

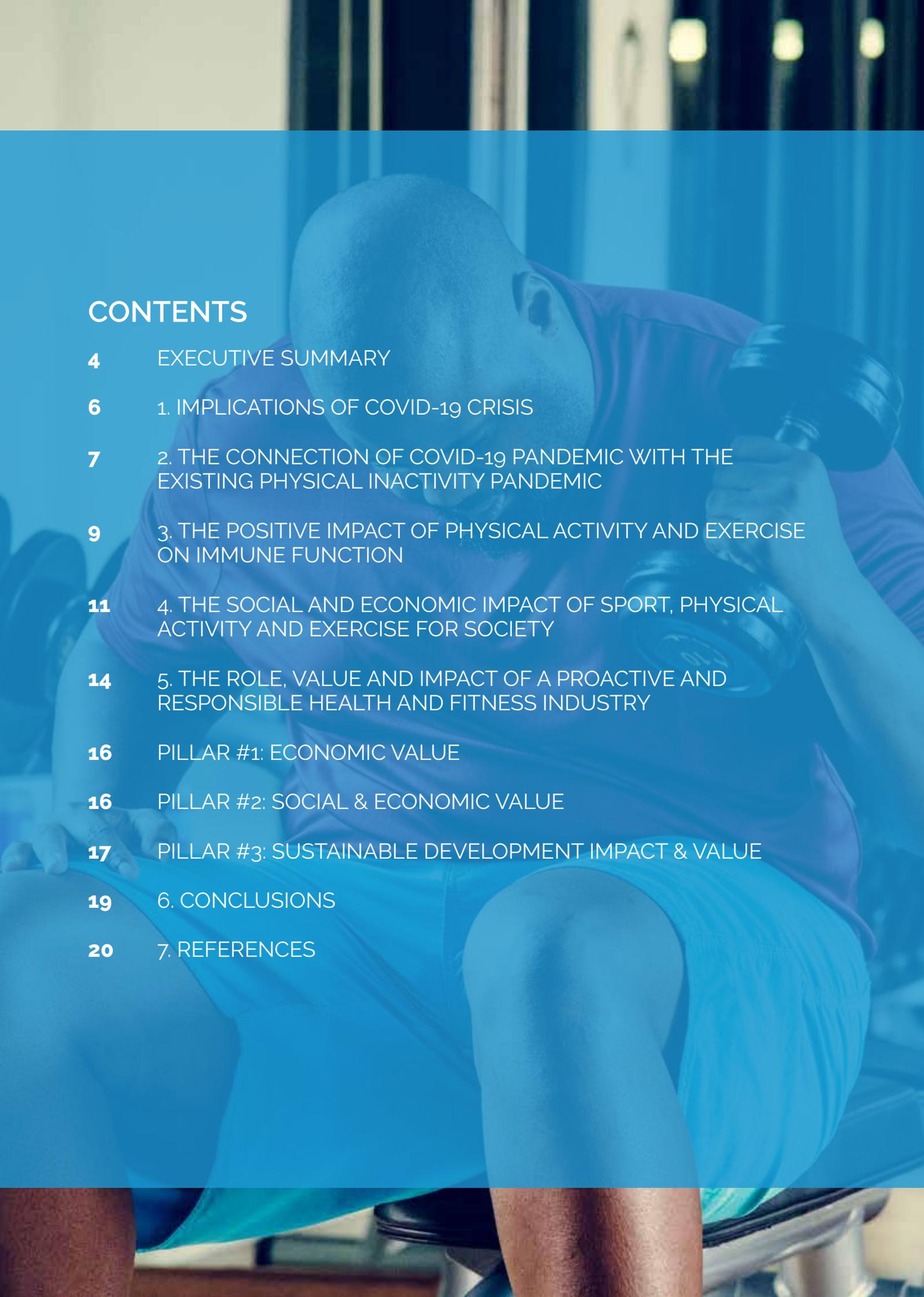


**THE ECONOMIC AND SOCIAL
IMPACT OF PROMOTING ACTIVE
LIVING AFTER THE COVID-19 CRISIS.**

**THE ROLE, VALUE AND IMPACT OF A
PROACTIVE AND RESPONSIBLE HEALTH
AND FITNESS INDUSTRY**

JIMENEZ, A., MAYO, X., COPELAND, R., J.

05 JUNE 2020



CONTENTS

- 4** EXECUTIVE SUMMARY
- 6** 1. IMPLICATIONS OF COVID-19 CRISIS
- 7** 2. THE CONNECTION OF COVID-19 PANDEMIC WITH THE EXISTING PHYSICAL INACTIVITY PANDEMIC
- 9** 3. THE POSITIVE IMPACT OF PHYSICAL ACTIVITY AND EXERCISE ON IMMUNE FUNCTION
- 11** 4. THE SOCIAL AND ECONOMIC IMPACT OF SPORT, PHYSICAL ACTIVITY AND EXERCISE FOR SOCIETY
- 14** 5. THE ROLE, VALUE AND IMPACT OF A PROACTIVE AND RESPONSIBLE HEALTH AND FITNESS INDUSTRY
- 16** PILLAR #1: ECONOMIC VALUE
- 16** PILLAR #2: SOCIAL & ECONOMIC VALUE
- 17** PILLAR #3: SUSTAINABLE DEVELOPMENT IMPACT & VALUE
- 19** 6. CONCLUSIONS
- 20** 7. REFERENCES

AUTHORS



Professor Alfonso Jimenez

PhD, CSCS, NSCA-CPT, FLF

Chief Research & Innovation Officer GO fit LAB-Ingesport (Spain)

Professor Exercise Science & Health

Advanced Wellbeing Research Centre (AWRC), Sheffield Hallam University (UK)

EuropeActive Board Member



Dr. Xian Mayo

PhD

Research Coordinator

National Observatory SpainActive Foundation (CED-URJC)

Assistant Professor

Centre for Sports Studies, King Juan Carlos University (Spain)



Professor Robert J. Copeland

PhD, C. Psychol, MMedSci, PgDip, BSc (Hons)

Professor Physical Activity & Health

Director Advanced Wellbeing Research Centre (AWRC)

Sheffield Hallam University (UK)

EXECUTIVE SUMMARY: THE WELLBEING ECONOMY

COVID-19 has shone a light on the fact that inequalities in health, wellbeing and economic status across our communities have made people more vulnerable to this disease and that this inequality is no longer acceptable.

