

ASSOCIATION
OF SUMMER OLYMPIC
INTERNATIONAL FEDERATIONS

INTERNATIONAL FEDERATION PRIORITIES AND ACTIVITIES WITH RESPECT TO ATHLETE AND GLOBAL HEALTH

Lausanne, November 2016



Objective

The purpose of this survey is to identify areas of priority and activity for International Federations (IFs) with respect to athlete health and safety and for global health.

Purpose

The results of this survey will serve to direct and frame the activities of the ASOIF Medical and Science Consultative Group (AMSCG), and will influence the planning and priorities of the International Federations and the International Olympic Committee's Medical and Scientific Commission.

Methodology and Response Rate

The study was developed in the form of a survey by the Association of Summer Olympic International Federations (ASOIF) in consultation with the AMSCG under the chairmanship of Dr. Margo Mountjoy (CAN), Bureau Liaison to the FINA Sports Medical Committee and a member of the IOC Medical Commission – Games Group. This survey was conducted from 14 March – 29 April 2016 in the form of an online questionnaire. It surveyed the 28 International Federations that are members of ASOIF.

The facilitation and technical implementation of the online survey was outsourced to professional services company PricewaterhouseCoopers (PwC).

All 28 ASOIF members responded to the survey. Statistical analysis was conducted by McMaster University Medical School, (CAN).

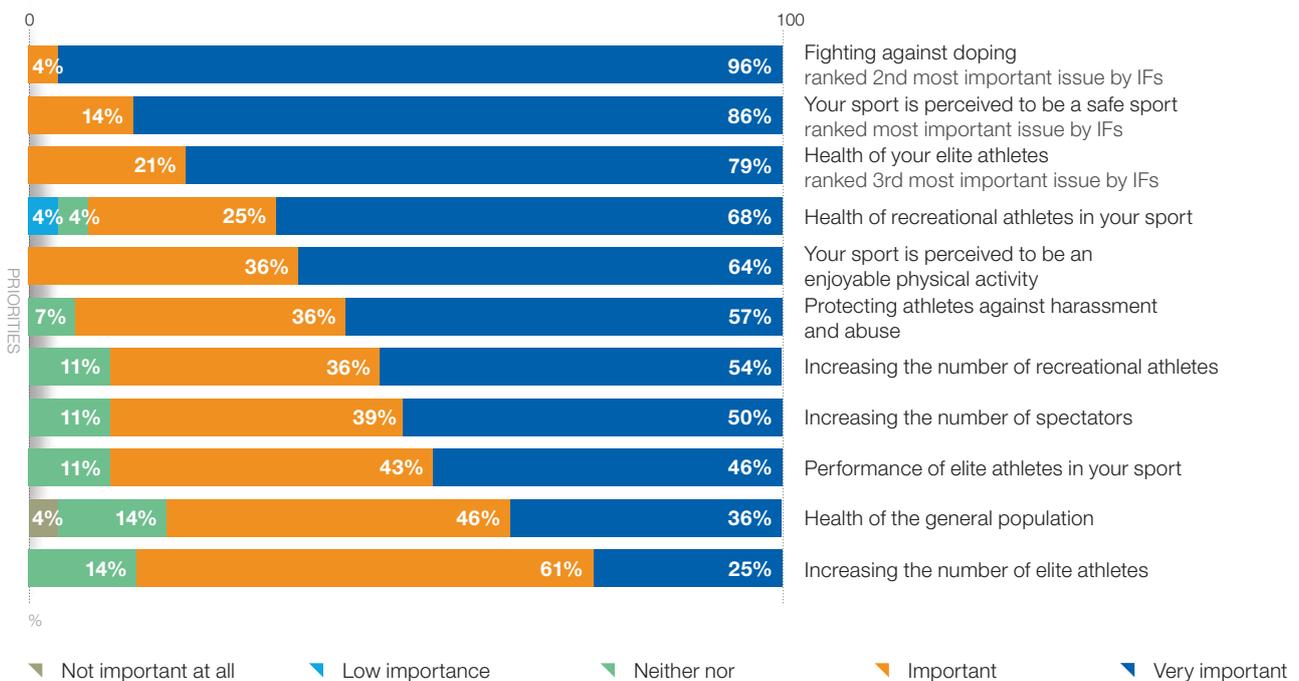
For analysis of trends over time, a comparison was made of the current data with a survey on International Federation health promotion conducted in 2012 by Mountjoy and Junge¹.

