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The Utility of Social Value Framing for Multisectoral Physical Activity Promotion in Europe: A qualitative study

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List of acronyms:

EU	European Union
SROI	Social return on investment
PA	Physical activity
WHO	World Health Organization
NCD	Non-communicable disease
GAPPA	Global Action Plan on Physical Activity
SDG	Sustainable Development Goals
RQ	Research question
EACEA	European Education and Culture Executive Agency

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Abstract

Background: In Europe, 1/3 adults do not meet minimum recommendations for physical activity. Engagement benefits physical and mental health as well as many other areas of society. Multisectoral action can help to promote physical activity. Social value, and its quantification through social return on investment (SROI) evidence, may be a useful framing of physical activity to achieve this. This study aims to assess the current use and perceived utility of social value framing of physical activity for multisectoral action in Europe.

Methods: This study uses a multi-method approach to qualitative research. Content analysis of 45 European Union member state physical activity policies was contextualised through 7 semi-structured interviews with policy stakeholders. Data was analysed in NVivo, using manual inductive coding.

Findings: Social value framing is present to a certain extent in existing policy, with the health benefits of physical activity most commonly referenced. Generally, policies lack holistic social value framing. Policies from the health sector are particularly limited in recognising the co-benefits of physical activity whilst those from the environment sector acknowledge the widest variety of benefits. Policy stakeholders report social value framing as useful for encouraging multisectoral action. The health, social and community, and environmental benefits of physical activity are seen as most salient in the current political climate. SROI evidence is also viewed as a concise, impactful tool for generating policy action on physical activity.

Conclusion: Social value framing, particularly SROI evidence, is perceived as highly salient for promoting multisectoral action on physical activity. Whilst it is present to a certain extent in existing policy, this could be increased in terms of comprehensiveness to support issue salience and hence policy action.

Key words: *physical activity, social value, multisectoral action, issue framing*

Introduction

PART I: The problem of physical inactivity in Europe

Physical activity (PA), defined by the World Health Organization (WHO) as “any bodily movement produced by skeletal muscle that requires energy expenditure”, is an essential part of a healthy lifestyle (WHO, 2018: 140). It is a multidimensional behaviour, going beyond only exercise to encompass activities including walking, performing domestic tasks and work-based movement (Pettee Gabriel et al., 2012). The WHO (2020a) recommend that children engage in at least 60 minutes of moderate PA per day, whilst individuals over 18yrs should perform 150 minutes per week. In reality, the world is experiencing a “pandemic of inactivity” with lifestyle tendencies towards sedentarism (Jimenez et al., 2020: 8). In Europe, over a third of adults do not meet these guidelines with recent Eurobarometer data revealing that only 14% individuals perform physical activity ‘regularly’, meaning at least five days per week (OECD & WHO Europe, 2023; European Commission, 2022a).

This situation is highly concerning, given the strong negative impact of inactivity on health (Booth et al., 2012). In the WHO Europe region, inactivity is responsible for 1 million deaths per year and is also a strong risk factor for non-communicable diseases (NCD), such as obesity, type 2 diabetes and cancer, which cost European Union (EU) economies €115bn annually (Council of the European Union, 2013; European Commission, 2022b). NCDs are a mounting issue, with their representation in the top ten causes of global mortality rising from four in 2000 to seven by 2018, with cancer and cardiovascular disease alone now accounting for over 60% of all deaths in the EU (WHO, 2021; OECD & WHO Europe, 2023). Crucially, inactivity is a *modifiable* risk factor but whilst 88% WHO member countries have funding for NCD prevention, the lack of PA promotion within such approaches is “a missed opportunity” (WHO, 2018: 16; WHO, 2020b).

The link between inactivity and overweight and obesity is particularly pertinent, given these conditions now affect almost 60% of the European population (WHO Europe, 2022). The economic impact of obesity in Europe is predicted to reach $807 billion by 2035 both directly from healthcare costs, and indirectly through absenteeism and reduced workforce productivity (World Obesity Federation, 2023; Goettler et al., 2017). PA is therefore a “prerequisite for a healthy lifestyle and a healthy workforce” and as such, acts as an important element of the EU’s Economy of Wellbeing agenda which recognises the importance of population health and wellbeing for economic growth (Council of the European Union, 2019: 1). From the Covid-19 pandemic, it is also clear that obesity increases

population vulnerability to communicable disease. Overweight individuals experience elevated levels of pro-inflammatory cytokines, making them prone to infection and suffer adverse outcomes (Jimenez et al., 2020). Also, half of Europeans reduced or stopped their PA engagement during Covid-19 confinement measures which created "a perfect storm where inactivity and sedentary behaviours are exacerbated, worsening the impact of future pandemics" (Jimenez et al., 2020: 8; European Commission, 2022a; Tison et al., 2020). As such, PA is an important part of enhancing pandemic preparedness (WHO, 2021).

Active lifestyles hold further benefits including improving cardiorespiratory fitness, injury rehabilitation and supporting healthy ageing (OECD & WHO Europe, 2023; WHO, 2018; Rodruigez-Ayllon et al., 2019). The benefit of PA to mental health is particularly significant given one in nine European adults experience symptoms of psychological distress and age-related neurological disorders such as Alzheimer's disease represent 13.3% total disability-adjusted life years in the EU (OECD & WHO Europe, 2023). Even low levels of PA have been evidenced to reduce depressive symptoms and protect against degenerative cognitive conditions (Stanton et al., 2014). OECD & WHO Europe (2023) estimate that if the European population met the WHO minimum guidelines for PA, 10,000 premature deaths would be prevented and 0.6% healthcare budget saved annually. Despite this, only 2.8% of total health expenditure across Europe goes to prevention, which includes PA promotion (European Commission, 2022b). A clear case for increased action therefore exists.

PART II: Policy approaches to physical activity promotion

i - Existing policy action in Europe

Article 1 from the UNESCO (2015: 2) International Charter of Physical Education, Physical Activity and Sport states that PA is a "fundamental right for all". All EU countries have at least one national policy or action plan on PA promotion, with it also present in EU-level policies such as the Tartu Call for a Healthy Lifestyle and the EU Work Plan for Sport 2021-2024 (WHO Europe, 2021; European Commission, 2017; Council of the European Union, 2020). Furthermore, as part of the EU Commission's (2022b) Healthier Together initiative, sixteen EU countries endorsed promoting PA as a priority area for NCD prevention. Despite these efforts, inactivity levels "remain unacceptably high" (Council of the European Union, 2013: 1).

A contemporary underpinning document for PA promotion is the WHO (2018) Global Action Plan on Physical Activity (GAPPA). This sets the aim of a 10% relative reduction in the prevalence of insufficient PA, classed as less than 150 minutes of moderate intensity activity

per week, by 2025 and 15% by 2030 compared to a 2016 baseline. Crucially, the GAPPA states that a multisectoral approach is central for achieving these targets.

ii - The need for a multisectoral approach

Multisectoral action refers to collaboration between stakeholders across sectors, towards a common aim (Salunke & Lal, 2017). PA is a complex behaviour, with engagement influenced by interactions between individuals and their socio-environmental context including urban design, active transport infrastructures, perceived safety and cultural acceptance (Bonilla et al., 2023; Rutter et al., 2019). PA promotion therefore requires an ecological approach including focus on upstream determinants, with structural intervention through multisectoral collaboration at local, regional and national scales (Rütten et al., 2013). Pogrmilovic et al. (2019: 2) argue that due to this fact, "one of the essential determinants of active living is the policy environment".

Multisectoral action has been demonstrated as effective in increasing PA levels yet despite this, interventions which focus on individuals and the proximal drivers of inactivity are still dominant (Williams & Fullagar, 2019; Hernández et al., 2023). This reflects the policy trend of 'lifestyle drift' whereby government recognition of upstream determinants of health is distorted by continued focus on downstream intervention, placing responsibility back on individual behaviour change (Popay et al., 2010; Williams & Fullagar, 2019). Such individually-focused interventions have limited efficacy due the complex interactions determining PA engagement, with action needing to resist such siloed efforts focused on "quick fixes" and instead aim to achieve structural, systems-based change involving multiple sectors (Woods & Mutrie, 2012; Popay et al., 2010: 148). This is exemplified by the WHO (2018) GAPPA, which adopts a systems-based approach aiming to ensure all individuals have access to safe, health-promoting environments which support the incorporation of PA into daily lives.

Multisectoral action can enhance PA promotion through stakeholders pooling resources, expertise and influence to get individuals more active "for different reasons but with the same agenda" (Woods & Mutrie, 2012: 98). The WHO European Healthy Cities Programme is evidence of this, with diverse stakeholders promoting PA to improve population health, urban design and reduce transport emissions (WHO, 2015). Sustainability of intervention and political commitment are also supported by multisectoral action, which is important given the typology of inactivity as a "chronic" policy issue, with causation and consequences accumulating over a long timescale (Rütten et al., 2013: 3). The focus on long term

collaboration as part of the 2030 Sustainable Development Goal (SDG) Agenda can provide a useful framework for this, with PA related to many goals including SDG3 Health, SDG4 Education, SDG8 Economic Growth, SDG11 Sustainable Cities and SDG13 Climate Action (Dai & Menhas, 2020). Multisectoral action also maps directly into SDG 17 on partnerships. Additionally, the Covid-19 pandemic demonstrated the mutual importance of health and other sectors and drew attention to the utility of multisectoral collaboration (Greer et al., 2023).

Despite this, only 57% countries globally have multisectoral action plans to tackle NCDs, including PA promotion (WHO, 2020b). At a European level, the European Commission (2021) Healthy Lifestyles for All initiative acknowledges such need for linking PA to other policies. The European Commission (2018) SHARE project also recognises this, aiming to increase awareness of the role that PA can play in making Europe greener, more connected and more social. Whilst narratives are therefore shifting, WHO GAPPA (2018) calls for the evaluation and development of different messaging around PA to strengthen policy frameworks, enhance stakeholder engagement and increase its position in political agendas to support multisectoral action. Increased research is therefore needed into how physical inactivity is "defined, viewed and solved as a policy problem" (Rütten et al., 2013: 2).

iii - The importance of issue framing

Framing analysis is central for understanding how an issue is represented in political arenas (McIntyre, 2020; Garcia et al., 2019; Princen, 2011). It originated from the social sciences in the 1970s and acts as a "tool for exploring processes of meaning making and influence" (McIntyre, 2020: 2053). Framing analysis can be particularly useful regarding Kingdon's (1984) multiple streams framework. This claims that in order for policy action to occur, a policy problem must be specifically defined and matched with a suitable policy response, in a favourable political environment (Browne et al., 2018; Hoefer, 2022). Issue framing can therefore shift narratives on the problem to help these streams cross, with framing analysis useful to prospectively inform reframing to achieve enhanced policy action (Walt et al., 2008).

In order for this to occur, an issue can be tied in with political priorities and framed to appeal to broader interest groups (Koon et al., 2016; Princen, 2011). Frames are therefore highly useful "tools for advocacy" (McIntyre, 2020: 2054). WHO Europe (2023: 22) recognise that the greatest potential for policy change exists where there is a "high-salience, low-conflict" topic. Given the well-evidenced benefits of PA outlined above, resistance to action is

generally low hence further enhancing problem salience is essential for driving action. The recent WHO Europe (2023) publication '*Making health for all policies: Harnessing the co-benefits of health'* promotes that the wider social, environmental, and economic benefits of interventions should be more explicit in health policies to counter the tendency of "sectoral differentiation" (WHO Europe, 2023: 11). Recognition that health is influenced by determinants from many sectors has been present ever since the Alma Ata Declaration (WHO, 1978), but WHO now acknowledges the need for a shifted narrative "from one focusing on health and the health sector as the main beneficiary to one focusing on the mutual benefits that can be achieved by all sectors" (WHO Europe, 2023: 9). Such logic of *co*-benefits is therefore important to counter the asymmetry of previous 'health *in* all policies' approaches and increase issue salience for diverse stakeholders, coalition building and encourage multisectoral engagement (WHO Europe, 2023).

