



# Is there Europeanization of physical activity promotion? – A neofunctional approach

Carina Mnich<sup>1</sup>

University of Applied Sciences Regensburg, Faculty of Applied Social and Health Sciences, Seybothstraße 2, 93053, Regensburg, Germany



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## ABSTRACT

Physical inactivity is a problem in Europe, contributing to various non-communicable diseases (NCDs). While health sciences offer data and models for preventing the development of NCDs through health promotion, they do not explain the dynamics between the different institutions and actors in the health field. Neofunctionalism refers to these different actors and suggests that their interaction leads to the construction of a supranational authority, allowing the actors to cooperate on common policies, rules and institutions, resulting in integration and Europeanization. Indeed, there are a variety of European Union (EU) institutions and policies concerned with physical activity (PA), however, the purpose of this paper is to analyze if Europeanization and integration are happening in PA promotion, through the lens of neofunctionalism. Analysis uses process tracing for investigating the emergence of PA on the EU agenda, the legal background, existing policies and institutions. Findings indicate that Europeanization and integration of PA promotion are happening, although the opportunity for actions of the EU are restricted to voluntary actions of the EU Member States due to the agreements in the Treaty of Lisbon. This only allows the EU institutions to apply soft law approaches on PA promotion, which seems to be implemented in some Member States despite its non-binding character. The findings are discussed and further implications for public health professionals and policies outlined.

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## 1. Introduction

The globalization process made health an international issue. In 2015, non-communicable diseases (NCDs) were the main cause of death globally, except for the African Region. Europe leads with 86% of deaths due to NCDs [1]. The prevalence of many NCDs could be prevented by addressing risk factors like physical inactivity [2]. The World Health Organization ([WHO]; [3]: 2) defines physical activity (PA) as “any force exerted by skeletal muscles that results in energy expenditure above resting level”. Physical inactivity contributes to various NCDs like cardiovascular disease, diabetes, colon and breast cancer [2,4,5] which are part of the first ten mortality reasons in Europe [1]. Insufficient PA is also an economical burden related to 1.5–3% of developed countries’ direct healthcare costs [6]. Globally, 23.3% of adults were insufficiently active in 2010 and Europe was above the global average with 24.5% [7]. The average of physical insufficiently active youths between 11 and 17 years was even higher with 80.3% globally and 83.2% in Europe [8]. The

importance of health is shown in health being part of “more than 40 bilateral donors, 26 UN agencies, 20 global and regional funds, and 90 global health initiatives” ([9]: 2072). Clearly, action should be taken on this problem across countries’ borders globally and in the European region.

Health sciences offer data and models for health promotion like the Socio-Ecological Model, the Theory of Planned Behavior, and the Social Cognitive Theory [10]. Although a few models also discuss political influences (e.g. Socio-Ecological Model), they do not explain the dynamics between institutions and actors on different levels across Europe [11–13]. A common theory to explain the dynamics of institutions and actors in the EU is neofunctionalism. Neofunctionalism refers to these different actors above and below the nation state, suggesting that their interaction leads to the construction of a supranational authority which allows them to cooperate on common policies, rules and institutions, entailing in integration [14] and Europeanization [15]. Integration “focuses on the establishment of common institutions and policies at the EU level” ([16]: 315). Thus, integration is a combination of cross-border transactions, pluralist politics and European institutions [17]. Europeanization is very similar to integration, defined as “the emergence and development at the European level of distinct structures of governance, that is (...) institutions associated

E-mail address: [carina.mnich@student.kit.edu](mailto:carina.mnich@student.kit.edu)

<sup>1</sup> Present address: Karlsruhe Institute of Technology Institute for Sports and Sports Sciences Engler-Bunte-Ring 15 76131 Karlsruhe.

with problem solving that formalize interactions among the actors” [71]. Olsen [18] argues that Europeanization has different meanings, amongst others developing institutions at the European level and the central penetration of national systems of governance, referring to shared responsibilities and levels of governance in the dichotomy of central co-ordination and local autonomy. So, Europeanization expands the integration concept, exploring implementation of the EU directives in the Member States and the degree of integration [16]. To explain integration and Europeanization, two main theories were used: intergovernmentalism and neofunctionalism [19]. While intergovernmentalism assumes that the Member State’s governances control European integration, neofunctionalism presumes that the activities of actors above and below the nation state lead to integration [14]. Despite the restricted competences of the EU in health topics [20] and Member States’ efforts to keep the EU out of health policies, EU institutions’ activities have impacted health policies in Member States [15,21]. An example is the public health policies and strategies transformation in Malta due to non-binding EU communication, reports and strategies and the participation in EU working groups [22]. Beyond that, European integration has already happened in various health areas like communicable disease control and health and technology assessment [21], drug policies [23] and re-structuring of health care boundaries [24].

So, comparing intergovernmentalism and neofunctionalism, the latter is considered more suitable to explain Europeanization in the health sector. While Europeanization has already happened in communicable disease control, prevention of NCDs on the European level has been less studied. Looking at the previously noted mortality data, PA promotion is one core factor to prevent NCDs. Commonly used health science approaches only explain about one third of health behavior and PA, focusing on individuals [25–27]. In contrast, neofunctionalism concentrates on the political level, in this way possibly providing explanations for construction of supranational health institutions as well as interactions and partnerships across Europe on PA. Political determinants of health as institutions and processes, different power constellations and political interests have been neglected by public health professionals. Public health professionals must understand these political processes and what they can achieve to increase political influence, which is currently very little [28]. Therefore, the political perspective of PA promotion could add explanation value in the bigger picture. On the EU level, there are several institutions and policies concerned with PA. However, the question is if these policies have impacted the Member States so that one can talk about integration and Europeanization of PA promotion. This will be analyzed in this paper, using neofunctionalism as the theoretical foundation to test the causal mechanisms leading to integration and Europeanization.