Now is the time to create a **wellbeing driven economy** that makes it easier for people across communities and nations to optimize their health and wellbeing and enjoy a better quality of life post pandemic. For some, particularly those with long-term conditions, COVID-19 and the conditions it has created, present a perfect storm where inactivity and sedentary behaviours are exacerbated, worsening the impact of future pandemics

In the context of COVID-19, data convincingly indicates the physical inactivity (PI) pandemic will persist long after we recover from the current pandemic. Moreover, the health and economic impacts of the PI pandemic, for which no end is in sight, will continue to be severe and will be compounded by the impact of COVID-19, leading to greater inequality in health and wellbeing without intervention.

Evidence shows that having elevated levels of cardiorespiratory fitness and exercising at moderate to vigorous intensity can improve immune responses to vaccination, reduce chronic low-grade inflammation and improve various immune markers in several disease states.

Our role now (as a responsible industry) is to communicate these facts effectively, and to create the conditions that make activity easy, so that individuals can engage in and benefit from the protective effects of regular physical activity from communicable and non-communicable disease.

In 2012, sport related GDP was EUR 279.7 billion or 2.12% of total GDP within the EU. In addition, 5.67 million employees could be attributed to sport, a share of 2.72%. In other words, every 47th Euro and every 37th employee in the EU are directly sport-related. Conservative analyses have reported direct and indirect annual health-care costs of \$11.743 and \$3.829 million, respectively, for the European region. Wellbeing is the manifestation of the catalytic role that sport, physical activity and/or exercise play in stimulating social impacts.

Yet despite the capacity, willingness and track record of the fitness sector across Europe in promoting physical activity, the sector is rarely recognised in national governments' physical activity promotion strategy or campaigns. This needs to change. Part of the problem here is that;

'the Health and Fitness Industry fails to invest sufficient resources in the development of the evidence-base supporting its capacity to deliver meaningful and sustainable public health outcomes. In addition, rarely are the wider economic and social impacts

of sport explored or reported. This undermines the potential contribution that the sector can make in terms of addressing a broad range of health and social issues across multiple public policy areas, through sport. Where evidence does exist, more can be done to effectively communicate the value of sport to the wider public health agenda’.

We pay the price for that today, in delayed plans for re-opening the sector, and out of date perceptions of the nature of its services. The challenge we make here to the health and fitness sector is this:

Take this opportunity to champion a fundamental transformation in the way in which policy makers and the public perceive the value and contribution of the health and fitness sector to social and economic outcomes.

This means we propose to embark on:

1. A more ambitious and rigorous analysis of our economic value across Europe
2. Provide a comprehensive analysis of our social and economic value, considering as reference model the SROI.
3. Develop and present a solid and evidence-based analysis of our contribution to the Sustainable Development Global Agenda
4. A programme of advocacy that efforts to rebuild the European economy are driven through a focus on wellbeing, and the beneficial impact to public health

To capitalize on what is known about the wider social return from sport and transform the way in which we serve the public, the whole sector has to integrate the open reporting of social and economic impacts in its DNA. This means industry leaders and service organizations, community groups and professionals working collectively to change the perceived value of sport to policy makers and commissioners in different sectors.

We are currently confronted with two pandemics occurring at the same time. The world will recover from the COVID-19 pandemic and so-called normal activities will resume. However, the pandemic of inactivity will continue and, without considerable efforts, is likely to be exacerbated by the conditions created by COVID-19 (Hall et al., 2020).

As a global society we simply cannot let this happen. As a responsible industry, we have to demonstrate strong leadership, champion our value and communicate the broad and deep contribution of physical activity to the whole of society. To do this we need to improve the evidence-base for what we deliver. In particular, we need to create compelling and consistent evidence that supports the social and economic value of our sector.



1. IMPLICATIONS OF COVID-19 CRISIS: HEALTH, SOCIAL AND ECONOMIC CONSEQUENCES

As of 30th January 2020, the outbreak of the novel coronavirus disease, later called COVID-19, was declared a Public Health Emergency (World Health Organization, 2020a). On the 11th of March 2020, COVID-19 was characterized as a pandemic (World Health Organization, 2020b). On June 2nd 2020 WHO reported 6,194,533 confirmed cases of COVID-19 and a total of 376,320 deaths globally (COVID-19 Situation Report #134, World Health Organization, 2020).

The world is experiencing an extraordinary, life-altering challenge due to the COVID-19 pandemic (WHO, 2020). Whilst it is hard to predict when the COVID-19 pandemic will subside, or when communities will return to normal function, the majority of European countries are shifting focus to the process of returning to the "new normal". Attention is therefore moving away from the acute healthcare crisis on to the wider and longer-term social and economic crisis caused by COVID-19. The economic impact of which is expected to be harder than the financial crisis of 2008. In terms of health and wellbeing, we do not know what the lasting effects of the COVID-19 pandemic will be on the behavior of people and populations across the globe once life begins to return to normal. One thing however, is clear; COVID-19 has shone a light on the fact that inequalities in health, wellbeing and economic status across our communities have made people more vulnerable to this disease and that this inequality is no longer acceptable.