Importantly, limited studies have been conducted on strategic issue framing in public health hence this is an area where further research is needed (Koon et al., 2016). Given prevailing physical inactivity in Europe, it is important to establish robust knowledge of the current frames being used and assess how strategic reframing could maximise action on PA promotion

PART III: Social value framing as a tool for multisectoral action

Social value is an emerging area of research, referring to the positive impacts of PA "which accrue to people, places and communities" rather than the economy directly (e.g. sport and fitness sector employment and revenue) (KPMG, 2020:1). Research on social value began in the 1960s, with increasing interest in the impacts of PA beyond health (Griffiths et al., 2023). As a result, PA is becoming recognised as a "golden thread" solution running through wider social issues (ukactive, 2017: 2). Such social value framing highlights the benefits of PA across a wide range of domains and therefore can appeal to diverse stakeholders to support multisectoral action (Nicholls et al., 2012: 1).

The social value of PA includes both direct impacts on individuals and positive externalities for wider society (Davies et al., 2019). A review by Taylor et al. (2015) provides a useful summary of the main social value domains, which has been adapted for the purpose of this thesis following synthesis of additional contemporary literature and that which focuses on PA, rather than only sport. The following five domains were identified:

HEALTH

As stated, PA benefits physical and mental health, lowers healthcare costs, and as such, supports economic productivity through a healthy workforce. PA can also support healthy urban planning through active travel reducing exposure to pollution and facilitating mixed land use designs which encourage active lifestyles (Nicholls et al., 2012; Gilchrist & Wheaton, 2017; Sport England, 2020; Griffiths et al., 2023; Davies et al., 2019; WHO, 2018; ukactive, 2017; Taylor et al., 2015; Jimenez et al., 2020).

WELLBEING

PA has been shown to enhance general wellbeing by improving quality of life, happiness and life satisfaction (ukactive, 2017; Griffiths et al., 2023; Jimenez et al., 2020; Davies et al., 2019; Taylor et al., 2015)

EDUCATION

PA can boost educational attainment both through improving attention and focus, as well as peer relations and classroom conduct for a better learning environment (Tomik et al., 2012, Nicholls et al., 2012; ukactive, 2017; Griffiths et al., 2023; Jimenez et al., 2020; Davies et al., 2019; Gilchrist & Wheaton, 2017; Taylor et al., 2015).

SOCIAL & COMMUNITY

PA can improve social cohesion, the inclusion of marginalised groups and community connectedness. It also supports motor skill and emotional development, which can aid socialisation and interpersonal relations. PA is also linked to increased citizenship and pro-social behaviours including reduced delinquency, violence and crime (Taylor et al., 2015; Davies et al., 2019, Tomik et al., 2012; Sport England, 2020; Griffiths et al., 2023; Jimenez et al., 2020; Nicholls et al., 2012, Gilchrist & Wheaton, 2017; ukactive, 2017, EOC, 2017).

ENVIRONMENT

PA can benefit the environment through decreased emissions from active travel and the promotion of eco-conscious attitudes and environmental stewardship, particularly through outdoor recreation (KPMG, 2020; Gilchrist & Wheaton, 2017; EOC, 2017).

Figure 1- Social value domain framework, adapted from Taylor et al. (2015)

Social return on investment (SROI) calculation transforms such social value benefits into a "singular monetary ratio" (Gosselin et al., 2020: 1). Importantly, WHO Europe (2006) recognises that economic quantification is a highly impactful form of evidence for policymakers. SROI calculation therefore provides more tangible evidence of these benefits and can hence help to alter the narrative of PA promotion from "from one of 'cost' to one of 'investment'" (Nicholls et al., 2012: 1). Research from Sport England (2020), for example, concluded that for every £1 invested in community sport and PA in England in 2017/18, a social return of £3.91 was created. SROI evidence may therefore help to boost the salience of social value framing and hence the attention of policymakers on PA.

In conclusion, existing PA promotion efforts demonstrate limited efficacy, short-termism, lack of focus on upstream determinants of inactivity and a lack of funding. Adopting a multisectoral approach is widely recognised as important for enhancing action, with increased research now needed into how to achieve its practical enactment. Given the significant benefits of PA for population health and multiple further domains in society, articulation of its social value may enhance collaboration across sectors and provide an important reference framework for promoting multisectoral action (Nicholls et al., 2012).

Objectives and research questions (RQ)

This thesis therefore aims to assess the current political environment regarding the social value framing of PA in Europe. It will explore its existing use in European PA policy and how stakeholders perceive its salience for driving multisectoral action. Furthermore, it aims to understand perceptions of SROI evidence and will provide recommendations on its future use, as well as wider social value framing for PA promotion. The following research questions were therefore established:

- ⇒ **RQ1:** To what extent is the social value of physical activity recognised in existing European policy?
- ⇒ **RQ2:** How useful is social value framing perceived to be among policy stakeholders for generating multisectoral action on PA?
- ⇒ **RQ3:** How do policy stakeholders understand and perceive the utility of SROI evidence?

Methods

For this study, an intraparadigm multi-method approach to qualitative research was adopted (O'Reilly et al., 2020). This followed a two-stage process: Part I involved policy content analysis, followed by Part II as a series of semi-structured interviews. An interpretivist epistemology was used throughout, focused on how PA is defined, perceived and advocated for by actors (Koon et al., 2016, Browne et al., 2018).

PART I: Policy content analysis

Content analysis is a systematic way to explore the diversity of issue framings in policy (Bowen, 2009). In this study, an audit approach was used to provide an overview of the policy environment without judging or grading the evidence (Pogrmilovic et al., 2019; Bowen, 2009).

i - Sampling

EU member states (n=27) were the focus of this analysis. Firstly, WHO Europe 2021 Physical Activity Factsheets were searched to detect document titles of PA policies per country, defined as "written documentation of strategies and priorities with defined goals" which reference PA (WHO Europe, 2021: 8). These resources were then cross-checked with the European Education and Culture Executive Agency's (EACEA) National Policies Platform Section 7.3 'Sport, youth fitness and physical activity' per country, with additional resources added to gain a more comprehensive sample (European Commission, 2023). The full document corresponding to each title was then located. Any titles for which a corresponding document could not be found were removed from the sample. Documents available in PDF or Word Doc format were downloaded and it was noted where resources were available only as a webpage.

Each policy was then searched for the following information: country, title, publication date, author and original language. An inclusion and exclusion criteria outlined in Table 1 was used to eliminate inappropriate resources from the sample. Primarily, these were if the policy was informal (e.g. only available as a webpage) or an educational curriculum, as this study focuses on policy documentation.

Feature	Include	Exclude
Format	PDF or Word Doc	Websites, articles, other
Publication date	All	n/a
Document type	Policy, programme or action plan	Other
Author	National Government, National Association, Regional Government	Other
Publication language	EU member state official language	Other
Access	Publicly available online	Other

Table 1 - Policy inclusion and exclusion criteria

For feasibility, the included documents were sub-sampled for analysis. This was due to the likelihood of recurring themes on the social value of PA in similar policies and the asymptotic curve in qualitative data collection where most new information is identified at the start of the analysis process, with less new information as more analysis events occur (Guest et al., 2020).

The included documents were separated into sector groups based on those from the WHO 2021 Physical Activity Factsheets; health, sport, environment, transport, education and urban planning. The education category was expanded to be 'education & youth' to facilitate policy grouping. An 'other' category was also created for documents which did not naturally fit into any category. First, the author was assessed to determine group allocation (e.g. Ministry of Health, Ministry of Education). For policies with no specific ministry stated, allocation was based on the title of the document. This was also used where the stated ministry was multisectoral between the groups (e.g. Ministry of Health and Sport). Such allocations were guided by sector definitions from Pogrmilovic et al.'s (2019) framework for comprehensive analysis of PA policy. Finally, the policy titles in all groups were checked to ensure the appropriate categorisation of each document.

By sector group, the policies were then ranked by publication date and the five most recent policies selected for the sub-sample. For objectivity, alphabetisation by country name (A-Z) was used where the same date was shared by multiple policies. Policies originally published in a language other than English were then translated into British English using the computer-assisted translation tool DeepL.

A full inclusion flowchart can be found in Appendix 1.

ii- Analysis

The social value domains presented in the introduction were used for the coding framework. As mentioned, these were modified from Taylor et al.'s (2015) model using additional literature i) published since Taylor et al. (2015), and ii) on the social value of PA rather than only sport, which is the case in Taylor et al. (2015). Based on these findings, Taylor et al.'s (2015) crime domain was integrated with social capital to form a more comprehensive *social & community* domain, and a category for the environmental benefits of PA was created (see Table 2). The initial coding framework therefore contained six main codes: health, wellbeing, social & community, education, environment and other.

Taylor et al.'s (2015) social value domains	Updated domains for coding framework
Health	Health
Wellbeing	Wellbeing
Crime	Social & community
Social capital	
Education	Education
-	Environment

Table 2 – Adaptation of social value domains for policy content analysis, from Taylor et al.'s (2015) framework

NVivo version 1.7.1 was used to manually code all policies. An inductive approach was taken given its utility for identifying patterns to help describe data (Ryan, 2018). First, content analysis organised the information into categories based on the initial coding framework. Thematic analysis was then used, involving a repeated, iterative process of sub-code creation to recognise emergent themes (Bowen, 2009). It was important to remain objective in this process for fair interpretation of each document and remain sensitive to subtle cues in the text (Bowen, 2009). Documents were assigned an ID number and coding was completed in 45 minute blocks to maintain accuracy and focus. The final codebook can be found in Appendix 2.

iii - Saturation assessment

Saturation refers to the point when "new incoming data produces little to no new information to address the research question" (Guest et al., 2020: 2). Guest et al.'s (2020) method for saturation testing in qualitative analysis was used for each sub-sample sector group. This provides transparency and reflects awareness of the need for explicit statement of how saturation is being judged to enhance the rigour of the study (Guest et al., 2020).

The method involves calculating a saturation ratio. The denominator is the level of information identified from a base sample. For this study, the sub-sample sector groups of five policies were used as the base size. By sector group, the number of themes identified in each base sample were recorded. Next, a run length must be defined, which is the number of data collection events within which it is aimed to identify new themes. The run length of two was selected to give greater reliability, as only using one document was open to inaccuracy based on the unique framing of that policy. For each run, the next two most recently published policies in that sector group were translated and analysed. Identified themes were compared to the base sample list, with new items documented in the numerator and a saturation ratio calculated. Finally, a new information threshold of either <5% or 0% must be used to assess the saturation ratio (Guest et al., 2020). In this study, 0% was set to ensure complete saturation of themes. For each sector group, if 0% saturation ratio was not reached and hence new themes were still being identified, another run was completed until 0% was obtained. Once saturation assessment was complete, the thematic coding of the full sub-sample was re-assessed to ensure comprehensiveness.

