Tendencias internacionales de medición y evaluación del impacto del deporte a nivel global…

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Observatorio Fundación España Activa
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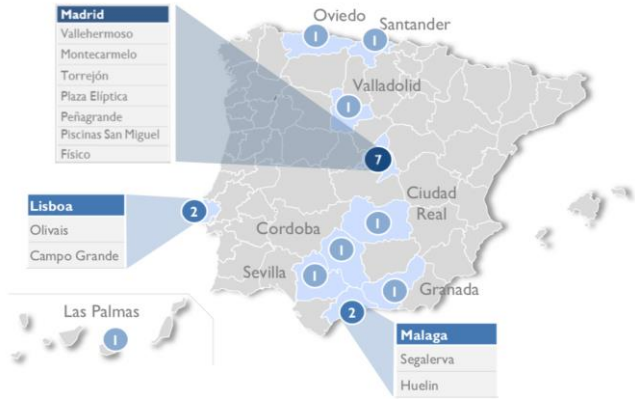
HEALTH INNOVATION

Sheffield Hallam University | Advanced Wellbeing Research Centre | Universidad Rey Juan Carlos | CENTRO DE ESTUDIOS DEL DEPORTE



Construyendo capacidades sinérgicas…

FUNDACIÓN España Activa
más personas, más activas, más veces

THiNK active
EuropeActive's Research Centre

SPORT IN SOCIETY, 2018
VOL. 21, NO. 2, 331–355
https://doi.org/10.1080/17430437.2016.1179729

Routledge
Taylor & Francis Group

A mixed methods approach to compare elite sport policies of nations. A critical reflection on the use of composite indicators in the SPLISS study

Veerle De Bosscher

La visión para el proyecto de Indicadores…

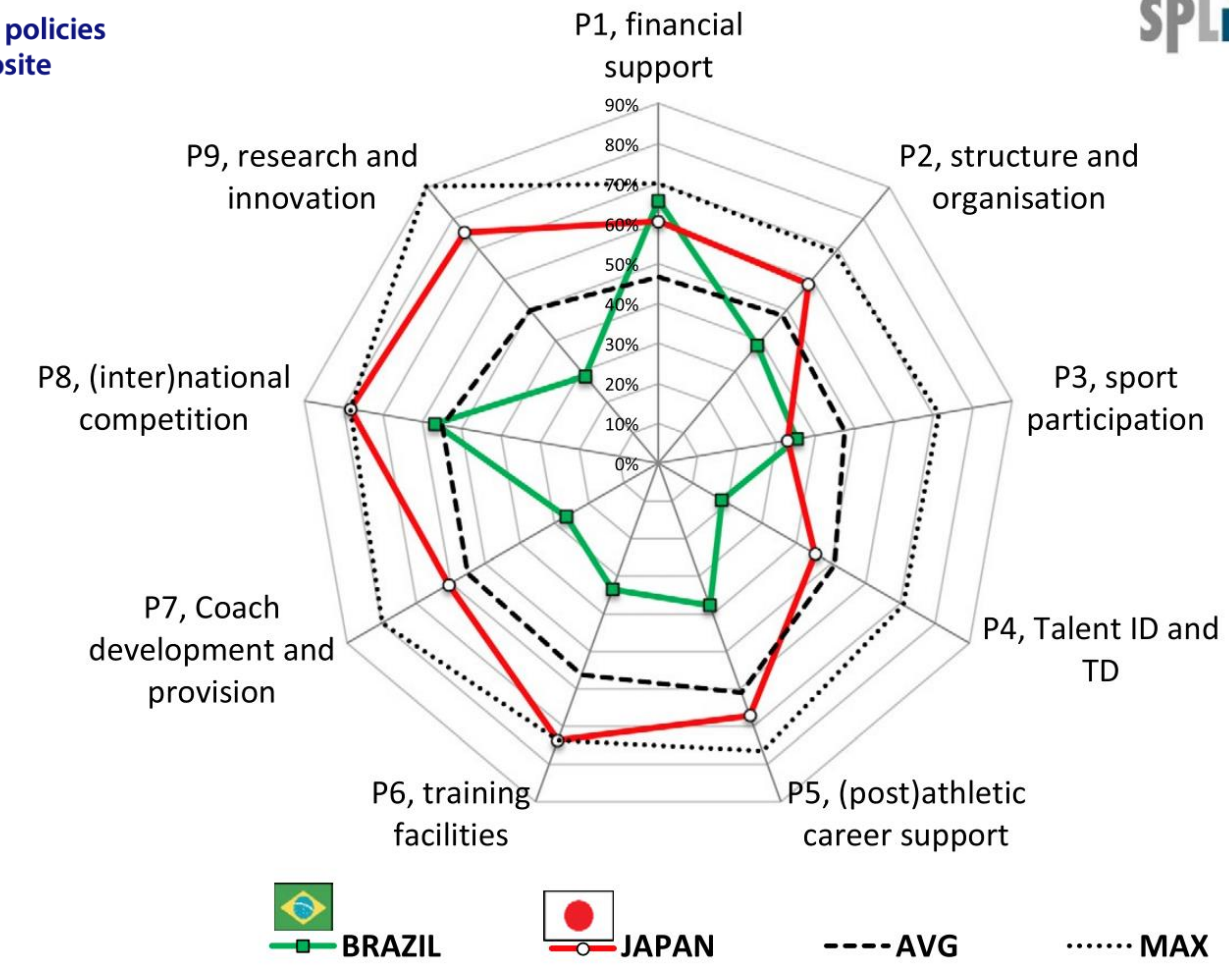
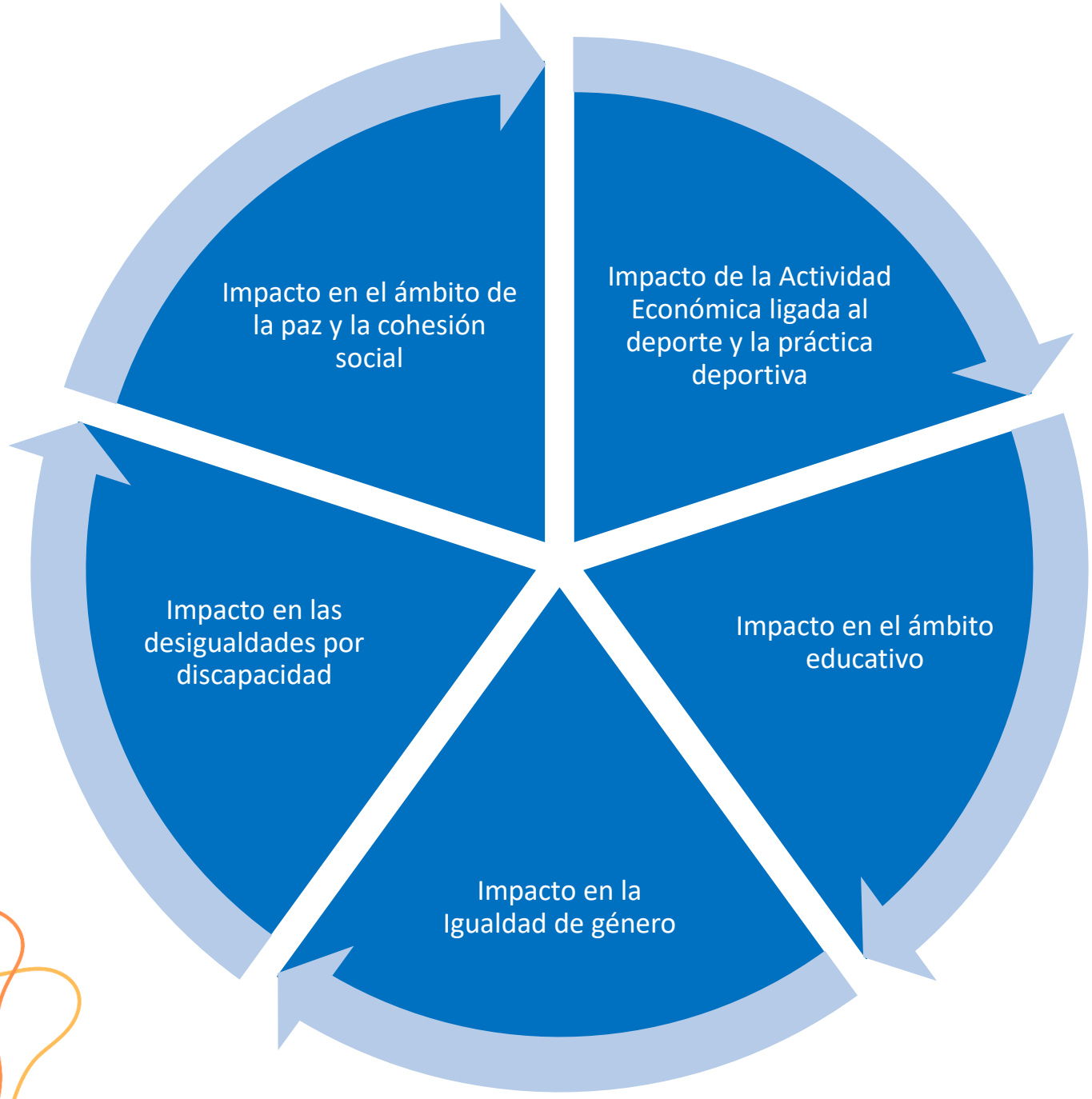


Figure 3. Example of a radar graph of Brazil compared to Japan, compared to the average and maximum scores of 15 nations (De Bosscher et al. 2015).



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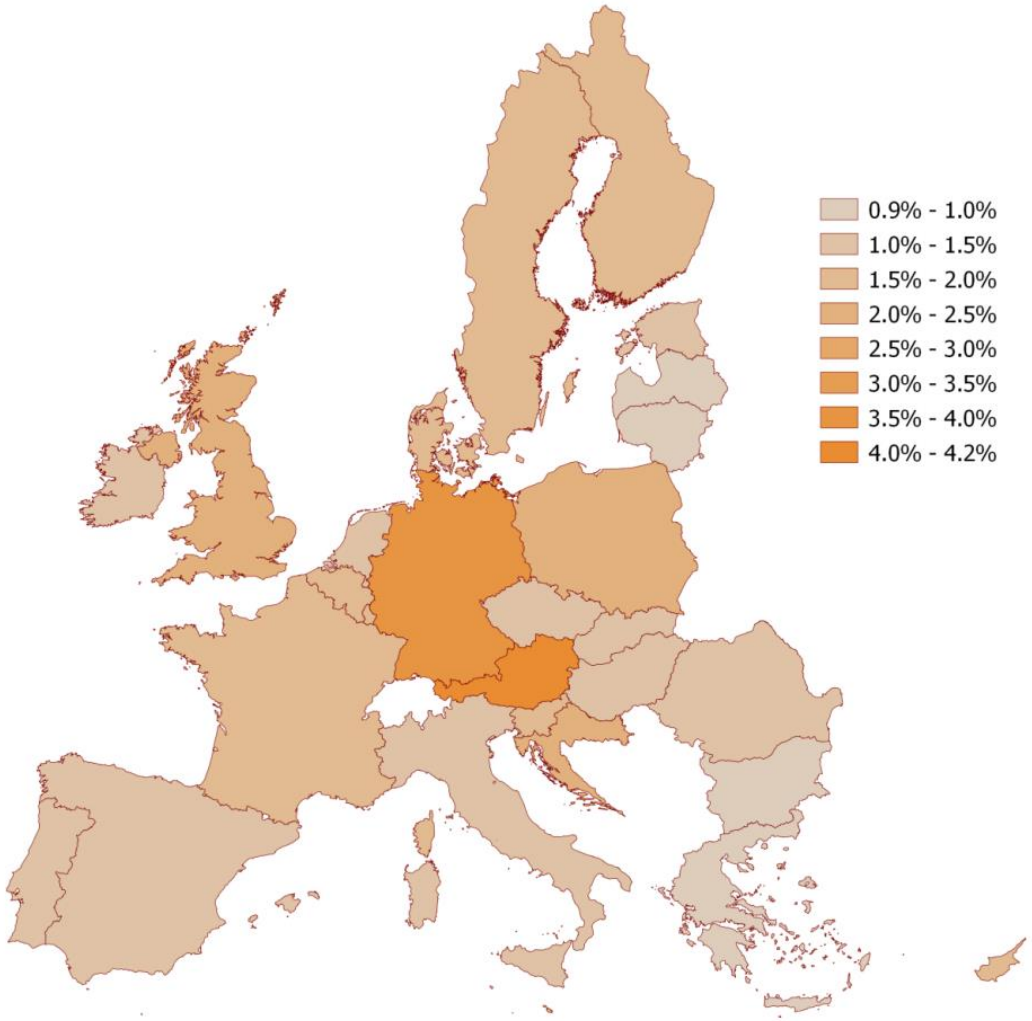
European Commission

ANNEX SIX: DIRECT GDP EU-28 MAP

The following map shows the direct sport-related GDP of Member States in 2020 (including UK) presuming that there was no COVID-19 (reference scenario).

Figure 13 Direct sport-related GDP 2020. Reference scenario



Source: SpEA, 2020

Sport is an important economic sector generating growth and employment…

2020 Sport sector value in the EU (November 2020), based on the Sports Satellite Accounts (SSA) methodology:

- sport-related GDP accounted for 310,679 million Euros (2.16% of the total EU GDP)
- sport-related employment equalled 5.22 million employees (2.67% of the total EU employment).

https://op.europa.eu/en/publication-detail/-/publication/76b94a58-2f3c-11eb-b27b-01aa75ed71a1/language-en/format-PDF/source-175633451

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European Commission

Research Report

Study on the Economic Impact of Sport through Sport Satellite Accounts

April 2018

SpEA SportsEconAustria

Sheffield Hallam University | Sport Industry Research Centre

SortsEconAustria

Institute of Sports Economics

Sheffield Hallam University

Sport Industry Research Centre

- It was found that in 2012, sport related Gross Domestic Product (GDP) was 279.7 bn Euro or 2.12% of total GDP within the EU.
- In addition, 5.67 m employees could be attributed to sport, a share of 2.72%.
- Stated otherwise, around 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, therefore generating a greater sport share in employment than in GDP.
- In fact, an increase of GDP by 1% goes hand in hand with an additional 1.35% of employment.

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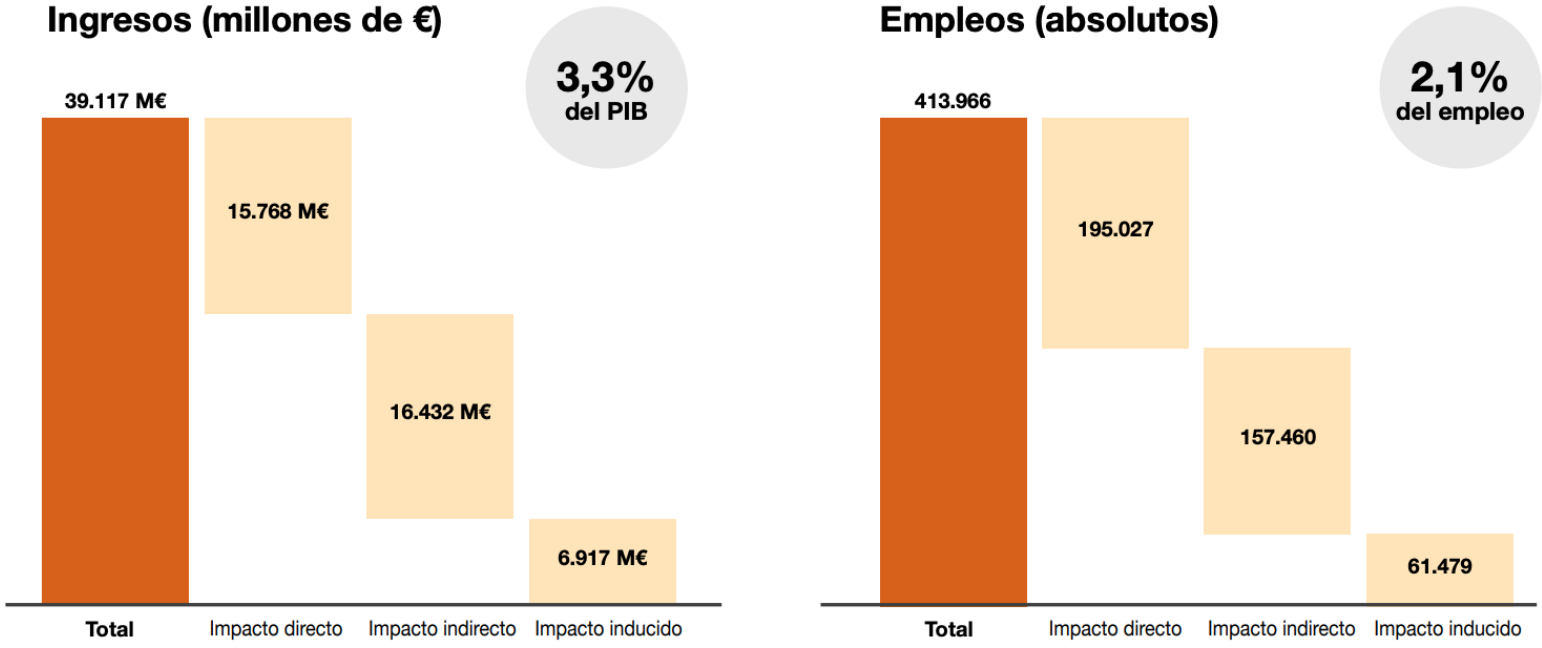
Jiménez et al., 2020

http://espanaactiva.es/wp-content/uploads/2020/11/Informe_Term%C3%B3metro_Deporte_en_Espa%C3%B1a-1.pdf

Ecosistema del Deporte es un agente económico de 1er orden…

Figura 6: Contribución económica de la industria del deporte por tipo de impacto en España (2018)



Nota: Las cifras estimadas no tienen en cuenta el impacto tractor que genera el deporte en España ni el impacto inducido adicional que se produciría con motivo del efecto tractor.

Fuente: Análisis de PwC a partir de las tablas *input-output* del INE.

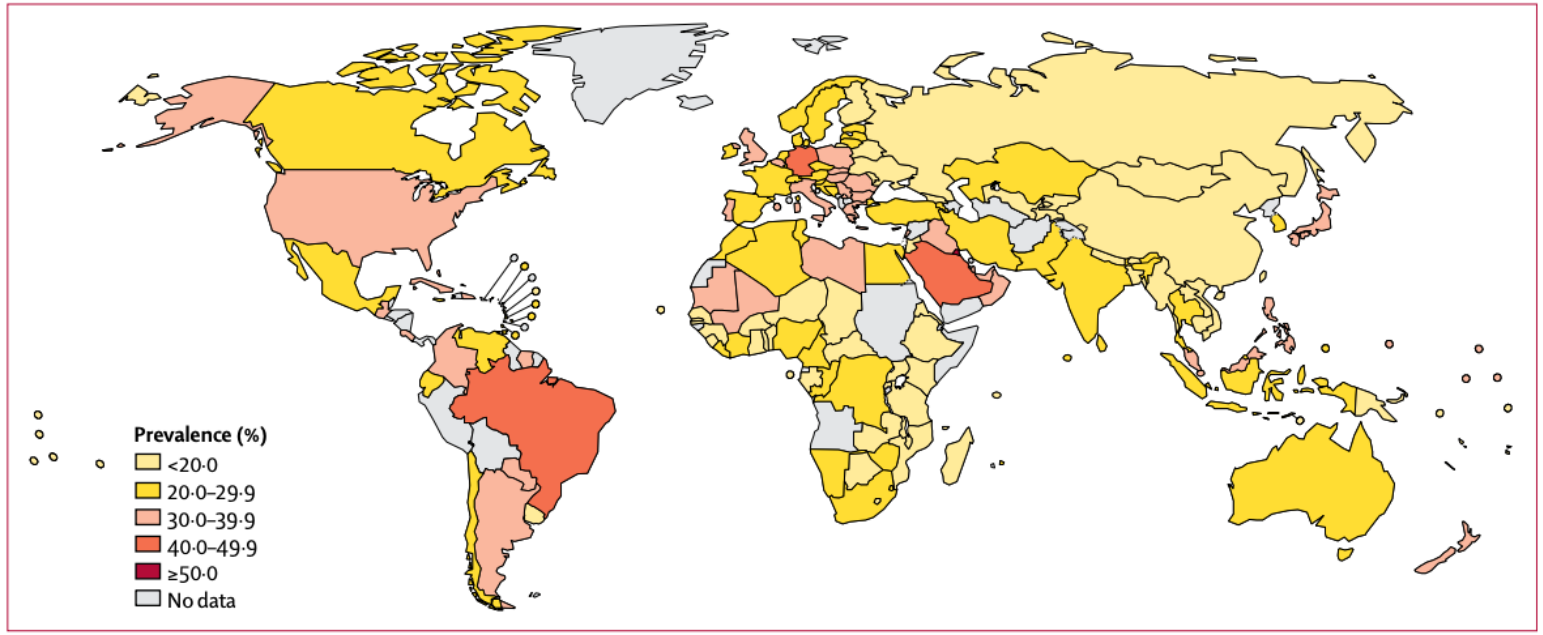


Figure 4: Country prevalence of insufficient physical activity in men in 2016

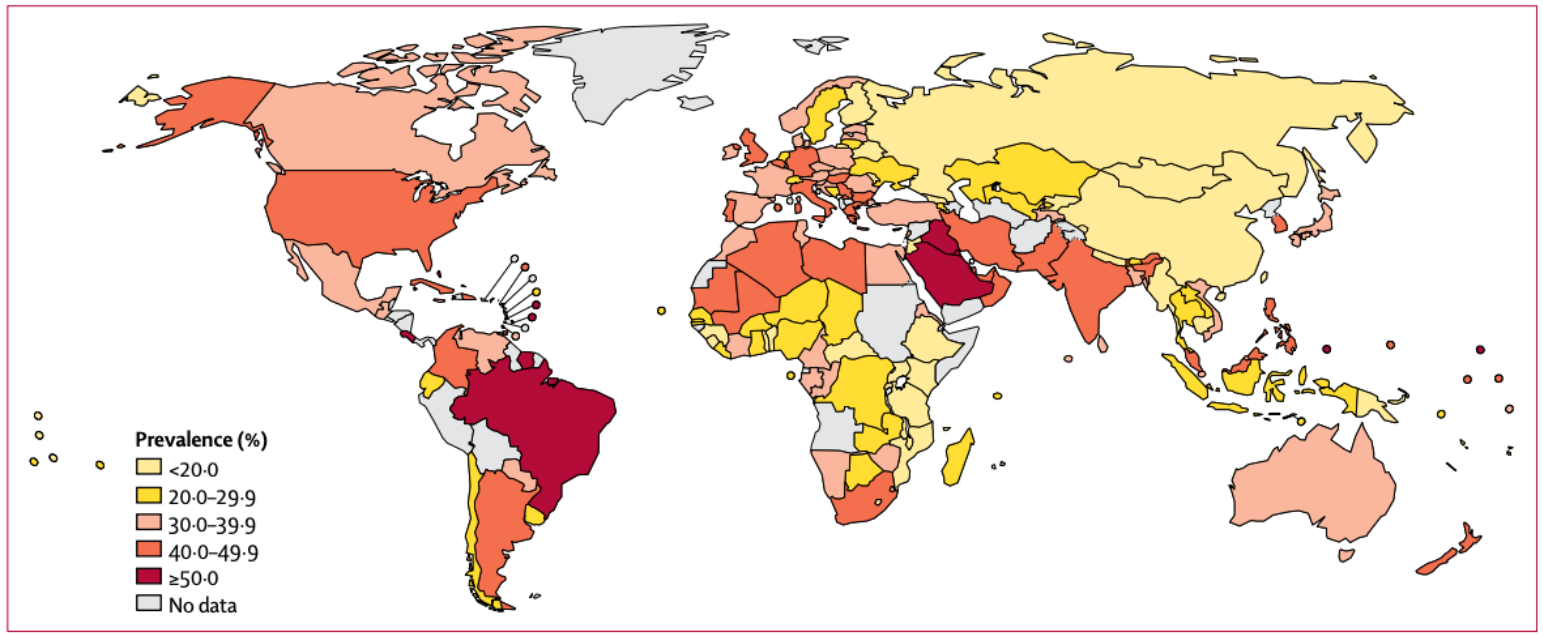


Figure 5: Country prevalence of insufficient physical activity in women in 2016

Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants

Regina Guthold, Gretchen A Stevens, Leanne M Riley, Fiona C Bull

Summary

Background Insufficient physical activity is a leading risk factor for non-communicable diseases, and has a negative effect on mental health and quality of life. We describe levels of insufficient physical activity across countries, and estimate global and regional trends.