Unprecedented funding has been approved by the European Commission (circa EUR 750 billion) to support the recovery effort. Called Next Generation EU, the programme aims to protect lives and livelihoods, repair the Single Market, as well as build a lasting and prosperous recovery across Europe post pandemic. As part of Next Generation EU, EUR 500 billion will be distributed in grants and EUR 250 billion in loans passed on to Member States. There is no doubt that driving forward physical and mental wellbeing – in a way that reduces health inequalities – has to be at the heart of this investment. Now is the time to create a wellbeing driven economy that makes it easier for people across communities and nations to optimize their health and wellbeing and enjoy a better quality of life post pandemic.

The world is experiencing an extraordinary, life-altering challenge due to the COVID-19 pandemic (WHO, 2020)

2. THE CONNECTION OF COVID-19 PANDEMIC WITH THE EXISTING PHYSICAL INACTIVITY PANDEMIC.

EFFECTS AND THE POTENTIAL INCREASE ON NON-COMMUNICABLE DISEASES LINKED TO INACTIVITY MID TO LONG-TERM

Regular physical activity (PA) - in line with guidance (World Health Organization-WHO, 2010) - helps prevent and treat noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes and some cancers. It can prevent hypertension, overweight and obesity and improves mental health, quality of life and wellbeing (WHO, 2018). Societies that are more active generate additional returns including; reduced use of fossil fuels, cleaner air and safer, less congested roads (WHO, 2018). These outcomes are interconnected with achieving the shared goals, political priorities and ambition of the Sustainable Development Agenda 2030.

Not meeting guidelines for PA on the other hand (i.e. physical inactivity), is a global risk factor for disease and mortality. What is more, increased time spent sedentary (i.e. sitting time), independent of leisure time PA, has also been identified as a significant predictor of adverse health outcomes (Patterson et al., 2018; Young et al., 2016). With each additional hour of sitting time estimated to increase annual healthcare costs in older adults by \$126 (Rosenberg et al, 2015). It is unsurprising that the Global Action Plan (WHO, 2013) positioned physical inactivity (PI) as one of the critical noncommunicable disease risk factors and set a target for all countries to reduce prevalence (relative to their baseline) by 10% by 2025. For this mandate, member states were expected to develop national targets and indicators based on the global monitoring framework. Concurrently, member states had to link this framework with a multisectoral policy represented in National Plans (WHO, 2013).

After considering the WHO resolutions WHA51.17 (2000) and EB109/14 (2001), the European Union (EU) have undertaken systematic surveys in its member states since 2002 to monitor PI prevalence via self-report. Data is gathered from the short form of the International Questionnaire of Physical Activity (IPAQ) (IPAQ, 2005). A recent publication (Mayo et al., 2019) showed that PI prevalence increased in the overall



31% of individuals 15 years or older are currently physically inactive (WHO)

EU sample between 2013 and 2017 and for women and men separately. A higher prevalence of PI was observed in women for 2013 and 2017. Large differences were observed by country and year.

As recently highlighted by Jakobsson and colleagues (Jakobsson et al., 2020), encouraging or mandating that people should remain within their homes with discontinued daily life activities may unintentionally increase sedentary behavior, decrease general PA, and inflict negative health consequences.

Decreased PA will lower mechanical load, metabolic rate, and energy expenditure, which may result in a decline in physical fitness and an energy surplus. All are well-known risk-factors for future disease manifestations, imposing further economic burden on tomorrow's society (Owen et al., 2010; Malm et al., 2019). For some, particularly those with long-term conditions, COVID-19 and the conditions it has created, present a perfect storm where inactivity and sedentary behaviors are exacerbated, worsening the impact of future pandemics (Hall et al., 2020). Indeed, individuals infected with COVID-19 are much more likely to be hospitalized and have poorer health outcomes if underlying medical conditions are present (Chow et al, 2020). Hall and colleagues (Hall et al., 2020) and numerous others (Pratt et al., 2019; Kohl et al., 2012; Ozemek et al., 2019) remind us of the fact the world has been living with the pandemic of inactivity for a numbers of years. According to the World Health Organization, 31% of individuals 15 years or older are currently physically inactive and approximately 3.2 million deaths per year are attributed to this unhealthy lifestyle behavior.

Although PI was defined as a pandemic in 2012 (Kohl et al., 2012), and leading organizations have recognized and have been championing efforts to increase PA across the world (WHO, 2020; CDC, 2020), the trend of population inactivity continues to persist (Guthold et al., 2018; Du et al, 2019). At the current trajectory, the 2025 global PA goal of reducing inactivity by 10% will not be met (Guthold et al., 2018). In the context of COVID-19, data convincingly indicates the PI pandemic will persist long after we recover from the current pandemic. Moreover, the health and economic impacts of the PI pandemic, for which no end is in sight, will continue to be severe and will be compounded by the impact of COVID-19, leading to greater inequality in health and wellbeing without intervention (Hall et al., 2020):

“Given the change in daily life for people around the world as a result of COVID- 19, we hypothesize this health crisis has the potential to further impact and accelerate the physical PI/SB pandemic we have been confronted with, and failing to address, for a number of years”.

Hall et al., 2020

3. THE POSITIVE IMPACT OF PHYSICAL ACTIVITY AND EXERCISE ON IMMUNE FUNCTION: A CRITICAL PREVENTION AND RECOVERY TOOL

Individuals with obesity/overweight, insulin resistance and diabetes typically have chronic low-grade inflammation. This is characterized by increased levels of several pro-inflammatory cytokines and the inflammasome. This state predisposes these individuals to greater risk of infection along with more adverse outcomes and we have previously established that individuals with underlying medical conditions are much more likely to be hospitalized if they contract COVID-19 compared to healthy counterparts. (Chow et al, 2020). One of the mechanisms through which physical activity is thought to prevent chronic disease is by reducing cell inflammation (Booth et al., 2012).

