management by helping the body use insulin more effectively

Heart health

Supports cardiovascular health

Well-being

Enhances physical and mental well-being

Complications

Can help prevent or delay certain long-term complications

Weight

Can support weight management

Quality of life

Improves quality of life



EuropeActive Standards

A pathway for exercise and physical activity support in diabetes

Matching the right professional support to individual needs, risk and complexity

01

Prevention and General Exercise Support

People without diagnosed diabetes who are at increased risk of type 2 diabetes, **including people with prediabetes where condition-specific exercise support is not required.**

Fitness Instructor (FI) / Group Fitness Instructor (GFI) / Personal Trainer (PT) EuropeActive Levels 3–4

Focus of support

- Increase physical activity and fitness
- Support healthy lifestyles
- Provide safe and effective exercise instruction and/or individualised exercise support within professional scope
- Recognise when health status, risk or exercise needs indicate the need for condition-specific exercise support or referral

↓ Increasing health-related exercise needs

Improved health status and reduced need for condition-specific support ↑

02

Condition-Specific Exercise Support

People with T2D whose glucose levels are consistently within target range.

Exercise for Health Professional (EHP) EuropeActive Level 5

Focus of support

- Consider relevant health information and medication implications
- Apply exercise-readiness screening and risk management
- Undertake appropriate fitness and functional assessment
- Design and deliver individualised exercise and physical activity programmes
- Support behaviour change and long-term participation
- Monitor, progress and adapt programmes
- Recognise contraindications and precautions and when medical guidance or referral is required

↓ Increasing risk, complexity or complications

Improved health status and transition to less specialist support where appropriate ↑

03

Exercise Requiring Additional Medical Guidance

People with T2D whose glucose levels are consistently outside target range.

Healthcare professionals and/or appropriately qualified higher-level clinical exercise professionals

Focus of support

- Healthcare assessment and clinical management as appropriate
- Exercise support within relevant professional scope
- Integrated support for complications and complex health needs
- Progression or transition to less specialist support (e.g. EHP or mainstream fitness and physical activity provision) when appropriate

Fitness and physical activity professionals

Communication · Collaboration · Referral · Transition

Working together to support safe, effective and sustainable physical activity

Healthcare professionals

Person-centred

Support is tailored to individual needs, preferences, goals and circumstances.

Complementary roles

Exercise professionals complement – and do not replace – healthcare professionals.

Safe and appropriate

Support is delivered within defined professional scope, with clear recognition of when referral is required.

Flexible pathway

People may move between different levels of support as their health status, needs and goals change over time.



Exercise professionals can complement healthcare services and support people in achieving and maintaining recommended levels of physical activity.



Case study · The Netherlands

The Value of Level 5 Exercise for Health Professionals

Q&A with Marcel Keppel, Owner, BeneFIT Studios, The Hague region in The Netherlands.

1. Could you briefly describe your clubs and why you decided to support people with chronic health conditions?

Our welcoming studios make exercise accessible to everyday people, including those living with diabetes and other chronic health conditions, helping improve their health, confidence and quality of life. Rather than creating an intimidating environment filled with heavy weights and loud music, we focus on a relaxed, friendly atmosphere where personal attention comes first.

For many people, taking the first step into a traditional gym can be intimidating. We aim to make that step as easy as possible for our current and potential clients by offering a personal approach and a safe environment where everyone feels comfortable being themselves.

Ultimately, our goal is not simply to help people become fitter or stronger, but to help them live healthier, more independent, and more fulfilling lives.

2. Why employ EQF Level 5 Exercise for Health Professionals?

Level 5 qualifications provide additional expertise in supporting clients with chronic health conditions. Our professionals develop individualised programmes reflecting each client's health status, capabilities and needs. These qualifications also enable us to collaborate effectively with primary healthcare providers, building professional trust and supporting valuable referral relationships.

Not only does this bring new clients to our studios, but it also demonstrates that healthcare professionals have confidence in the quality of our services and the expertise of our trainers.

3. How do your Level 5 professionals support people with type 2 diabetes?

They apply condition-specific knowledge and exercise protocols, consider relevant health information, monitor exercise responses and recognise when additional medical guidance or referral is appropriate. This enables personalised, responsible exercise support.

During their education and training, our Level 5 professionals have learned the specific protocols they must follow when working with clients diagnosed with type 2 diabetes.