Lancet Glob Health 2018; 6: e1077-86

Published Online September 4, 2018

(2018)

Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years in 2016 (Guthold et al, 2020, *The Lancet*)

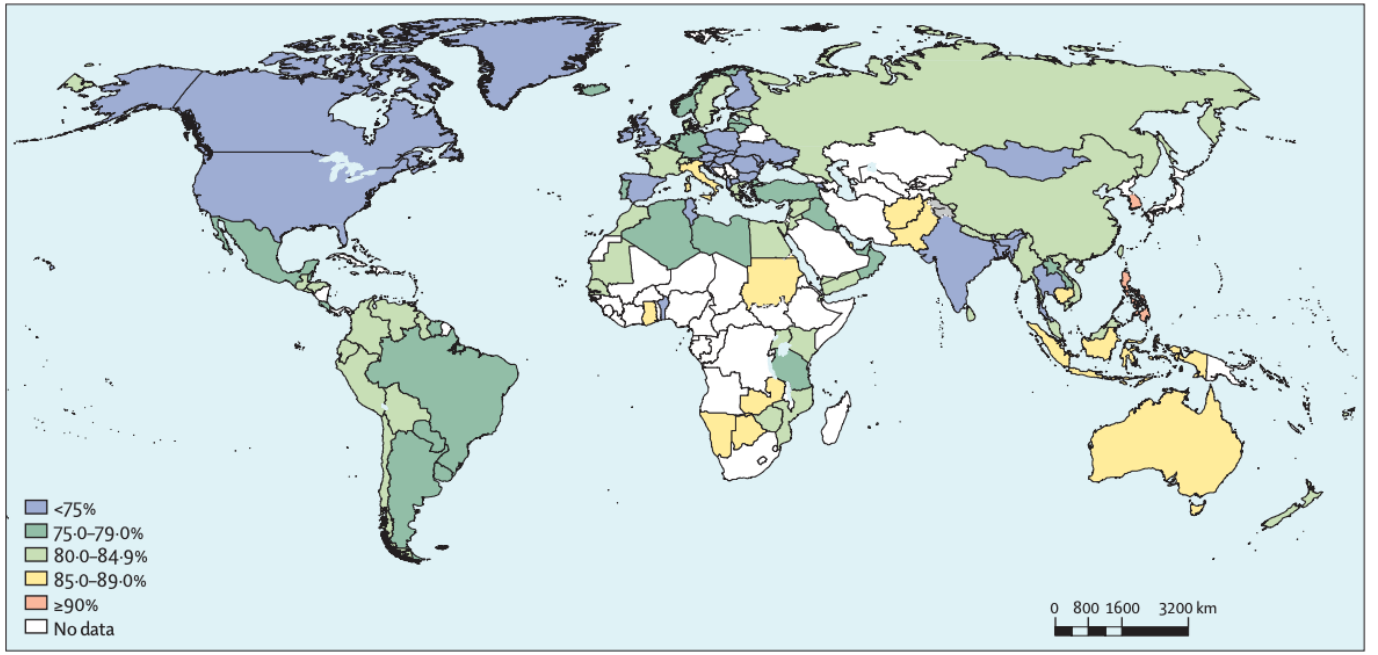


Figure 3: Prevalence of insufficient physical activity among school-going boys aged 11–17 years, 2016

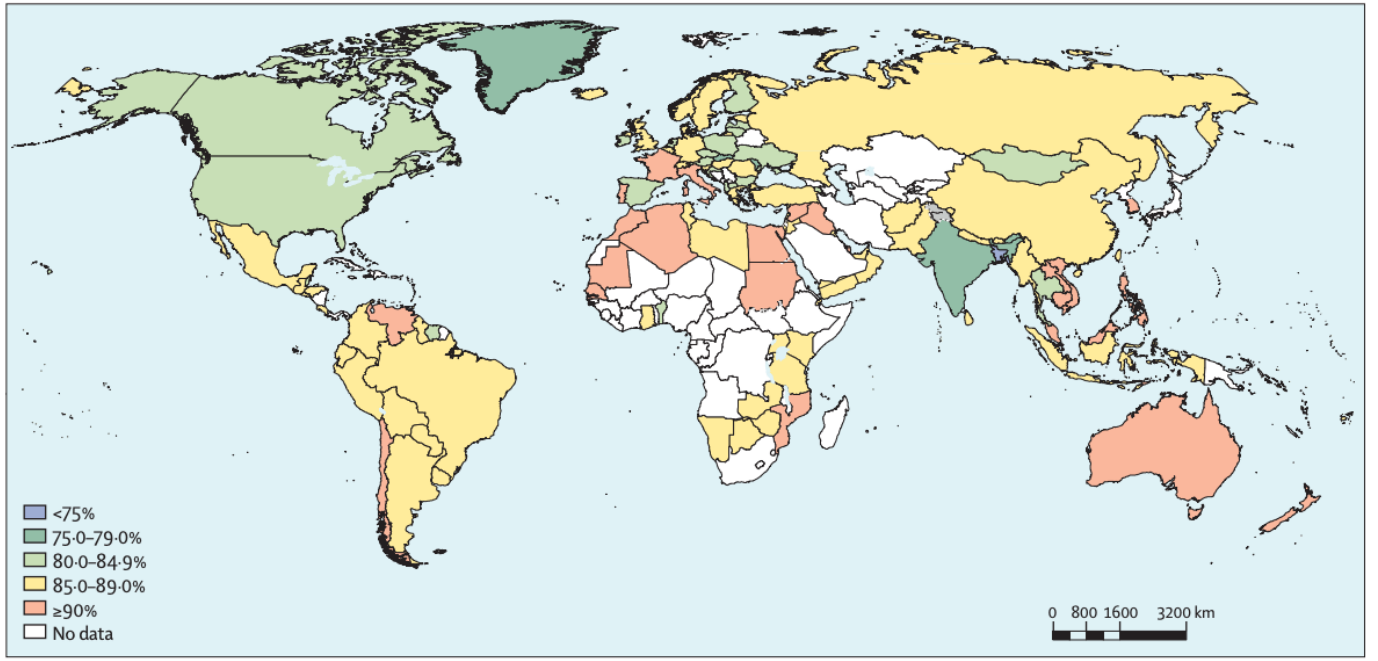


Figure 4: Prevalence of insufficient physical activity among school-going girls aged 11–17 years, 2016

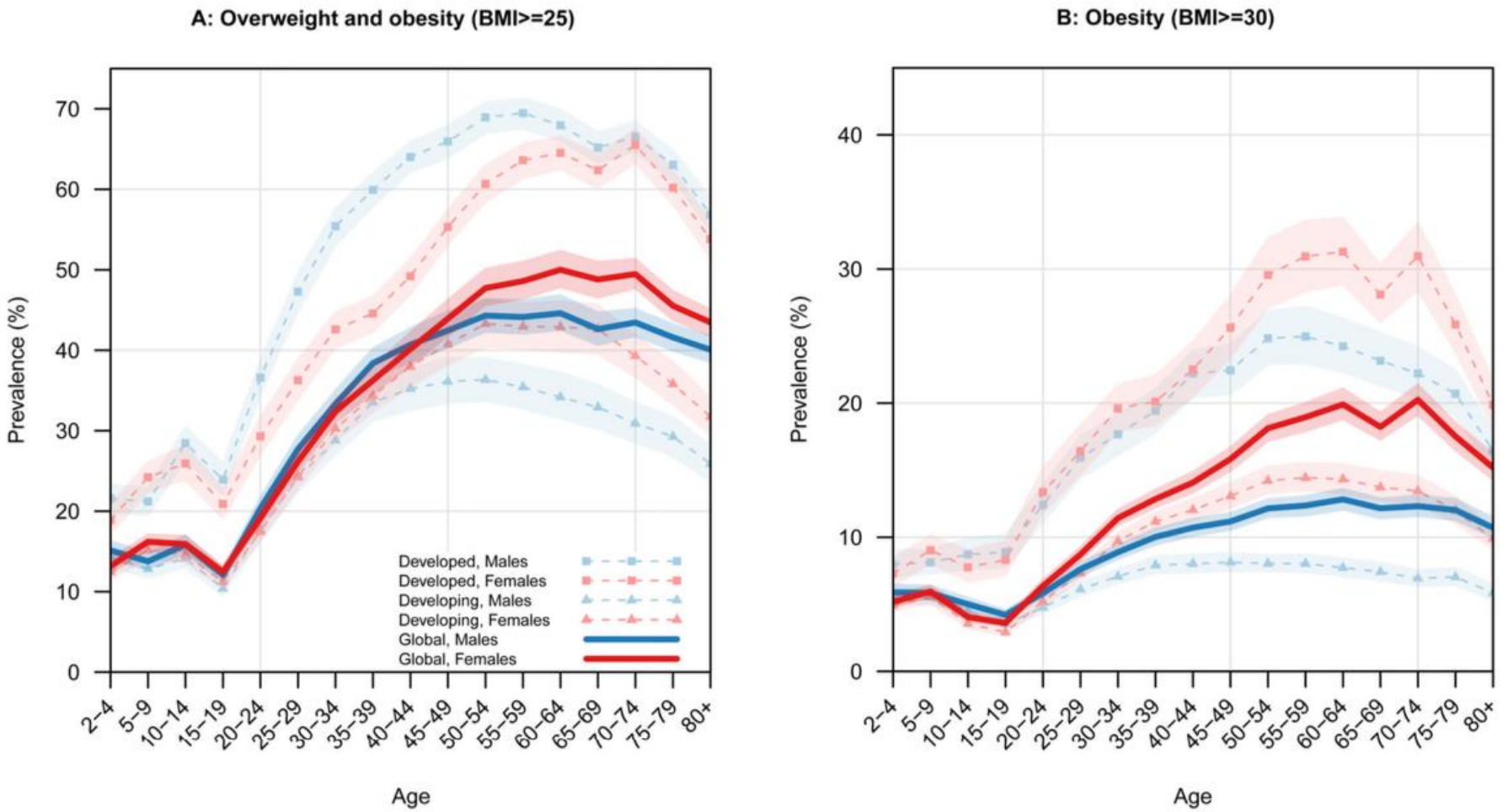


Figure 3.
Prevalence of overweight and obesity (BMI>=25) and obesity (BMI>=30), by age and sex, 2013

Lancet. 2014 August 30; 384(9945): 766–781. doi:10.1016/S0140-6736(14)60460-8.

Global, regional and national prevalence of overweight and obesity in children and adults 1980-2013: A systematic analysis

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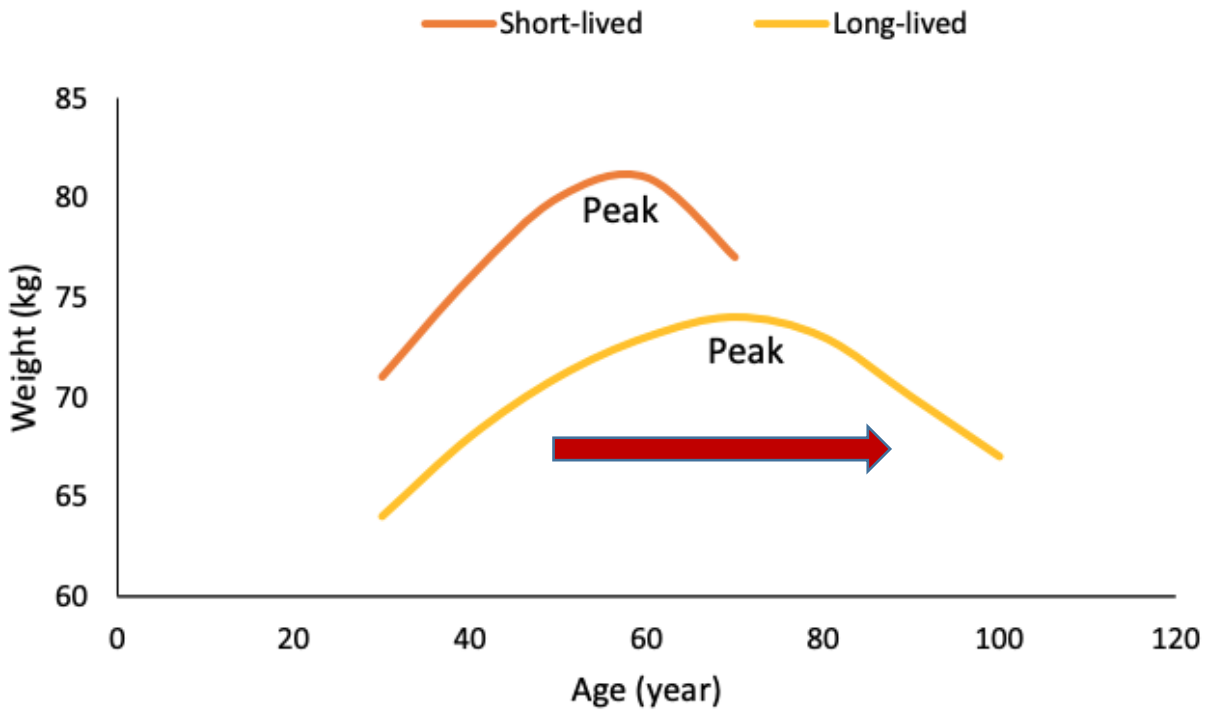


Fig. 2 Rise and fall in weight of human body. Human life is characterized by a long period of growth followed by a short drop in weight. Short-lived men are characterized by a faster growth to peak weight with a quicker weight loss at the end period in contrast with long-lived men. Early rise in weight is probably the cause of earlier and faster weight loss during the end stage. Weight trajectory data from short-lived and long-lived men were reported from Baltimore Longitudinal Study of Aging (1958–2005) observed beginning at age of 19 years until death with illustrated graph reproduced according to Alley et al. [23]

Journal of Science in Sport and Exercise (2019) 1:54–58
https://doi.org/10.1007/s42978-019-0002-y

ORIGINAL ARTICLE

Check for updates

Exercise Against Aging: Darwinian Natural Selection Among Fit and Unfit Cells Inside Human Body

Chia-Hua Kuo[1]

Eur J Epidemiol (2017) 32:235–250
DOI 10.1007/s10654-017-0235-1

PHYSICAL ACTIVITY

The modelled impact of increases in physical activity: the effect of both increased survival and reduced incidence of disease

Oliver T. Mytton[1] · Marko Tainio[1,2] · David Ogilvie[1] · Jenna Panter[1] · Linda Cobiac[3] · James Woodcock[1]