## 2. Neofunctionalism

Neofunctionalism builds on the key assumption that political cooperation works through addressing issues together, which leads to political association and peace [14]. The theory explains “how and why states cease to be wholly sovereign, how and why they voluntarily mingle, merge, and mix with their neighbors (...)” ([29]: 610), leading to integration. Integration is a “process whereby political actors in several distinct national settings are persuaded to shift their loyalties, expectations and political activities toward a new centre, whose institutions possess or demand jurisdiction over the pre-existing national states” ([30]: 16). The process is dominated by societal and political interest groups who turn to supranational institutions if they anticipate supranational institutions to meet their interests better than national governments [30]. If the supranational institutions provide coordinative solutions for

civil interest groups, they will try to increase their influence at those institutions [17]. Successful integration needs to consider different conditions, beginning with cooperation at low economic and social levels that are inseparable from politics [14]. Integration occurs to the extent that “(a) transnational activity (...) proceeds, (...) (b) European elites (...) seek regional – rather than national – solutions to shared problems; and (c) supranational organs of governance supply rules (...) that satisfy these needs” ([17]: Section 2.2).

The main actors of political integration are above and below the nation states [14], represented by regional institutions, political parties and interest groups [31]. Below the nation states, non-state actors participating in transboundary activities are important, understanding that common problems are to be solved through European policy through the construction of a supranational authority with the power to adopt regional policies autonomously [17]. In the EU, these supranational institutions are the European Commission (EC) and the European Court of Justice (ECJ) that delegate issues to working groups that support them. Actors below the nation state can turn directly to these institutions. With all the different actors, the EU has become a system of multi-level governance which is an outcome of integration [17]. For Sandholtz and Sweet [17], institutionalization is also a central criterion for integration. Institutions are a “persistent and connected set of rules (formal and informal) that prescribe behavioral rules, constrain activity and shape expectations” ([32]: 3). Institutionalization refers to the creation, appliance and interpretation of rules [17]. The dynamic of the integration process can be explained through different concepts [14]. Functional spillover, or sector integration according to Haas, refers to the different sectors interdependence for functioning: “Sector Integration (...) begets its own impetus toward the entire economy even in the absence of specific group demands (...)” ([30]: 297). Although Haas constructed the theory for the economic organization of the ECSC, he already recognized that economic welfare depends on social welfare policy [30]. Functional spillover is strongly connected to the concept of political spillover, referring to the coalescing of interest groups on a supranational level due to the interdependence of connected fields [14].

## 3. Process tracing: neofunctionalism and PA promotion in the EU

Regarding the social determinants of health, like income, working and living conditions [33], it becomes clear that health problems are intertwined with political and economic fields. Bambra et al. [34] argue that health is political in itself, as it is unequally distributed, its social determinants depend on political action and it is a human right. With the “global prevalence of [NCDs] (...) due to obesity (...) and the deterioration in the social determinants of health” ([12]: 1), health is now important in terms of national and international security and economic well-being [12].

The actors in public health have multiplied and diversified, ranging from established international regimes and institutions to new programs and organizations on different levels, making health an important topic for international relations [74]. Neofunctionalism refers to these various actors and suggests that their interaction leads to the construction of a supranational authority which allows them to cooperate in a coordinated way to common policies, rules and institutions. General causal mechanisms of neofunctionalism have already been identified for European health policy integration. One mechanism are dynamic distribution and structuring processes between the national level and the EU level [23], entailing in supranational and national actors forming a health policy institutional compound [35]. Furthermore, due to the EU’s restricted competences in health policy, it influences health policies through other policy fields where it has more competences [36], in this way

referring to the spillover effect. At the same time, Martinsen [37] points out that health policies are the result of multiple explanatory factors that address both the variables and the mechanisms and differ from case to case.

To explore causal mechanisms in a single case study, process tracing is a commonly used method [38]. Process tracing is “defined as the systematic examination of the diagnostic evidence selected and analyzed light of research questions and hypotheses posed by investigator” [73] to find out the causal mechanism and causal chain linking an independent with a dependent variable [39]. Hernes ([40]: 74) refers to a mechanism as a “set of interacting parts - an assembly of elements producing an effect not inherent in any one of them”, meaning that not a single mechanism is causing the change but various interacting variables. Processing tracing can be applied in different ways, including theory-testing, that is to test if an independent variable X leads to the dependent variable Y following the proposed causal mechanism of a theory in a specific case [38]. Bennett ([41]: 341) considers process tracing “closely analogous to detective work”. The evidence used in process tracing varies from case to case as it must be suitable to explain the proposed causal mechanism and fit into the context of the explored case. Commonly used sources are documents, interviews and archival material [38]. Process tracing has already been applied in the Europeanization of health care to explore the development of European cross-border care and patient mobility [37]. Therefore, process tracing is considered as a suitable method to test if the EU-wide problem of physical inactivity leads to the European integration of PA promotion. Expected causal mechanisms are derived from neofunctionalism. The evidence used are publications about PA promotion of the Council of Europe, the European Commission and related groups at the EU level, consisting of actions plans, white papers, guidelines and reports about the implementation in the Member States.

Table 1 provides an outline about hypothesized causal mechanisms and intervening variables, derived from neofunctionalism and applied to the integration and Europeanization of the EU concerning the promotion of PA. The hypotheses are analyzed in the following paragraphs.