PART II: Semi-structured interviews

To contextualise the results of the policy content analysis, semi-structured interviews were conducted. This helped to deepen understanding of the European policy environment (Yanow, 2010).

i - Recruitment

A purposive sampling strategy was used, given certain categories of individuals are likely to have “a unique, different or important perspective” and hence should be included in the sample (Robinson, 2014: 7). Contemporary health policy research recognises how many actors are now involved in the policy domain, including private sector and academic players, hence this was reflected in participant recruitment (Walt et al., 2008). Stakeholders involved in PA policy as advocacy professionals, academic researchers and government officials were identified both through Google search and the contact network of the researcher’s host organisation. Eligibility criteria included fluency in English, minimum 2 years' experience on PA promotion and working in an EU member state. Invitations were sent to 32 individuals, with up to two polite reminders to encourage a response. All participants were required to sign an informed consent form prior to participation.

ii - Data collection

Data collection occurred between 22nd May and 2nd June 2023. 7 one-to-one semi-structured interviews were conducted in English, lasting an average of 37 minutes. Five participants were PA advocacy professionals with the further two being academic researchers (see Appendix 3). Participants held experience in PA relating to health promotion, sport, culture, outdoor recreation, urban design, and active travel. Lack of time was the only openly reported reason for non-participation.

One interview was held in-person in the participant's workplace whilst all others were completed via Zoom. Each interview was audio recorded to support analysis. It was important to be reflective of researcher positionality and consider how this may impact data collection. Walt et al. (2008) recognise the distinction between insiders and outsiders, with the position of the researcher as a Master of Public Health student and involved in a PA advocacy organisation providing benefit as an 'insider' in enhancing understanding of the study topic and therefore ability to ask more meaningful questions (Walt et al., 2008). Additionally, ethical conduct was carefully considered, with importance placed on anonymity and confidentiality. Audio recordings were securely stored in a private file only accessible to the researcher and were destroyed immediately after analysis was complete. The participants' name and organisation were never shared by the researcher. This created a safe atmosphere for transparent discussion during interviews.

Interviews were structured using a three-part interview guide which is summarised in Appendix 4. Part 1 focused on multisectoral action, Part 2 on social value framing and the salience of different domains and Part 3 on SROI evidence. Importantly, both Part 2 and 3 involved a think-aloud task which was performed using Microsoft Whiteboard. This is an innovative qualitative method developed from psychology, that requires "concurrent verbalization of thoughts while performing a task" (Gűss, 2018: 1). Think-aloud activities are valuable in gaining deeper understanding of how participants perceive issues and structure their decision-making process (Eccles & Arsal, 2017). Importantly, this method has been underutilised in the field of PA and public health hence this study makes an important contribution (Eccles & Arsal, 2017). Activity 1 was based on the results of the policy content analysis, with participants asked to rank the social value domains in terms of salience in the current political context (see Appendix 5.1). Activity 2 then used an example of SROI evidence to facilitate discussion on participants' understanding and perception of its utility (see Appendix 5.3).

iii - Analysis

The interview audio recordings were transcribed verbatim and verified by close comparison of the transcript and recording. All personally identifying information was redacted from the transcripts and participants were assigned a unique ID to preserve anonymity (e.g. – A# for those with an advocacy background, R# for researchers).

Anonymised transcripts were uploaded into NVivo and coded using an initial coding framework based on the interview guide. An inductive approach was then used, with interest placed on the range of stakeholder responses (Baker & Edwards, 2012). This aimed to "identify patterns within and across data in relation to participants' lived experience, views and perspectives" (Clarke & Braun, 2015: 2). Appendix 6 presents the final codebook.

Results

RQ1: To what extent is the social value of physical activity recognised in existing European policy?

i - Overview of final policy sub-sample

In total, 45 policy documents were included for analysis, equating to 23.8% of those initially identified. 35 were from the original sub-sample, and a further 10 were added from saturation assessment. Overall, 34 were originally identified from the WHO 2021 Physical Activity Factsheets and 11 from the EACEA National Policies Platform. The full policy list can be found in Appendix 7. Publication dates ranged from 2005 to 2022, with policies coming from Sweden (n=9), Bulgaria (n=4), Poland (n=4), Finland (n=3), Hungary (n=3), Ireland (n=3), Portugal (n=3), Austria (n=2), Croatia (n=2), Denmark (n=2), France (n=2), Greece (n=2), Lithuania (n=2), Estonia (n=1), Germany (n=1), Netherlands (n=1) and Spain (n=1).

Health sector documents included general national health programmes (n=5), PA-specific plans (n=1) and an NCD plan (n=1). The sport sector included general national sports programmes (n=5) and those targeting specific sub-populations (n=2). Environment sector documents included general national plans for environmental protection (n=4), plans for the recreational use of nature (n=3) and a plan on energy usage in the sport sector (n=1). For transport, documents included transport infrastructure plans (n=3), cycling plans (n=2) and general mobility plans (n=2). In the education and youth group, documents included general national youth strategies (n=3) and plans focused specifically on youth recreation and school sports (n=3). All four documents from the urban planning group were related to general urban design, as opposed to those previously mentioned as part of the transport group, which were focused specifically on transport infrastructures. Finally, the 'other' group contained national development strategies (n=3), plans focused on the inclusion of marginalised communities (n=2) and an intersectoral commission policy article (n=1).

ii- Frequency of social value domain use

All five social value domains were identified in the sample, with Table 3 presenting the frequency of domain and subtheme use across the policies. Figure 2 visualises how reference to the health benefits of PA was most common, in over 80% of the policies. This was followed by social & community in approximately half and then the environment

and wellbeing benefits both in a third of policies. Finally, reference to the educational benefits of PA was least common, identified in less than 20% of the policies.

Social value domain		Number of included policies referenced in, out of 45
Health		37 * (82.2%)
Subtheme:	Physical health	19
	Mental health	8
	Healthy urban planning	8
	Secondary economic	3
	Healthy ageing	3
Social & community		20 * (44.4%)
Subtheme:	Social ties	12
	Personal development	9
	Crime	7
	Active citizenship	3
	Cultural significance	3
Environment		15 * (33.3%)
Subtheme:	Active travel	10
	Eco-conscious attitudes	3
Wellbeing		15 * (33.3%)
Education		8 * (17.8%)

Table 3 - Frequency of social value domain and subtheme presence in policy sample

[- The main domain frequency should not necessarily equal the total of sub-theme frequencies. This is because main domain frequency includes policies which made general statements on the domain, which were not included in a subtheme. The same policy may also reference multiple subthemes, but is only counted once in the main domain figure]*

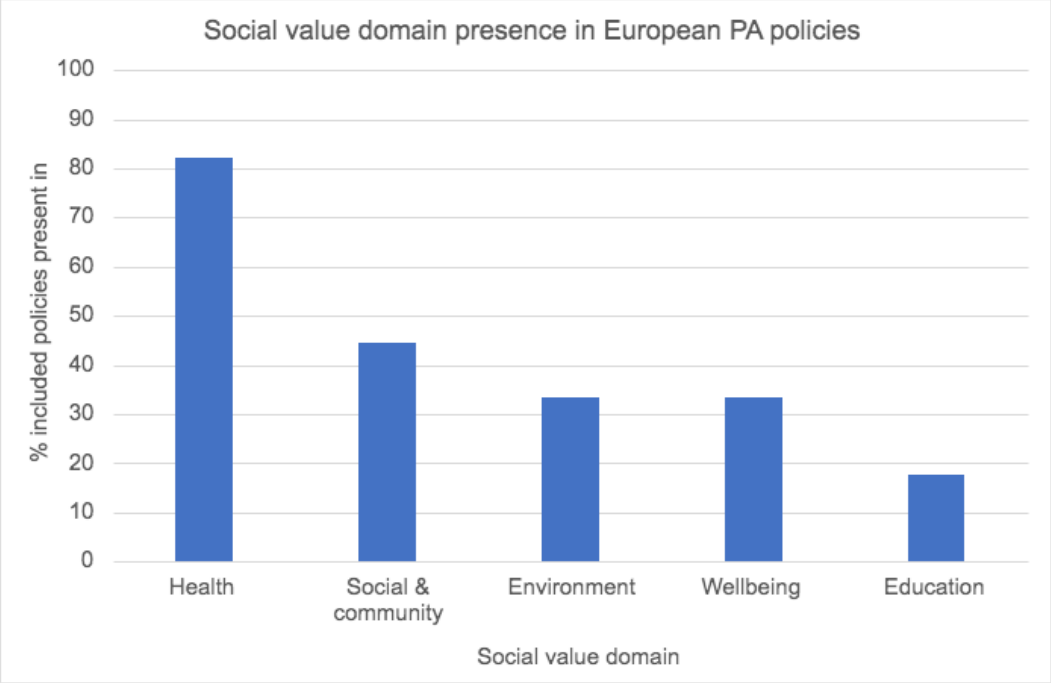

Figure 2 - Bar graph of the frequency of social value domain presence across included policies

iii – Results by domain

HEALTH…

"Preserving and protecting health is a social responsibility, and one of the prerequisites for this is to increase physical activity" (Policy_H3:38).

Policies discussed the importance of PA for fostering 'healthy lifestyles', with five sub-themes identified. Reference to the physical health benefits of PA was most common. This was followed by reference to the mental health and healthy urban planning benefits (e.g. how active travel enables urban design with mixed land use layouts, which minimise population exposure to pollutants, stress and disturbed sleep from traffic noise and facilitates engagement in active lifestyles).

Secondary economic benefit from the health promotion effects of PA was the fourth most widely acknowledged sub-theme, such as reduced health expenditure, decreased absenteeism and boosted workforce productivity. Finally, healthy ageing was the least present sub-theme in the sample, with three policies recognising PA as an effective "long-term non-pharmaceutical" (Policy_E4:147) intervention to postpone and prevent age-related illness and increase the functional capacity of older populations for self-care. This was only referenced in policies from Bulgaria, Hungary and Greece. Data on population ageing was explored through the online Eurostat (2023) dashboard, however this did not indicate

particular reason for this, such as these countries having the most rapidly ageing population in Europe and hence stronger focus placed on healthy ageing in policy.

SOCIAL & COMMUNITY…

"A strong sports movement means a stronger society" (Policy_S2:2)

Six sub-themes were identified for the social & community domain. Reference to social ties was most prevalent, with PA seen as supporting social cohesion and a sense of belonging. It was particularly recognised as helping marginalised individuals "overcome their social isolation" (Policy_S7:1) and useful for student relations in school settings. This was followed by personal development, relating to motor and social skills. For example, PA was discussed as promoting creativity, teamwork, leadership and enabling more holistic development beyond the school learning setting.

This was followed by the sub-theme of crime, with PA recognised as helping reduce delinquency and criminal behaviours. It was seen as particularly useful for at-risk youths, providing a constructive sense of community and "directing them towards appropriate forms of engaging their free time" (Policy_S7:1). Some policies also referenced how pedestrianised areas and mixed-use neighbourhoods, which are made possible with active travel, can increase a sense of security for users and decrease criminal activities.

Finally, the sub-themes of active citizenship (e.g. sport volunteering and PA participation creating proactive citizenship behaviours) and the cultural significance of PA were least present. Regarding culture, policies highlighted the ability of sport events to "connect and inspire people" (Policy_S3:2) as well as active tourism strengthening national identity.

ENVIRONMENT …

"Active mobility is the most energy-efficient, climate-friendly, resource-saving, healthy and safe way to get around, making it the most sustainable form of mobility there is" (Policy_T5:30)

Two clear sub-themes emerged for the environment domain. Policies most commonly highlighted how active travel is important for "both people's health and the climate" (Policy_T5:55). It was framed as supporting sustainable lifestyle behaviours which decrease emissions, air and noise pollution and support more space efficient transport infrastructures. Many policies also referenced the important contribution of PA to the SDGs,

including SDG11 relating to cities whereby active travel can support more sustainable urban infrastructure and neighbourhood design.