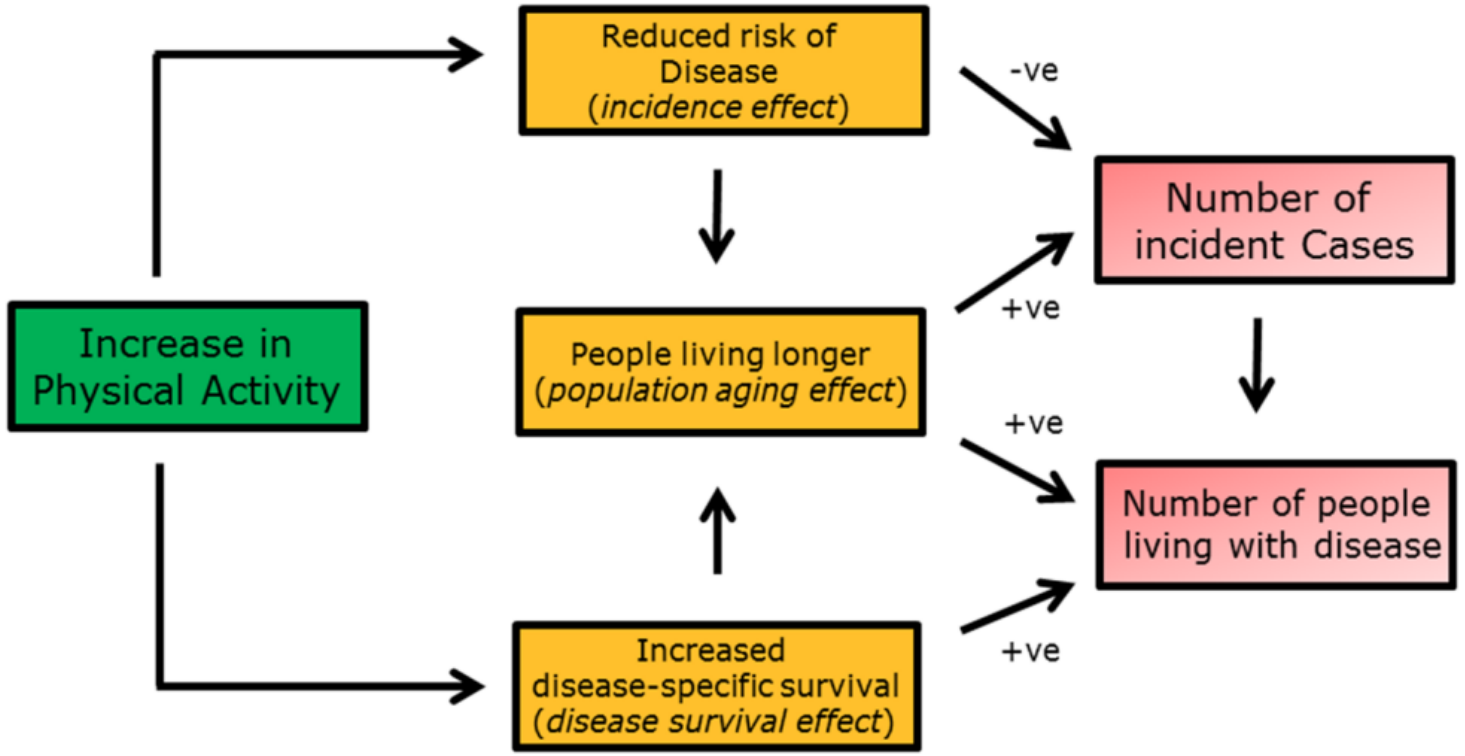
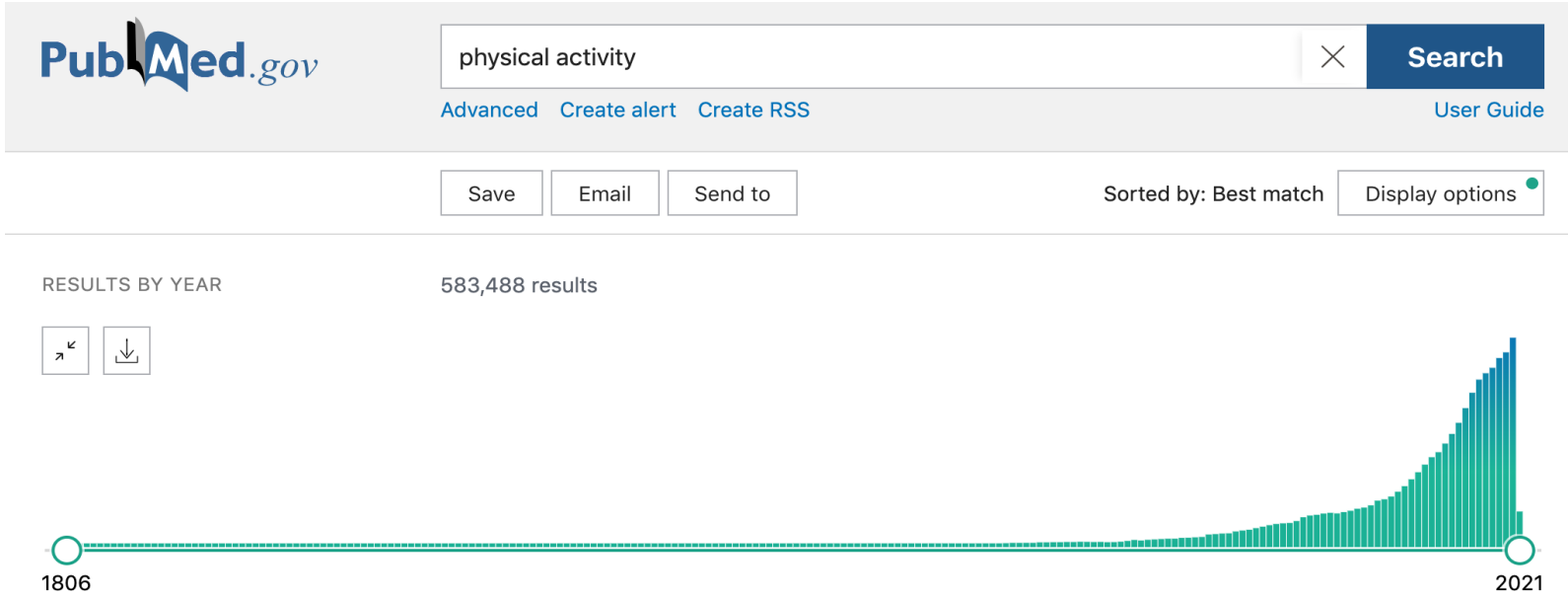
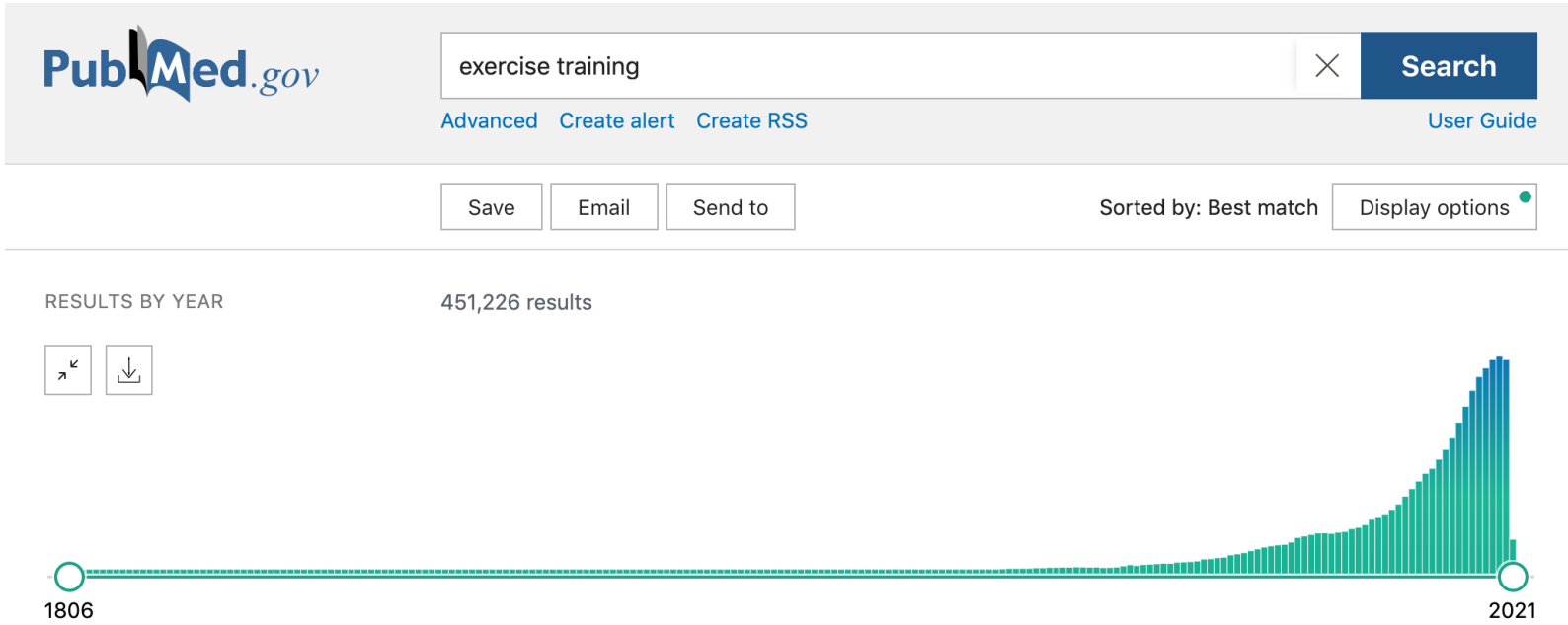
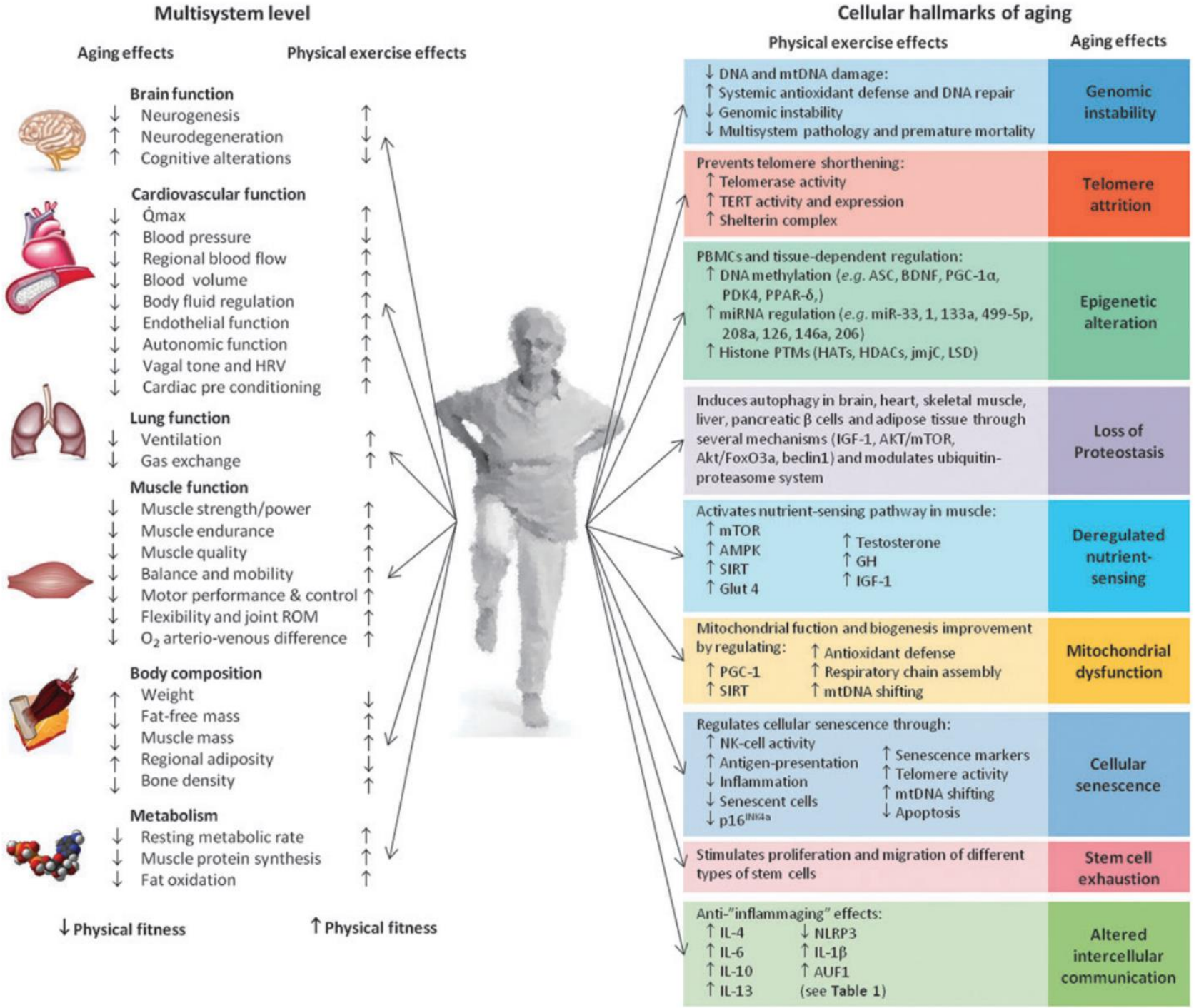


Fig. 1 How increases in physical activity may affect the number of incident cases of and people living with cardiovascular disease



Más de 1 millón de artículos científicos publicados…!!!





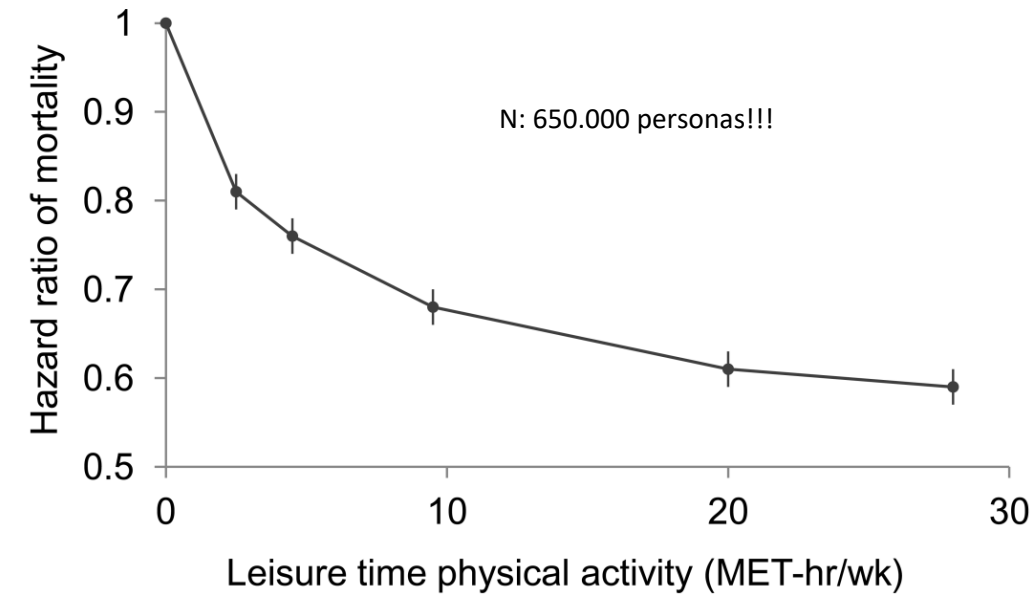
REJUVENATION RESEARCH
Volume 18, Number 1, 2015

DOI: 10.1089/rej.2014.1623

Exercise Attenuates the Major Hallmarks of Aging

Nuria Garatachea,[1–3,*] Helios Pareja-Galeano,[2,4,*] Fabian Sanchis-Gomar,[2] Alejandro Santos-Lozano,[2] Carmen Fiuza-Luces,[2,4] María Morán,[2,5] Enzo Emanuele,[6] Michael J. Joyner,[7,†] and Alejandro Lucia[2,4,†]

A



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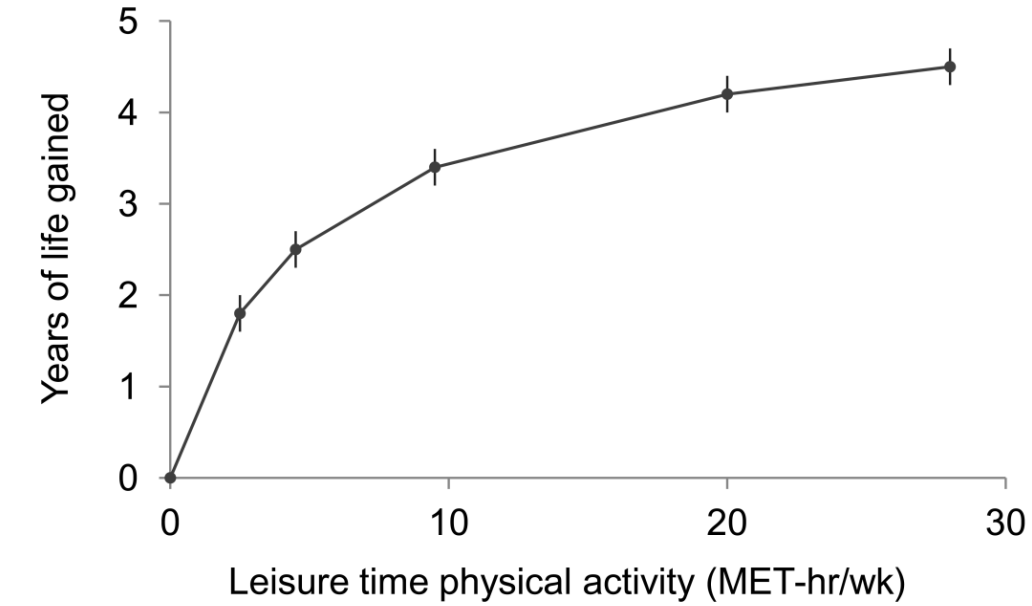

Reducción del riesgo de muerte prematura

Aumento de la esperanza de vida

Moore SC, et al. (2012) Leisure Time Physical Activity of Moderate to Vigorous Intensity and Mortality: A Large Pooled Cohort Analysis. PLoS Med 9(11): e1001335.

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Acta Pædiatrica ISSN 0803–5253

A DIFFERENT VIEW

Exercise deficit disorder in youth: a hidden truth

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1.Department of Health and Exercise Science, The College of New Jersey, Ewing, NJ, USA
2.Division of Sports Medicine, Children's Hospital Boston, Harvard Medical School, Boston, MA, USA
3.Cincinnati Children's Hospital Medical Center, Sports Medicine Biodynamics Center and Human Performance Laboratory, Cincinnati, OH, USA
4.Departments of Pediatrics and Orthopaedic Surgery, College of Medicine, University of Cincinnati, Cincinnati, OH, USA
5.Athletic Training Division, School of Allied Medical Professions, The Ohio State University, Columbus, OH, USA
6.Departments of Athletic Training, Sports Orthopaedics, and Pediatric Science, Rocky Mountain University of Health Professions, Provo, UT, USA

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Received
8 August 2011; accepted 1 September 2011.

DOI: 10.1111/j.1651-2227.2011.02461.x

Faigenbaum, A.D., Rial-Rebullido, T., MacDonald, J.P. The Unsolved Problem of Pediatric Physical Inactivity: It's Time for A New Perspective. *Acta Paediatrica*, 2018

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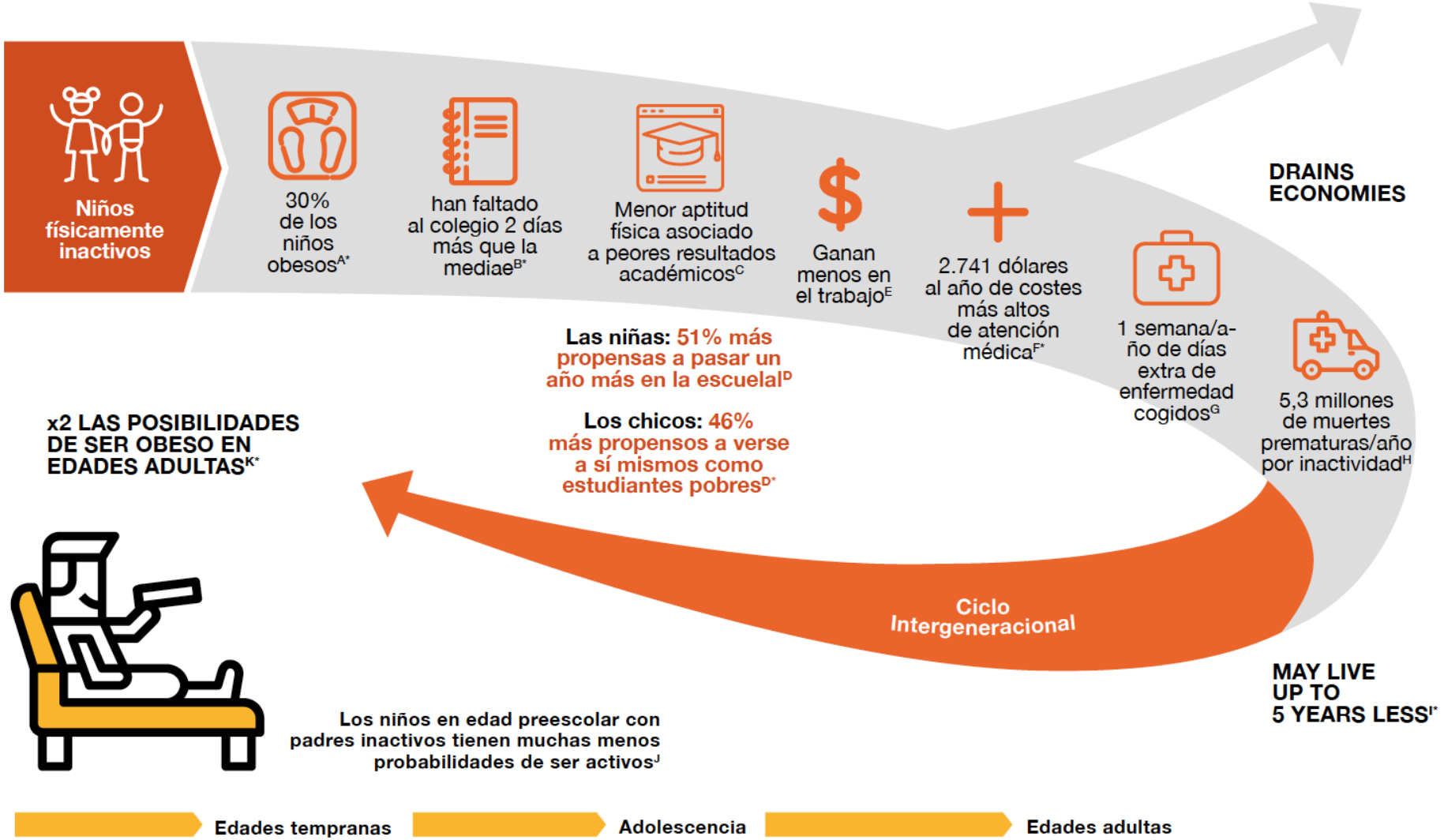
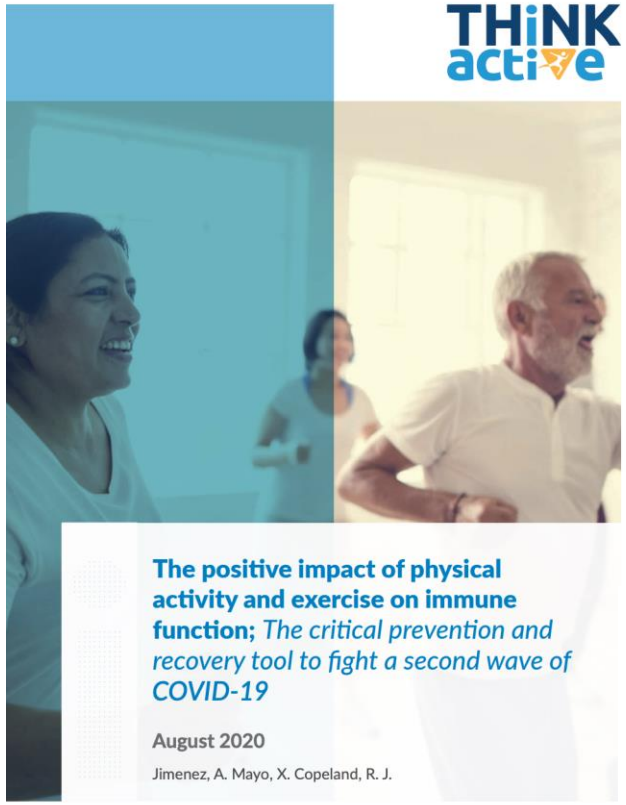
Figura 18: Los costes sanitarios de la inactividad física durante la vida.
La inactividad física perpetúa un ciclo muy peligroso que comienza a afianzarse en una etapa muy temprana de la vida.



Fuente: (Designed to Move, 2013).



Agosto´ 2020

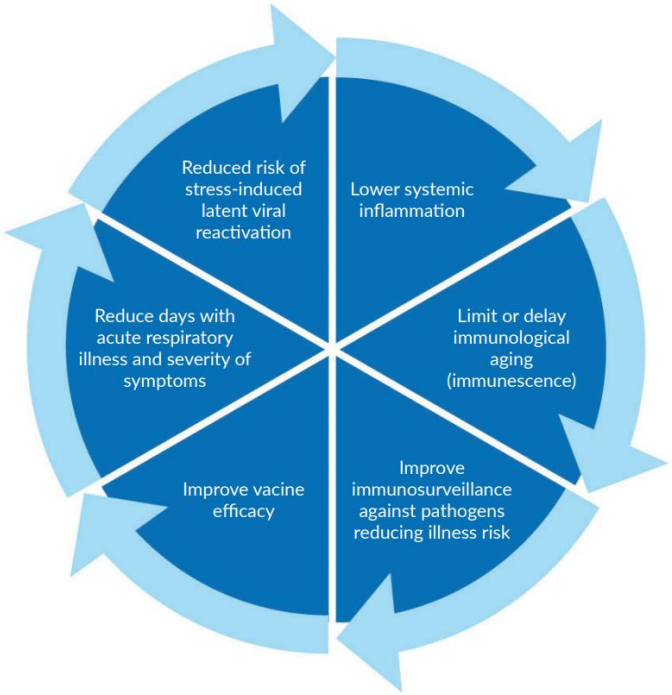


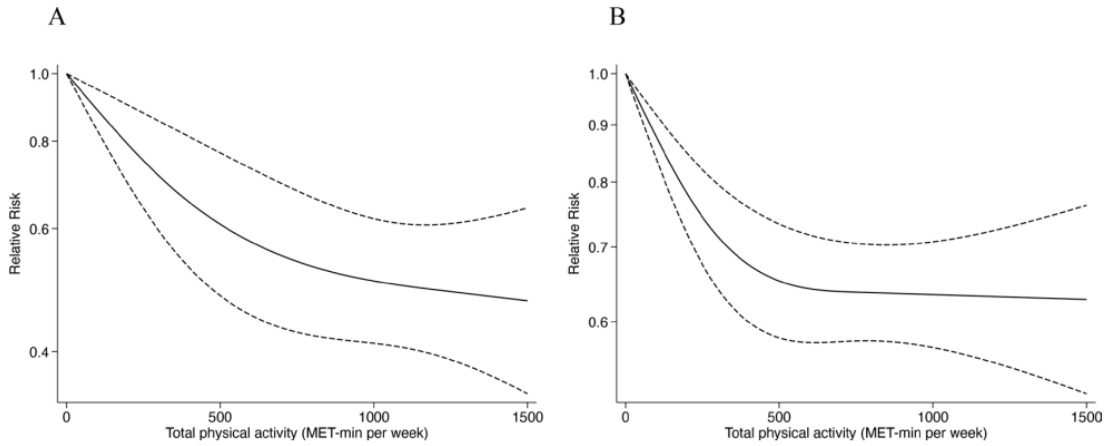
Figure 2: Areas of positive impact of regular exercise improving and reinforcing immune function (Adapted from evidences reported by: Campbell and Turner, 2018; Nieman, Wentz, 2019; Duggall et al., 2019; Zbinden-Foncea et al., 2020; and Nieman, 2020).