### 3.1. PA promotion becoming an EU topic

**H1.** Actors on PA promotion in the Member States make PA promotion a topic in the European Commission.

Predominantly, the EU was founded as an economic association with little concern of health issues although the health ministers have met since the 1970s [15]. The first European-wide public health programs “Europe against cancer” and “Europe against Aids” were launched by the Member State leaders of the EU, resulting in some research programs and international networks while the incidence of the “mad cow” (BSE) concerned health and consumer protection in EU countries [42]. Indirectly related to health, the Single European Act in 1986 changed the situation as the EU gained authority to legislate on health issues related to the internal market [15]. Although the Member States did not show interest in transferring competences to the EU level in health service policies, the ECJ expanded the EU competences through their competences on internal market regulations. This entailed into the Working Time Directive, reducing the working hours of medical doctors across the EU, leading to highly increased health costs and medical care coverage problems for governments [43]. Taken these developments together with the ambition to create a “social Europe” ([42]: 193), a treaty clause on public health was introduced, now to find in Art. 168 in the consolidated version of the Treaty on the Functioning of the European Union ([TFEU]; [44]). Especially for public health interest groups, this was a huge progress, gaining an option to

receive support and funding for public health interventions as they were frustrated by national governments [45]. This led to the establishment of the Directorate General (DG) Health and Consumer Protection in 1999, short name DG “SANCO”, an own institution within the EC with a strong focus on public health [46]. In 2014, the DG was reorganized as the DG Health and Food Safety, short name DG “SANTE” [47]. In the following, the name will be used fitting the referred period of time. Although the public health constitution limits EU competences, Europeanization has developed in several areas, evidenced by the establishment of the European Center of Disease Control, EU responsibilities for blood and blood product regulations and funding opportunities for (non-governmental) health organizations [45].

At the same time, increasing awareness about the importance of PA led to national activities with a growing body of programs and research, but missing a platform for exchange about evidence-based implementation and strategies. So in 1996, the first “European Network for the promotion of Health-Enhancing Physical Activity (HEPA)” was launched, funded by the DG SANCO. Although the network registered several successes, the political representation on the EU level was too weak so that funding ceased in 2001 [48,49]. While the network was not an EU institution, DG SANCO launched in 2005 the European Platform for Action on Diet, Physical Activity and Health (EU DPAH). Raising concern about obesity problems due to lifestyle factors as nutrition and physical inactivity called for community action through a multi-stakeholder approach. The EU DPAH comprises representatives of different fields such as food, retail, advertising industry, health NGOs and professionals [70]. The platform serves different purposes: it is a presentation forum for stakeholders to show their progress in this area in an annual report and a forum for exchange on HEPA activities, learning from each other [50,51].

Coming back to neofunctionalism, the first part of the causal mechanism is just partially confirmed. Neofunctionalism proposes that cross-border transaction of actors below the nation state leads to construction of a supranational authority. No evidence could be found that supports the hypothesis that DG SANTE as a supranational institution was the result of cross-border interaction of health actors below the nation state. The creation of the DG SANTE was a response to health crisis and public health issues perceived by Member State leaders as well as influence of other fields connected to health issues and services. However, regarding one of the first projects of DG SANCO, the European network on the promotion of HEPA, the project was the result of cross-border transactions between various health actors below the nation state and which are now strongly connected to EU politics [48]. In this instance, neofunctionalism is supported.

In the present, DG SANTE can be considered as the supranational authority in public health as it is part of the EU law-making EC. An assessment of the functional impact of the DG between 1999 and 2014 showed that the DG offers a variety of forums and improved in data collection, but its impact in policies and strategies is limited [47]. This is due to Art. 168 TFEU and connected paragraphs that restrict the role of the EU in public health to support, complement and coordination of the Member States. The restriction poses a challenge for the EC as hard law can not be applied in public health and PA promotion. This called for new methods of governance as the open method of coordination (OMC), a method of “soft law”, based on cooperation, voluntary participation and mutual learning [52] and that has already been used by the EU to overcome legal and institutional constraints in socio-economic areas [53]. Member States agree on the EU level to a set of goals, implement and evaluate outcomes on the national level and report the results on EU level without fearing penalties if the goals are not reached [52]. OMC became attractive for the Member States as soon as they real-

**Table 1**  
Expected causal mechanism on PA integration in the EU.

Theoretical level	Case-specific level Addressing the problem of physical inactivity in the EU (further detailed in section 3)
<b>Context</b> Utilitarian concept of interest politics	PA promotion decreases the risk of NCDs.
<b>Independent variable (X)</b> Issue that is conceived as a common problem between different countries.	Physical inactivity is a EU-wide problem.
<b>Intervening Variables and Causal Mechanisms</b> Cross-border transaction of actors below the nation state leads to the construction of a supranational authority. The supranational authority creates policies and institutions the Member States would not have produced on their own and which satisfy their needs	H1: Actors targeting PA promotion in the Member States make PA promotion a topic in the European Commission. H2: The EU created policies targeting PA promotion. H3: Following the EU policies on PA, Member States adopted national policies concerning PA H4: The EU supports Member States in the implementation of PA promotion. H5: Actions and strategies targeting PA promotion are spread in at least 2 EU countries.
The created institutions and policies lead to higher levels of cross-border transactions. Progress in one field depends on progress in other related fields (functional spillover) and therefore leads to coalescing of different groups on the supranational level (political spillover)	H6: Policies on PA are implemented in sectors concerning the determinants of PA. H7: PA interest groups build associations on the EU level.
<b>Outcome (Y)</b> Integration and Europeanization	A variety of actors in different sectors cooperate and interact on PA promotion. The EU is the supranational instance providing a place for PA-related cooperation and interaction.

ized that the only alternative was health being taken care of by the economic actors on EU level [51].

### 3.2. EU-PA policies, national policies and EU-support of member states

#### H2. The EU created policies on PA promotion.

For researching these hypotheses, EU policies created by EU bodies and related to PA will be reviewed and differentiated in three law categories, providing an outline in Table 2.