This could have important implications for the prevention of communicable as well as non-communicable disease. Indeed, in a recent review, Zbinden-Foncea and colleagues (2020) suggested that a high level of cardiorespiratory fitness could confer some innate immune protection against Covid-19. The mechanism proposed by Zbinden-Foncea and colleagues was that the protective effect occurred by attenuating the “cytokine storm syndrome”, often experienced by “at risk” individuals. High cardiorespiratory fitness could potentially attenuate the pro-inflammatory state induced by COVID-19 and prevent a severe response to the disease. More broadly, having elevated levels of cardiorespiratory fitness and exercising at moderate to vigorous intensity can improve immune responses to vaccination, reduce chronic low-grade inflammation (Simpson & Katsanis, 2020) and improve various immune markers in several disease states including cancer, HIV, cardiovascular disease, diabetes, cognitive impairment and obesity (Duggal et al., 2019; Walsh et al., 2011).

The positive impact of physical activity and exercise on immune function has been highlighted in a recent review. Redefining the potential impact of exercise immunological health function across the lifespan, the authors (Campbell, Turner, 2018) identified that regular physical activity and frequent exercise augment aspects of immune competency across the lifespan. In fact, just a single acute bout of exercise appears to enhance immune responses to vaccination in both younger and older individuals.

The beneficial effects of exercise on immune function are likely to be greatest for elderly people exhibiting the age-associated deterioration of immune competency, also referred to as immunosenescence (Aw et al., 2007). Moreover, preliminary evidence suggests that physical activity and regular structured exercise may even limit or delay immunological aging (Campbell, Turner, 2018).

Epidemiological data also indicate that physically active people are less likely to report symptoms of upper respiratory illness and there is evidence that exercise can protect the host from many types viral infection including influenza, rhinovirus (another cause of the common cold) and the reactivation of latent herpesviruses such as Epstein-Barr (EBV), varicella-zoster (VZV) and herpes-simplex-virus-1 (HSV-1) (Duggal et al., 2019; Martin et al., 2009).

Regarding the potential role of exercise during infection, a study by Martin and colleagues (2009) showed that moderate intensity exercise training during an active influenza infection protected mice from death and promoted favorable immune cell composition and cytokine shifts in the lungs associated with improved survival (Martin et al., 2009). Physically active individuals have shown better control over latent viral infections, even during periods of isolation and confinement. For instance, recent work from Simpson & Katsanis demonstrated that astronauts with increased levels of cardiorespiratory fitness and skeletal muscle endurance were ~40% less likely to reactivate a latent herpesvirus during a 6-month mission to the International Space Station (ISS), particularly if they were able to maintain their fitness levels on the ISS (Agha et al., 2020). Even in astronauts who did reactivate a virus, copies of viral DNA were fewer in the fitter astronauts indicating that they were less contagious than their less-fit counterparts. Latent viral reactivation is a hallmark of compromised immunity, which, in this context, we deem to be due to the stressors associated with isolation and inactivity as a result of confinement on the ISS (Simpson and Katsanis, 2020).

Finally, the authors reported that research has shown how periods of isolation and confinement elevate glucocorticoids (e.g. cortisol) that can inhibit many critical functions of our immune system. These include the ability of our lymphocytes to multiply in response infectious agents and the effector functions of NK-cells and CD8+ T- cells, all of which are essential in the recognition and elimination of cancerous or virally infected cells (Duggal et al., 2019).



3.2 million deaths per year are attributed to this unhealthy lifestyle behavior (WHO)

The existing body of research provides much confidence in the link between an active lifestyle (involving informal physical activity, regular exercise and/or sports participation) and a reinforced immune function across the lifespan.

Our role now (as a responsible industry) is to communicate these facts effectively, and to create the conditions that make activity easy, so that individuals can engage in and benefit from the protective effects of regular physical activity from communicable and non-communicable disease.

4. THE SOCIAL AND ECONOMIC IMPACT OF SPORT, PHYSICAL ACTIVITY AND EXERCISE FOR SOCIETY:

A PILLAR FOR ADDRESSING THE NEW CHALLENGES FACING THE POST-COVID-19 WORLD

Data at EU level about the economic value of Sport has recently been published (SpEA, SIRC, 2018). It assesses the macroeconomic importance of sport in the EU-28 for the year 2012 (the latest year for which a complete dataset of National Accounts could be found). It focuses on sport-related employment and growth potential (in terms of Gross Domestic Product [GDP]), based on an agreed definition of sport across the EU.

In 2012, sport related GDP was EUR 279.7 billion or 2.12% of total GDP within the EU. In addition, 5.67 million employees could be attributed to sport, a share of 2.72%. In other words, every 47th Euro and every 37th employee in the EU are directly sport-related. These numbers indicate that sport is an employment-intensive economic activity creating jobs and GDP. In fact, an increase of GDP by 1% goes hand in hand with an additional 1.35% of employment. This is an important insight, as it underlines the substantial role sport plays in countering unemployment (SpEA, SIRC, 2018).

The largest sport-related sectors are education (EUR 51.2 billion, nearly 1,111,000 employees), sport services (EUR 42.1 billion, 749,000 employees), public administration (EUR 32.2 billion, 503,000 employees), accommodation and restaurant services (EUR 23.2 billion, nearly 586,000 employees), and retail (EUR 19.9 billion, nearly 587,000 employees). Just these five sectors add up to 1.29% of the EU's GDP and 1.70% of its employment (SpEA, SIRC, 2018).

Conversely, Ding et al. (2016) reported Physical Inactivity (PI) conservatively cost healthcare systems around the world \$53.8 billion dollars in 2013. Moreover, deaths attributable to PI cost another \$13.7 billion in productivity losses and resulted in 13.4 million disability-adjusted life-years globally.

In the WHO European region, PI is the attributable risk factor for 12% of the type 2 diabetes, 8% of the colon cancers, and 9.7% of all-cause mortality annually. This burden represents a lifetime disease of 2.270 disability-adjusted life-years (Ding et al., 2016). Conservative analyses have reported direct and indirect annual health-care costs of \$11.743 and \$3.829 million, respectively, for the European region (Ding et al., 2016).