Results

1. Health priorities of the International Federations

The priorities of the International Federations with respect to health can be found in Figure 1. While 96% of International Federations identified the “fight against doping” as the highest priority, it was ranked 2nd behind “the perception of your sport as a safe sport”; followed by “the health of your athletes”. The lowest priorities of the International Federation were “increasing the number of elite athletes”, and the “health of the general population”.

Figure 1 – Importance of health priorities for IFs



2. International Federation health-related programmes, guidelines or research activities

Figure 2 demonstrates the International Federation programmes, guidelines or research activities of various health-related topics. Inherent in a survey format is the potential for self-report bias and the missing evaluation of the quantity and quality of the activities/programmes.

Of interest to note, despite highly prioritizing the “health of your athletes”, International Federations are not addressing all aspects of athlete health such as:

- ▼ Mental health
- ▼ Harassment and abuse
- ▼ Relative energy deficiency in sport (RED-S)
- ▼ Eating disorders/disordered eating.

Figure 2 Percentage of IF self-reporting programmes, guidelines or research activities on various health-related topics



Sample size = 27 Summer Olympic IFs (96%)

3. Have International Federations changed over time? A comparison with 2012

a) Health-related priorities

Figure 3 shows the change in health-related priorities of the International Federations from 2012 – 2016. It is interesting to note a decrease in the priority of the International Federation in the following topics:

- ▼ Image as an enjoyable physical activity
- ▼ Health of recreational athletes in your sport
- ▼ Increasing the number of recreational athletes
- ▼ Increasing the number of spectators.

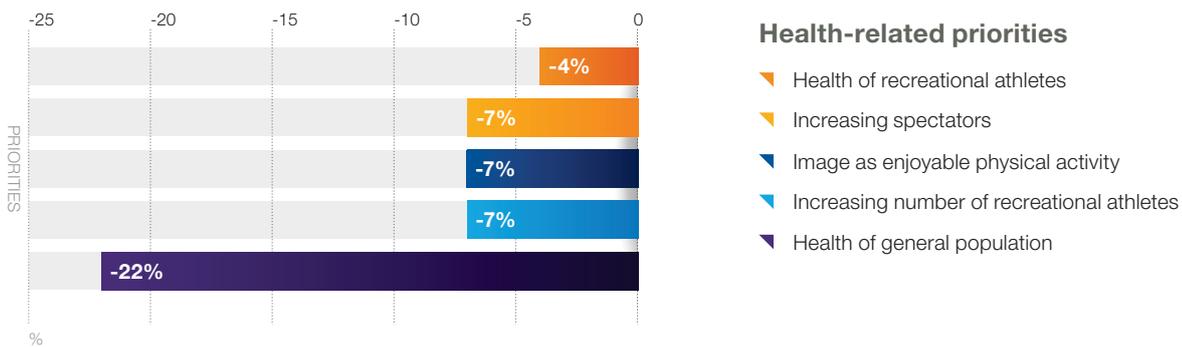
However, the most important and statistically significant decrease in International Federation

priority is in the topic of “health of the general population”, despite the final recommendation of the 2012 study being:

“International Federations should use the unique chance to contribute to the health of the general population by the promotion of physical activity through their sport.”

A possible explanation of this significant negative change in International Federation attention away from prioritizing global health could be attributed to the recent focus on negative issues such as doping challenges, betting and match fixing.

Figure 3. Comparison of health-related priorities for IFs between 2012 and 2016.



Note:

The categories relating to: image as safe sport, top performance of sport athletes, health of elite athlete, increasing number of elite athletes, and fight against doping showed no change from 2012 to 2016