As already examined in the last section, health policy consists mainly of soft law. Senden [72] divides soft law into three categories used in Table 2 and described below:

- 1) Preparatory and informative instruments: alternatives to legislation; assessment of the necessity or desirability of the content through Green Papers, White Papers, actions programs and informative communication
- 2) Interpretative and decisional instruments: guidance and interpretation of existing law like the EC's communications and notices, guidelines and frameworks
- 3) Steering instruments: aim to establish closer cooperation or harmonization between Member States in a non-binding way through recommendations, resolutions, codes of conduct, declarations and conclusions

Considering the policies of Table 2, they have common suggestions for an integrated European approach promoting PA:

- 1) Support of Member States in implementation of PA policies through EC
- 2) Monitoring and evaluation of strategies, actions and policies concerned with PA promotion as well as enhancement of research and data collection and their use for strategies and actions in PA promotion
- 3) Cooperation of Member States in PA promotion through exchange of evidence-based best practice examples which can be transferred to other states
- 4) Development of a cross-sectoral approach

These four key points can be recognized for an integrated approach. 11 of the 21 policies are in the category of “steering

instruments”, which aims at closer cooperation and harmonization of the Member States in a non-binding way. So, integration is happening on a supranational level in the EU policies, but as it is non-binding law, the implementation of these suggestions in the Member States must be evaluated to assess the Europeanization on PA promotion.

#### H3. Adoption of EU-policies and national policies concerning PA promotion in Member States

Most of the policies have been published by the Council of the European Union, consisting of the government ministers from each country, amongst others with the task to discuss and coordinate EU-policies on proposal of the EC [54]. According to neofunctionalism, these policies would not have been produced by the Member States on their own. Regarding the different publications in various sectors, it is likely that the EU as a supranational and highly formal organization with different coordinated DGs and a common head-quarter has more success in implementing cross-sectoral policies than Member States on their own. An example of the impact of EU health policies was already given in the introduction with the transformation of public health policies and strategies – which also includes PA promotion - in Malta due to non-binding EU communication, reports and strategies and the participation in EU working groups [22]. Additionally, according to EU experts, the first and the second EU public health program and the health strategy “Together for Health 2008–2013” have been rated as the most influential EU health policy outputs in the category “soft laws, strategies and programs” as well as the work on health determinants, which also includes PA promotion [55].

Another clue is the adoption of national policies targeting PA promotion. In this area, improvement has been seen. In the evaluation report on the Strategy on Nutrition, Overweight and Obesity related issues in 2013, only 20 out of the 28 evaluated Member States reported a high level of implementation on guidelines of PA [56], while in 2015, 27 countries had adopted policies for HEPA promotion in the sports sector, 22 in the health sector and 19 in the education sector [57]. The interim study of the Action Plan on Childhood Obesity illustrated that nearly all 33 evaluated countries have recommendations for PA, while all of them have policies for PA promotion in children under 18 years [58].