The other, less common sub-theme was how PA can foster eco-conscious attitudes. Three policies referenced how engagement can create a more environmentally aware society through stronger relationships with nature and awareness of climate issues. Sport events were also represented as opportunities to raise awareness of ecological issues and promote sustainable lifestyles. For example, Policy_E3 focused on the upcoming Paris 2024 Olympics as an opportunity to promote green energy use and environmentally conscious behaviours. It also proposed that high level sports players can use their visibility to promote "energy saving and eco-responsible behaviour" (Policy_E3:29).

> WELLBEING …
> "we feel better and are happier with movement" (Policy_T4:150)

No clear sub-themes were distinguished regarding PA enhancing overall wellbeing due to the variety of justifications identified. These included PA boosting quality of life, providing a sense of achievement and being a source of fun and happiness. For example, Policy_S3:12 states how PA "provides energy, fun, inspiration and meaning" to people's lives.

> EDUCATION …
> "physical activity stimulates the formation of new brain cells and therefore has a positive effect on learning ability" (Policy_T4:150)

Being the least prevalent domain, only eight papers referenced the educational benefits of PA. This was generally about how PA improves the quality of education, student attainment, concentration and classroom behaviour to positively enhance learning ability. Furthermore, PA was recognised as improving peer relations to create a more positive learning environment and "engage young people who might be at risk of early school-leaving" (Policy_E&Y3:57).

> iv - Comprehensiveness of social value framing

Notably, only 2 out of the 45 policy documents recognised all five social value domains when discussing PA. These were a Finnish environmental policy (Policy_E1) and a Swedish transport policy (Policy_T4). In other documents, certain sections of text reflected well-rounded social value framing of PA such as the Portuguese School Sports Programme

2017-2021, presenting PA “as a means of character building, health protection, environmental protection, social cohesion and inclusion” (Policy_E&Y1:11). Despite this, 60% of the policies referenced only two or fewer domains, with ten documents referencing one or none. Policies from the health and urban planning sectors in particular demonstrated the lowest holistic social value framing of PA. For example, 4 out of the 7 documents from the health sector referenced only the health benefits of PA. By contrast, policies from the environmental sector contained the most comprehensive social value framing of PA, with half mentioning three or more domains.

When examined by sector group, the health domain was most widely referenced across all sectors. The social & community domain was then next most recognised by the health, sport, education & youth and other sectors. By contrast, this was the environment domain for the environment, transport and urban planning sectors.

v - Sensitivity analysis

As ten EU countries were not represented in the final sample (see Appendix 8), a sensitivity analysis was conducted. The most recent policy from each of these countries was selected, with alphabetisation used where dates were shared to ensure objectivity. An identical analysis process was followed and the themes identified were compared to those from the included sub-sample. No new themes emerged, which supports the comprehensiveness of the original analysis.

Following exploration regarding the sensitivity analysis, two hypotheses exist as to why these ten EU countries were not represented in the sub-sample. Firstly, the countries included in the sub-sample each had at least three policies in the full sample, with an average of 6.47. By contrast the ten non-included countries only had between one and five policies, with a lower average of 3. During sub-sampling, countries with a higher number of policies in the full sample had more chance of being included. Secondly, the most recent policy per non-included country ranged from 2014-2020. By contrast, the included countries had more contemporary policies in the full sample, most recently published between 2021-2022. Therefore, during the ranking of full sample policies to take the most contemporary for the sub-sample, those countries with older documents would be less likely to be selected. Appendix 8 demonstrates these characteristics. The recency of update of the EACEA Platform for each country was also explored, but this was not carried forward as a possible explanation (e.g – non-included countries having less recently updated pages).

vi - Summary

In conclusion, the social value of PA was recognised to a certain extent in existing European policy. Whilst all five domains were identified in the sample, there was great variability in the extent of this between policies. Recognition of the health benefits of PA was widely established, whereas limited focus was identified on the education, environment and wellbeing domains. Beyond this, even within dominant domains, variability existed regarding the use of specific sub-themes. For example, healthy ageing was least prevalent when discussing the health benefits of PA, or the fostering of eco-conscious attitudes when highlighting its environmental benefits. Both the type and quantity of domains recognised in policies also differed by sector group, with the health and urban planning sectors demonstrating limited holistic social value framing of PA. Widening the range of social value domains referenced holds potential to increase issue salience and support multisectoral action.

RQ2: How useful is social value framing perceived to be among policy stakeholders for generating multisectoral action on PA?

"*If we could achieve anything.... it would be to have physical activity integrated into almost every policy, every policy it belongs*." (R2)

i - Overview

The semi-structured interviews with policy stakeholders revealed that all participants were familiar with the concept of the social value of PA. For some, it was central to their professional work whereas others were aware of it but had not worked on it directly. It was seen as an area "*definitely coming up*" (R1) and of high utility for promoting multisectoral action on PA. Participants felt strongly that multisectoral approaches are important to help inactivity be addressed efficiently and "*in a more holistic way*" (A4). Participants saw it as key for targeting individuals' wider social, environmental and political context and therefore the drivers of inactivity, with some participants explicitly referencing the encouragement of such an approach by the WHO (2018) GAPPA. One participant summarised that PA must be made "*accessible, affordable, available, appropriate and accommodated*" (A5) with multisectoral action central for this. Participants felt having diverse stakeholders engaged in PA promotion is useful for strengthening action and capturing policymaker attention through a collective voice. It was also seen to bring diverse perspectives which may previously be underrepresented in advocacy narratives. For example, how the urban design sector can

benefit discussion about active travel and transport networks. This dialogue between sectors was also recognised as aiding the identification of co-benefits gained through PA, with coordinated use of such evidence important to boost PA promotion:

"*we have so many actors trying to do the same thing, but not in a very coordinated manner. So that's something I think would be most impactful...how to work together as a sector for advocacy*." (A3)

Despite this, participants recognised that enacting a multisectoral approach remains challenging due to the entrenched nature of siloed action and "*fragmented way of thinking*" (A1) about PA. Some participants felt any actor who can lead a multisectoral approach must do so with no clear division over who 'should'. By contrast, some suggested the sport sector should lead, given the EU Sport Unit contains most of the work on PA promotion at the European level. Others expressed concerns over PA being "*drowned*" (A3) in the wider sport sector however and a lack of clarity on PA as a topic a key limitation for action. The education sector was also noted as holding potential given how schools are "*one of the best entry points into accessing a large part of the population*" (A4) and establishing positive lifestyle behaviours around PA.

Furthermore, participants commonly felt it was important for the health sector to drive multisectoral action on PA. This was reported as particularly relevant given the current obesity pandemic in addition to the prevalence of inactivity among young populations and resultant impact this will have, coupled with ageing populations, on future health outcomes and healthcare service use. Additionally, the delivery of messaging around PA was seen as crucial. Multiple participants gave the example of a 'movement pill' prop which is a small replica medication box labelled as the drug 'movement'. They claimed that "*If physical activity was a medicine, everyone would happily take it*" (R1) and recognised that the complex drivers of inactivity require concerted efforts for PA promotion.

ii- Salience by social value domain

Think-aloud Activity 1 asked participants to rank the social value domains of PA in terms of salience in the current political climate in Europe. This method provided a useful framework for rich discussion on each domain. Full results of the think-aloud ranking can be found in Appendix 5.2. Participants reported adaptability as key, with domain salience dependent on the specific policymaker being targeted. Participants also referenced the importance of drawing links between timely issues on the political agenda and PA.

> **HEALTH:** "*health, particularly after the pandemic, has really been bumped up politically, but also for the general public's awareness of being important*" (A4)

Participants concurred that focus on health benefits was highly salient for promoting PA. This corroborates findings from policy content analysis, whereby health was the most widely recognised domain. It was seen as particularly relevant in the post-pandemic era, with confinement measures enhancing recognition of the importance of PA for mental and physical health. Additionally, the Covid-19 pandemic was perceived to have boosted health and prevention up the political agenda, and hence linking PA to the health domain makes it "*a little bit easier to hook onto*" (A3). Participants also shared that recent increase in EU funding and discussion on health, despite it not being an EU competence, is enhancing the salience of this domain. Focus on the healthcare savings brought through NCD prevention from PA engagement was perceived as a particularly useful narrative, with such a health promotion agenda recognised as a mounting political priority and salient due to the potential for cost saving. As one participant summarised: "*we have a very good national health system, but it's a fix system. It's not a prevention system. ... we firmly believe that the investment in prevention is minimal compared to the investment in cure*" (A2). Both policies from content analysis and interview participants also recognised health improvement as important for the SDG agenda in providing the foundations for social, environmental and economic sustainability.

> **SOCIAL & COMMUNITY:** "*the physical activity piece is almost secondary. Yes, it's the being active…. but its actually doing it with others*" (A2)

The social & community domain was highlighted as emerging both in recognition and salience when discussing PA, ranked as the second most salient by three participants in the think-aloud task. Some had worked directly on exploring this relationship, whilst others recognised how first-hand experience of PA can make this link highly evident regarding feeling connected to local community. Participants gave important contemporary examples when discussing this domain, such as how PA can aid refugee integration, gender equality and peace building. Crime reduction was also specifically discussed, such as outdoor PA providing a source of adrenaline and risk taking in a safe and structured context. Such findings are also comparable to the policy analysis, whereby social & community was the second most prevalent domain.

> **ENVIRONMENT:** "*I simply don't see how the climate and the environment can get off the agenda anymore*." (A4)

Whilst participants ranked the environment domain in a variety of positions, they generally stated it was of growing contemporary salience. This was particularly seen as relevant in light of the SDGs and climate change anxieties, with participants also recognising the EU Green Deal as a useful backdrop for promoting PA. PA was viewed as an important way for connecting citizens to natural environments, helping them recognise the effects of climate change first-hand and foster pro-environmental behaviours. This confirmed what was recognised in existing PA policies. The environmental domain was therefore widely seen as "*a nice hook and relevant*" (R1). This corroborates results from policy content analysis, with one paper succinctly stating: "when climate change has never been more on the agenda, it is important to highlight the central contribution that physical activity makes to the health of the planet by directly contributing to 8 of the 17 Sustainable Development Goals" (Policy_H1: 13).

> **EDUCATION:** "*I'm not putting it [education] higher, just because it's obviously crucial and always been around…but I think that's kind of the point. It's always been around and there are likely much more urgent and pressing issues*" [A4]

By contrast, participants generally viewed the education domain as having limited salience in the current political climate. Participants suggested this could be due to knowledge of the educational benefits of PA still being emergent and other issues holding a greater sense of urgency. This may explain its only moderate presence in policy documents. Conversely, other participants viewed it as being a well-established sector for multisectoral collaboration and hence a useful context for PA promotion. Furthermore, two participants reported PA as particularly beneficial for certain sub-populations, referencing it helping children with learning difficulties enhance focus and educational outcomes as an alternative to medication. Certain participants also suggested the education domain could be salient when highlighting the benefits of PA not only to immediate educational experience, but also for "*lifelong learning and cognitive functioning*" (A2). It was proposed that it needs to be tied to economic growth to capture policymaker attention, in fostering creativity and hence innovation among youth. As summarised by Participant A5: "*well educated populations make a very healthy economy... at the EU level one of our biggest objectives is competitiveness…you can't have that if you don't have educated people and they're not creative in the way they problem solve*".