Agosto´ 2022

Review

Physical activity and risk of infection, severity and mortality of COVID-19: a systematic review and non-linear dose–response meta-analysis of data from 1 853 610 adults

Yasmin Ezzatvar [1], Robinson Ramírez-Vélez [2,3], Mikel Izquierdo [2,3], Antonio Garcia-Hermoso [2]



Non-linear relationship between physical activity and severe COVID-19 illness (A) and death due to COVID-19 (B).

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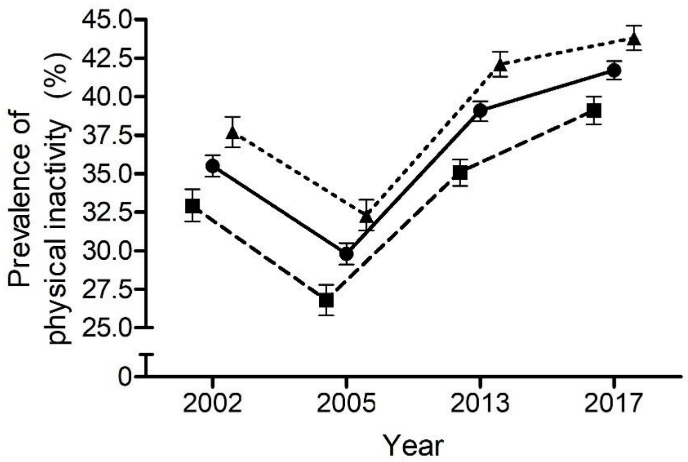
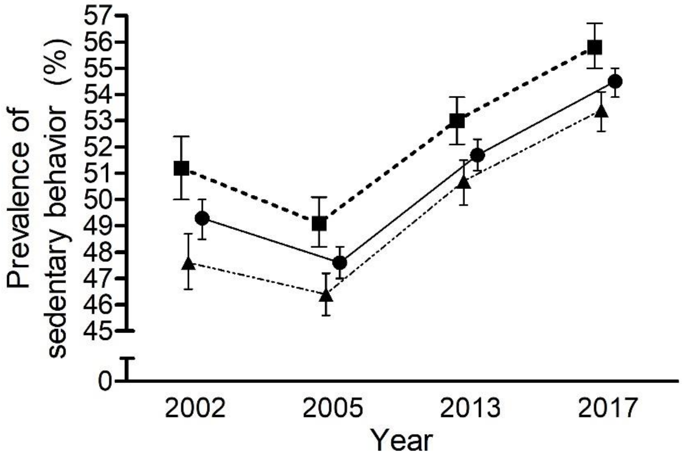
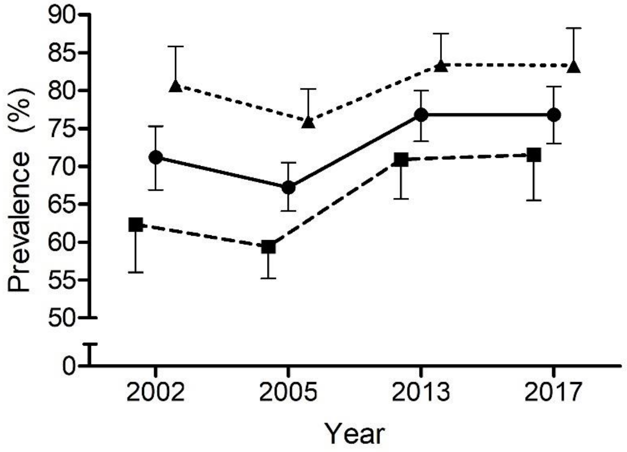
Mayo X, Liguori G, Iglesias-Soler E, Copeland RJ, Clavel San Emeterio I, Lowe A, et al. The active living gender's gap challenge: 2013-2017 Eurobarometers physical inactivity data show constant higher prevalence in women with no progress towards global reduction goals. BMC Public Health [Internet]. BMC Public Health; 2019 Dec 12;19(1):1677. http://www.ncbi.nlm.nih.gov/pubmed/31830956
Mayo X, Del Villar F, Iglesias-Soler E, Liguori G, Mann S, Jimenez A. A retrospective analysis of policy development on compliance with World Health Organization's physical activity recommendations between 2002 and 2005 in European Union adults: closing the gap between research and policy. BMC Public Health [Internet]. BMC Public Health; 2018 Aug 31;18(1):1081. http://www.ncbi.nlm.nih.gov/pubmed/30165825
López-Valenciano A, Mayo X, Liguori G, Copeland RJ, Lamb M, Jimenez A. Changes in sedentary behaviour in European Union adults between 2002 and 2017. BMC Public Health [Internet]. BMC Public Health; 2020 Aug 26;20(1):1206. http://www.ncbi.nlm.nih.gov/pubmed/32843022
López-Fernández J, López-Valenciano A, Mayo X, Liguori G, Lamb MA, Copeland RJ, et al. No changes in adolescent's sedentary behaviour across Europe between 2002 and 2017. BMC Public Health. BioMed Central Ltd; 2021 Dec 1;21(1). https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10860-3
López-Fernández J, López-Valenciano A, Pearce G, Copeland RJ, Liguori G, Jiménez A, et al. Physical inactivity levels of European adolescents in 2002, 2005 , 2013 and 2017 using the Eurobarometer surveys. 2022; *Under review….*

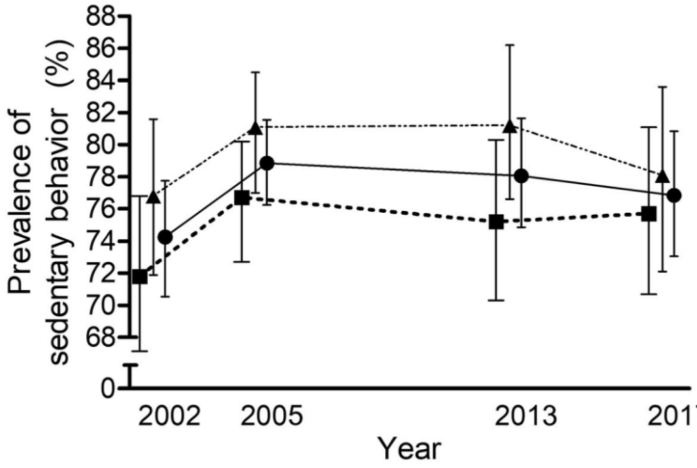


Adults





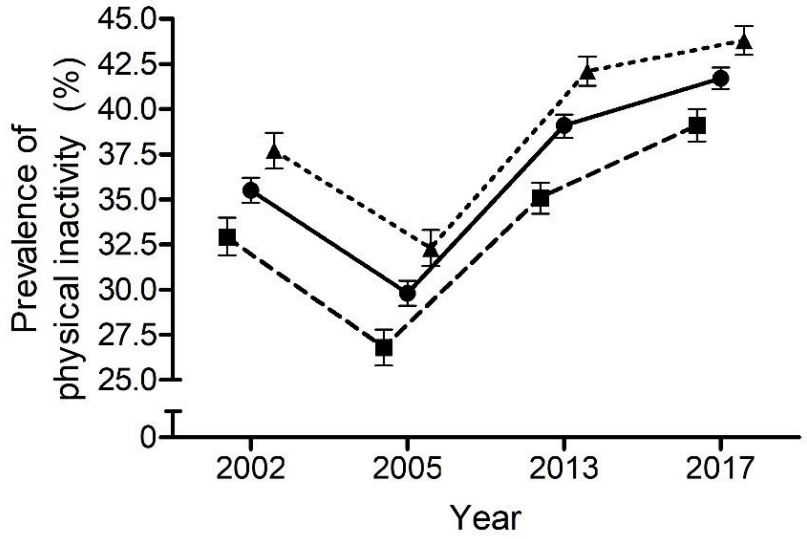
Adolescents



Based on Surveys Eurobarometer for 2002, 2005, 2013, 2017. *(in squares, the men sample; in circles, the whole sample; and in triangles, the women sample)*
Data are means ± CI.

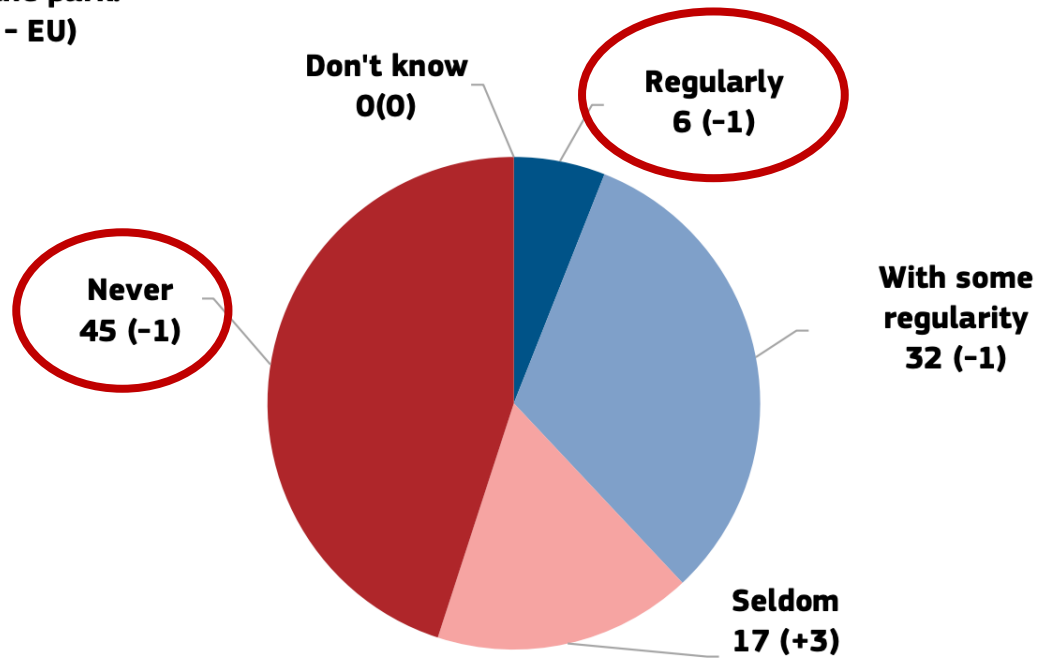
Special Eurobarometer 525
Sport and Physical Activity

(Sep´2022)



Prevalence (%) of physical inactivity in European Union adults (in squares, the men sample; in circles, the whole sample; and in triangles, the women sample) for 2002, 2005, 2013, and 2017. Data are means ± CI.

QB1R How often do you exercise or play sport? By "exercise" we mean any form of physical activity which you do in a sport context or sport-related setting, such as swimming, training in a fitness centre or a sport club, running in the park.
(% - EU)



(Apr.-May 2022 - Dec. 2017)

Base: All Respondents (N=26,578)

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European Journal of Public Health, 1–6

https://doi.org/10.1093/eurpub/ckac116

A modifiable factors-based model for detecting inactive individuals: are the European assessment tools fit for purpose?

X. Mayo[1], E. Iglesias-Soler[2], G. Liguori[3], R.J. Copeland[4,5], I. Clavel[2,6], F. del Villar[1] and A. Jimenez[1,7]

1 Observatory of Healthy & Active Living of Spain Active Foundation, Centre for Sport Studies, King Juan Carlos University, Madrid, Spain
2 Performance and Health Group, Department of Physical Education and Sport, Faculty of Sports Sciences and Physical Education, University of A Coruna, A Coruña, Spain
3 University of Rhode Island, Kingston, RI, USA
4 Advanced Wellbeing Research Centre, College of Health, Wellbeing and Life Sciences, Sheffield Hallam University, Sheffield, UK
5 The National Centre for Sport and Exercise Medicine, Sheffield, UK
6 Galician Sport Foundation, Galician Government, Santiago, Spain
7 GO fit LAB, Ingesport, Madrid, Spain

Correspondence: X. Mayo, Observatory of Healthy and Active Living of Spain Active Foundation, Centre for Sport Studies, King Juan Carlos University, 28942 Fuenlabrada Campus (Madrid), Spain, Tel: +34 91 488 72 22, e-mail: xian.mayo@urjc.es

Submitted July 2020
Accepted August 2022

EUPHA
EUROPEAN PUBLIC HEALTH ASSOCIATION

Key points

- The model reported a limited ability to detect modifiable factors affecting physical inactivity, identifying a minimal percentage of inactive individuals correctly.
- The variables asserting the most influence on the model for identifying inactive individuals were having a disability or an illness, not having friends to do sport with, lacking motivation or interest, being afraid of the risk of an injury, and totally agreeing, tend to agree and tend to disagree regarding the extent of local sports clubs and other local providers offering enough opportunities to be physically active vs. totally disagreeing.
- The model was shown to be best designed for active individuals, which is a limitation from a public health perspective.
- New questions should be included in future Eurobarometers, or new surveys should be designed to support the physical activity promotion agenda better.

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International Journal of Public Health (2020) 65:1477–1484
https://doi.org/10.1007/s00038-020-01488-y

ORIGINAL ARTICLE

Physical activity barriers according to social stratification in Europe

Antonio Moreno-Llamas[1] · Jesús García-Mayor[1] · Ernesto De la Cruz-Sánchez[1]

Received: 19 March 2020 / Revised: 31 July 2020 / Accepted: 20 September 2020 / Published online: 28 September 2020

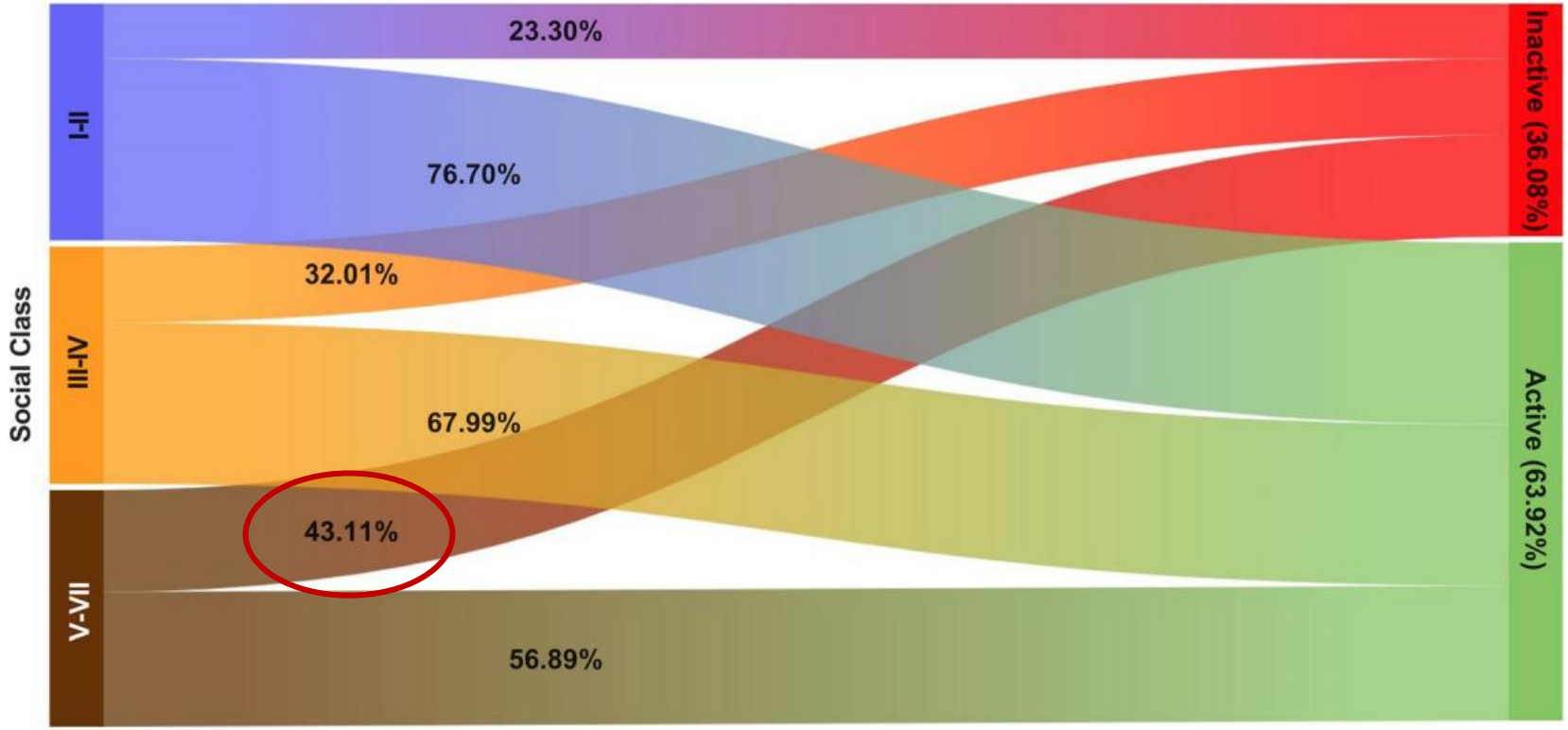

Fig. 1 Physical activity prevalence across social stratification in European Union-28; I–II social class represent high social class (n = 2382), III–IV represent middle social class (n = 12,751) and V–VII low social class (n = 11,158), 2017 Eurobarometer

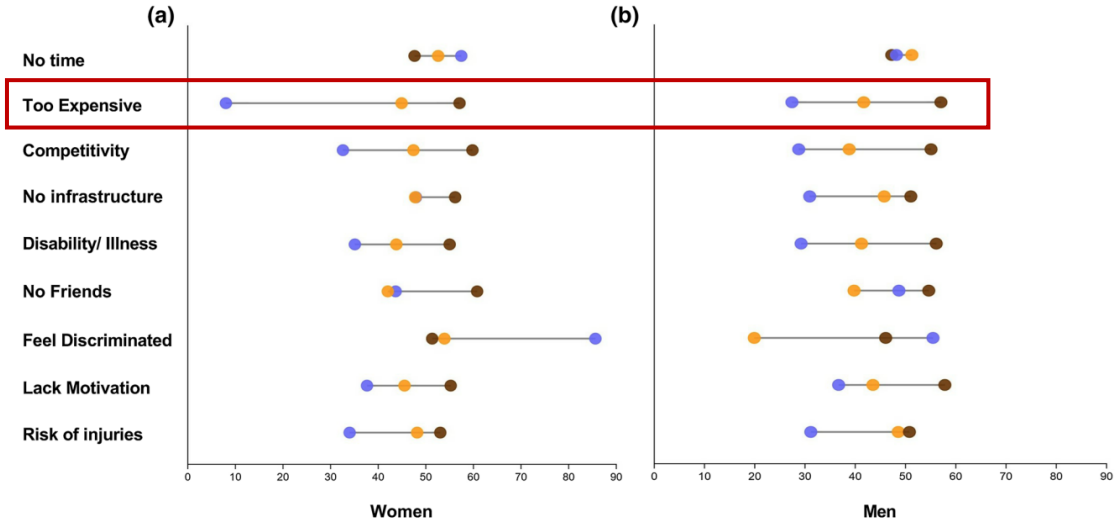

Fig. 2 Percentage of physical activity barriers among high (blue), middle (orange) and low (brown) social class by gender in inactive European population (n = 9829), European Union-28, 2017 Eurobarometer (colour figure online)

International Journal of Public Health (2020) 65:1477–1484
https://doi.org/10.1007/s00038-020-01488-y

ORIGINAL ARTICLE

Physical activity barriers according to social stratification in Europe

Antonio Moreno-Llamas[1] · Jesús García-Mayor[1] · Ernesto De la Cruz-Sánchez[1]

Received: 19 March 2020 / Revised: 31 July 2020 / Accepted: 20 September 2020 / Published online: 28 September 2020

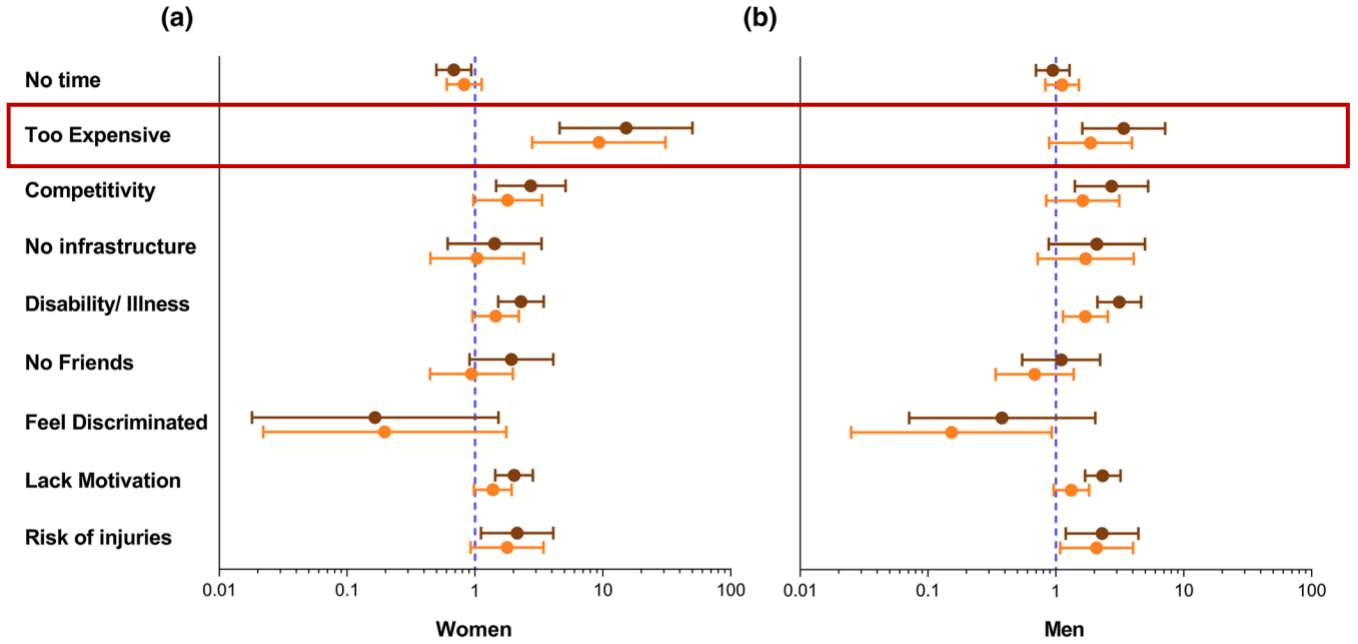

Fig. 3 Physical activity barriers in middle (orange) and low (brown) social class by gender in inactive European population (n = 9829); Results are presented as Odds ratios and 95% Confidence Intervals (base 10 logarithmic scale). Reference group was high social class, Europe Union-28, 2017 Eurobarometer (colour figure online)

Coste de la inactividad física en España *(Mayo et al., 2017)*

El cálculo más conservador nos llevaría a una **estimación del gasto anual en España de unos 1.560 millones de euros** (datos del 2013)

- ✓ 70,5% es costeado por las administraciones públicas,
- ✓ 22,8% es desembolsado por los hogares españoles.