#### H4. EU support of Member States in the implementation of PA promotion

**Table 2**  
EU created policies on PA promotion.

Editor and Policy	Category	Content and key points concerning PA
1) European Parliament, Council of the European Union (2002) 'Decision on adopting a programme of community action in the field of public health (2003–2008)' (1786/2002/EC). <i>Official Journal of the European Union</i> (L 271):1–11.	Decision (2)	<ul style="list-style-type: none"> <li>- Overall aim of the public health programme is the contribution towards the attainment of a high level of physical and mental health and well-being through action in the Member States</li> <li>- Three different strands of the program, amongst others to promote health and prevent disease through addressing health determinants across all policies and activities, such as PA</li> <li>- Encourages cooperation between the Member States</li> </ul>
2) Council of the European Union (2005) 'Council Conclusions on Obesity, Nutrition and Physical Activity' <i>Council Document No. 9803/05</i> , 6 June, Brussels: Council of the European Union, available at <a href="http://bit.ly/2owKkr3">http://bit.ly/2owKkr3</a> (accessed 2 February 2018).	Conclusion (3)	<ul style="list-style-type: none"> <li>- Call upon Member States and EC on               <ul style="list-style-type: none"> <li>- Training of health professionals on advice of PA</li> <li>- Mainstreaming PA into all relevant policies at local, regional and national level</li> <li>- Monitoring trends of PA</li> <li>- Develop PA as general part of children's education</li> <li>- Promoting PA enhancing environments at school, workplace and infrastructure</li> </ul> </li> </ul>
3) European Commission (2005) 'Green Paper - Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases' <i>COM(2005) 637 fin. I</i> , 8 December, Brussels: Commission of the European Communities, available at <a href="http://bit.ly/2GRK3pF">http://bit.ly/2GRK3pF</a> (accessed 2 February 2018).	Green Paper (1)	<ul style="list-style-type: none"> <li>- Outlines state of the art on nutrition, overweight, obesity and lack of PA</li> <li>- Explains structures and tools at community level and areas of action for combating these problems</li> <li>- Promoting PA one of the action areas</li> <li>- Call for a cross-sectoral approach on different levels</li> </ul>
4) Council of the European Union (2006) 'Council Conclusions on Health in All Policies (HiAP)', 2767th Employment, Social Policy, Health and Consumer Affairs Council meeting, 1 November, Brussels: Council of the European Union, available at <a href="http://bit.ly/2HS1YjK">http://bit.ly/2HS1YjK</a> (accessed 2 February 2018).	Conclusion (3)	<ul style="list-style-type: none"> <li>- Call to consider health impact in decision-making across different policy sectors</li> <li>- Call for societal action to address health determinants like physical inactivity as the individual's capacities to control these determinants depends on a variety of other social determinants</li> </ul>
5) European Parliament and Council of the European Union (2007): Decision on establishing a second programme of community action in the field of health (2008–13) (1350/2007/EC). <i>Official Journal of the European Union</i> (L 301):3–13.	Decision (2)	<ul style="list-style-type: none"> <li>- Focus of the second public health programme is the promotion of a healthy lifestyle and a culture of prevention, such as PA</li> <li>- Promotion of cooperation the between Member States to enhance the effectiveness of existing and future networks in the field of public health</li> </ul>
6) European Commission (2007a) 'White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues' <i>COM(2007) 279 fin. I</i> , 5 May, Brussels: Commission of the European Communities, available at <a href="http://bit.ly/1H0tj7Q">http://bit.ly/1H0tj7Q</a> (accessed 02/01/2018).	White Paper (1)	<ul style="list-style-type: none"> <li>- Integrated EU-approach for the reduction of ill health due to nutrition, overweight and obesity with six interdependent areas, encouraging PA being of them</li> <li>- Recommendations to build physical and social environment supporting PA with an emphasis on sustainable urban transport action through walking and cycling projects</li> <li>- Strengthening partnerships between Member States, different sectors and civil society</li> <li>- Improving data collection on EU level of health indicators related to diet, PA and obesity</li> </ul>
7) European Commission (2007b) 'White Paper on Sport' <i>COM(2007) 391 fin. I</i> , 11 July, Brussels: EU, available at <a href="http://bit.ly/11JpUgn">http://bit.ly/11JpUgn</a> (accessed 6 February 2018).	White Paper (1)	<ul style="list-style-type: none"> <li>- White Paper to give strategic orientation on the role of sport in Europe and to enhance the visibility of sport in EU policy-making</li> <li>- Considering the societal role of sport by enhancing public health through PA</li> <li>- Support of EU networking on HEPA</li> <li>- Purpose to develop new PA guidelines with Member States in 2008</li> <li>- HEPA as a cornerstone in sports-related activities being taken into account in relevant financial instruments</li> </ul>
8) European Commission (2007c) 'White Paper - Together for Health: A Strategic Approach for the EU 2008–2013' <i>COM(2007) 630 fin. I</i> , 23 October, Brussels: Commission of the European Communities, available at <a href="http://bit.ly/2oFHRDz">http://bit.ly/2oFHRDz</a> (accessed 1 February 2018).	White Paper (1)	<ul style="list-style-type: none"> <li>- One of the strategic objectives: health promotion in an ageing Europe addressing key issues like PA</li> <li>- Implementation: stakeholder approach on community level, building partnerships through EU DPAH</li> </ul>
9) Expert Group on Health-enhancing physical activity (2008) 'EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health-Enhancing Physical Activity', Approved by the EU Working Group Sport & Health at its meeting on 25 September 2008, Confirmed by EU Member State Sport Ministers at their meeting in Biarritz on 27–28 November 2008, 10 October, Brussels: European Commission, available at <a href="http://bit.ly/2F3ksgU">http://bit.ly/2F3ksgU</a> (accessed 1 February 2018).	Guideline (2)	<ul style="list-style-type: none"> <li>- Guidelines suggest priorities for policies that should promote increased PA and address decision-makers at all levels in the public and private sector</li> <li>- Guidelines for a cross-sectoral approach for each policy field related to PA (sport, health, education, transport, environment, urban planning, public safety, working environment and services for senior citizens)</li> <li>- Guidelines for raising public awareness of PA</li> <li>- Call on EC to create an EU HEPA network based on the current non-EU HEPA Europe</li> <li>- Guidelines for PA indicators, monitoring and evaluation on national and community level</li> </ul>

Table 2 (Continued)