WELLBEING: "*no matter how much I have preached on about health benefits, for most people they're too distant... whereas we know that if you enjoy something...then you're likely to go back to it."* (R2)

Finally, participants held contrasting views towards the wellbeing domain. Some participants felt wellbeing was salient by capturing the immediate, tangible benefits of PA for individuals through enjoyment and sense of achievement. By contrast, others perceived it as secondary to mental health and therefore not an independently-recognised concept, discussed only in a "*glossed over marketing way*" (A4). This may help contextualise the policy content analysis results whereby wellbeing was one of the least present social value domains in the sample.

iii – Summary

In conclusion, participants felt social value framing is useful for achieving multisectoral action, which was seen as central for PA promotion. Variability in salience between the domains was reported. The health, social & community and environment domains were seen as most important in the current political context. Interestingly, this follows the same pattern as existing usage from policy analysis. A key additional finding was participants' description of the environment and social & community domains as gaining in salience. This is suggestive they may be more important to tie into future policy narratives and advocacy efforts. It is important to note that participants also expressed awareness of mutual interaction between domains, such as for health and the environment as well as the link of health and wellbeing. Participants felt such links should be more strongly highlighted to boost the salience of multisectoral action on PA.

RQ3: How do policy stakeholders understand and perceive the utility of SROI evidence?

"*we are living in a very Populist political environment...when you are dealing with centre right, its all about the money. Actually most governments don't care about social value*" (A5)

Participants' main concern with social value framing was the difficulty of landing such narratives in the current political environment. Participants suggested that social value framing could be linked to economic agendas for improved efficacy, such as recognising how PA engagement provides the foundations for economic growth through supporting population health, educational attainment, innovation and sustainable living. Additionally, the

economic quantification of such social value benefits was seen as highly important for demonstrating PA promotion as an investment rather than expense:

> "*policymakers like to see the numbers - what is that I gain out of this and what are the societal gains*" (A3)

Participants had diverse familiarity and understanding of SROI evidence, generally lower than that for the concept of social value framing. Whilst some had never seen SROI evidence before, others had worked directly on SROI methodologies which provided a useful range of perspectives. All participants saw SROI evidence as impactful for capturing policymaker attention on PA promotion. They felt it was concrete, quantified and concise, which were seen as central features for successful advocacy. Participants suggested the dissemination of such SROI evidence is crucial to its utility, with proposed methods including infographics, short social media videos, and in-person conversations with policymakers. Importantly, participants felt sharing the findings of SROI research with actors across a range of sectors was important for maximising impact and fostering multisectoral engagement with PA. Some participants also recognised the importance of creating a conducive environment for the dissemination of such evidence, fostering awareness of social value and the concept of SROI calculation before quantitative research outcomes are shared, to enhance understanding and their impact. Specifically for the health domain, one participant proposed the comparison of SROI evidence for PA to the cost of medication for NCD cure as a salient way to highlight the cost-saving potential of PA and the wider benefits it can also have on society.

By contrast, some participants expressed concern with SROI methodologies. They felt such evidence suggests a level of accuracy that is unlikely attainable in relation to such intangible social value domains. These participants were also unsure how easy it may be for audiences to understand how SROI evidence is calculated and therefore what it truly represents. However, these participants recognised that they were more attuned to methodological considerations due to their research background, and felt that that despite their academic concerns, such SROI evidence is likely to be salient from a policymaker perspective.

Finally, some participants felt a more holistic perspective on social value was important, with explicit statement of the multiple domains needed to "*show that the benefits go beyond just one thing*" (A1). Certain participants also saw great potential in giving qualitative examples to add salience to promoting PA, such as the benefit gained from a specific local programme, or to a sub-population:

"sometimes the value piece [SROI] is important, but the human stories are also really important … the impact that it makes on a few people's lives can actually be very, very powerful" (A2)

i - Summary

In conclusion, participants held mixed prior understanding of SROI evidence but felt it was highly salient for advocacy on PA. Despite concerns over the accuracy of calculation, participants saw such SROI evidence as impactful for capturing policymaker attention by converting social value into the monetised format that policymakers respond best to in the current political climate. It was suggested to foster awareness and understanding of SROI methodologies prior to sharing data to enhance receptivity to this form of evidence, in addition to accompanying it with descriptive examples or clear description of the social value domains.

Discussion

This study aimed to assess the current political environment in Europe regarding the social value framing of PA. Focus was placed on identifying the presence of such framing in existing policy and stakeholders' perceptions of its utility for advancing multisectoral action, both as a concept and monetised as SROI evidence. Similarly to existing literature, a multisectoral approach to PA promotion was seen as very important both in policy documents and during stakeholder interviews. This was particularly evident regarding health improvement, which policies recognised as needing to include “sectors outside the health system [which] play a significant and even predominant role in shaping public health” (Policy_H2:4). This was reaffirmed through stakeholder interviews where participants identified need for a more integrated approach focused on upstream determinants of inactivity through **multisectoral, long-term policy interventions,** which counter the policy trends of ‘lifestyle drift’ presented in the introduction. Despite this, there was lack of consensus among participants when discussing which, if any, sector should take the lead on promoting such efforts. This may be a limitation for the enactment of multisectoral approaches and indicates a need for **proactive, shared responsibility** among all sectors.

Encouragingly, certain policies stated government commitment to multisectoral action. For example, Policy_H2 to collaboration between the Ministry of Health, Ministry of Youth and Sports and the Ministry of Education to promote school-based PA. This also was present in policies beyond the health sector, such as Policy_E1 calling for the cooperation of tourism, health, transport, and education representatives to promote nature based active recreation. During interviews, certain participants explicitly highlighted the importance of a multisectoral approach for achieving the WHO GAPPA (2018) objective of 15% reduction in inactivity by 2030. A focus on the phrase **“*more active, more often*”** (R2; A4) was proposed by several participants as supporting such a systems-based approach from GAPPA, with actors across all sectors needing to consider if their policies can be adapted to increase PA, by even small increments, among the population.

Such calls for multisectoral action were moderately supported by a social value framing of PA in the policy sample. **All five domains were identified**, with variability in their usage. The health and social & community benefits of PA were most widely acknowledged. Furthermore, results revealed **variation in social value domain use between sectors**. The health and social & community domains were more common among the health and education and youth sectors, whilst the environment domain was more common among the

environment and urban planning sectors. Whilst this is unsurprising based on natural links, it indicates that **issue framing of PA is currently limited in efficacy**. For enhanced action, the WHO Europe (2023) publication on health *for* all policies recognises working across traditional siloes of action and cooperation between non-traditional, or unexpected actors is important. A lack of framing of PA in relation to wider social benefits, particularly those not usually recognised by a sector, may limit issue salience and motivation for multisectoral action.

Importantly, only few documents contained holistic social value framing using multiple domains. As discussed in the introduction, highlighting the wide co-benefits of PA is an important way to increase issue salience and generate multisectoral action on promotion. Such **lack of holistic social value framing** is therefore an area for policy improvement. SROI evidence may be helpful in this endeavour, including benefits of PA to many areas of society through one monetised figure.

Interviews revealed that participants' perception of the utility of social value framing for achieving multisectoral action were reflective of Kingdon's framework (1984). Such framing was seen as helping to make the problem stream of inactivity cross with the policy approach of multisectoral action for increased PA engagement and create a conducive political environment for action by attracting policymaker attention on the issue of inactivity. Reference was also made to drawing on key societal issues through social value framing to boost its effect. Many policies recognised the **Covid-19 as a window of opportunity** for enhancing cooperation on PA promotion, in light of the evidence produced on the health effects of confinement measurement and also potential for multisectoral efforts being effective for addressing health issues. Participants also referenced the **obesity crisis and climate change** as key societal issues to link into advocacy narratives. As such, the **health domain was seen as most salient in the current political context, with the social & community and environment domains becoming increasingly impactful**. The use of these three social value domains therefore holds potential for strategic framing of physical inactivity to boost action. It is interesting to note that most participants did not view wellbeing as a particularly salient domain, despite the growing prominence of EU's Economy of Wellbeing Agenda, presented in the introduction. The link between health improvement and economic productivity was recognised, however. This therefore may act an area for future monitoring and research.

Overall, SROI evidence was seen as highly impactful due to its **concrete, concise and monetised format**, despite lower participant familiarity with it compared to social value

framing in general. Participants felt these features are important for capturing policymaker attention in the current political climate. Some participants also felt supporting SROI evidence with descriptive, human stories can be useful. Whilst SROI evidence was seen as very salient, **concern was raised regarding the methodological rigour** of such calculations. This is supported in literature, whereby the difficulty of accurately calculating social value due to the need to quantify intangible benefits of PA is recognised as having produced a lack of methodological consensus (Nicholls et al., 2012). This can undermine the perceived credibility of SROI evidence due to diverse estimations produced (Nicholls et al., 2012). The development of a robust, transparent SROI methodology may therefore be useful to enhance the accuracy of such calculations and provide a common method to be used by different actors. Additionally, SROI evidence was rare in the policy content analysis. Whilst the social value of PA was recognised, its economic quantification was only present in Policy_E1 from Finland (a financial proxy estimation of the social value gained from outdoor recreation) and Policy_T5 from Austria (SROI estimation related to active travel). The emergent nature of such SROI evidence may be explanatory, with the strong message of SROI's salience identified through interviews making this an important **tool for future advocacy**.

Strengths and limitations:

This study involved a relatively large sample size of 45 policy documents for content analysis. This was supported by saturation assessment and sensitivity analysis to ensure the results were comprehensive in reflecting the European policy environment. Furthermore, the multi-method approach of primary and secondary qualitative data collection enabled the contextualisation of findings in a complementary manner. The study also demonstrates the utility of underutilised methodologies in qualitative public health research, namely policy content analysis and innovative think-aloud methods during interviews which facilitated rich discussion. Also, to the researcher's knowledge this is one of the first studies to assess social value framing of PA in policy.

It is important to also recognise several limitations of the study. Firstly, the policy search only involved WHO 2021 Physical Activity Factsheets and the EACEA National Policies Platform. Further publications may therefore exist which were not listed in these resources. National Ministry of Health websites were intended to be used as a search platform to avoid this issue, but the difficulty of locating PA policies within such websites made this unfeasible given time and resource constraints. Secondly, a proportion of listed policies had broken hyperlinks which resulted in some not being found. Thirdly, whilst DeepL is an advanced translation tool, the translation of policies may not be completely accurate. Careful

consideration was taken over selecting the most accurate tool currently available, however, based on functionality, reviews and comparative translation of extracts from included documents regarding quality of English. It is important to note that one policy included through saturation assessment was published in Croatian. This is a language not currently supported by DeepL, hence a Google Translate powered alternative software had to be used. Fourthly, whilst saturation and sensitivity assessments were conducted, analysis still included only a sub-sample of European PA policies. Also, it would have been preferable for a second reviewer to be involved in the coding process to enable cross-checking of iterative coding and enhance methodological rigour. Finally, no government officials accepted the invitation for interview. This meant a valuable perspective could not be explored in this study, and therefore presents an important area for future research.

Conclusion

Given prevailing physical inactivity among the European population, it is important for meaningful policy change to occur. Key contemporary events such as the Covid-19 pandemic, the climate and obesity crises and SDG Agenda 2030 provide windows of opportunity in highlighting the utility of multisectoral action. This study demonstrates that need for a multisectoral approach is both recognised in existing policy and seen as essential by stakeholders for PA promotion. Whilst this confirms existing literature, the unique contribution of this study is the utility of a social value framing of PA for achieving this. The study enhances understanding of its current use in PA policy and stakeholders' perceptions of its potential to boost multisectoral action. Variation exists in the frequency and comprehensiveness of social value framing of PA in European policies, with its increased use highlighted by stakeholders as salient for boosting awareness of the co-benefits of PA and supporting multisectoral approaches. Stakeholders particularly recognised the monetised format of SROI evidence as able to reflect the social value of PA in a concise, appealing way for policymakers.