Informe sobre
la inactividad física y el sedentarismo
en la población adulta española

FUNDACIÓN España Activa

CENTRO de ESTUDIOS del DEPORTE

Universidad Rey Juan Carlos

www.espanaactiva.es

http://espanaactiva.es/wp-content/uploads/2017/06/Informe-observatorio_web.pdf

The economic burden of physical inactivity: a global analysis of major non-communicable diseases

Ding Ding, Kenny D Lawson, Tracy L Kolbe-Alexander, Eric A Finkelstein, Peter T Katzmarzyk, Willem van Mechelen, Michael Pratt, for the Lancet Physical Activity Series 2 Executive Committee*

Summary

Background The pandemic of physical inactivity is associated with a range of chronic diseases and early deaths. Despite the well documented disease burden, the economic burden of physical inactivity remains unquantified at the global level. A better understanding of the economic burden could help to inform resource prioritisation and motivate efforts to increase levels of physical activity worldwide.

Methods Direct health-care costs, productivity losses, and disability-adjusted life-years (DALYs) attributable to physical inactivity were estimated with standardised methods and the best data available for 142 countries, representing 93·2% of the world's population. Direct health-care costs and DALYs were estimated for coronary heart disease, stroke, type 2 diabetes, breast cancer, and colon cancer attributable to physical inactivity. Productivity losses were estimated with a friction cost approach for physical inactivity related mortality. Analyses were based on national physical inactivity prevalence from available countries, and adjusted population attributable fractions (PAFs) associated with physical inactivity for each disease outcome and all-cause mortality.

Findings Conservatively estimated, physical inactivity cost health-care systems international $ (INT$) 53·8 billion worldwide in 2013, of which $31·2 billion was paid by the public sector, $12·9 billion by the private sector, and $9·7 billion by households. In addition, physical inactivity related deaths contribute to $13·7 billion in productivity losses, and physical inactivity was responsible for 13·4 million DALYs worldwide. High-income countries bear a larger proportion of economic burden (80·8% of health-care costs and 60·4% of indirect costs), whereas low-income and middle-income countries have a larger proportion of the disease burden (75·0% of DALYs). Sensitivity analyses based on less conservative assumptions led to much higher estimates.

Interpretation In addition to morbidity and premature mortality, physical inactivity is responsible for a substantial economic burden. This paper provides further justification to prioritise promotion of regular physical activity worldwide as part of a comprehensive strategy to reduce non-communicable diseases.

Funding None.

Lancet 2016; 388: 1311–24
Published Online July 27, 2016 http://dx.doi.org/10.1016/S0140-6736(16)30383-X
See Comment pages 1254, 1255, 1257, and 1258
See Articles page 1302
See Series pages 1325 and 1337
This paper forms part of the Physical Activity 2016 Series

* Full list of committee members at end of paper
Prevention Research Collaboration/the Charles Perkins Centre, Sydney School of Public Health, The University of Sydney, Camperdown, NSW, Australia (D Ding PhD); Centre for Chronic Disease Prevention, College of Public Health, Medical and Veterinary Sciences, James Cook University, Cairns, QLD, Australia (D Ding, K D Lawson PhD); Centre for Health Research, School of Medicine, Western Sydney University, Sydney, NSW,

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Estudio de Evaluación del Impacto de la pandemia del COVID-19 sobre el Ecosistema del Deporte en España

Asociación del Deporte Español
Observatorio Fundación España Activa

Grupo de trabajo:
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Edita:
Asociación Deporte Español (ADESP) y Fundación España Activa.
Madrid, junio 2020.

Colaboran:
Centro de Estudios del Deporte
URJC
Sociedad Española de Economía del Deporte
PwC España

http://espanaactiva.es/wp-content/uploads/2020/06/Informe_estudio_FEA_ADESP_CSD_impacto_covid19_compressed.pdf

1 Observatorio Fundación España Activa, Centro de Estudios del Deporte, Universidad Rey Juan Carlos.
2 GOfit LAB, Ingesport.
3 Advanced Wellbeing Research Centre, Sheffield Hallam University (UK)

Implementado por

(Jiménez et al., 2020)

7. INCREMENTO EN LOS GASTOS ASOCIADOS A LA INACTIVIDAD FÍSICA

Gastos derivados de la inactividad física en el total de la población en España en el 2020 e impacto incremental de los efectos de COVID-19

27% del gasto total sanitario general del Estado!!

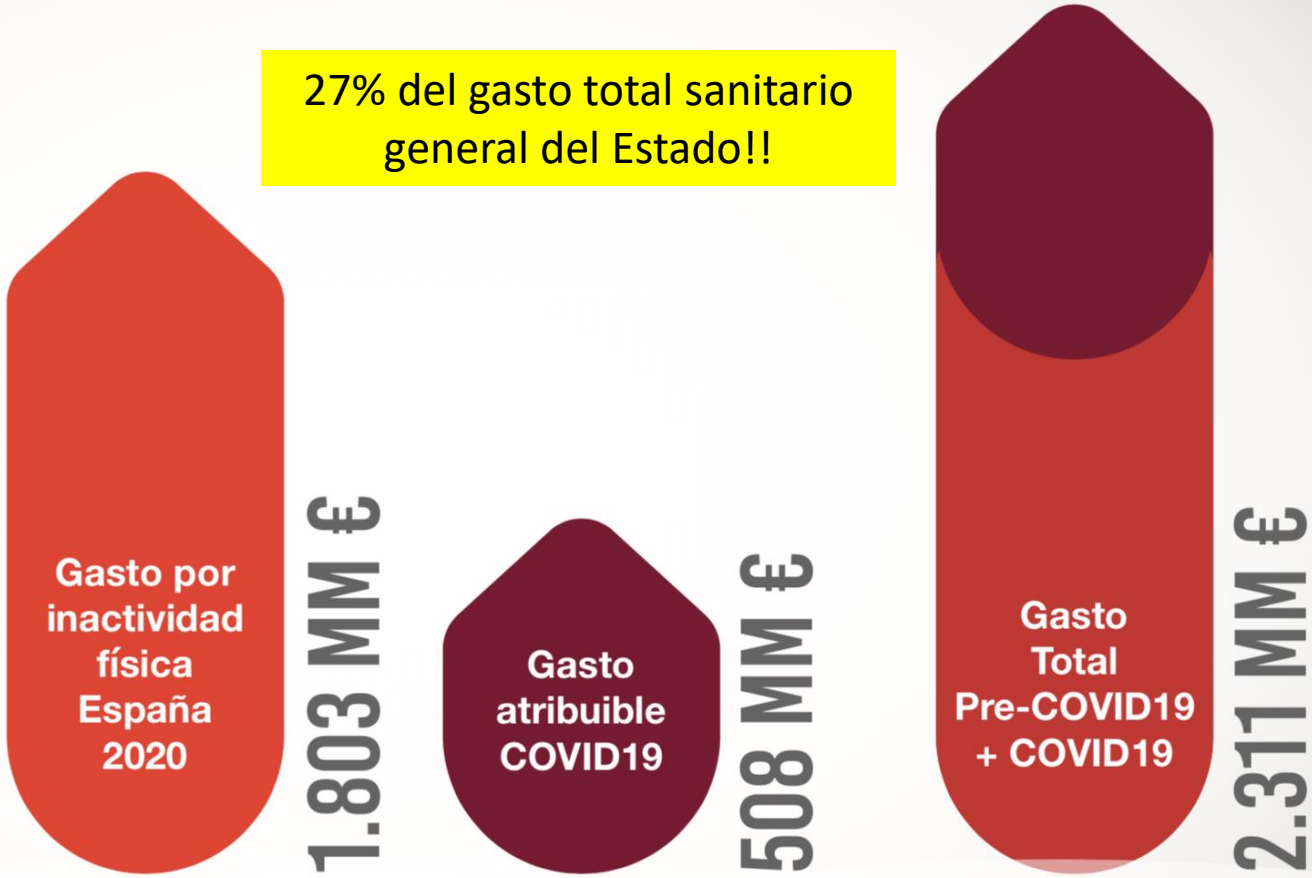
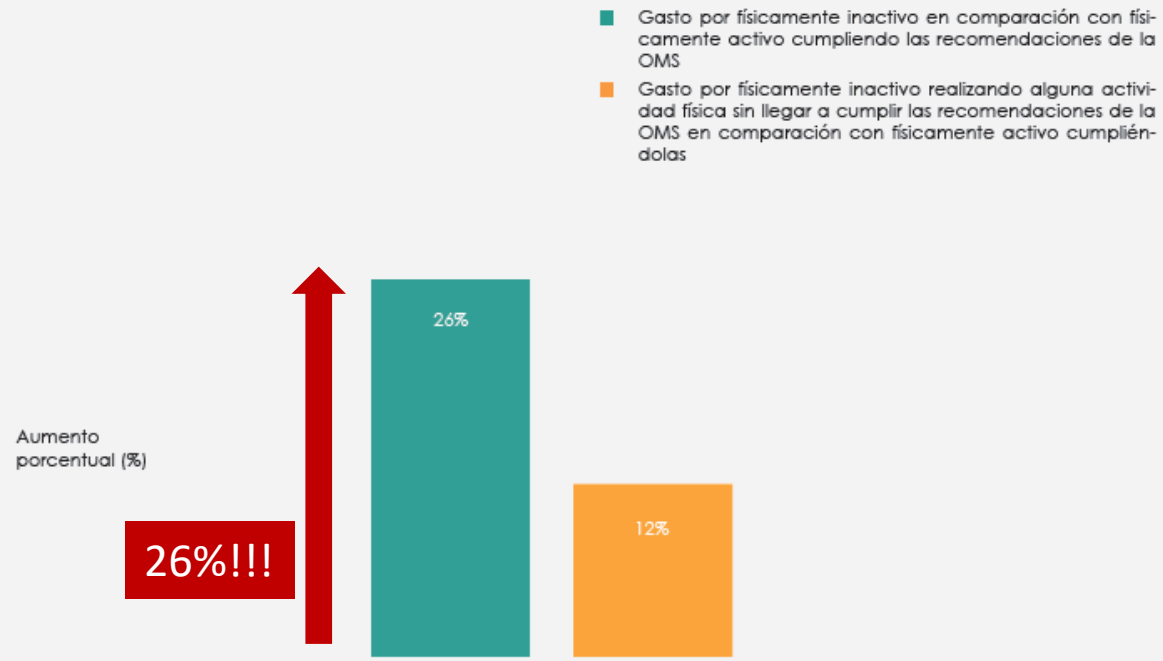


Fig. 12 - Aumento del gasto sanitario por persona por ser físicamente inactivo en comparación con ser físicamente activo cumpliendo las recomendaciones de la OMS o físicamente inactivo pero realizando alguna actividad física sin llegar a cumplirlas

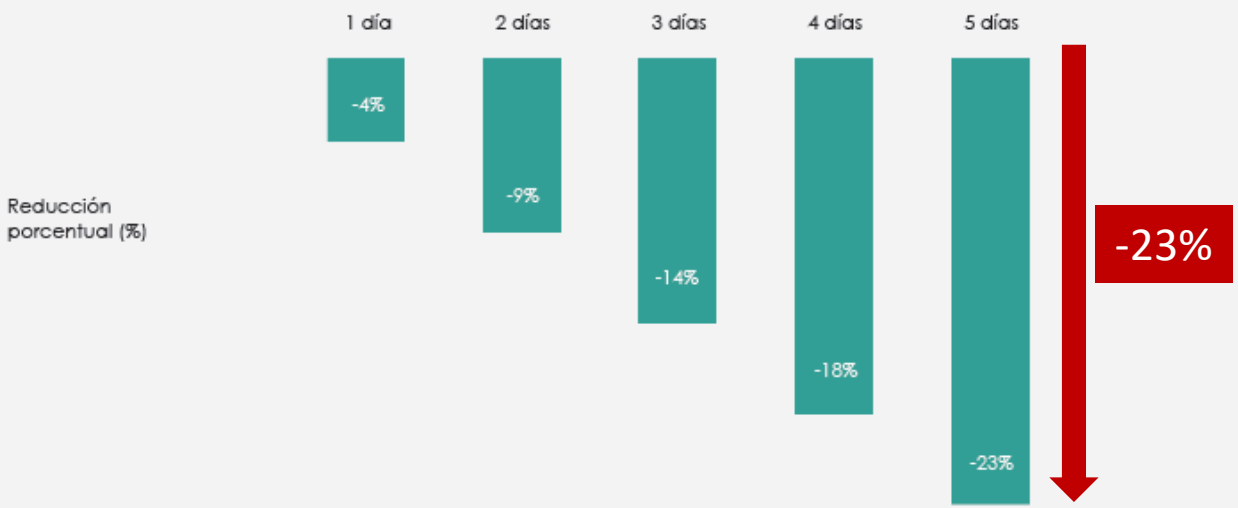
Carlson, S. A., Fulton, J. E., Pratt, M., Yang, Z., y Adams, E. K. (2015). Inadequate physical activity and health care expenditures in the United States. Progress in Cardiovascular Diseases, 57(4), 315–323.



Relación inversa entre
el nivel de actividad física
y el gasto sanitario…

Fig. 13 - Reducción porcentual del gasto sanitario por persona en función del número de días de la semana siendo físicamente activo

Pronk, N. P., Goodman, M. J., O'Connor, P. J., y Martinson, B. C. (1999). Relationship between modifiable health risks and short-term health care charges. JAMA, 282(23), 2235–9.



En **2022 España** ha dedicado el 1,44% de su **Presupuesto** a **Sanidad**, con lo que el gasto español central en **sanidad** es de **6.606 millones de €**…
(cerca de 90.000 millones de € totales)

Costo de la inactividad física

La carga económica de la inactividad física es considerable. A nivel mundial, entre 2020 y 2030 se producirán casi 500 millones (499 208 millones) de nuevos casos de enfermedades no transmisibles (ENT) prevenibles, lo que supondrá unos costos de tratamiento de algo más de US$ 300 000 millones (524 000 millones de dólares internacionales) o de unos US$ 27 000 millones (48 000 millones de dólares internacionales) anuales si no tiene lugar ningún cambio en la prevalencia actual de la inactividad física. Casi la mitad de estos nuevos casos de ENT (47%) serán consecuencia de la hipertensión, y el 43% de la depresión. Las tres cuartas partes de los casos corresponderán a países de ingresos bajos y medianos altos. El mayor costo económico se producirá en los países de ingresos altos, que representarán el 70% del gasto en atención de salud para el tratamiento de las enfermedades derivadas de la inactividad física.

https://www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022

Este incremento del coste por inactividad en los próximos 8 años (2022-2030) en el mundo supondría **500 millones de nuevos casos** de NCDs y **300.000 millones de US $**

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https://www.youtube.com/watch?time_continue=7&v=6W1ULktpB20

WHO, 2018

Inspirational & Aspirational Policy Framework…

United Nations Educational, Scientific and Cultural Organization

KAZAN ACTION PLAN (KAP)

OVERVIEW

GLOBAL OWNERSHIP

Over one-hundred experts and practitioners from governments, UN and IGOs, sports organizations, NGOs and academia, participated in the elaboration of the KAP, adopted in July 2017 by sport ministers

POLICY FRAMEWORK

- Foster convergence in sport policy development
- Measure progress
- Structure and prioritize dialogue and cooperation between different actors
- Specify linkages with the UN Sustainable Development Goals (SDGs)

3 MAIN POLICY AREAS

1. **Access for all**
2. **Contributions to SDGs**
3. **Integrity**

5 ACTIONS

ACTION 1
Elaborate an evidence-based **advocacy tool**

ACTION 2
Develop indicators for sport's contribution to SDGs

ACTION 3
Unify sport **integrity standards**

ACTION 4
Establish a Global **Observatory** for **Women and Sport**

ACTION 5
Create a **clearinghouse** for sharing information

GLOBAL RECOGNITION

[The KAP is] "a voluntary, **overarching reference for fostering international convergence amongst policy-makers in the fields of physical education**, physical activity and sport, as well as a tool for aligning international and national policy in these fields with the United Nations 2030 Agenda"

UNESCO'S General Conference, November 2017

"Establish guidance and toolkits for using the KAP as a **framework for engagement on sport for development and peace** (SDP) across various contexts"

United Nations Action Plan on Sport for Development and Peace, updated in 2018

[There is a] "growing convergence around the KAP in the alignment of work on sport across the United Nations system, and Member States have begun to recognize its potential as **a pivot point for policy coordination**"

Report of the United Nations Secretary-General "Strengthening the global framework for leveraging sport for development and peace", August 2018

en.unesco.org/mineps6/kazan-action-plan

UNESCO, 2019

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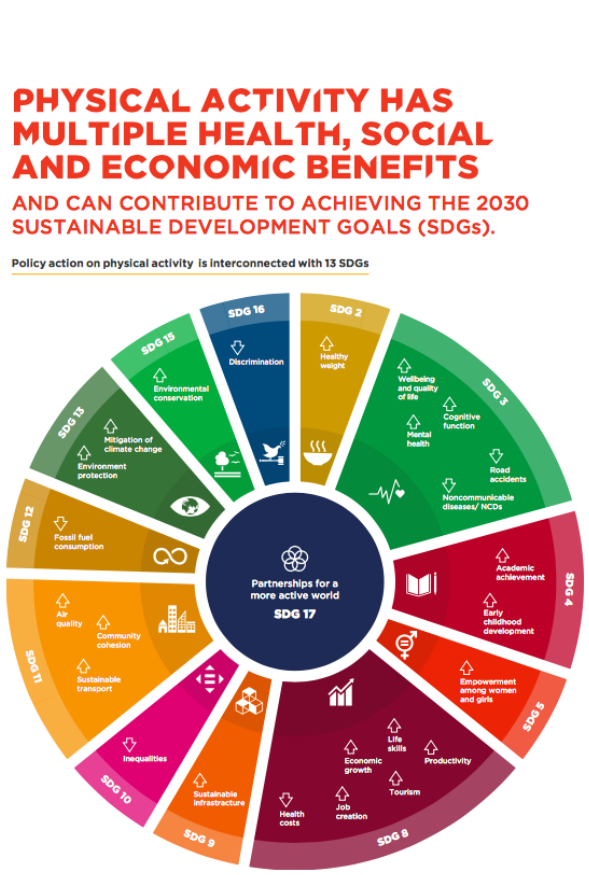
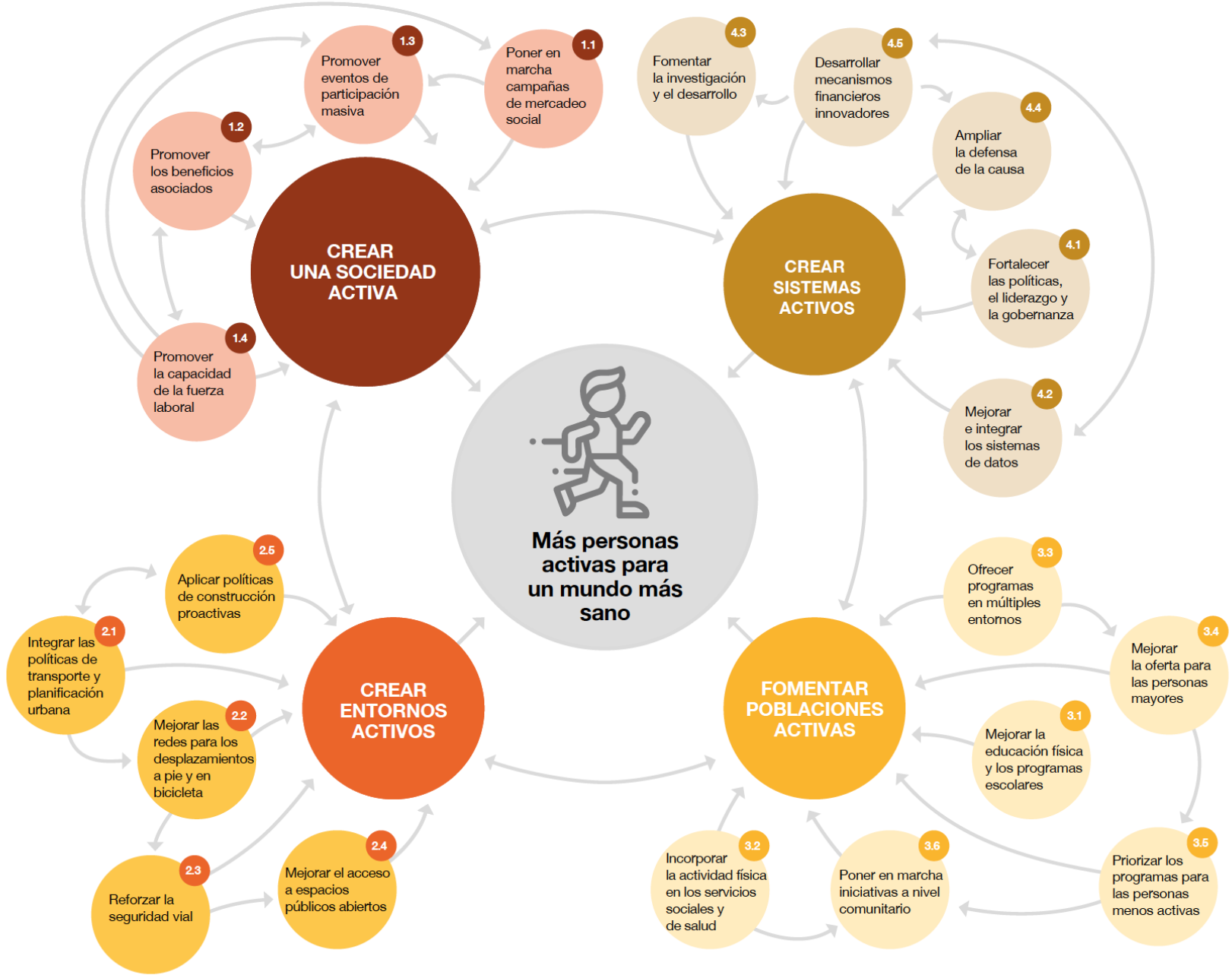
Figura 15: Principales áreas de actuación del Plan de Acción Mundial sobre actiivdda física 2018-2030 (WHO, 2018).