Editor and Policy	Category	Content and key points concerning PA
10) Council of the European Union (2011a) 'Resolution of the Council and of the Representatives of the Governments of Member States, meeting within the Council, on a European Union Work Plan for Sport for 2011-2014', <i>Official Journal of the European Union</i> 54(C 162): 1–5.	Resolution (3)	<ul style="list-style-type: none"> <li>- Identifying HEPA as an important field in development of sports policies for future cooperation</li> <li>- Working methods: Expert groups focusing on priority themes with HEPA being one of them</li> </ul>
11) Council of the European Union (2011b) 'Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours', 3131st Employment, Social Policy, Health and Consumer Affairs Council meeting, 1 December, Brussels: Council of the European Union, available at <a href="http://bit.ly/2owKVsn">http://bit.ly/2owKVsn</a> (accessed 1 February 2018).	Conclusions (3)	<ul style="list-style-type: none"> <li>- Commitment to the promotion of strategies addressing social health determinants and acceleration on the progress combating lack of PA, especially addressing socially disadvantaged people</li> <li>- Call on Member States and EC for a cross-sectoral approach in health policies, promoting the development of social and urban environment policy that promotes PA while addressing the needs of different groups in the population</li> <li>- Call on the EC for better deployment of data about unhealthy lifestyle behaviour, social health determinants and NCD</li> </ul>
12) Council of the [44]a) 'Conclusions of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 27 November 2012 on promoting health-enhancing physical activity (HEPA)', <i>Official Journal of the European Union</i> 55(C 393): 22–24.	Conclusion (3)	<p>Call on Member States</p> <ul style="list-style-type: none"> <li>- to develop and implement strategies concerning the promotion of HEPA</li> <li>- to include PA in national policies supporting active ageing, to exchange best practices of HEPA with Member States, to support PA initiatives and to raise awareness about PA in citizens</li> <li>- Invitation of Presidency of the Council, Member States and EC</li> <li>- to intensify cooperation concerning cross-sectoral policies connected to PA</li> <li>- improve evidence base for HEPA policies</li> <li>- Invitation of the EC to</li> <li>- consider HEPA research in future EU research programs</li> <li>- promote the sharing of best practices in the EU on HEPA</li> </ul>
13) Council of the [44]b) 'Council conclusions - Healthy Ageing across the Lifecycle', <i>Official Journal of the European Union</i> 55(C 396): 8–11.	Conclusion (3)	<ul style="list-style-type: none"> <li>- Invitation of the Member States and the EC to combat risk factors like physical inactivity for prevention of NCDs</li> <li>- Invitation of the EC to support better use of EU HEPA Guidelines</li> </ul>
14) Council of the European Union (2013) 'Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors' <i>Official Journal of the European Union</i> 56(C 354): 1–5.	Recommendation (3)	<p>Recommendation that Member States</p> <ul style="list-style-type: none"> <li>- develop a cross-sectoral approach in accordance with EU HEPA Guidelines, including public and private actors on different levels</li> <li>- develop and implement cross-sectoral policies aimed at HEPA promotion as well as concrete actions and action plans on the policies</li> <li>- determine HEPA focal points, a main contact person in each Member State to support the Monitoring Framework through data collection and coordination</li> </ul> <p>Invitation of EC to</p> <ul style="list-style-type: none"> <li>- assist Member States in developing cross-sectoral HEPA policies</li> <li>- establish a HEPA monitoring framework with comprehensive data, amongst other through close cooperation with the WHO</li> </ul>
15) European Parliament and Council of the European Union (2014) 'Regulation on the establishment of a third Programme for the Union's action in the field of health (2014-2020) (282/2014)', <i>Official Journal of the European Union</i> (L 86):1–13.	Regulation (2)	<ul style="list-style-type: none"> <li>- Third public health programme with the focus on health promotion, disease prevention through and promotion of supportive environments for a healthy lifestyle, including PA</li> <li>- Promotion of cooperation between Member States and integrated coherent approaches in Member States</li> </ul>
16) Council of the European Union (2014) 'Resolution of the Council and of the Representatives of the Governments of Member States, meeting within the Council, on a European Union Work Plan for Sport for 2014-2017' <i>Official Journal of the European Union</i> 57(C 183): 12-17.	Resolution (3)	Agreement on sports and society as one priority topic with a focus on HEPA and an own expert group on this topic
17) EU High Level Group on Nutrition and Physical Activity (2014) 'EU Action Plan on Childhood Obesity', 2014, EU High Level Group on Nutrition and Physical Activity, available at <a href="http://bit.ly/2DdrHAW">http://bit.ly/2DdrHAW</a> (accessed 1 February 2018).	Action plan (1)	<ul style="list-style-type: none"> <li>- Aim: stopping the increase of overweight in young people between 0 and 18 years by 2020 through a variety of measures in different areas, including the promotion of PA</li> <li>- Main actors: Member States, EC, international organizations and civil society</li> </ul>
18) Council of the European Union (2015) 'Council conclusions on the promotion of motor skills, physical and sports activities for children', <i>Official Journal of the European Union</i> 58(C 417): 46–51.	Recommendation (3)	<ul style="list-style-type: none"> <li>- HEPA promotion as life course approach, starting in early childhood</li> <li>- Educational programs about HEPA for professions working with children</li> <li>- Connection of physical education with different concepts of health education like healthy lifestyle</li> <li>- Local authorities should promote the necessary conditions for active school transport, accessible infrastructure for PA and local campaigns for PA awareness-raising</li> </ul>

Table 2 (Continued)

Editor and Policy	Category	Content and key points concerning PA
19) Expert Group on Health-enhancing physical activity (2015) 'Recommendations to encourage physical education in schools, including motor skills in early childhood, and to create valuable interactions with the sport sector, local authorities and the private sector', June 2015: European Commission, available at <a href="http://bit.ly/2oy4WPF">http://bit.ly/2oy4WPF</a> (accessed 2 February 2018).	Conclusions (3)	<p>Call on Member States to</p> <ul style="list-style-type: none"> <li>- implement cross-sectoral policies with a variety of stakeholders on different levels for PA promotion in early childhood</li> <li>- raise awareness in stakeholders at school and extra-curricular activities about the importance of PA for the development of children</li> <li>- Invitation of Presidency of the Council, Member States and EC to</li> <li>- intensify cooperation between different policies in this field</li> <li>- promote national monitoring on PA, research about combating physical inactivity and data collection</li> <li>- provide financial support for initiatives promoting Physical education</li> </ul>
20) Council of the European Union (2017) 'Council conclusions to contribute towards halting the rise in Childhood Overweight and Obesity', <i>Official Journal of the European Union</i> 60(C 205): 46–52.	Conclusion (3)	<p>Invitation of the Member States to</p> <ul style="list-style-type: none"> <li>- integrate cross-sectoral policies in their national policies, strategies and actions addressing childhood obesity which address socially disadvantaged children</li> <li>- adopt policies for maximizing PA</li> <li>- adopt measures in educational and recreational settings as well as in the environment to foster HEPA based on national and international recommendations</li> <li>- develop national specific guidelines for daily HEPA</li> <li>- Call upon EC and Member States to</li> <li>- support and implement the EU Action Plan on Childhood Obesity 2014–2020, especially cross-border activities</li> <li>- identify evidence-based good practices and disseminate them amongst Member States</li> </ul>
21) European Commission (2017a) 'Tartu Call for a Healthy Lifestyle: Joint Actions to promote Healthy Lifestyles' available at <a href="http://bit.ly/2F9F5ay">http://bit.ly/2F9F5ay</a> (accessed 2 February 2018).	Information (1)	<p>Agreement of DG Commissioners Navracsics (Education, Culture, Youth &amp; Sport), Andriukaitis (Health and Food Safety) and Hogan (Agriculture and Rural Development) in the context of the European Week of Sport on</p> <ul style="list-style-type: none"> <li>- increasing funding for projects promoting PA</li> <li>- enhancing dialogue across sports and health networks</li> <li>- maintaining and improving data collection and research on health indicators and interventions on PA</li> </ul>

The EU as supranational authority has also the task to implement rules and institutions to satisfy the needs of the Member States. In this context, the EC has a key role as coordinator in monitoring and evaluating PA-related issues. In 2013, 12 out of 27 Member States reported a medium level and 9 a low level of implementation on the adoption of a monitoring system on PA. Data on PA was less available than on obesity and overweight and in some Member States, data was only available before 2007 [56]. Therefore, the database project on nutrition, obesity and PA (NOPA) was run jointly through the EC and WHO Europe between 2008 and 2014, providing reliable, current and comparable data on nutrition, obesity and PA-related issues [59].