In an editorial piece from Gilchrist and Wheaton (2017), about the social benefits of informal and lifestyle sports, the authors recognized that understanding sport through the lens of social benefit has become a mainstay of sport policy analysis:

“A wealth of research has considered how sport contributes to achieving wider social benefits, including improvements to health and well-being, life satisfaction, crime reduction, community cohesion and activism, environmental stewardship, educational attainment, labour market participation, civic renewal, urban regeneration and developing youth (Coalter 2007, Oughton and Tacon 2007, Brookes and Wiggan 2009). Over the decades governments and policymakers have advocated the use of traditional or mainstream sports for combating a range of social ‘problems’, from youth disengagement to poor health. Most recently, fears about rising levels of inactivity and obesity, particularly amongst children, are increasingly driving sports-based interventions and the question of sport’s capacity to deliver public policy outcomes”

Gilchrist and Wheaton (2017)

A solid evidence’ review published in 2015 under the Culture and Sport Evidence (CASE) Programme (Taylor, Davies et al., 2015) addressed some key defining features of the value of sport, physical activity and exercise practice for society. The highest quality evidence concerns health benefits, which prevent or reduce physical and mental health problems and save on health care costs. There is stronger evidence for the benefits of sport for physical health than for mental health. Positive health benefits are population-wide but particularly important for older people (Taylor, Davies et al., 2015). Substantial



One additional hour of sitting time increases annual healthcare costs in older adults by \$126 (Rosenberg et al, 2015)

evidence supports the role that sports participation plays in reducing crime and anti-social behaviour, particularly for young men. The weight of evidence reviewed suggests a beneficial effect from sports participation on, for example, lower levels of recidivism, drunk driving, use of illegal drugs, crime and suspensions at school, property crime, shoplifting and juvenile crime (Taylor, Davies et al., 2015). There is also considerable evidence of the positive effect of sport and exercise on educational outcomes, including psychological benefits and cognitive benefits. Furthermore, sport and exercise have been shown to have positive effects on a number of final outcomes, including educational attainment (Taylor, Davies et al., 2015).

Wellbeing is the manifestation of the catalytic role that sport, physical activity and/or exercise play in stimulating social impacts. Without a sense of wellbeing from participating, people would not sign up to sport/exercise; and without a sense of wellbeing from participating, people would not play/practice as frequently as they do (Taylor, Davies et al., 2015). However, there is limited empirical research on the monetary value of these non-market outcomes for society. Research published in 2019 aimed to calculate the social impact of sport in England, using a Social Return on Investment (SROI) framework (Davies et al, 2019). It is the first time an SROI framework has been used to value the sports sector at the national level. Davies and colleagues suggested that in 2013/14 the social value of sports participation in England was £44.8 billion and the total financial and non-financial inputs to sport were £23.5 billion, giving an SROI ratio of 1.91. This means that for every £1 invested in sport, £1.91 worth of social benefit was generated (Davies et al., 2019). To capitalize on what is known about the wider social return from sport and transform the way in which we serve the public, the whole sector has to integrate the open reporting of social and economic impacts in its DNA. This means industry leaders and service organizations, community groups and professionals working collectively to change the perceived value of sport to policy makers and commissioners in different sectors. Establishing a SROI framework, that provides policymakers with evidence-based research upon which to better articulate the case for investment in sport is a crucial first step in the process. This framework can then be used to benchmark progress and continue to build on the extant data that demonstrates that sport, physical activity and exercise creates value to society across multiple social outcomes, making it a cost-effective investment for addressing social issues across multiple public policy areas.

5. THE ROLE, VALUE AND IMPACT OF A PROACTIVE AND RESPONSIBLE HEALTH AND FITNESS INDUSTRY

In terms of revenue, the European health and fitness market grew by 3% in 2019 to EUR 28.2 billion, with a year-on-year growth rate of 3.1% (EuropeActive European Health & Fitness Industry Market Report 2020).

The Health and Fitness Industry, and especially EuropeActive, has been meaningfully engaged (since 2007) in promoting active lifestyles and healthy behaviors in partnership with Governments across Europe. Significant funding support has been received from the European Commission in that regard (EuropeActive, 2011). Moreover, the health and fitness sector, represented by EuropeActive, recognises its responsibility to work with partners at all levels across the European Union to create a healthier society. It is our collective mission to create the conditions whereby living an active lifestyle is the social norm, rather than an exception to help prevent and manage disease. Despite the capacity, willingness and track record of the fitness sector across Europe in promoting physical activity, the sector is rarely recognised in national governments' physical activity promotion strategy or campaigns. This needs to change. Part of the problem here is that;

'the Health and Fitness Industry fails to invest sufficient resources in the development of the evidence-base supporting its capacity to deliver meaningful and sustainable public health outcomes. In addition, rarely are the wider economic and social impacts of sport explored or reported. This undermines the potential contribution that the sector can make in terms of addressing a broad range of health and social issues across multiple public policy areas, through sport. Where evidence does exist, more can be done to effectively communicate the value of sport to the wider public health agenda'

Moving into Action...

The conditions created by the COVID-19 pandemic has raised the importance of physical activity. In lockdown guidelines across Europe, supporting physical activity has remained one of the key priorities. This is because of the breadth of evidence – some of it outlined in this paper – that physical activity is good for us all. The challenge we make here to the health and fitness sector is this:

Take this opportunity to champion a fundamental transformation in the way in which policy makers and the public perceive the value and contribution of the health and fitness sector to social and economic outcomes.