Fair Play:

Building a strong physical activity system for more active people

(WHO, 2021)

https://apps.who.int/iris/bitstream/handle/10665/346169/WHO-HEP-HPR-RUN-2021.1-eng.pdf

BOX 4

Value Proposition

A **strong value proposition for PA** states what benefits and value will be realized from increasing physical activity. It is a compelling narrative, supported by evidence, empirical data as well as examples of success. It is bolstered by proof of solid returns on investment (ROI), in both short and long term. It should also integrate the responsibilities and commitments endorsed in UN Conventions and universal principles such as fairness and equity.[7]

Data, Evidence, Examples of success, ROI…

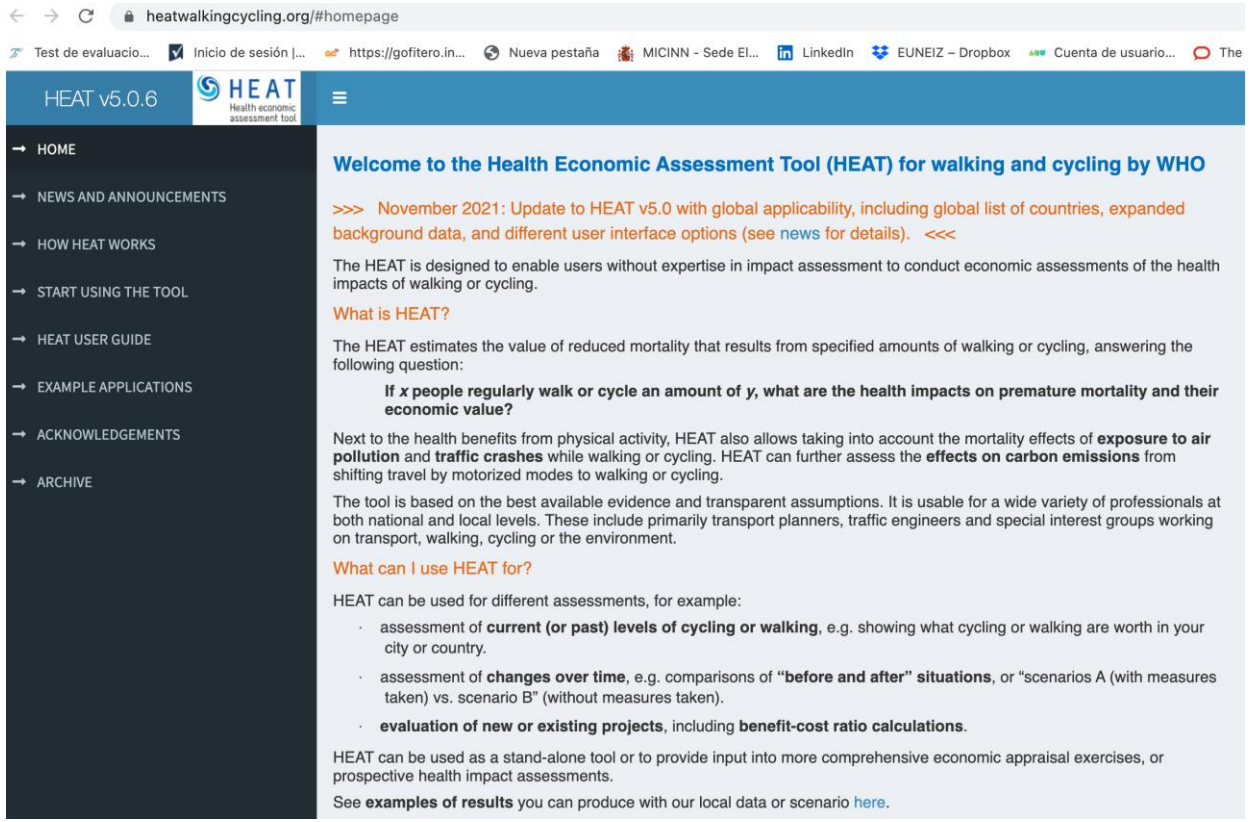
Research/Academic-Industry partnerships

World Health Organization
REGIONAL OFFICE FOR Europe

Health economic assessment tool (HEAT) for walking and for cycling

Methods and user guide on physical activity, air pollution, injuries and carbon impact assessments

Construyendo instrumentos escalables que permitan evaluar el impacto…



https://www.heatwalkingcycling.org/#homepage

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EUROPEAN COMMISSION
EUROPEAN EDUCATION AND CULTURE EXECUTIVE AGENCY (EACEA)

EACEA.A - Erasmus+, EU Solidarity Corps
EACEA.A.3 - Erasmus Mundus, Sport

FORMAL APPOINTMENT AS MEMBER OF THE TASK FORCE ON HARMONISED SPORT STATISTICS IN THE EU

Full name: Task Force (TF SPORT) on the harmonisation and development of sport statistics, including statistics and data on health-enhancing physical activity, social dimension of sport and Sport Satellite Accounts in the EU.

Short name: TF SPORT

Origin: The TF is created to support the discussion about the harmonisation and development of sport statistics, Sport Satellite Accounts (SSAs) at EU level based on existing multi-purpose European data collections and to foster a common understanding and recognition of the less tangible benefits linked with sport and physical activity.

Chair: Dr. Anna Kleisner
Co-Chair: Prof. Alfonso Jimenez

Objective

Building on previous research, the general objective of this TF is to support evidence-based policy-making at both national and EU level by harmonising existing methodologies and definitions on sport statistics thereby also paving the way towards a possible future European SSA.

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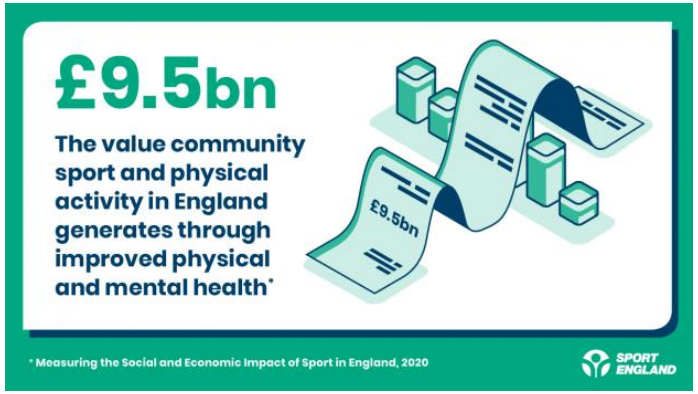
JIMENEZ, A., MAYO, X., COPELAND, R.J.
05 JUNE 2020

Reshaping the role, value and impact of a proactive and responsible health and fitness industry…
(4 pillars strategy)

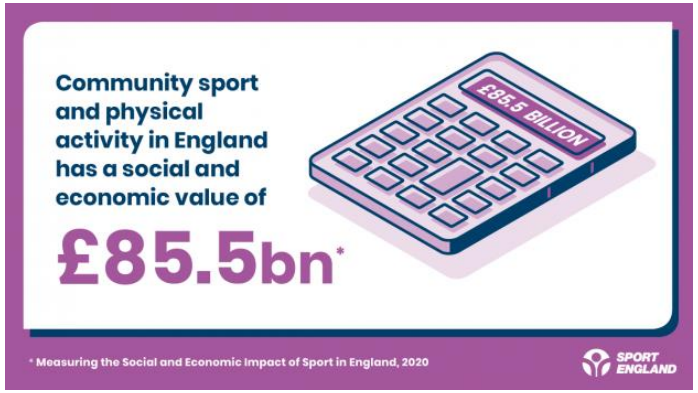
https://www.europeactive.eu/sites/europeactive.eu/files/covid19/Economic-Social-Impact_050620.pdf

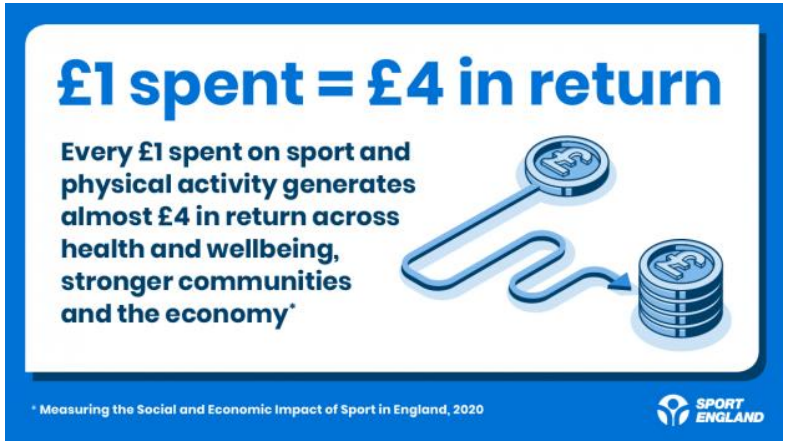
Sheffield Hallam University | Sport Industry Research Centre



¿Retorno Social de la inversión?

Prof. Larissa Davies





https://www.sportengland.org/how-we-can-help/measuring-impact?section=social_and_economic_value_of_community_sport

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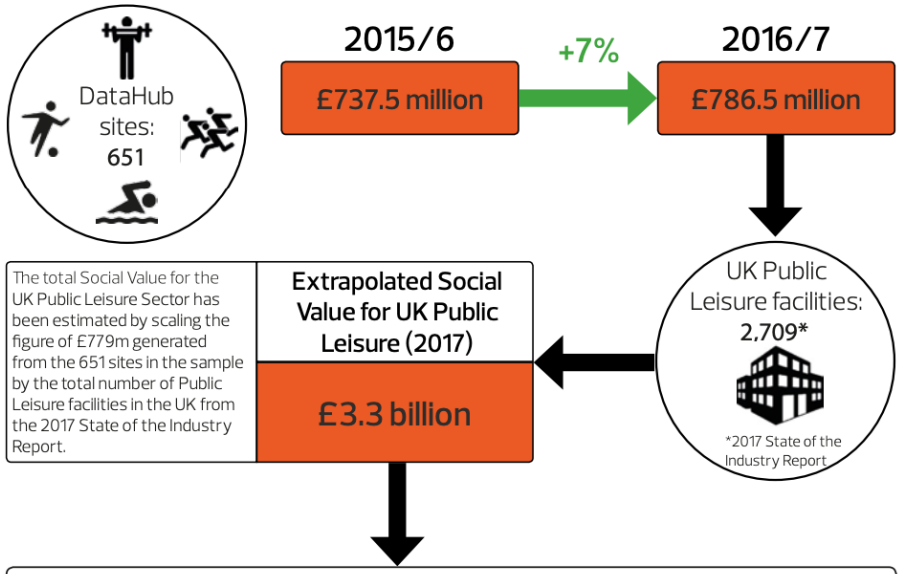
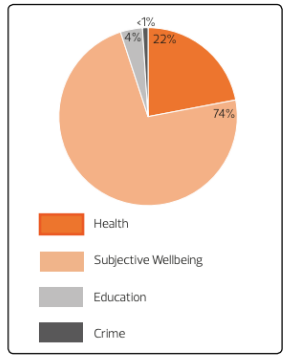
Social Value of the Sector

Data has been taken from 651 public leisure facilities across the UK and processed using the DataHub Social Value Calculator to determine the overall Social Value that these sites are generating. The year used for calculations runs from October to September.



How does this figure breakdown into the four components of Social Value?

HEALTH	£715 million
SUBJECTIVE WELLBEING	£2.4 billion
EDUCATION	£123 million
CRIME	£2.4 million



The magnitude of these numbers serves to highlight the importance of keeping the already active moving and encouraging the inactive to participate in exercise.

UK active More people More active More often

Powered by DataHub

Physical Activity – A Social Solution

GO fit LAB
HEALTH INNOVATION

Sheffield Hallam University | Advanced Wellbeing Research Centre | Universidad Rey Juan Carlos | Centro de Estudios del Deporte

(2017 data)

Ingesport's social contribution

Estimated savings of 17.4 M€ in healthcare spending on physical and mental illnesses

The more than **114,000 users who practice exercise in Ingesport's facilities** contribute to generate savings in health expenditure of **17.4 million euros**, which is equivalent to the **annual public health expenditure[1] of more than 12,000 Spaniards**.

5.8 M€ estimated savings thanks to lower absenteeism

Practicing physical exercise reduces absenteeism at work[2], in such a way that would allow users of Ingesport's facilities to save **5.8 million euros**, which is equivalent to **more than 105 euros per user** with a job[3].

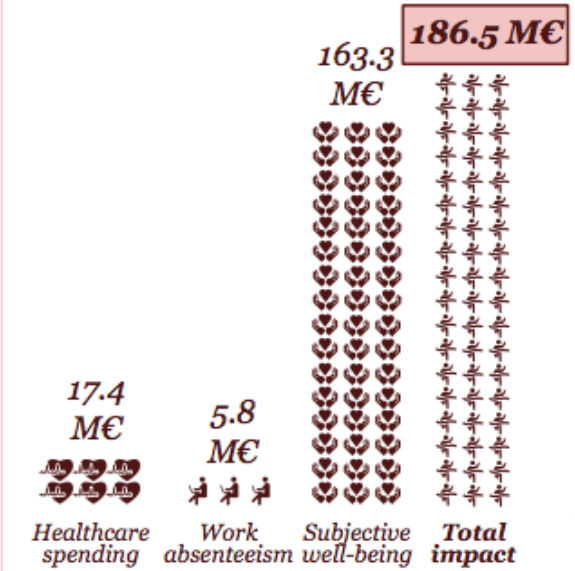
Improvement of subjective well-being valued at 163 M€

Subjective well-being[4] of the users of Ingesport's facilities, evaluated according to their happiness level and satisfaction with life, has been valued at **163 million euros**, which is equivalent to the **average salary[5] of more than 7,000 Spaniards.**

Increase in the quality of life[6] valued at more than 58 M€

The quality of life of the users who practice physical exercise in Ingesport's facilities and who maintain an active life, would increase the productive capacity of these people by **more than 510 euros per user**.

Social impact



+ 58 M€ *additional social benefit, thanks to the improvement in the quality of life of Ingesport's users in Spain*

1€ *For every 1€ of Ingesport's* ***turnover....***

3.2€ *.... €3.2 were generated in* ***social benefits*** *for its users*

frontiers

(Under review…)

Burden of disease adverted by leisure centre membership across Spain

Alfonso Jimenez[1,2,3,4], Xian Mayo[2,3,4*], Pablo Bascones[5], Jesús De Soto Cardenal[5], Alfonso Arroyo[2], Steve Ward[2], Gary Liguori[6], Steve Mann[7], Larissa Davies[3,8]

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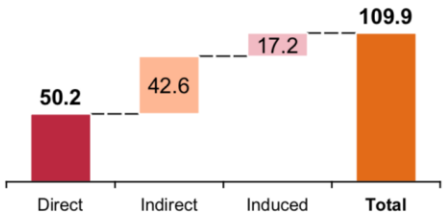
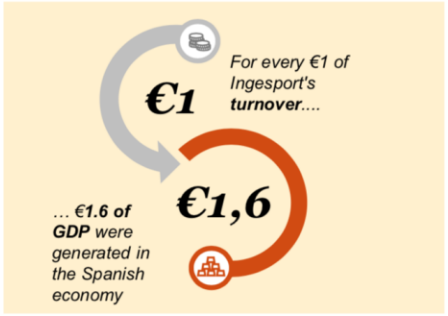
Ingesport's economic and social impact in Spain in 2019

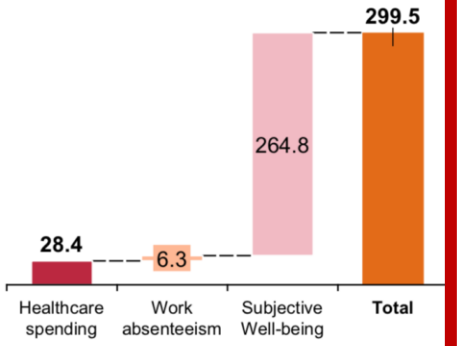
Impact on GDP (€M)



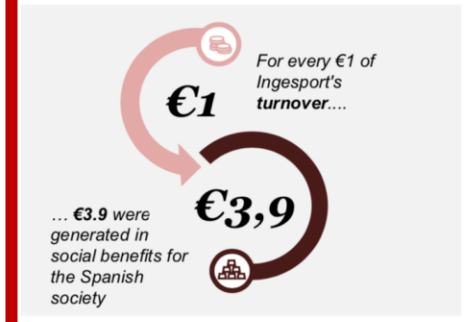
***+ € 32.5 M additional** GDP due to the tractor effect associated with the increase in sales of sports equipment in Spain*



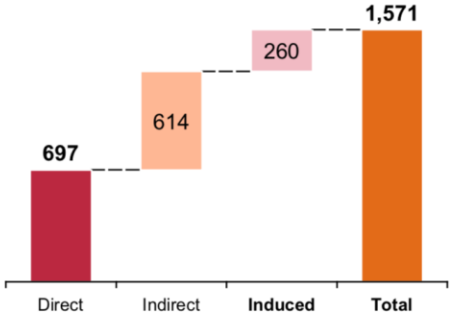
Social impact (€M)*



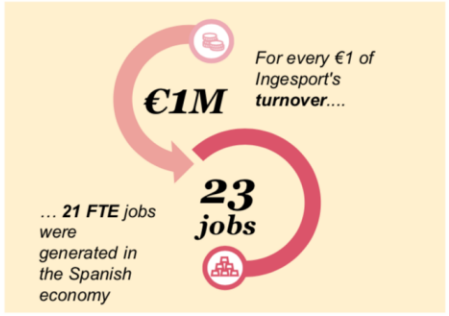
***≅ € 100 M additional** social benefit due to the improvement in the quality of life of Ingesport's users[1] in Spain*



Impact on employment (FTE)



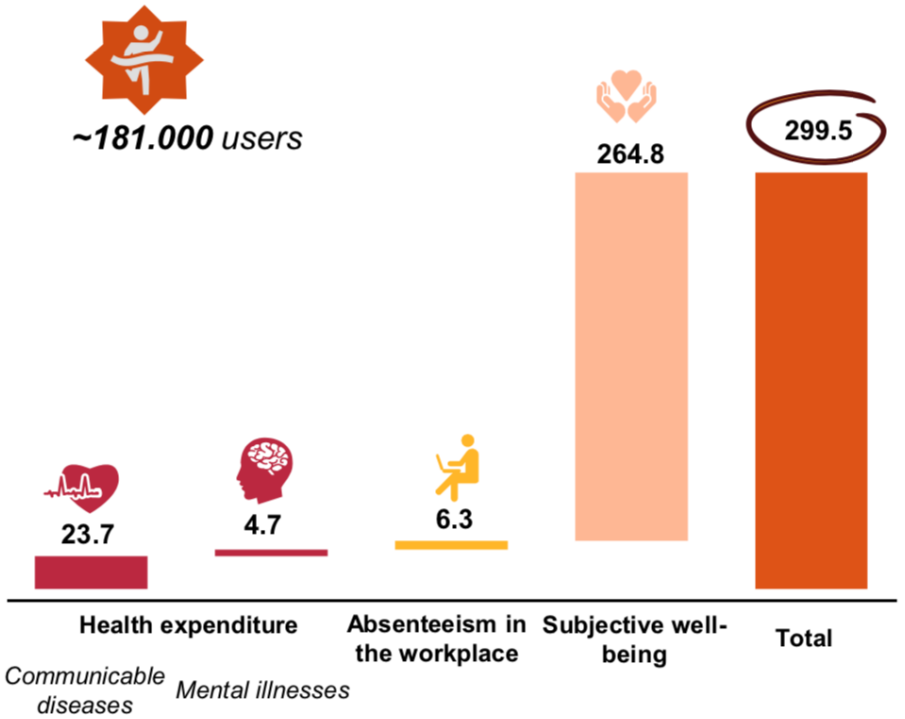
***+ 842 additional FTE jobs** generated due to the tractor effect associated with the increase in sales of sports equipment in Spain*



(1) A subscriber is a person who has a contract with Ingesport for the use of its facilities. A user is defined as any individual with the possibility of using Ingesport's facilities, being possible that a subscriber contract includes several users.

(*) Assuming that 100% of active users in the Ingesport centers will maintain the level of activity throughout their lives.

Social benefit generated through the regular exercise practice in the centers of Ingesport (Millions of Euros)

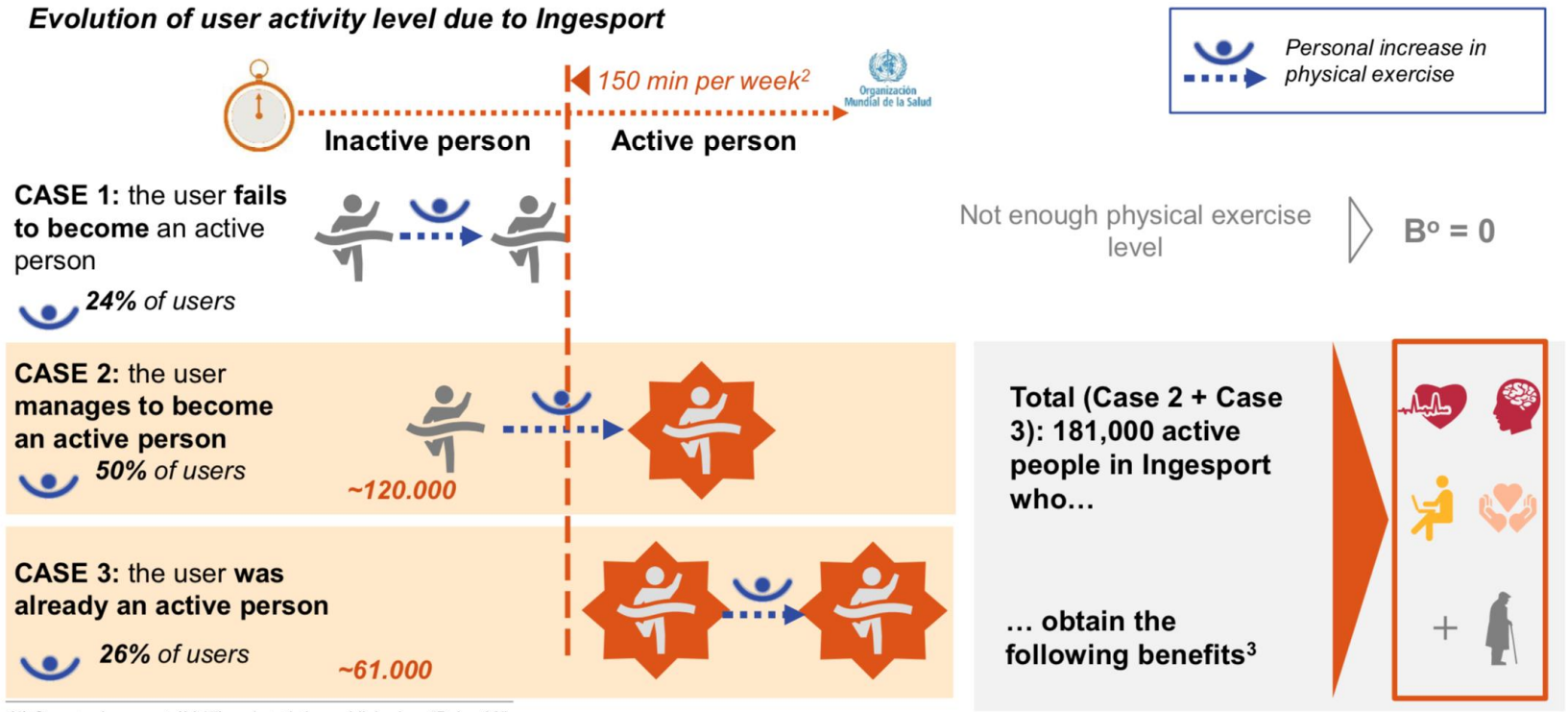


(2019 data)

Of the more than 238,000 Ingesport users, 76% (181,000) are currently active people...