Progress can also be seen on a national level: 17 EU countries have established a surveillance system including population-based measures of PA [57]. In 30 countries, PA levels in children are assessed through the Study on Health Behavior in School-age Children (HBSC) and from 27 Member States, information on the implementation of national schemes promoting active travel to school was available from the NOPA database [58]. So PA evaluation and monitoring have improved on EU and national level, even though the policies for implementation in the Member States are non-binding.

### 3.3. PA-policies and increased cross-border transaction

**H5.** Actions and strategies on PA promotion are spread in at least 2 EU countries.

Monitoring reports show that cross-border transactions are present on PA promotion. In the Expert Group targeting HEPA pro-

motion, a part of the European Work Plan on Sport 2014–2017, 28 Member States are represented [60]. Membership in the EU DPAH increased from 15 members in 2005 to 32 members in 2018 [61,62]. Each platform member is liable to have one commitment in the platform context. In 2015, 11 commitments were in the field of PA, split into 7 actions of the industry and 6 of non-profit organizations. 5 commitments covered more than 20 EU-countries, 1 covered 11 to 15 countries and 2 covered 2 to 10 countries [63,64].

In the context of the White Paper on Sport in 2007 and the EU Health Program 2008–2013, 4 projects were funded encouraging PA. In the IMPALA project, aiming at disseminating good practices in infrastructure for leisure-time PA, 27 institutions of 12 EU countries participated. The PASEO project, aiming at the implementation of programs for sedentary old people, was run in 15 EU countries with 130 organizations in national alliances. The PHAN project was a joint project of the EC and WHO Europe to address inequalities in PA participation and to increase PA levels in the long term by providing Member States with guidance, tools and networks. The MOVE project aimed at building capacities for socially disadvantaged groups, resulting in 17 European and international partnerships [59].

So progress can be seen in the implementation of policies concerning PA internationally. The different projects and institutions show clear cross-border transaction of PA-related issues, which is an important step according to neofunctionalism for an integrated Europe. As the EU provides a platform, recommendations and funding for cross-border interaction, it is plausible that without the EU as supranational institution, there would be less commitment and activity of the individual Member States across Europe.

**Table 3**  
Selected members of the EU DPAH. (EU DPAH 2017).

Platform Member	Represents the interest of
ACT – Association of Commercial Television in Europe	Represents the interests of leading commercial broadcasters in 37 European countries
COPA-COGEA – Agricultural Organizations and Cooperatives	Represents EU farmers and cooperatives, uniting approximately 15 million farmers and over 40.000 agricultural cooperatives
EuropeActive	Represents 121 member organizations in 26 countries. Members are national associations, training providers, suppliers and individuals. Currently, it represents about 15.000 facilities across Europe (private and public)
EuroCommerce	100 member organizations including commerce federations in 31 European countries, European and national associations representing specific branches of commerce (retail, wholesale and international trades) and individual companies (SMEs)
Serving Europe – Branded Food and Beverage Service Chains Associations	Represents branded food and beverage service chains in Europe, e.g. Burger King, Domino's Pizza Group, McDonald's, Quick, Starbucks Coffee, YUM Brands (Pizza Hut and KFC)

### 3.4. Cross-sectoral approach and PA associations on EU level

#### H6. Policies on PA are implemented in sectors concerning the determinants of PA

Functional spillover refers to the topic that progress in PA promotion is only possible through progress in other areas. This refers to the determinants of PA in the macro- and micro environment of individuals. In the macro environment, the increased car use and the socioeconomic status have a significant impact on PA as poorer people tend to have environments and conditions that do not support PA. In the micro environment, urbanization, social support and trends toward sedentary activities have an impact on PA [3]. Therefore, PA promotion should be considered in sectors related to these determinants.

Through the monitoring framework of the Council Recommendations on HEPA, Member States reported that they had adopted 37 policies and action plans since 2013 across all sectors relevant for HEPA promotion according to EU HEPA Guidelines [65]. The implementation of HEPA policies in the sports, health and education sector also shows the cross-sectoral approach taken by the Member States. 9 EU countries have implemented schemes for active transport to school, 14 for active travel to work, 10 for HEPA promotion after school, 8 for active breaks between school lessons, 5 for active breaks during lessons and 12 for PA in the workplace. About one third of the policies focused on socially disadvantaged groups and older adults. In 17 countries, PA and health are taught in the curriculum of health professionals [57]. Impact assessment of health policies across sectors pointed out 18 policies relevant and 17 policies potentially relevant for the NOPA dimension [56]. Regarding these numbers, functional spillover according to neofunctionalism is evident in PA promotion.

#### H7. PA interest groups build associations on EU level

Political spillover, referring to the coalescing of groups on the supranational level, can be recognized regarding the platform members of the EU DPAH. The members are associations from different sectors. An example of the members in 2017 is displayed in Table 3, giving an outline of the different sectors represented on the platform and showing that interest groups consolidate on the EU level.