As such, this study makes the following recommendations:

1. Multisectoral action can support more effective PA promotion, with increased use of social value framing important for highlighting co-benefits and enhancing the salience of a multisectoral approach in political agendas.

2. The health, social & community and environment domains of social value are important framings to use as they are perceived as particularly salient in the current political climate for generating action on PA.

3. SROI evidence appeals to current political agendas with its concise, monetised format providing an important tool for advocacy. To support this, more robust methodologies for SROI calculation should be developed to enhance the credibility and accuracy of this form of evidence.

Additionally, whilst this study focuses on the European context, scope exists to repeat the methodology at different scales. This could be for a specific national context or more globally to assess regional variations in both the usage and perceived utility of a social value framing, and different domains, for multisectoral action on PA promotion.

In conclusion, a shifted approach based on multisectoral action is central for meaningfully increasing PA engagement and targeting the structural drivers of inactivity. This study demonstrates that social value framing and SROI evidence, whilst only moderately present in existing policy, are perceived as salient tools for achieving this. Their increased inclusion in policy and advocacy narratives can therefore help to realise the practical enactment of multisectoral approaches and hence effectively increase population engagement in PA.

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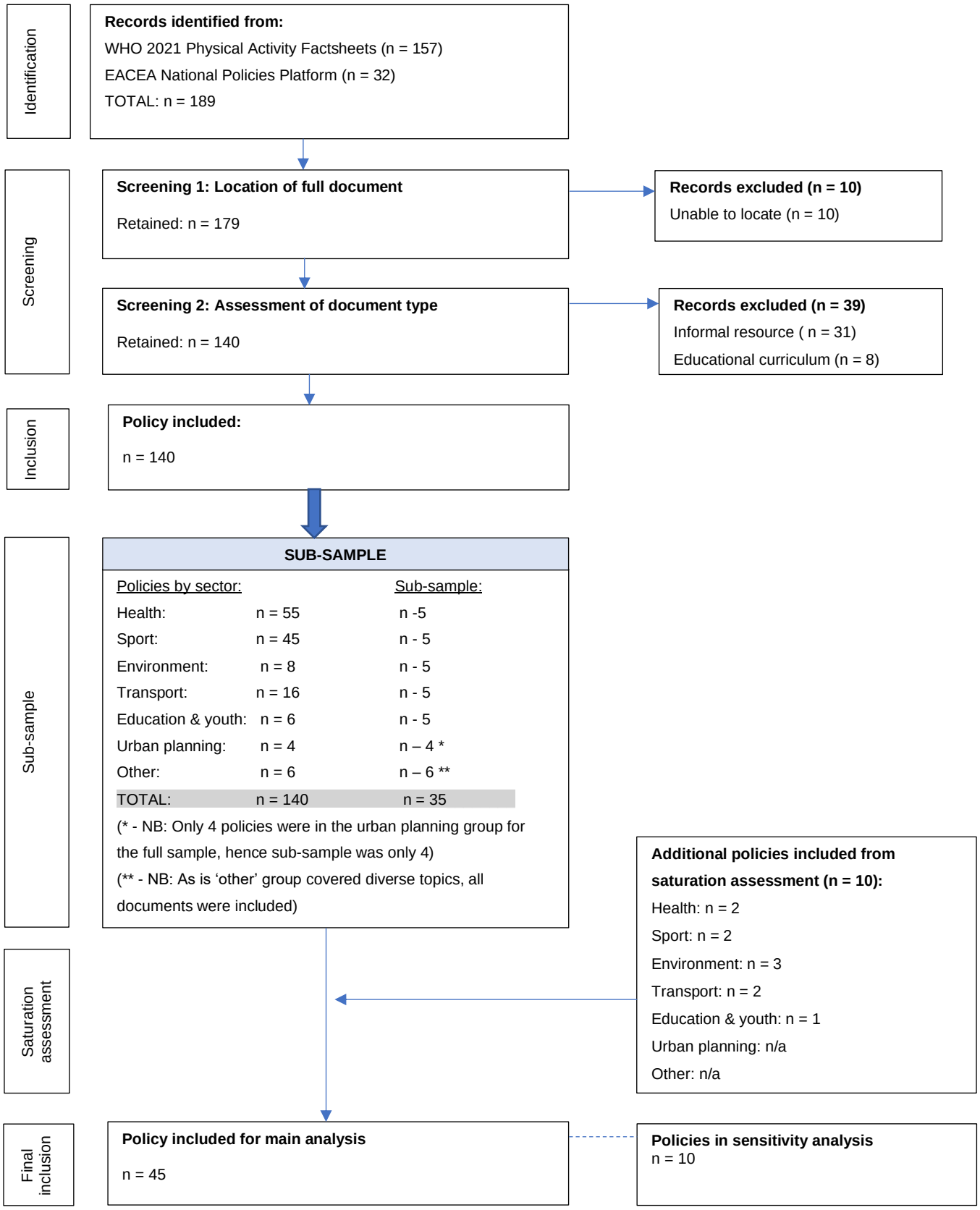
List of Appendices

APPENDIX 1: Policy document inclusion flowchart



APPENDIX 2: Final policy content analysis codebook

Main code	Subcodes	Description
HEALTH (1)	General (1.1)	Reference to general improvement of health through PA, which does not fit into a sub-code
	Healthy ageing (1.2)	Reference to PA improving the health of older populations (e.g – over 65yr, age-related conditions)
	Mental health (1.3)	Reference to PA improving mental health (e.g – anxiety, depression). Include reference to stress.
	Physical health (1.4)	Reference to PA improving physical health (e.g - NCDs, musculoskeletal injury risk, fitness)
	Healthy urban planning (1.5)	Reference to PA facilitating healthy urban planning practices (e.g - active transport, spatial planning, mixed use neighbourhoods)
	Secondary economic (1.6)	Reference to the improved health gained through PA engagement as providing subsequent economic benefits (e.g – increased productivity, healthcare savings)
SOCIAL & COMMUNITY (2)	General (2.1)	Reference to general benefit of PA to communities and social connection, which doesn't fit into a sub-code
	Active citizenship (2.2)	Reference to PA as fostering active citizenship behaviours (e.g. engaging with the community you live in)
	Crime (2.3)	Reference to PA reducing criminal, anti-social and violent behaviour
	Cultural significance (2.4)	Reference to the cultural importance of PA, both when participating and observing (e.g. for national identity)
	Personal development (2.5)	Reference to PA benefitting development, which doesn't fit into a sub-sub-code
	Child right (2.5_1)	Reference to PA as a right for all children
	Emotional development (2.5_2)	Reference to the importance of PA for social skills development (e.g. self-control, teamwork, leadership)
	Motor development (2.5_3)	Reference to the importance of PA for physical skill development (e.g. motor skill, balance, coordination). NB: This does not include physical development in terms of body growth, as this should go in the physical health code
	Social ties (2.6)	Reference to PA increasing social ties and community cohesion
	Counters exclusion (2.6.1)	Specific reference to PA as counteracting social exclusion (e.g – inclusivity, reduced isolation)
	Marginalised populations (2.6.1_1)	Reference to social inclusion of specific marginalised populations through PA
WELLBEING (3)	n/a	Reference to PA increasing happiness/quality of life/wellbeing of individuals
EDUCATION (4)	n/a	Reference to PA improving educational attainment and quality

ENVIRONMENT (5)	General (5.1)		Reference to the general benefit of PA to the environment, not fitting into a sub-code
	Active travel (5.2)		Reference to the environmental benefits of active travel (e.g. emission reduction)
		Space efficient (5.2.1)	Reference to active transport as space efficient compared to roads and infrastructure required for motorised forms, hence benefits urban design
	Eco-conscious attitudes (5.3)		Reference to PA increasing awareness of environmental issues and fostering eco-conscious attitudes
Additional information (6)	Other (6.1)		Code to gather sections of text which do not relate to social value domains, but may still be useful in write up
	Future directions (6.2)		References to future directions for action to increase PA (incl. impact of COVID and opportunities it has now created)
	General statements (6.3)		General statements on the 'benefit of PA', which do not fit into a main code
	Multisectoral (6.4)		Reference to a need for multisectoral action for health improvement in general
		PA related (6.4.1)	Reference to need for multisectoral action to increased engagement in PA specifically

APPENDIX 3: Interview participant details

ID	Organisation type	Position	Experience in PA (years)	Location of interview
A1	Advocacy	Project manager	2	In person
A2	Advocacy	Chairman	35	Zoom
A3	Advocacy	Development officer	11	Zoom
A4	Advocacy	EU affairs manager	5.5	Zoom
A5	Advocacy	Head of policy	4 (20+yrs in wider health policy)	Zoom
R1	Research	Professor	20	Zoom
R2	Research	Professor	30	Zoom

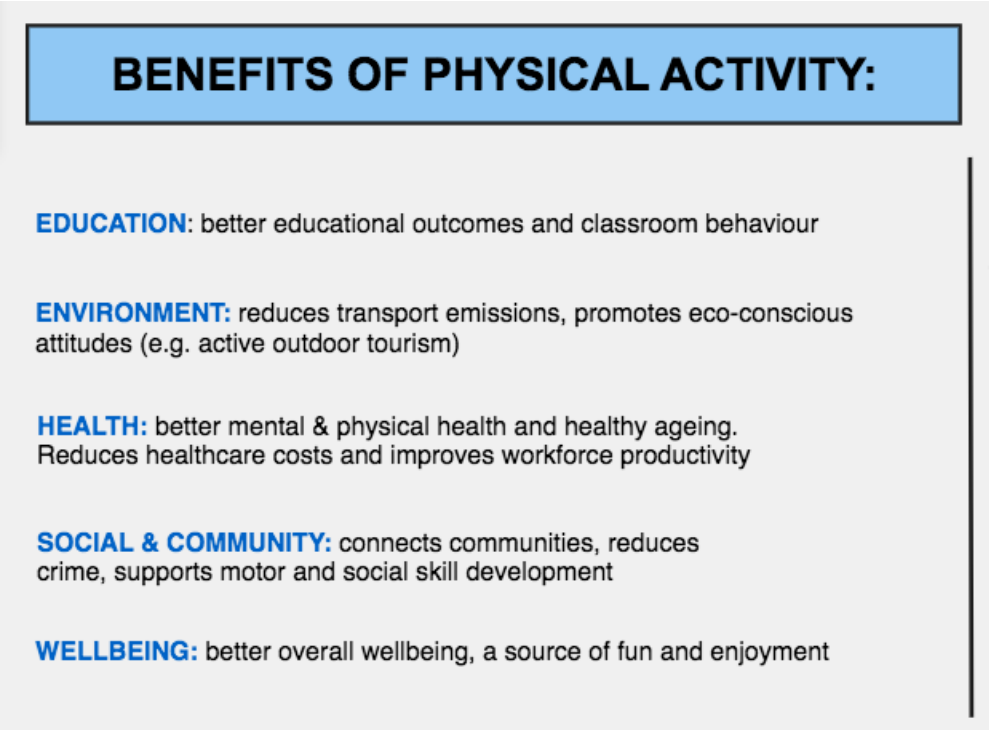
To uphold confidentiality and anonymisation, given the limited number of organisations focused on PA in certain European countries and specificity of job titles, it was decided not to explicitly link the country of work or specialisation per participant. It can be shared that participants worked across Belgium, Denmark, Ireland and Estonia, and were involved in PA from perspectives of health promotion, sport, culture, outdoor recreation, urban design, and active travel.