If we are willing to take this opportunity (becoming a proactive and responsible health and fitness industry), we think it could be achieved through the following **4 pillars**:

PILLAR 1

ECONOMIC VALUE



PILLAR 2

SOCIAL RETURN ON INVESTMENT



PILLAR 3

SUSTAINABLE DEVELOPMENT IMPACT & VALUE



PILLAR 4

INFLUENCING THE WORLD AROUND US

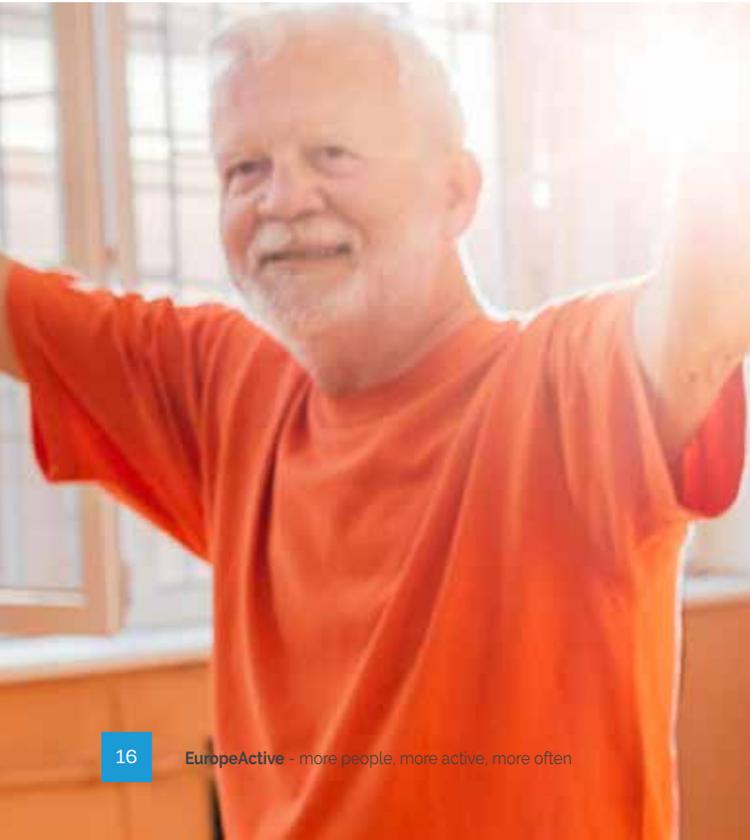
PILLAR 1: ECONOMIC VALUE

A more ambitious and rigorous analysis of our economic value. This should take into account existing reference models (i.e. EU Sports Satellite Accounts) but potentially developing a specific framework for our industry. As a minimum, this model should incorporate (across EU, nationally and locally):

- GDP (across EU, nationally and locally);
- Employment impact across Europe, considering a benchmark reference ratio of 20FTE per million euros of annual revenue. With special focus on youth employment, apprenticeships and diversity in sports professional development;
- Sports retail sector;
- Construction and suppliers' sectors;
- Taxes and tributes, supporting core social services.

PILLAR 2: SOCIAL RETURN ON INVESTMENT (SOCIAL & ECONOMIC VALUE)

A comprehensive analysis of our social and economic value, considering as reference model the SROI. The SROI is a framework for measuring and understanding non-market economic and social values produced by an organization. We should put special focus on health-care savings by assessing cost-effectiveness of interventions delivered at community level by leisure centres in cooperation with health services and other key stakeholders. This model should incorporate our contribution (across EU, nationally and locally) to:



Physical Inactivity conservatively cost healthcare systems around the world \$53.8 billion dollars in 2013 (Ding et al. 2016)

Reductions in annual healthcare costs, considering physical health (non-communicable diseases impact) and mental health spending;

- Reductions in absenteeism costs;
- Disability-Adjusted Life Years (DALYs) avoided, and increases in life expectancy and subjective wellbeing;
- Increases in overall work productivity;
- Impact on academic achievement, increasing life prospects for individuals across the lifespan.

PILLAR 3: SUSTAINABLE DEVELOPMENT IMPACT & VALUE

A solid and evidence-based analysis of our contribution to the Sustainable Development Global Agenda. This should consider, as a reference model, the UN Sustainable Development Agenda 2030. As discussed previously, societies that are more active can generate additional returns including a reduced use of fossil fuels, cleaner air and less congested, safer roads (WHO, 2018). These outcomes are interconnected with achieving the shared goals, political priorities and ambition of the Sustainable Development Agenda 2030, and the model should incorporate at least our contribution (across EU, nationally and locally) to:

- Development of sustainable behaviors (i.e. active transport, etc.);
- Recognition of the value of active citizens as low demanding users of health services;
- In summary, a more generous society willing to better share existing resources protecting the environment and the existing resources.

PILLAR 4: LOOKING OUTSIDE AND INFLUENCING THE WORLD AROUND US

A programme of advocacy that efforts to rebuild the European economy are driven through a focus on wellbeing, and the beneficial impact to public health. As a result of this we become the backbone and epicenter of a healthier economy, the Wellbeing Economy, that prioritizes economic growth AND wellbeing.

This is the route to growing the value and impact of our industry.

Good practice: an example of how a solid evidence-based message can drive the recovery strategy of our sector influencing Government in a positive way...

A best-in-class UK example, the DataHub's Social Value Calculator (SVC)

Using evidence based academic research, undertaken by the Sports Industry Research Centre (Sheffield Hallam University) and funded by DCMS and Sport England, SVC gives leisure centres operators the ability to accurately measure and value the impacts of sports and physical activity they offer. Using the operator's current data and sector-wide benchmarks, DataHub team gives insight to an operator's savings in four key areas; Health care, Education, Wellbeing and Crime to deliver your value to the community.

The total social value of the sector in 2019, as calculated using the DataHub's Social Value Calculator, was almost £4 billion, of which £370,000 was generated by those over the age of 70.

A recent report from ukactive about the impact of COVID-19, based on UK data (ukactive, 2020), identifies that the pandemic will have a huge impact on the ability of the sector to improve the health and wellbeing of the nation. Depending on the amount of time that COVID-19 restrictions are in place for, the projected reduction in social value generated by the sector is significant. Over £2 billion lost is estimated as a worst-case scenario, £289 million of which will be as a result of restrictions placed upon participants aged over 70.