4. What benefits have you observed?

We have supported many people with type 2 diabetes who have experienced improvements in their health and diabetes management.

Beyond the physical health benefits, becoming healthier also gives clients a tremendous boost in self-confidence. Things that once seemed impossible or intimidating become part of their everyday lives again. For us, this is one of the most rewarding aspects of our work.

5. How have Level 5 qualifications supported healthcare relationships?

We regularly receive referrals from doctors, physiotherapists, cardiologists and internal medicine specialists. We also have an in-house physiotherapist, manual therapist and dietitian, enabling close multidisciplinary collaboration.

Our Level 5 professionals maintain communication with healthcare providers, sharing progress and incorporating relevant medical guidance. Their qualifications help establish trust, strengthen referral pathways and attract new clients, creating commercial opportunities while providing a more comprehensive, person-centred service.

04

What Needs to Change



Helping PwD become and stay active cannot rest on individual motivation alone. **Healthcare professionals, the fitness sector, and policymakers all have a role to play in making physical activity easier to access and sustain.**



Jade Hall,
33 years old, England

Since my diagnosis, physical activity has become an essential part of managing my health, but finding a sustainable rhythm has been a journey.

Balancing fitness with working full time and raising a young family makes fitting in activities like running or swimming really challenging, and not cost friendly.

Beyond the costs of gym memberships, stepping into a gym environment can feel deeply intimidating. Dealing with body image struggles, body dysmorphia, or feeling self-conscious about your figure as a young woman that has just had a child creates a huge barrier to seeking help or walking through those doors. We need fitness professionals to cultivate inclusive welcoming spaces that address body dysmorphia, anxiety, and cost concerns, offering gentle encouragement rather than intimidating sales pitches or high-pressure environments.

Healthcare professionals should offer compassionate, realistic advice that accounts for the demands of working full time with a young family, helping patients build gentle life changing and sustainable habits.

Policymakers must make community activity options affordable, accessible, and inclusive for women and families balancing long-term health conditions such as type 2 Diabetes.

Healthcare

Make physical activity part of diabetes care

Fitness sector

Develop a qualified workforce and inclusive environments

Governments and policymakers

Invest in prevention

Healthcare: Make physical activity part of diabetes care

HCPs can help people understand how physical activity fits into diabetes prevention and management. By working together with PwD, HCPs can explore their goals, understand their individual needs and barriers, and identify realistic ways to incorporate physical activity into everyday life. These conversations can also help people understand what support and opportunities are available to them and how to access them.

Physical activity referral schemes (PARS) can help bridge this gap. PARS involve HCPs referring inactive people, with or without NCDs, to appropriate physical activity specialists, facilities or activities, with the aim of increasing physical activity (WHO, 2024). Evidence suggests that these schemes can lead to modest increases in physical activity compared with usual care, although results vary across programmes (Pavey et al., 2011). The effectiveness of these approaches also depends on whether people can engage with and continue their chosen activities over time. **Sweden's Physical Activity on Prescription** model provides an example of how physical activity can be integrated into healthcare through individually tailored recommendations. A systematic review found that this approach can help increase physical activity, although the evidence base remains limited (Onerup et al., 2019).

For these approaches to work in practice, HCPs need appropriate training and resources, a clear understanding of local support options, and the means to connect people with suitable services and provide ongoing support.



Abdul Rais,
74 years old, United Kingdom

Prior to my diagnosis with T2D in December 1999, I admit that I was not a fit person.

As I learned more about diabetes, it became obvious that alongside my medication and healthy diet, I also needed physical activity to help keep my blood glucose levels under control.

The easiest form of exercise for me was walking (stepping). I learned that 10,000 daily stepping was a great way of achieving my goal.

Physical activity is an important part of overall health and fitness. This lifestyle change alone can benefit us in many ways. HCPs should encourage people living with T2D to take up any kind of physical activity that a patient would enjoy doing. Apart from walking, swimming or other indoor/outdoor sports should be encouraged, too.

Fitness sector: Develop a qualified workforce and inclusive environments

Fitness operators should invest in appropriately qualified professionals to support people with diabetes and other NCDs. EuropeActive's Professional Standards Framework provides a pathway of support reflecting different levels of need, risk and complexity, including specialist support from EQF Level 5 Exercise for Health Professionals.