APPENDIX 4: Summary of interview guide

Section	Contents…
Introduction [5 min]	Introductions and confirmation of comfort to record the session. IQ: Please could you briefly introduce yourself and give an overview of your current job role? IQ: What is your wider experience with physical activity policy (creation, implementation, advocacy)? IQ: How long in total have you been involved in the area of PA (years, months)? IQ: What do you see as the main benefits of PA?
PART 1: Multisectoral action [7 min]	IQ: What do you understand by the phrase 'multisectoral action for PA promotion'? IQ: To what extent is a multi-sectoral approach to PA promotion present in your current work? IQ: Which sector do you think should take the lead on such multisectoral action, if any? IQ: Can you describe if there are any key concepts or buzzwords PA could be tied to, to promote multisectoral action?
PART 2: Social value framing [10 min]	Introduce the concept of social value to participants IQ: How familiar are you with this concept of social value of PA? Activity 1 – Social value domain ranking "We will now try a think-aloud task, which involves verbalizing your thought process as you perform an activity. For this exercise I will share my screen. You will see several statements about the social value benefits of physical activity. I would like you rank them from most to least salient (relevant) for promoting policy action on PA, describing your thought process. Remember there are no right or wrong answers here" [perform activity – see Appendix 5] IQ: Do you think any of these benefits are not widely acknowledged? (probe – by policymakers? By general public?) IQ: How useful do you think such a social value framing is for promoting multisectoral action? IQ: Could you explain if you think there are natural links between any of these domains which could be highlighted for better action on PA promotion?
PART 3: SROI evidence	Activity 2 – SROI Vs text evidence "We will now move to look at SROI evidence. This is an emerging area of research which aims to quantify the non-market benefits of PA. So for example elements such as improved wellbeing which cannot easily be assigned a monetary value – the method therefore uses financial proxies. I'm interested in your opinion on this style of evidence. I will now show you 2 more statements about the social value of PA. In the same think-aloud way, could you describe which you feel is more impactful ? " [probe – imaging if you were reading a policy brief] [perform activity – see Appendix 5] IQ: Statement A) from Activity 2 is SROI evidence. Could you describe if you have seen or worked on SROI evidence before? IQ: Could you explain if you think SROI evidence is motivating for policy action on PA? IQ: In your opinion, how may SROI evidence be best used to increase policy action in PA promotion?
Conclusion	Thank participant, and ask whether they have any questions

APPENDIX 5: Interview think-aloud activities

5.1: Think-aloud activity 1 – Social value domain ranking



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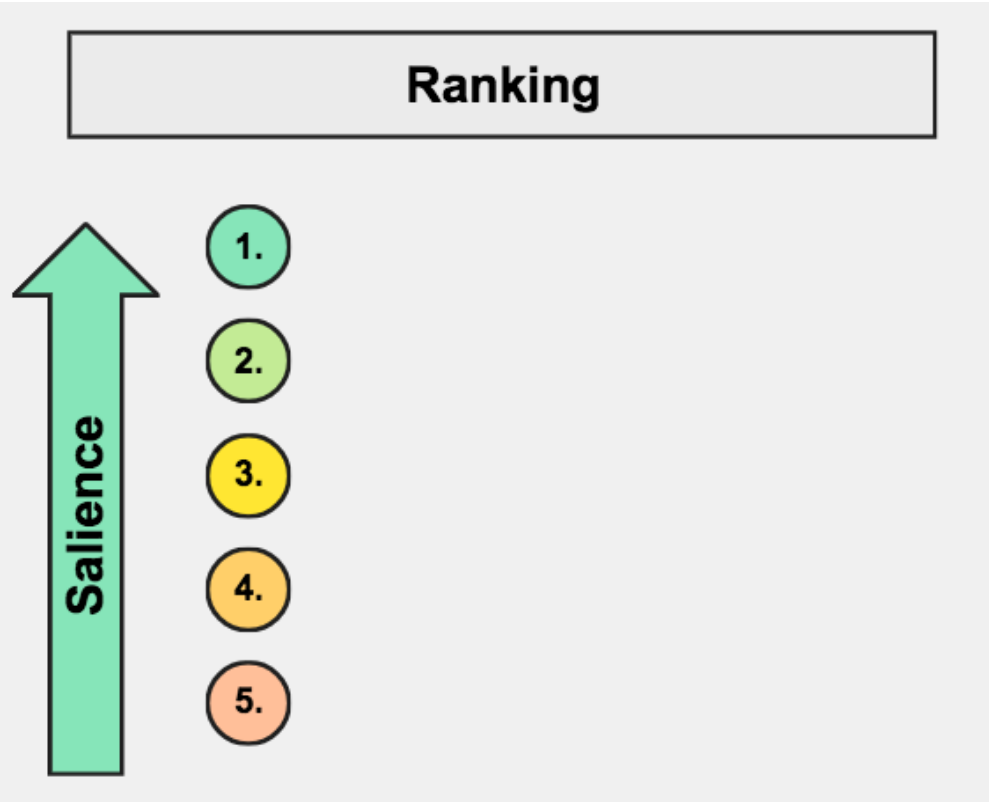
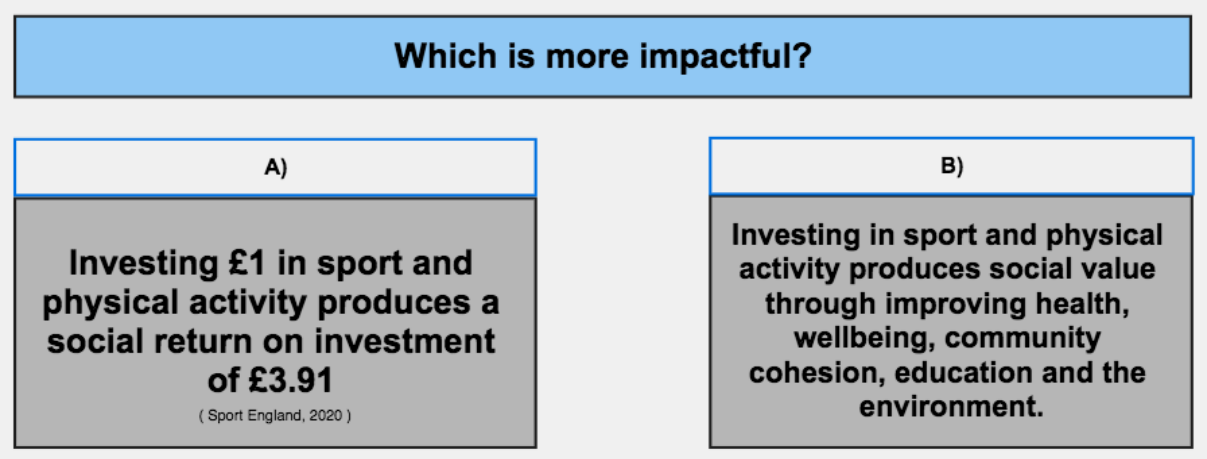


5.2: Think-aloud Activity 1 ranking results

	Participant						
Rank	A1	A2	A3	A4	A5	R1	R2
1	Health	Wellbeing	Health	Health	Health	Environment	Wellbeing
2	Social & community	Environment	Social & community	Environment	Social & community	Health = wellbeing	Health
3	Environment	Health	Environment	Education	Environment	-	Education
4	Wellbeing	Social & community	Wellbeing	Social & community	Education	Social & community	Social & community
5	Education	Education	Education	Wellbeing	Wellbeing	Education	Environment

5.3: Think-aloud Activity 2 – SROI Vs text evidence



APPENDIX 6: Final interview codebook

Main code	Subcodes		Description
MULTISECTORAL (1)	Buzzwords (1.1)		Reference to key buzzwords or concepts that can be tied to PA to promote multisectoral action
	Challenges (1.2)		Reference to the challenges involved in achieving a multisectoral approach
	Definition (1.3)		Reference to what participants perceive multisectoral action to be
	Examples (1.4)		Examples of multisectoral action on PA given by participants
	Importance (1.5)		Reference to the importance of a multisectoral approach for PA promotion
	Led by (1.6)		Reference to which sector, if any, should lead multisectoral action on PA
		Prevention (1.6_1)	Specific reference to narratives on disease prevention when discussing who should lead multisectoral action on PA

SOCIAL VALUE (2)	Depends on who (2.1)		Reference to the saliency of social value domains as dependent on which specific stakeholder you are trying to target
	Domains (2.2)		- (only used to organise the social value domains together)
		Education (2.2_1)	Reference to the saliency of the education domain of social value of PA
		Environment (2.2_2)	Reference to the saliency of the environment domain of social value of PA
		Health (2.2._3)	Reference to the saliency of the health domain of social value of PA
		COVID (2.2_3.1)	Reference to the impact of COVID on the saliency of the health domain of social value of PA
		Social (2.2_4)	Reference to the saliency of the social & community domain of social value of PA
		Crime (2.2_4.1)	Reference specifically to crime, when discussing the saliency of the social & community domain of social value of PA
		Wellbeing (2.2_5)	Reference to the saliency of the wellbeing domain of social value of PA
	Familiarity (2.3)		Reference to participants' familiarity with a social value framing of PA
	Links between domains (2.4)		Reference to natural links between different social value domains
	Utility (2.5)		Reference to the utility of social value framing, as perceived by participants
SROI EVIDENCE (3)	A vs B (3.1)		Relevant discussion on SROI salience during think-aloud Activity 2
	Benefits (3.2)		Reference to the benefits/advantages of SROI evidence
	Dissemination (3.3)		Reference to how best to disseminate SROI evidence
	Limitations (3.4)		Reference to limitations of SROI evidence
	Familiarity with SROI (3.5)		Reference to participants' familiarity with SROI evidence

APPENDIX 7: Included policies

Please note, no shading indicates the document was included in the original sub-sample. Those in light grey were included through saturation assessment.