Understanding the impact on society: In total, lost visits are projected to reach over 700 million in the full year following lockdown (week 12 2020- week 11 2021). This is calculated based on a scenario without any restrictions in place. These lost visits will contribute to the deficit in social value generated by facilities across the sector. Under a full 6-month restriction length, the projected loss of social value would be £2.1 billion.

"The enormity of this figure serves to highlight the importance of the critical role that these facilities provide. This goes beyond the obvious physical and mental wellbeing effects of exercise to the individual; and extends to providing wider societal benefits through health care, education, wellbeing and crime cost savings to local communities" (ukactive, 2020).

ukactive & DataHub. COVID-19 Impact Report. The Fitness and Leisure Sector's path to recovery.

www.ukactive.com/wp-content/uploads/2020/05/ukactive-COVID-19-Impact-Report.pdf

6. CONCLUSIONS

We are currently confronted with two pandemics occurring at the same time. The world will recover from the COVID-19 pandemic and so-called normal activities will resume. However, the pandemic of inactivity will continue and, without considerable efforts, is likely to be exacerbated by the conditions created by COVID-19 (Hall et al., 2020).

As a global society we simply cannot let this happen. As a responsible industry, we have to demonstrate strong leadership, champion our value and communicate the broad and deep contribution of physical activity to the whole of society. To do this we need to improve the evidence-base for what we deliver. In particular, we need to create compelling and consistent evidence that supports the social and economic value of our sector.

ARE YOU WILLING TO BE PART OF THIS NEW JOURNEY?

7. REFERENCES

- Aw, D., Silva, A.B., Palmer, D.B. Immunosenescence: emerging challenges for an ageing population. *Immunology*. 2007 Apr; 120(4): 435–446. doi: 10.1111/j.1365-2567.2007.02555.x
- Bauer UE, Briss PA, Goodman RA, Bowman BA. Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. *Lancet* (London, England). 2014;384(9937):45–52.
- Booth, F.W., Roberts, C.K., Laye, M.J. Lack of exercise is a major cause of chronic diseases. *Compr Physiol*. 2012 April ; 2(2): 1143–1211. doi:10.1002/cphy.c110025.
- Booth FW, Roberts CK, Thyfault JP, Rueggsegger GN, Toedebusch RG. Role of inactivity in chronic diseases: evolutionary insight and pathophysiological mechanisms. *Physiol Rev* 2017;97(4):1351-1402.
- Brookes, S. and Wiggan, J., 2009. Reflecting the public value of sport: a game of two halves? *Public management review*, 11(4),401–420. 10.1080/14719030902989490
- Centers for Disease Control. Lack of physical activity. 2020. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/physical-activity.htm>. Accessed 3/29/2020.
- Chow N, Fleming-Dutra K, Gierke R, et al. Preliminary estimates of the prevalence of selected underlying health conditions among patients with Coronavirus disease 2019 — United States, February 12–March 28, 2020. *MMWR Morbidity and mortality weekly report*. 2020;69(13).
- Coalter, F., 2007. *A wider social role for sport: who's keeping the score?* London: Routledge.
- Coalter, F., 2010. The politics of sport-for-development: limited focus programmes and broad gauge problems? *International review for the sociology of sport*, 45(3),295–314. 10.1177/1012690210366791
- Davies, L.E., Taylor, P., Ramchandani, G., Christy, E. (2019) Social return on investment (SROI) in sport: a model for measuring the value of participation in England, *International Journal of Sport Policy and Politics*, 11:4, 585–605, DOI: 10.1080/19406940.2019.1596967
- Ding D, Lawson KD, Kolbe-Alexander TL, Finkelstein EA, Katzmarzyk PT, van Mechelen W, et al. The economic burden of physical inactivity: a global analysis of major non-communicable diseases. *Lancet* (London, England). 2016;388:1311–24.
- Du Y, Liu B, Sun Y, Snetselaar LG, Wallace RB, Bao W. Trends in adherence to the physical activity guidelines for Americans for aerobic activity and time spent on sedentary behavior among US adults, 2007 to 2016. *JAMA Netw Open* 2019;2(7), e197597.
- EuropeActive & Deloitte. EuropeActive European Health & Fitness Industry Market Report 2020. EuropeActive, Brussels, 2020.
- EuropeActive. *Becoming the Hub: The Health and Fitness Sector and the future of Health Enhancing Physical Activity*, EHFA, 2011. http://www.ehfa-programmes.eu/sites/ehfa-programmes.eu/files/documents/hub/HUB_THE%20FINAL%20REPORT.pdf
- Fletcher GF, Landolfo C, Niebauer J, Ozemek C, Arena R, Lavie CJ. Promoting physical activity and exercise: JACC health promotion series. *J Am Coll Cardiol* 2018;72(14): 1622–1639.
- Guthold R, Ono T, Strong KL, Chatterji S, Morabia A. Worldwide variability in physical inactivity a 51-country survey. *Am J Prev Med*. 2008;34:486–94.
- Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet Glob Heal*. 2018;6:e1077–86.
- Hall, G., D.R. Laddu, S.A. Phillips, et al. (2020), A tale of two pandemics: How will COVID-19 and global trends in physical inactivity and sedentary be..., *Progress in Cardiovascular Diseases*, <https://doi.org/10.1016/j.pcad.2020.04.005>
- International Physical Activity Questionnaire. Guidelines for data processing and analysis of the international physical activity questionnaire (IPAQ) – short and long forms. IPAQ Group; 2005.
- Jakobsson J, Malm C, Furberg M, Ekelund U and Svensson M (2020) Physical Activity During the Coronavirus (COVID-19) Pandemic: Prevention of a Decline in Metabolic and Immunological Functions. *Front. Sports Act. Living* 2:57. doi: 10.3389/fspor.2020.00057
- Kohl, HW, Craig CL, Lambert EV, et al. The pandemic of physical inactivity: global action for public health. *The Lancet* 2012;380(9838):294–305.
- Lavie CJ, Ozemek C, Carbone S, Katzmarzyk PT, Blair SN. Sedentary behavior, exercise, and cardiovascular health. *Circ Res* 2019;124(5):799–815.
- Lopez-Fernandez, J., Jimenez, A. It Is Time for the Fitness & Wellness Industry to Lead the Agenda against Physical Inactivity. *Res Inves Sports Med*. 2(2). RISM.000535.2018. DOI: 10.31031/RISM.2018.02.000535.