## 4. Discussion

The purpose of this paper was to ascertain if Europeanization and integration are happening in PA promotion, through the lens of neofunctionalism. The findings support the thesis, regarding the hypotheses tested through process tracing. Although the sectors on the European level concerned with PA are only partially the result of actors below the nation state, the EU as supranational body is now taking care of PA as far as it is possible in the scope of the Lisbon Treaty. So the first part is only partially confirmed. What is miss-

ing according to neofunctionalism is that the emergence of public health on the EU agenda was not mainly the result of actors below the nation state but that the Member State leaders recognized the importance of this topic for the EU. This led to the establishment of the EU DPAH, bringing together the HLG on Nutrition and PA, the Member States as well as national and international organizations, providing a comprehensive network on this topic. Next, hypotheses concerning EU–PA policies, national policies and EU-support of Member States have been tested. The EU publications concerning PA promotion are reviewed. The EU has published several policies which are directly or indirectly concerned with PA promotion, providing orientation and guidelines for the Member States. Furthermore, it supports the Member States in the evaluation of PA, collecting data and providing frameworks for data collection on a national level. So H2, H3 und H4 are in accordance with neofunctionalism as the EU as supranational authority created policies and institutions that support and satisfy the needs of the Member States. The policies analyzed led to increased cross-border transactions, entailing in cooperation and joint projects which were implemented in various EU countries by different actors and in different sectors. This fulfils H5 as cross-border-interactions between actors on different levels are a central part of neofunctionalism. The last two hypotheses (H6 and H7) refer to the functional and political spillover processes of PA promotion. The review of EU policies targeting PA promotion already shows that the topic is present in different sectors. Additionally, national policies on PA promotion are also implemented in different sectors. As PA promotion is connected to a variety of fields, different actors build interest groups on the supranational level as can be seen on the EU DPAH. As evidence supported six of seven hypotheses and one partially, it can be concluded the integration and Europeanization of PA promotion are happening and that neofunctionalism is working in this case. Although the policies are non-binding, Member States have implemented several actions targeting PA promotion that have been proposed in the EU policies. Possible explanations for the success of the OMC method are shaming, discursive diffusion, deliberation and experimentation. While shaming refers to informal punishment if goals are not met, discursive diffusions states that national policies are transformed through various activities (peer reviews, annual reports etc.) at the EU level. The deliberation and learning approach considers policy experiments in the Member States, exchange about best practices and multilateral surveillance as core aspects for OMC success [66].

Progress in PA promotion has been outlined on the political level, its effect on the population has to be assessed in future. The Eurobarometer studies conducted in 2009 and 2013 do not yet reflect the progress on the political level: While in 2009, 40% of EU citizens reported to play sports at least once a week and 65% got some form of PA at least once a week, in 2013, 41% responded on sports and exercise at least one a week, but only 48% reported to get some form of PA at least once a week [67,68]. However, it is too early to assess the impact as plans and programs are still ongoing.

This paper focused on actors on PA promotion within the EU context. Other important actors, their policies and implementations were not explicitly considered like the publications of the WHO and the European network on HEPA. An assessment of the efforts and outcomes of the EU combined with those of other international actors which are not participating in EU politics on this topic could give a more comprehensive and holistic picture about PA promotion in Europe.

## 5. Conclusion

Various actors cooperate and interact on PA promotion, while the EU as supranational institution provides a place for cooperation and interactions. Considering the definition of integration in the beginning as establishment of common institutions and policies at the EU level, it can be concluded that integration of PA promotion is happening in the EU. Haas outlined integration as “wholly ceasing sovereignty” of the nation states “shifting their authorities to the supranational level” (see 2). In the field of PA promotion, this will not be fully possible as the treaty restricts the role of the EU to support, complement and coordinate on health-related issues. Europeanization expands the concept of integration, focusing on the implementation of the policies in the Member States. The EU DPAH and HLG are institutions to formalize interaction between the PA actors. While the EU offers a place for central co-ordination, the responsibility for the implementation is in the hands of the Member States. Although EU policies are non-binding, it seems that Europeanization is taking place although the Member States do not cease their sovereignty in this field.

Considering that soft law has a positive impact on PA promotion in the EU, other (public) health areas should also be examined in terms of integration at the EU level, like mental health, tobacco and alcohol use prevention, nutrition, cancer as well as the social determinants of health to reduce health inequality. The mentioned diseases are all addressed in the EU health program 2014–2020 [69], but as with PA promotion, the question is if the EU health policies in those areas have impacted the Member States insofar that we could speak of integration and Europeanization. Further analysis is necessary to explore this.

Coming back to the political determinants of health [28], these results imply for public health professionals that the EU could be a powerful partner for advancing health promotion, especially if national governments are reluctant to implement policies for health promotion. In this way, health topics come to the EU level which then can pass policies within the framework of the TFEU. In this way, Member States are included in health policies. Although they are not committed to implement them nationally, the effects explained by Trubek and Trubek [66] could motivate the Member State governments to become active on neglected topics in the nation state. Furthermore, projects that contribute to reach OMC goals can receive funding from the European Social Fund, making this attractive to governments and national health organizations.

Individual and social determinants of health have been explored and evidenced many times. For advancing health promotion it is now crucial to go beyond social and individual influences on health but conduct research on political processes in public health. The results should be used to increase influence on the (supranational) political level to make health a topic for politicians that receives the same attention and importance as economic areas.

## Disclosure statement

The author has no conflict of interests to declare.

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**Carina Mnich** studied Social Work at the University of Applied Sciences Regensburg, Germany and is now doing her Master Programme in Exercise Sciences at the Karlsruhe Institute of Technology, Germany. Over the past five years, she has also led various experiential learning workshops in sustainable development, political education and career building across the state of Bavaria, Germany. She is a member of the Max-Weber Program from Bavaria, which is a multidisciplinary academic elite network, implemented by the national academic elite network (Studienstiftung des deutschen Volkes).