Of the more than 238,000 users*, 181,000 (7 out of 10) regularly perform physical activity at the centers, which is 34% more than the sector average[1]. Of these 181,000, 66% (120,000) have been activated thanks to Ingesport

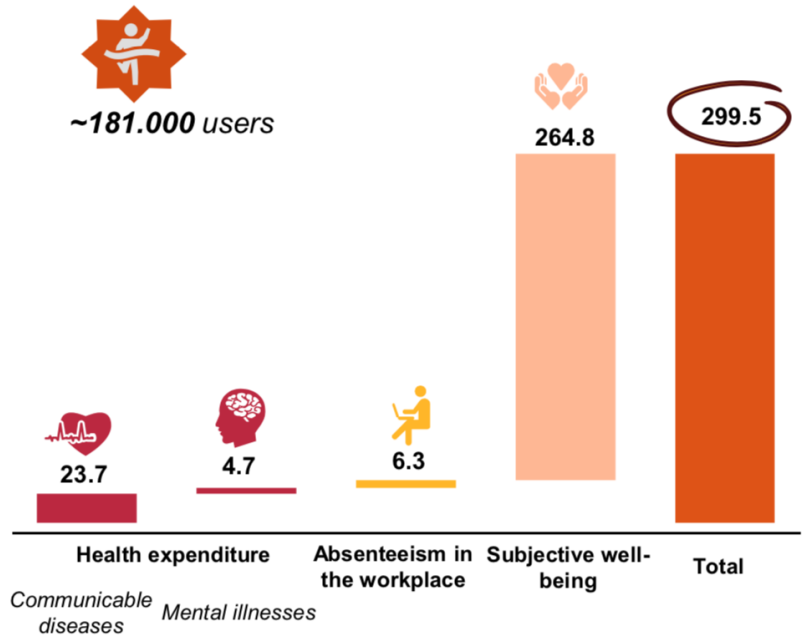
Evolution of user activity level due to Ingesport



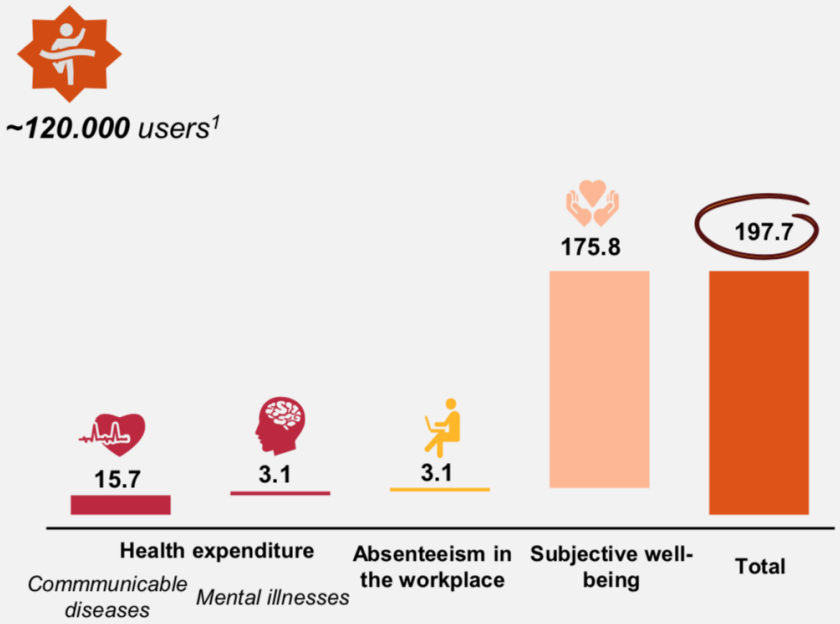
(1) Sourcte: Ingesport (2017) and statistics published on "Palco 23".
(2) According to the WHO, an active person is one who performs at least 150 minutes of moderate exercise per week of, or 75 minutes of vigorous exercise per week.
(3) Social benefits considered are those of reduction of health expenditure, reduction of work absenteeism, improvement of subjective well-being, and additionally, increase in life expectancy in terms of DALY.
*A member is defined as a person who has a contract with Ingesport for the use of its facilities. A user is defined as any individual with the possibility of using Ingesport's facilities (a member contract may include several users).

Assuming that 100% of active users in Ingesport centers maintain this level of activity throughout their lives, the impact could be close to 300 million euros[1]

Social benefit generated through the regular exercise practice in the centers of Ingesport (Millions of Euros)



Social benefit attributable to users activated by Ingesport (Millions of Euros)



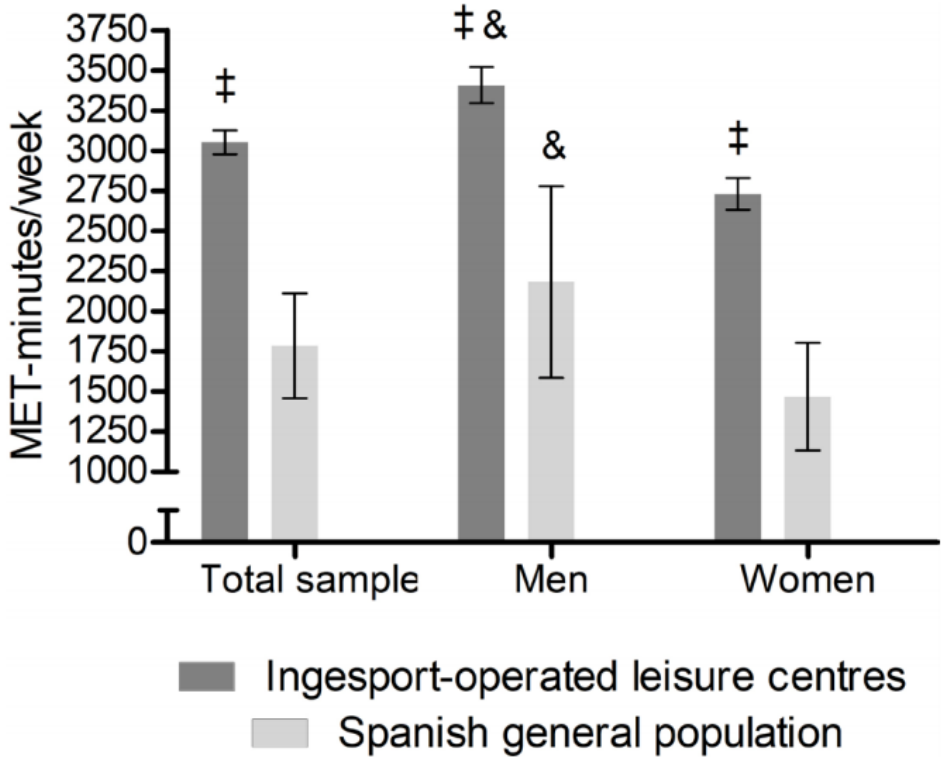


Figure 1 Average total MET-min/week between the leisure centre and the Eurobarometer for all participants and for men and women separately. ‡ Significantly higher MET-min/week ($p<0.05$) in the leisure centres regarding the Eurobarometer. & Significantly higher MET-min/week ($p<0.05$) in men regarding the women. MET: metabolic equivalent.

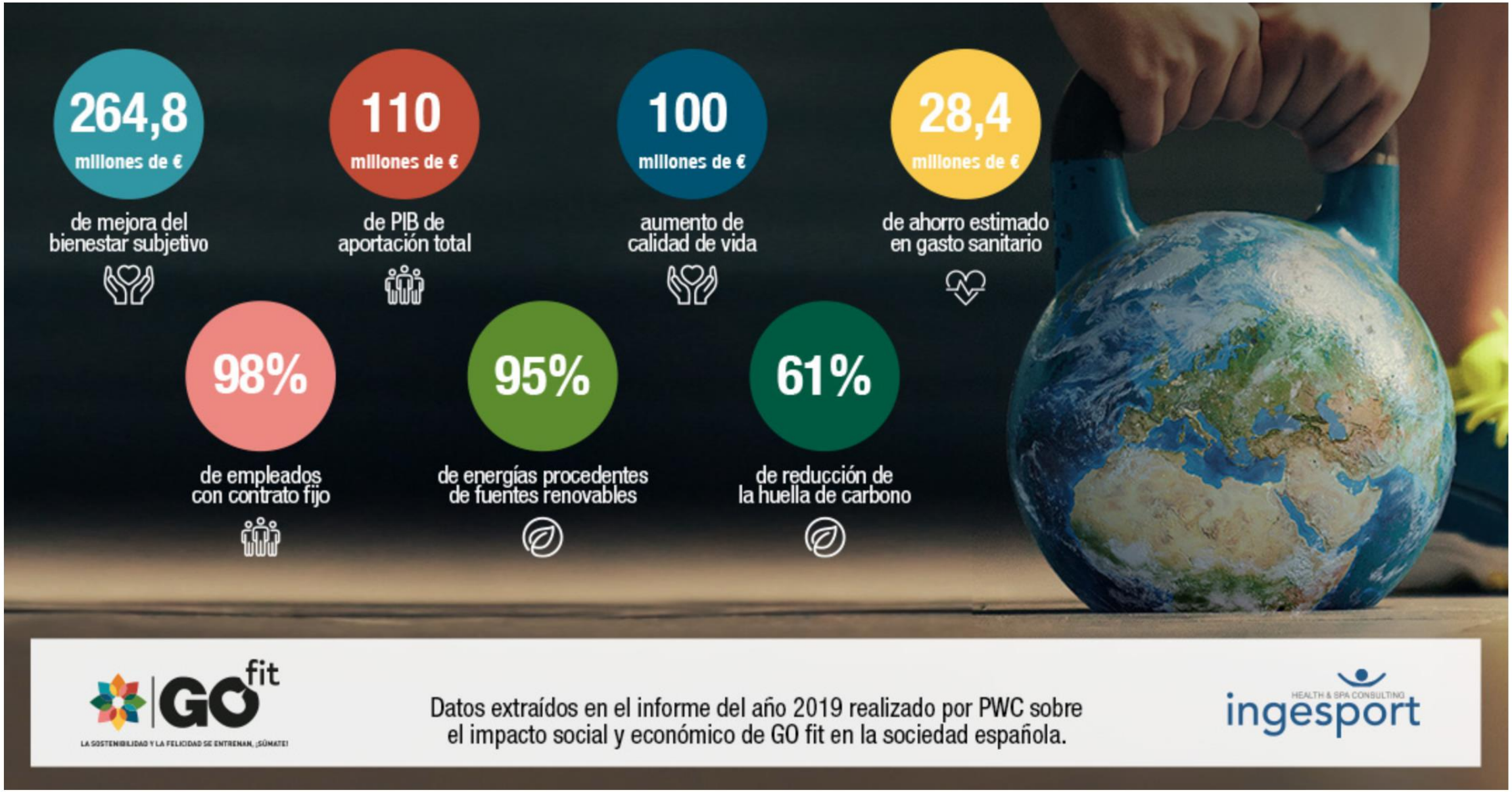
Open access Original research

BMJ Open

Comparative analysis of reported physical activity from leisure centres' members versus the general population in Spain

Jorge López Fernández ,[1,2] Alejandro López-Valenciano,[3] Xián Mayo,[3] Elizabeth Horton,[1] Ivan Clavel,[4] Gary Liguori,[5] Alfonso Jiménez[2,3,6]

Competing interests JLF acknowledges that his PhD studies have been funded by GO fit-Ingesport. AL-V also acknowledges he is a postdoctoral research fellow funded by GO fit-Ingesport at the Centre for Sports Studies of King Juan Carlos University. AJ acknowledges he serves at a fractional role as Chief Research & Innovation Officer at GO fit-Ingesport.



**GOfit LAB-PwC Spain reporting model*

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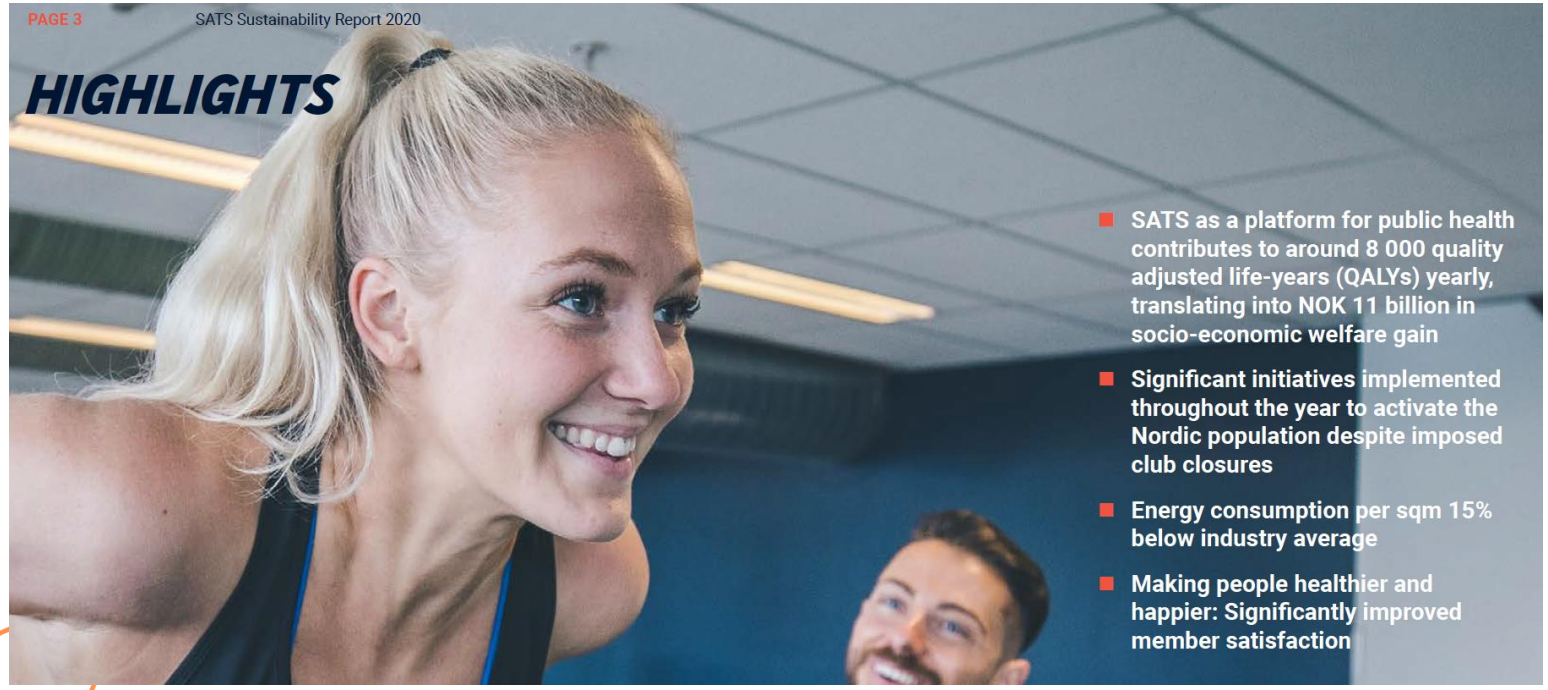
Direct economic value generated and distributed

(GRI indicator: 201-1)

	Norway	Sweden	Finland	Denmark	**Total**
NOK million					
Revenue	1 445	1 354	326	408	3 534
Operating costs	434	267	111	235	1 047
Employee wages and benefits	542	529	134	147	1 352
Payments to providers of capital	169	56	22	23	269
Payments to government (tax)	-12	9	10	63	69



Global Reporting Initiative (GRI) Standards

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STRATEGIC REPORT

SUSTAINABILITY AT THE GYM

CONTINUED

GOOD HEALTH & WELLBEING

Our strategic approach

Regular physical activity benefits both the body and mind. According to the World Health Organization, it can reduce high blood pressure, help manage weight and reduce the risk of heart disease, stroke, type 2 diabetes and various cancers, and increase mental wellbeing.

Our purpose at The Gym Group is to 'Break Down Barriers to Fitness for All'. Through the provision of affordable, high quality, well-equipped 24/7 facilities and a wide-ranging and growing gym network, we are breaking down those barriers to fitness. In doing so, we are supporting the Government's vision to get the nation active. We are also directly contributing to target 3.4 of SDG 3 – Good Health and Wellbeing: to reduce premature mortality and promote mental health and wellbeing.

The outbreak of COVID-19, the link between obesity and severity of the effects of the virus, and the importance of mental wellbeing throughout lockdown have further highlighted the crucial importance of physical exercise.

Inactivity is a threat to the UK's health with 63% of adults overweight or living with obesity[1].

The social impact of The Gym

In 2020, we commissioned 4Global, a UK-based data analysis company, to determine the social impact of our business over the last five years[2,3].

Using the Social Value Model created by Sheffield Hallam University, 4Global developed a Social Value Calculator including demographic data from Experian. The model determines the social value of regular exercise on communities, through reduced risk of non-communicable diseases; increased wellbeing; increased educational attainment; and reduced crime. This methodology is used extensively by Sport England, local authorities and Government.

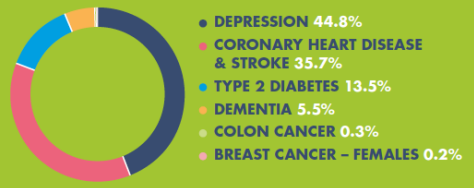
The analysis shows that the social value we delivered increased from £246 million in 2016 to £553 million in 2019. Our number of gyms almost doubled during this period, but this was not the only driver for the increased value; over the same period, the average value returned by each gym increased from £2.8 million to £3.1 million as participation levels grew. By 2019, over 1 million individuals were completing enough activity to elicit health and wellbeing improvements in our gyms, generating an average value of £490 per person.

One of the major factors in social value generation is the socio-economic status of our members. Those from more deprived communities are more likely to suffer from chronic conditions, and therefore the social benefit to keeping these members active will be higher than one from a less deprived community. 32% of The Gym Group's estate is located in the 20% most deprived areas in the UK – reinforcing our commitment to tackling inactivity in underrepresented and disadvantaged communities.

Prevention of non-communicable diseases through exercise is one of the contributors to social value as it significantly reduces treatment cost and GP visits. The positive, immediate impact exercise has on mental health is well documented and the fact that almost 45% of the cases we help to prevent every year are linked to depression confirms the importance of making gyms accessible and affordable.

The COVID-19 pandemic has unfortunately greatly impacted participation levels across the physical sector and fitness industry. Government-enforced closures and restrictions on capacities and activities have affected opportunities for members to access facilities and as a result, the social value we generated in 2020 dropped by 48%, to £287 million.