- Mayo, X., Liguori, G., Iglesias-Soler, E., Copeland, R.J., Clavel San Emeterio, I., Lowe, A., Del Villar, F., Jimenez, A. The active living gender's gap challenge: 2013-2017 Eurobarometers physical inactivity data show constant higher prevalence in women with no progress towards global reduction goals. December 2019. BMC Public Health. DOI: 10.1186/s12889-019-8039-8
- Merriam-Webster. Social Distancing. <https://www.merriam-webster.com/dictionary/social%20distancing>. 2020. Accessed 3/30/2020.
- Mielke GI, da Silva ICM, Kolbe-Alexander TL, Brown WJ. Shifting the Physical Inactivity Curve Worldwide by Closing the Gender Gap. *Sport Med.* 2018;48:481-9.
- Miller K. Here's what a shelter in place order means during the Coronavirus Pandemic. <https://www.prevention.com/health/amp31738348/shelter-in-place-order-coronavirus/>. 2020. Accessed 3/30/2020.
- Oughton, C. and Tacon, R., 2007. Sport's contribution to achieving wider social benefits. [online] Department of Culture Media and Sport Report No. DEP2008-0406. Available from: <http://www.parliament.uk/deposits/depositedpapers/2008/DEP2008-0406.doc>
- Ozemek C, Lavie CJ, Rognmo O. Global physical activity levels - need for intervention. *Prog Cardiovasc Dis* 2019;62(2):102-107.
- Patterson R, McNamara E, Tainio M, et al. Sedentary behaviour and risk of all-cause, cardiovascular and cancer mortality, and incident type 2 diabetes: a systematic re- view and dose response meta-analysis. *Eur J Epidemiol* 2018;33(9):811-829.
- Phoenix, C. and Grant, B.C., 2009. Expanding the agenda for research on the physically active aging body. *Journal of Ageing and Physical Activity.* 17 (3), 362-379.
- Piercy KL, Troiano RP, Ballard RM, et al. The physical activity guidelines for Americans. *JAMA* 2018;320(19):2020-2028.
- Piggin, J., 2014. Designed to move? Physical activity lobbying and the politics of productivity. *Health education journal*, 74, 16-27.
- Piggin, J. and Bairner, A., 2014. The global physical inactivity pandemic: An analysis of knowledge production. *Sport education and society*, 21, 131-147.
- Pratt M, Ramirez Varela A, Salvo D, Kohl III HW, Ding D. Attacking the pandemic of physical inactivity: what is holding us back? *British Journal of Sports Medicine.* 2019;bjsports-2019-101392.
- Rosenberg D, Cook A, Gell N, Lozano P, Grothaus L, Arterburn D. Relationships between sitting time and health indicators, costs, and utilization in older adults. *Prev Med Rep* 2015;2:247-249.
- SportsEconAustria, Institute of Sports Economics; Sheffield Hallam University Sport, Industry Research Centre. Study on the Economic Impact of Sport through Sport Satellite Accounts. Research Report. EU Commission, 2018.
- Taylor, P., Davies, L., Wells, P., Gilbertson, J., Tayleur, W. A review of the Social Impacts of Culture and Sport. The Culture and Sport Evidence (CASE) Programme. Department for Culture, Media and Sport (DCMS) in collaboration with the Arts Council England (ACE), English Heritage (EH) and Sport England (SE). London, 2015.
- ukactive & DataHub. COVID-19 Impact Report. The Fitness and Leisure Sector's path to recovery. ukactive, London, 2020.
- Van Cauwenberg J, De Clercq B, Deforche B, Cardon G, Chastin SFM. Accuracy and inequalities in physical activity research. *Lancet Glob Heal.* 2019;7:e183-4.
- World Health Organization. COVID-19 Situation Report #134, World Health Organization, 2020.
- World Health Organization. Coronavirus disease (COVID-19) Pandemic. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. 2020. Accessed 3/30/2020.
- World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. 2013.
- World Health Organization. Physical inactivity: a global public health problem. 2020. https://www.who.int/diet-physicalactivity/factsheet_inactivity/en/. Accessed 3/30/2020.
- World Health Organization. Global recommendations on physical activity for health. Geneva: World Health Organization; 2010.
- Young DR, Hivert MF, Alhassan S, et al. Sedentary behavior and cardiovascular morbidity and mortality: a science advisory from the American Heart Association. *Circulation* 2016;134(13):e262-e279.
- Zbiden-Foncea, H., Francaux, M., Deldicque, L., Hawley, J. A. Does high cardiorespiratory fitness confer some protection against proinflammatory responses after infection by SARS-CoV-2? *Obesity.* First published:23 April 2020. <https://doi.org/10.1002/oby.22849>



*'THE WORLD
HAS BEEN
LIVING WITH THE
PANDEMIC OF
INACTIVITY FOR
A NUMBERS OF
YEARS'*

(Hall et al., 2020; Pratt et al., 2019; Kohl et al., 2012; Ozemek et al., 2019)



House of Sport

Avenue des Arts /Kunstlaan 43, B-1040 Brussels, Belgium

T: +32 (0) 2649 9044 W: www.europeactive.eu