Developing this workforce, alongside welcoming and inclusive environments, can help clubs broaden their services, reach new populations and create commercially sustainable opportunities, while ensuring individuals feel confident, understood and appropriately supported.

By adopting recognised Professional Standards, fitness operators can demonstrate their commitment to quality, professional responsibility and clearly defined scopes of practice. This can strengthen the sector's credibility with healthcare professionals, facilitate better communication and referral pathways, and position fitness facilities as trusted partners in supporting long-term physical activity and preventative health.

Governments and policymakers: Invest in prevention

Being physically active is easier when suitable opportunities are available and affordable. Yet the cost of gym memberships, exercise classes, and other activities can be a barrier, particularly for people already facing financial pressures. Governments also have a role to play in enabling people to be physically active, **by**

making physical activity more affordable through subsidies, targeted support, and incentives for employers to invest in employee health.

There is also a wider question about how health budgets are allocated. In 2022, EU countries spent an average of **5.5% of total health expenditure on prevention**, compared with **nearly 60% on inpatient and outpatient curative and rehabilitative care** (OECD/European Commission, 2024). While these categories cover different types of services, the figures highlight the relatively small share devoted to prevention.

Where EU health budgets go, 2022



Average share of total health expenditure in EU countries (OECD/European Commission, 2024)

Strengthening prevention and health promotion also requires **policies that foster health-enabling environments, address social and health inequalities, and promote early action,** particularly in relation to diabetes and other NCDs.



Francis Van der Auwera, 76 years old, Belgium

Primary prevention - by promoting healthy nutrition, increased physical activity, smoking cessation, and weight reduction - is the cornerstone of controlling and managing diabetes.

Personally, I have benefited greatly from the support and motivation provided by my medical team, who helped me understand the necessity of physical activity while ensuring that other essential factors were not overlooked.

Given my age and the range of health conditions I manage, my capacity for physical exercise is limited; however, a daily 30-to-40-minute walk, combined with a few bike rides each week, provides the minimum level of activity required.

By strictly adhering to these essential measures, I have managed to remain in remission for the past seven years - to the point where I no longer require any diabetes medication. However, it is time for policymakers to recognise that prevention is the only viable path to curbing the explosion of type 2 diabetes.

Policymakers should therefore treat prevention and health promotion as a long-term investment. This includes exploring ways to reduce the cost of being active, supporting partnerships between healthcare and the fitness sector, and ensuring that affordable opportunities are available to those who need them most.

05

Joint Recommendations

EuropeActive and IDF Europe call for coordinated action to make physical activity a more accessible, supported, and sustainable part of diabetes prevention and care.



Based on the evidence and the experiences of people reflected in this paper, we recommend five priorities:

1 Make physical activity a routine part of diabetes prevention and care.

HCPs should be supported to routinely discuss physical activity in a non-judgemental and stigma-free manner, provide appropriate advice tailored to each person's needs and preferences, and help people identify opportunities to become and remain active. Physical activity should be an integral part of prevention and ongoing diabetes care, with regular opportunities to discuss goals, progress and challenges without judgement or blame.

2 Strengthen the collaboration between healthcare and the fitness sector.

HCPs and physical activity providers should develop practical local pathways that connect people with qualified exercise professionals, fitness facilities and community programmes suited to their needs and preferences. These pathways should include clear referral processes, communication between professionals, and access to qualified exercise support suited to each person's needs and preferences.

Pathways should be evaluated to understand whether they enable people to access appropriate support, achieve their physical activity goals, and become and remain active. Evaluation should also explore why pathways work well for some people but not others, and which aspects of support make the greatest difference.

3 Invest in professional competence and inclusive fitness environments.

The fitness sector should continue to invest in recognised Professional Standards, education and training to develop a qualified workforce capable of supporting people with diabetes and other NCDs. This includes developing specialist competence through the EQF Level 5 Exercise for Health Professional Standard, strengthening links with healthcare and creating welcoming, inclusive and adaptable fitness environments.

4 Embed lived experience in the design, delivery and evaluation of physical activity initiatives.

People living with diabetes should be meaningfully involved in the design, delivery and evaluation of physical activity programmes and services intended to support them. Their involvement should go beyond consultation, ensuring that initiatives reflect their diverse needs, preferences and lived experiences, and address barriers to participation.

5 Prioritise funding, healthier environments and equity in physical activity.

European, national, and local policymakers should treat physical activity as a long-term investment in healthier populations and prioritise policies and public investment that enable everyone to be physically active.