PERCENTAGE OF CASES PREVENTED



- DEPRESSION 44.8%
- CORONARY HEART DISEASE & STROKE 35.7%
- TYPE 2 DIABETES 13.5%
- DEMENTIA 5.5%
- COLON CANCER 0.3%
- BREAST CANCER – FEMALES 0.2%

SOCIAL VALUE GENERATED BY THE GYM GROUP IN THE PAST FIVE YEARS (£M)

£1.8bn

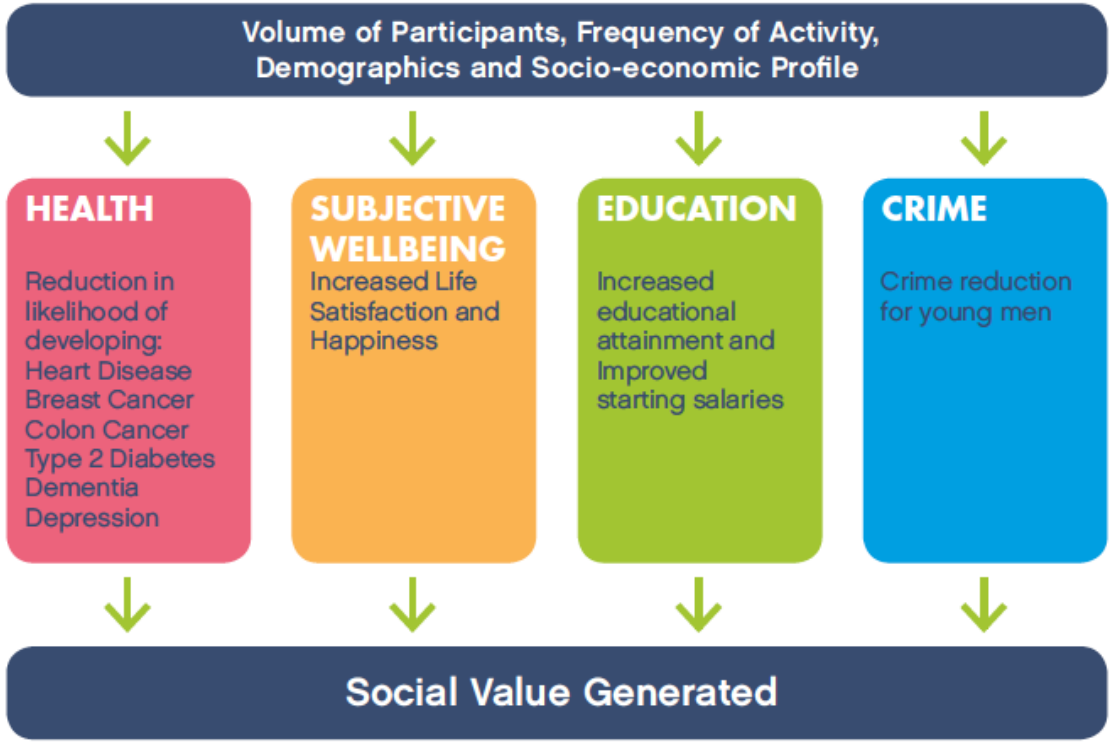
49%

Our network of 183 operating sites in the UK affords access to over 49% of the population

£3.1m

Average social value per gym pre-COVID

THE SOCIAL VALUE CALCULATOR MODEL



Factors driving social value aligned with commercial value: expansion, membership levels, visit frequency and tenure

**Sheffield-Hallam-4Global reporting model*

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(Jiménez et al, Junio 2022)

Estimación basada en modelo UK*

Análisis preliminar sobre 9,5 millones de personas activas

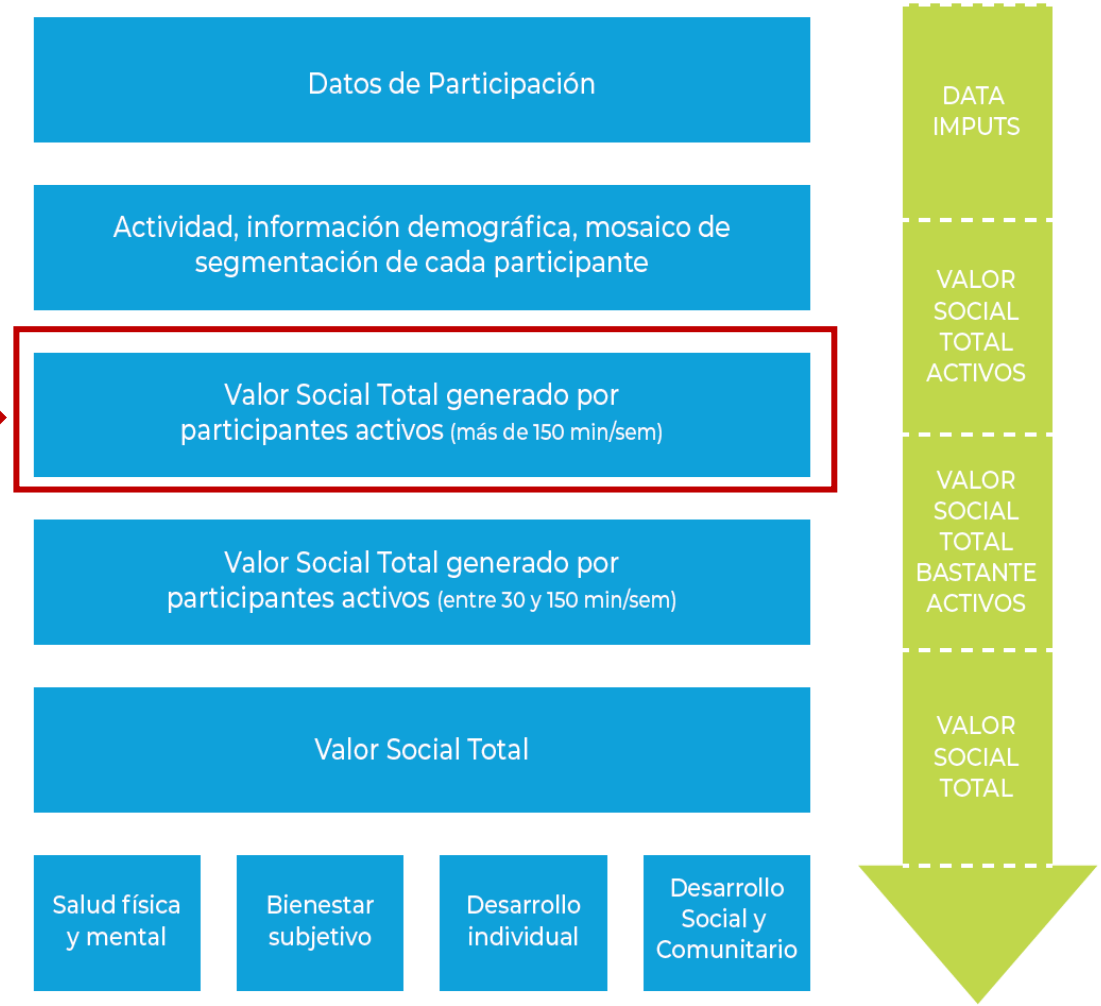

Figura 1: Esquema gráfico de funcionamiento de la metodología específica de la Calculadora de Valor Social de 4Global

**Adaptación del modelo a España en marcha…*

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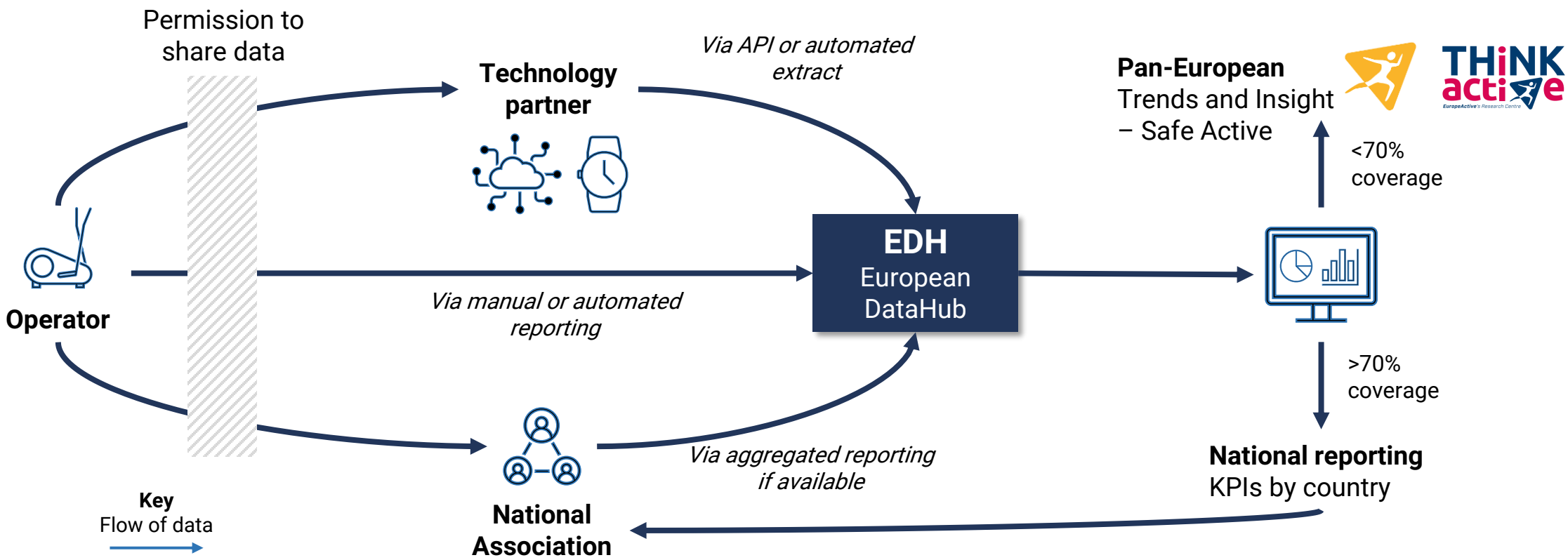
European DataHub

Data will flow into the EDH from technology partners, national associations or direct from the operators



Use case: Participation and Health

Track sector re-generation and effectively report the social value generated as a result

Use case concept

Insight	Performance Indicator				Data Sources
Participation	Total Thruput	Unique Users	% Active Members	% Users x4 in month	LMS/ Supplier

Process: Use participation data to evidence how the sector generates social value through the participation of members, focusing on health and wellbeing benefits

Reporting examples

COVID-19 recovery rates and sector growth through 2021 – participation levels, individual users, and COVID cases

Health impact: Calculate **economic savings** and non-communicable **disease cases** prevented across Europe as a result of active lifestyles and the **contribution of the fitness industry** towards this based on participation levels

National Association health impact and participation reporting and dashboards

Relevant stakeholders

THiNK active – Owner

World Health Organization

European Commission

ISPAH

National Associations

Relevant objectives

Influence

Scale

Value

QUANTIFY YOUR IMPACT ON PHYSICAL AND MENTAL HEALTH USING SOCIAL VALUE

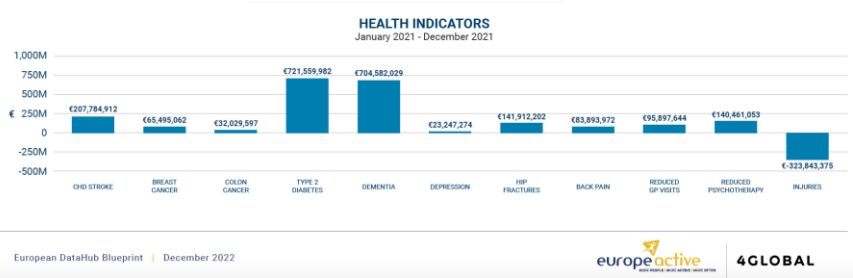
SOCIAL VALUE

The health, wellbeing, educational and social benefits experienced by people, communities, and society through physical activity

With one in ten people dying from lifestyle diseases caused primarily by inactivity, the global sport and physical activity sector is seen increasingly as being valuable, not only for the commercial benefits it provides, but also for the significant improvements physical and mental wellbeing.

Utilising the built in social value calculator, evidence the cost savings generated to local healthcare systems as a result of your members being physically active.

Find out more about social value **here**.



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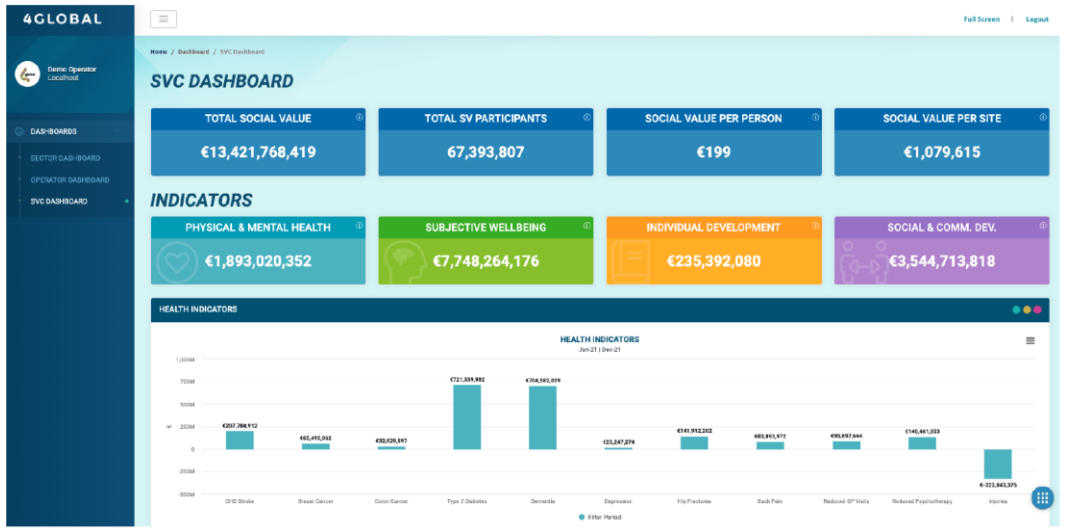
Social Value – evidence impact



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The European DataHUB...

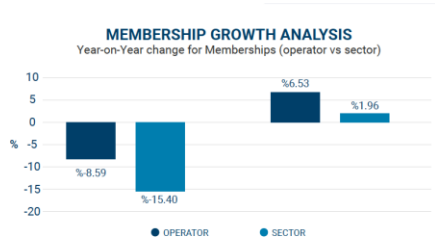
UNDERSTAND AND MEASURE MEMBERSHIP TRENDS

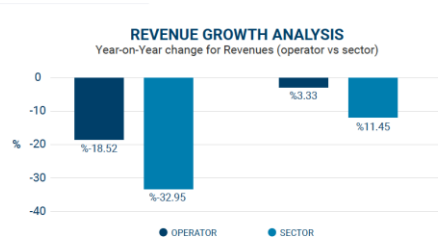
The scale of the European DataHub allows organisations to understand health and fitness membership trends across the sector.

Utilising the platforms performance monitoring capabilities, organisations can better evaluate:

- Throughput trends
- Membership growth
- Revenue growth
- Joiner and attrition rate

The ability to filter by facility type, market segment and country, unlocks enhanced reporting capabilities and insight, enabling more effective investment planning and strategic decisions based on real time data.





ATTRITION RATE		JOINER RATE		MEMBERSHIP LENGTH		FREQUENCY OF VISIT	
6.55%	8.41%	4.50%	4.21%	15.40	14.35	7.20	6.50
OPERATOR VS SECTOR		OPERATOR VS SECTOR		OPERATOR VS SECTOR		OPERATOR VS SECTOR	

European DataHub Blueprint | December 2022

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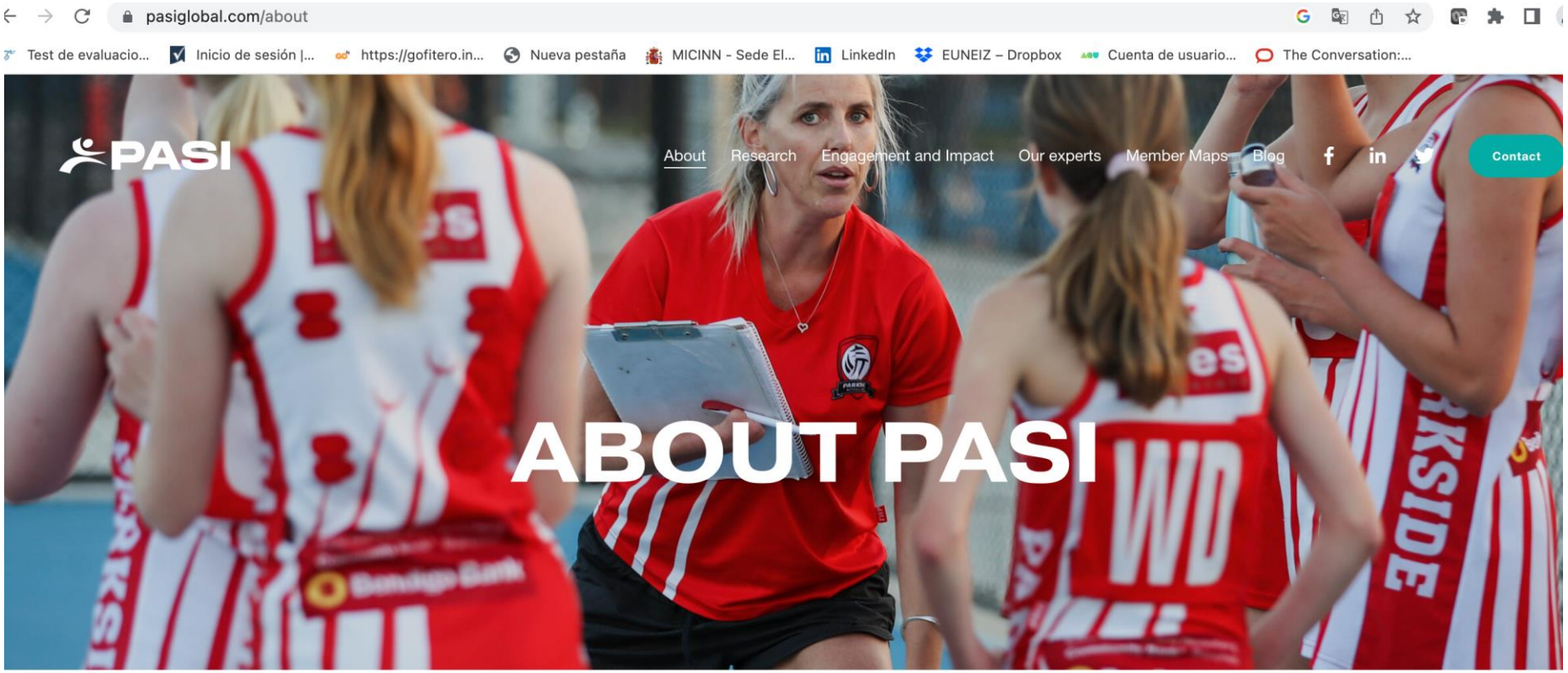

ABOUT PASI

Physical Activity and Sport Insights (PASI) is a collaborative venture of Federation University and Victoria University. Through its research and consulting work, PASI delivers insights that provide partner organisations with the evidence required to make investment, policy, management or marketing decisions.

*Investigating **sport and physical activity participation** for **evidence-based decision making** for the sport, physical activity, health and wellbeing sectors.*

https://www.pasiglobal.com/

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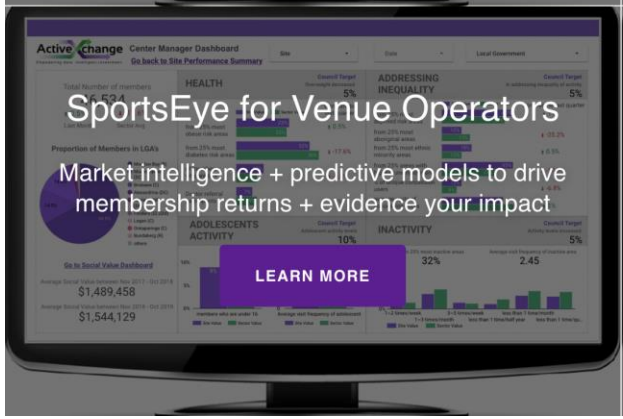
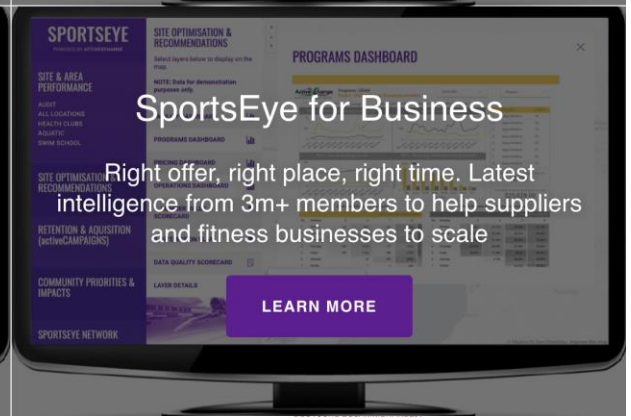
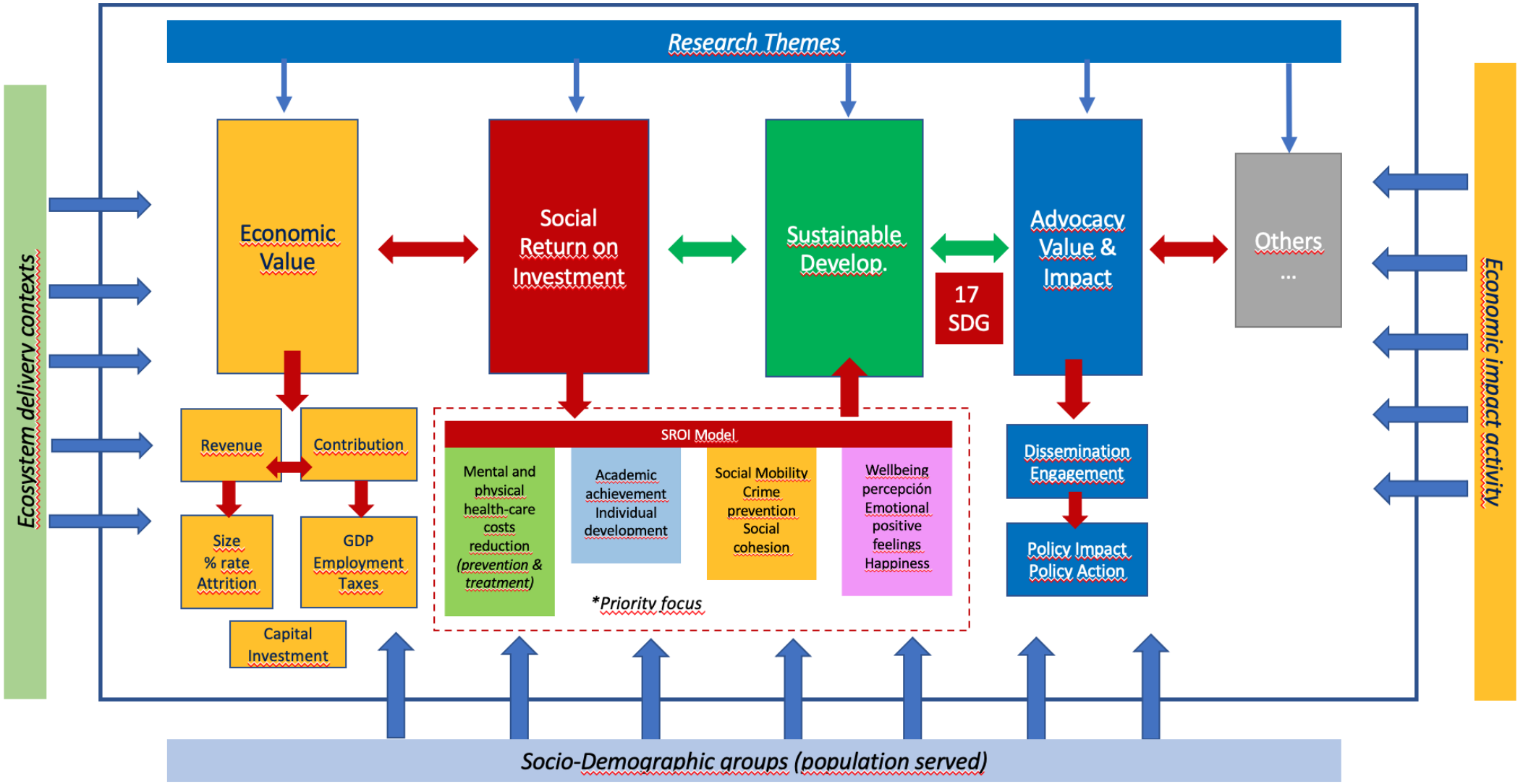
https://activexchange.org/





Conceptual Research Framework for THiNKactive *(draft #1)*



Jimenez et al., 2023 (on-going…)

GRACIAS

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https://www.europeactive.eu/tags/think-active

http://espanaactiva.es/observatorio/

https://cedeporte.es/

https://go-fit.es/go-fit-lab/

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