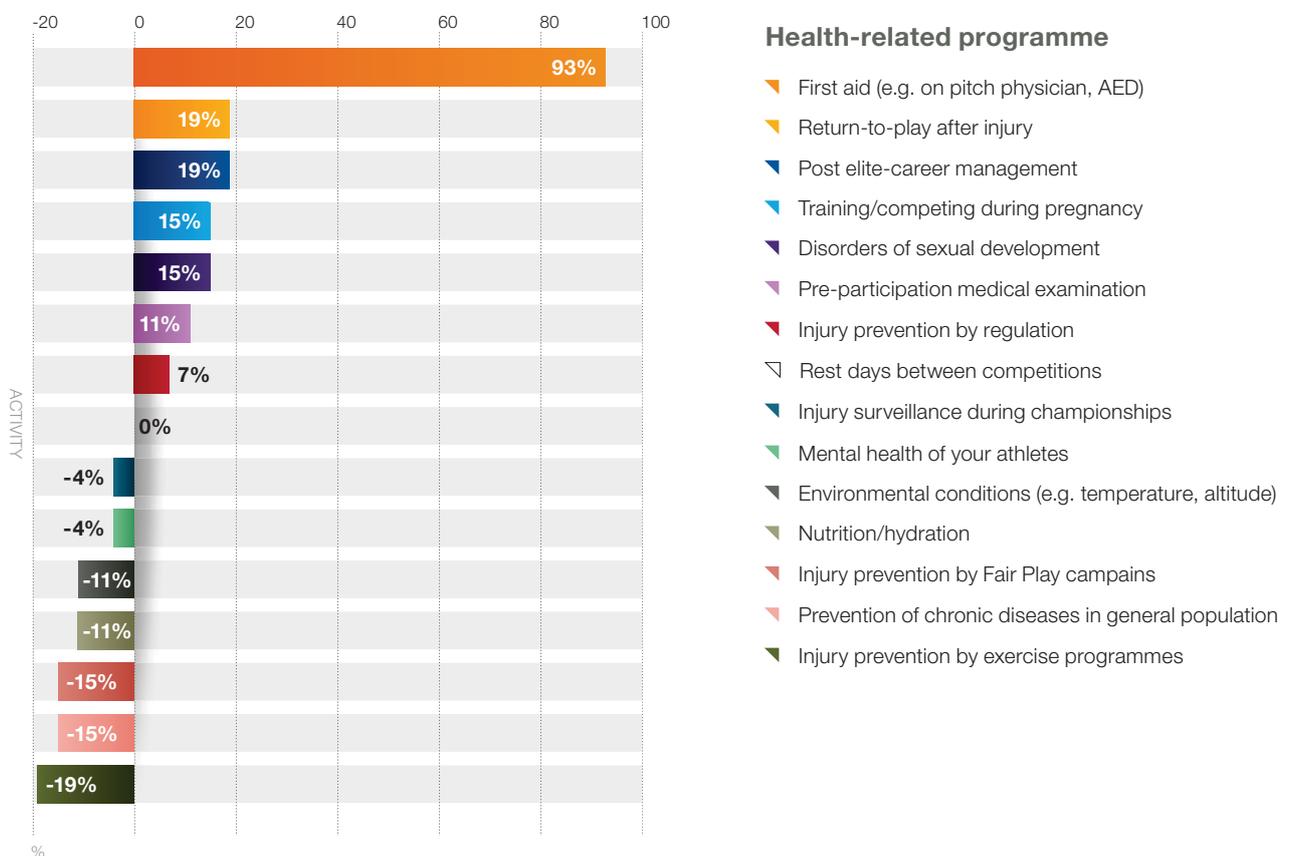
b) Health-related programmes, guidelines and research activities

Figure 4 shows the percentages of International Federations that report activities in the various listed health-related topics in comparison with the results from the 2012 survey. Of importance is to note the changes in the following relevant trends:

- ▼ Despite prioritising athlete health highly, there is a negative trend, or decreasing activity in:
 - ▼ Injury prevention by exercise-based programmes
 - ▼ Injury prevention by Fair Play campaigns or similar.
- ▼ A positive trend, or increasing activity in:
 - ▼ Return-to-play after injury
 - ▼ First aid (e.g. on pitch physician, AED)
 - ▼ Training/competing during pregnancy.

The most important findings – of statistical significance – are the positive change (increase) in the International Federation activity in the area of “Post elite career management” and the negative change (decrease) in the International Federation activity in the area of “Prevention of chronic diseases in the general population”.

Figure 4. Changes in IF health-related programmes, guidelines and/or research activities from 2012-2016



Conclusions and Recommendations:

1. Athlete health: While it is encouraging to see International Federations prioritise the health of the elite athlete, International Federations should focus on all aspects of athlete health to ensure athlete health both during and after sport. A more robust and comprehensive athlete health program would ultimately result in improvement of athlete sport performance.
2. Recreational athlete health: International Federations have not identified recreational health as a priority. Attention to this large group of individuals world-wide would benefit sport through the increase in healthy participating athletes, as well as the fan base and sport market.
3. Health of the general population: According to the Olympic Charter, International

Federations have an obligation to develop sport for all, and a unique opportunity to positively influence global health through the promotion of their sport to improve global health.

Despite the wide-spread knowledge of the importance of the promotion of physical activity (or sport) on the health of the global population, the decreasing priority and programming of the International Federations on global health through physical activity promotion is disturbing.

The barriers to International Federation promotion of health in both the elite athlete and global populations should be identified and robust effective solutions developed to deliver International Federation programs to improve both athlete and global health.

Through the promotion of health, International Federations have the power to create a positive image of sport and a long-lasting legacy of improving global health:

“THE POWER OF SPORT TO DRIVE WORLD HEALTH”



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