Public funding: Public investment should help make physical activity accessible and affordable, including through targeted subsidies, support for community-based opportunities, and incentives for employers to invest in employee health. Funding should also support collaboration between healthcare and the fitness sector and the evaluation of initiatives and their outcomes.

Healthier environments: Policymakers should promote the development of health-enabling environments that make physical activity an accessible and realistic choice in everyday life, including through the provision of safe, accessible and attractive spaces and opportunities for movement.

Social determinants and equity: Policies should address the wider social and economic determinants that influence people's opportunities to be physically active. Particular attention should be given to groups facing greater barriers to participation, ensuring that opportunities and support are inclusive, equitable, and responsive to different needs and circumstances.

> “Physical activity cannot be left to individual motivation alone.

EuropeActive and IDF Europe



Þórhildur Kristbjörnsdóttir, 24 years old, Iceland

Physical activity has always been a big part of my life, but after my diagnosis, it became even more significant.

It has helped me stay healthy and maintain a positive mindset through the ups and downs of living with T1D.

I feel fortunate to have received support and encouragement from my coaches, healthcare team, and the T1D community to stay active and continue pursuing the sports I love. In my experience, this support, together with strong role models and a supportive community, has been crucial in building a positive approach to exercise.

Being able to exchange experiences and share practical advice with others living similar lifestyles has been both helpful and empowering. This support has helped me develop routines that allow me to exercise safely. That is why I believe healthcare professionals should actively encourage physical activity, as regular exercise can improve health, well-being, and quality of life in countless ways.

Conclusion



This paper brings together EuropeActive and IDF Europe around a shared message for World Diabetes Day 2026: early action must lead to real opportunities for people to become and stay active.

The experiences shared in this paper remind us that there is no one-size-fits-all approach to physical activity. Whether it is finding confidence in a gym, joining a group fitness class, playing health football, swimming or simply walking more, what matters is finding activities that fit into everyday life and bring enjoyment. The Dutch case study also highlights how collaboration between healthcare and fitness professionals, supported by the right skills and training, can help make physical activity more accessible and welcoming for people living with diabetes.

We represent different sectors and communities, but we want the same thing: better health and well-being for people and communities across Europe. Physical activity cannot be left to individual motivation alone. People need qualified exercise professionals, affordable opportunities, and inclusive environments where they feel welcome and confident to take part.

Making physical activity part of diabetes prevention and care benefits not only people at risk of, or living with, diabetes, but society as a whole. It is time to give prevention the attention and investment it deserves, strengthen collaboration across sectors, and ensure that everyone has access to the support, guidance and opportunities they need to make physical activity a realistic and lasting part of everyday life.



Geoffrey Katz,
78 years old, Switzerland

The DIAfit physical rehabilitation programme kick-started my transformation!

This included fitness exercises, Aqua Gym and Nordic Walking over three months. It motivated me to become more active and better manage my diabetes.

My weekly routine now includes Aqua Gym, fitness exercises and 6 km walks. Being part of different groups keeps me motivated.

Along with a balanced, healthy diet and medication, I have lost a significant amount of weight and gained greater self-confidence and a desire to share my experience with others.

More importantly, I have my energy back. I can even keep up with my grandchildren at the water park.

About EuropeActive

EuropeActive is the leading non-profit, membership-based organisation representing the European fitness and physical activity sector. Our members include 30 national associations, fitness and health club operators, suppliers, and fit-tech companies. Collectively, our sector serves over 75.5 million club users, generates €39.1 billion in annual revenue, and comprises 67,515 facilities.

Our mission is to help get "more people, more active, more often." We strive to enable access to physical activity, and to further promote exercise as a preventative and cost-effective public health solution to combat non-communicable diseases, to improve quality of life and overall well-being, and to build sustainable, resilient communities across the continent.

About IDF Europe

IDF Europe is the European chapter of the International Diabetes Federation (IDF). We are an umbrella organisation representing 77 national diabetes organisations in 46 countries across Europe. We are a diverse and inclusive multicultural network of national diabetes associations, representing both people living with diabetes and healthcare professionals.

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EuropeActive President's Council members

EuropeActive thanks the members of its President's Council for their continued support and commitment to getting more people, more active, more often.

Early action should not be a moment. It should be a pathway.

Read the paper online
europeactive.eu/papers

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

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