Domain	ID	Country	Publication date	Title	Source
Health	Policy_H1	Portugal	2021	National Programme for Physical Activity Promotion [PROGRAMA NACIONAL PARA A PROMOÇÃO DA ATIVIDADE FÍSICA]	EACEA
	Policy_H2	Bulgaria	2021	National Health Strategy 2021-2030 [НАЦИОНАЛНА ЗДРАВНА СТРАТЕГИЯ 2021 - 2030]	WHO

	Policy_H3	Hungary	2021	Healthy Hungary 2021-2027: Health Sector Strategy [EGÉSZSÉGES MAGYARORSZÁG 2021−2027: EGÉSZSÉGÜGYI ÁGAZATI STRATÉGIA]	EACEA
	Policy_H4	Ireland	2021	Healthy Ireland: Strategic Action Plan 2021-2025	WHO
	Policy_H5	Poland	2021	Regulation on the National Health Programme 2021-2025 [PW SPRAWIE NARODOWEGO PROGRAMU ZDROWIA NA LATA 2021–2025]	WHO
	Policy_H6	Finland	2021	Promoting wellbeing, health and security 2030 Government Resolution [HYVINVOINNIN, TERVEYDEN JA TURVALLISUUDEN EDISTÄMINEN 2030]	WHO
	Policy_H7	Croatia	2020	Action Plan for the Prevention and Control of Chronic Non-communicable Diseases 2020-2026 [AKCIJSKI PLAN ZA PREVENCIJU I NADZOR NAD KRONIČNIM NEZARAZNIM BOLESTIMA 2020. - 2026.]	WHO
Sport	Policy_S1	Spain	2022	Basic sport support plan 2030 [ADB2030: APOYO AL DEPORTE BASE]	EACEA
	Policy_S2	Sweden	2022	Strategic plan for sport 2022-2025 [STRATEGISK PLAN FÖR IDROTTSRÖRELSEN]	WHO
	Policy_S3	Netherlands	2022	National sports agreement [NATIONAAL SPORTAKKOORD]	WHO
	Policy_S4	Bulgaria	2021	National strategy for the development of physical education and sport in the Republic of Bulgaria 2012-2022 [НАЦИОНАЛНА ПРОГРАМА ЗА РАЗВИТИЕ НА ФИЗИЧЕСКАТА АКТИВНОСТ, ФИЗИЧЕСКОТО ВЪЗПИТАНИЕ, СПОРТА И СПОРТНО-ТУРИСТИЧЕСКАТА ДЕЙНОСТ 2021 – 2022 г.]	WHO
	Policy_S5	Estonia	2021	Estonian Sport Policy Until 2030 [EESTI SPORDIPOLIITIKA PÕHIALUSTE AASTANI 2030]	WHO
	Policy_S6	Bulgaria	2020	Programme for the development of sport for people with disabilities for 2020 [ПРОГРАМА ЗА РАЗВИТИЕ НА СПОРТА ЗА ХОРА С УВРЕЖДАНИЯ за 2020 г]	EACEA
	Policy_S7	Bulgaria	2020	Sport for children at risk for 2020 [ПРОГРАМА „СПОРТ ЗА ДЕЦА В РИСК“ за 2020 г]	EACEA
Environment	Policy_E1	Finland	2022	National Strategy for Nature Recreation 2030 [KANSALLINEN LUONNON VIRKISTYSKÄYTÖN STRATEGIA 2030]	WHO

	Policy_E2	Hungary	2022	National Active Tourism Strategy 2030 [NEMZETI AKTÍV TURISZTIKAI STRATÉGIA]	WHO
	Policy_E3	France	2022	Plan for Energy Sobriety in Sport [PLAN DE SOBRIÉTÉ ÉNERGÉTIQUE DU SPORT]	EACEA
	Policy_E4	Greece	2021	National plan for accessibility, with a focus on climate change [ΕΘΝΙΚΟ ΣΧΕΔΙΟ ΓΙΑ ΤΗΝ ΠΡΟΣΒΑΣΙΜΟΤΗΤΑ ΜΕ ΕΜΦΑΣΗ ΣΤΗΝ ΚΛΙΜΑΤΙΚΗ ΑΛΛΑΓΗ-ΚΛΙΜΑΤΙΚΗ ΚΡΙΣΗ]	WHO
	Policy_E5	France	2021	4th national environmental health plan [4e PLAN NATIONAL SANTÉ ENVIRONNEMENT]	WHO
	Policy_E6	Greece	2019	National Energy and Climate Plan	WHO
	Policy_E7	Finland	2017	Healthy Parks, Healthy People: Health and wellbeing 2025 programme	WHO
	Policy_E8	Sweden	2005	Update 2005: Progress towards Sweden's environmental objectives in the county of Stockholm	WHO
Transport	Policy_T1	Germany	2022	National Cycling Plan 3.0	WHO
	Policy_T2	Sweden	2022	Transport Policy Goals: Summary Report	WHO
	Policy_T3	Sweden	2022	VGU Guides: Design of roads and streets [VGU-GUIDEN VÄGARS OCH GATORS UTFORMNING]	WHO
	Policy_T4	Sweden	2022	Traffic for an attractive city [TRAFIK FÖR EN ATTRAKTIV STAD UNDERLAG TILL HANDBOK]	WHO
	Policy_T5	Austria	2021	Austria's 2030 Mobility Master Plan	WHO
	Policy_T6	Lithuania	2021	Improving energy efficiency and renewable energy, centralised use of resources, financial measures to be implemented in the heating, cooling and transport sectors: Preliminary assessment [ENERGIJOS VARTOJIMO EFEKTYVUMO DIDINIMO IR ATSINAUJINANČIŲ ENERGIJOS IŠTEKLIŲ NAUDOJIMO CENTRALIZUOTO ŠILUMOS IR VĖSUMOS TIEKIMO BEI TRANSPORTO SEKTORIUOSE PLANUOJAMŲ ĮGYVENDINTI FINANSINIŲ PRIEMONIŲ IŠANKSTINIS VERTINIMAS]	WHO
	Policy_T7	Denmark	2020	Government agreement on the green transition of road transport [AFTALE OM GRØN OMSTILLING AF VEJTRANSPORTEN]	WHO
Education & youth	Policy_E&Y1	Portugal	2017	School sports programme 2017-2021 [PROGRAMA DO DESPORTO ESCOLAR 2017 - 2021]	EACEA

	Policy_E&Y2	Hungary	2016	Changing the speed in higher education 2016-2020 [FOKOZATVÁLTÁS A FELSŐOKTATÁSBAN KÖZÉPTÁVÚ SZAKPOLITIKAI STRATÉGIA 2016-2020]	WHO
	Policy_E&Y3	Ireland	2014	Better outcomes brighter futures : The national policy framework for children & young people 2014-2020	EACEA
	Policy_E&Y4	Poland	2014	Youth activity programme 2015-2016 [RZĄDOWY PROGRAM AKTYWNOŚCI SPOŁECZNEJ MŁODZIEŻY NA LATA 2015-2016]	EACEA
	Policy_E&Y5	Austria	2021	Celebration of 10 years of the Child and Youth Health Strategy [FESTVERANSTALTUNG 10 JAHRE KINDER – UND JUGENDGESUNDHEITSSTRATEGIE]	EACEA
	Policy_E&Y6	Ireland	2007	Teenspace: National recreation policy for young people	EACEA
Urban planning	Policy_U1	Sweden	nd	National guidelines for green structure planning [GRÖN INFRASTRUKTUR I FYSISK PLANERING]	WHO
	Policy_U2	Sweden	2018	Strategy for living cities – a policy for sustainable urban development [SKRIVELSENS HUVUDSAKLIGA INNEHÅLL]	WHO
	Policy_U3	Lithuania	2011	Streets and Local Roads. General Requirements [ĮSAKYMAS DĖL STATYBOS TECHNINIO REGLAMENTO STR 2.06.04:2014 „GATVĖS IR VIETINĖS REIKŠMĖS KELIAI. BENDRIEJI REIKALAVIMAI“ PATVIRTINIMO]	WHO
	Policy_U4	Sweden	2010	Planning and building act 2010	WHO
Other	Policy_O1	Croatia	2020	The national development strategy Croatia 2030	WHO
	Policy_O2	Poland	2020	Strategy for the development of human capital 2030 [STRATEGIA ROZWOJU KAPITAŁU LUDZKIEGO 2030]	WHO
	Policy_O3	Poland	2020	Active forms of countering social exclusion – new dimensions 2020 [AKTYWNE FORMY PRZECIWDZIALANIA WYKLUCZENIU SPOLECZNEMU - NOWY WYMIAR 2020]	WHO
	Policy_O4	Denmark	2019	Overview of 'inclusion in local communities through physical education' project pool [OVERSIGT OVER PROJEKTER I PULJEN 'INKLUSION I LOKALE FÆLLESSKABER GENNEM IDRÆT]	WHO
	Policy_O5	Sweden	2018	Sweden's work on global health – implementing the 2030 Agenda	WHO

	Policy_O6	Portugal	2017	Intersectoral commission for the promotion of physical activity [Despacho n.º 3632/2017]	WHO

APPENDIX 8: EU countries not included in the sub-sample for policy content analysis, and potential explanatory characteristics compared to countries that were included

Inclusion in sub-sample	Country	Number of policies in full included sample	Most recent policy publication date in full included sample	Last update of country-specific EACEA page
Non-included	Belgium	3	2018	March 2022
	Cyprus	4	2020	March 2023
	Czechia	3	2018	February 2023
	Italy	3	2020	March 2023
	Latvia	2	2014	November 2020
	Luxembourg	2	2020	December 2022
	Malta	3	2016	March 2021
	Romania	5	2017	March 2022
	Slovakia	1	2018	March 2021
	Slovenia	4	2015	March 2023
	AVERAGE	3	2017.6	2022
Included	Austria	6	2021	June 2021
	Bulgaria	8	2021	January 2021
	Croatia	8	2020	March 2023
	Denmark	5	2020	March 2023
	Estonia	3	2021	October 2021
	Finland	10	2022	January 2023
	France	7	2022	March 2023
	Germany	5	2022	January 2022
	Greece	4	2021	March 2023
	Hungary	7	2022	April 2023
	Ireland	7	2021	April 2022
	Lithuania	9	2021	March 2022
	Netherlands	4	2022	November 2020
	Poland	5	2021	March 2023
	Portugal	4	2021	January 2021
	Spain	5	2022	January 2021
	Sweden	13	2022	March 2023
	AVERAGE	6.47	2021.3	2022

Résumé en français

Titre : L'utilité de la conceptualisation par la valeur sociale pour la promotion multisectorielle de l'activité physique en Europe : Une étude qualitative.

Contexte : En Europe, un tiers des adultes n'atteignent pas les recommandations minimales en matière d'activité physique. La pratique de l'activité physique est bénéfique pour la santé physique et mentale, ainsi que pour de nombreux autres domaines de la société. L'action multisectorielle peut contribuer à promouvoir l'activité physique. La valeur sociale, et sa quantification par le biais du retour social sur investissement (SROI), peut être un cadre utile pour l'activité physique afin d'atteindre cet objectif. Cette étude vise à évaluer l'utilisation actuelle et l'utilité perçue de la conceptualisation par la valeur sociale de l'activité physique pour la promotion multisectorielle en Europe.

Méthodes : Cette étude utilise une approche multi-méthodes de recherche qualitative. L'analyse du contenu de 45 politiques d'activité physique d'États membres de l'Union Européenne a été contextualisée par sept entretiens semi-dirigés avec des acteurs politiques. Les données ont été analysées dans NVivo, avec un codage inductif manuel.

Résultats : La conceptualisation par la valeur sociale est présente dans une certaine mesure dans les politiques existantes, les avantages pour la santé de l'activité physique étant les plus cités. En général, les politiques manquent d'une conceptualisation holistique de la valeur sociale. Les politiques du secteur de la santé sont particulièrement limitées dans la reconnaissance des co-bénéfices de l'activité physique, tandis que celles du secteur de l'environnement reconnaissent la plus grande variété de bénéfices. Les acteurs politiques considèrent que la conceptualisation par la valeur sociale est utile pour parvenir à une action multisectorielle. Les avantages de l'activité physique pour la santé, la société et la communauté ainsi que pour l'environnement sont considérés comme les plus importants dans le climat politique actuel. L'outil de SROI sont également considérées comme un outil concis et efficace pour impulser une action politique en faveur de l'activité physique.

Conclusion : La conceptualisation par la valeur sociale, en particulier l'outil de SROI, est perçue comme très important pour promouvoir l'action multisectorielle en matière d'activité physique. Bien qu'elle soit présente dans une certaine mesure dans les politiques existantes,

elle pourrait être améliorée en termes d'exhaustivité pour soutenir la pertinence de l’activité physique et l’engagement avec l'action multisectorielle.

Mots clés : *activité physique, valeur sociale, action multisectorielle, cadrage des problèmes*