

Health promotion and sports inclusion: A sustainable link

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Abstract

Health promotion is a socio-political process that enables individuals to gain greater control over their health and improve it, as outlined in the Ottawa Charter. It considers not only individual aspects but also social and environmental contexts. Within this framework, physical activity and sport play a central role, promoting physical and psychological benefits, well-being, and social integration. Promoting physical activity is a public health priority and requires coordinated interventions. Sports organizations represent key settings for health promotion and important educational models. The guidelines of the Health Promoting Sports Federation support these processes, with particular attention to inclusion.

Keywords: Health promotion; sedentary behavior; physical activity; sport; inclusion

1. Introduction

Health promotion is the global socio-political process that enables individuals to gain control over their health and improve it. It is a complex strategy involving multiple levels of intervention – individual, social, political, and environmental (WHO, 1987).

Indeed, the process of health promotion encompasses not only actions aimed at strengthening individuals' capacities and competencies, but also interventions designed to modify social, environmental, and economic

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conditions in order to mitigate their impact on both individual and collective health.

In recent years, also in light of these considerations, the definition of health has increasingly moved away from its traditional meaning. Today, health should no longer be understood merely as “a complete state of physical, mental and social well-being and not merely the absence of disease” (WHO, 1948), nor solely, as stated in Article 32 of the Italian Constitution, as a “right of every citizen that the State must guarantee and protect” (Italian Constitution, 1948).

Among the most recent and widely recognized definitions of health is that proposed by Fiona Godlee – Editor-in-Chief of the *British Medical Journal* from 2005 to 2021 – who, in a 2012 editorial, defined health as “the ability to adapt and self-manage in the face of social, physical, and emotional challenges that life inevitably presents” (Godlee, 2012).

Godlee criticizes the World Health Organization’s 1948 definition, arguing that although historically significant, it is now considered limited in the 21st century. According to the author, rather than being a static state of “perfection” or absence of disease, health should be understood as a dynamic resource and a capacity for resilience (dynamic approach to health). This perspective would also allow individuals with chronic conditions or disabilities to be considered “healthy” if they are able to manage their condition and adapt to their environment (principle of inclusivity). In effect, the emphasis shifts from a clinical and disease-centered view (a medicalized perspective) to individual strength and personal responsibility in maintaining psycho-physical balance, thereby promoting a paradigm shift toward a more person-centered model of care.

When contextualizing the WHO’s historical definition of health within the health promotion process, it can be argued that, in order to achieve a state of complete physical, mental, and social well-being, individuals and communities must be able to identify and realize their aspirations, satisfy their needs, and modify or adapt to their environment. Health, therefore, should not be considered exclusively as a state or a right, but as a dynamic resource for everyday life and, at the same time, not the ultimate goal of life itself. It is a positive concept that emphasizes social and personal resources, as well as individual physical capacities, in line with Godlee’s perspective. Each person has the responsibility to improve their own health and to bring it to the highest level permitted by their psycho-physical conditions, social relationships, and environmental context. Regardless of the socio-environmental conditions in which they live, every individual can – and indeed has the right and responsibility to – improve their health.

Health promotion is not limited to the healthcare sector, but requires an intersectoral approach. The issue must be brought to the attention of decision-makers in all sectors and at all levels, encouraging them to be fully aware of the health consequences of their decisions and to assume responsibility accordingly. Health promotion policies integrate diverse but complementary components – legislation, fiscal measures, and organizational changes – into coordinated actions aimed at implementing health, social, and income policies inspired by greater equity (Sallis, 2016). Within the logic of health promotion, the principle of equity plays a crucial role. All individuals should have equal opportunities to achieve the highest attainable level of health, regardless of factors such as income, education, place of residence, gender, or origin, thereby avoiding unjust and preventable health disparities and promoting “proportionate universalism.

Health promotion policy must prioritize the identification of barriers that hinder the adoption of public policies that protect health across non-health sectors and determine the most effective ways to remove them. It is essential to ensure that, for policymakers as well, the choice to protect health becomes the most advantageous option.

Health is created and lived by people in their everyday lives: in the places where they learn, work, play, and love. Health is built through caring for oneself and others, developing the ability to make decisions and take control of life circumstances, and ensuring that the society in which one lives enables everyone to achieve health. Commitment, comprehensive support strategies, and attention to ecological sustainability are essential factors for the development of health promotion. For those involved in this field, a guiding principle must be that, at every stage of planning, implementation, and evaluation, men and women act together on a basis of full equality.

Health, as a primary good, must be integrated into broader political decision-making processes. This is because significant negative impacts on individual and collective health can arise not only from health policy decisions, but also from decisions in sectors such as energy, the environment, urban planning, transportation, waste management, and water supply.

Contemporary societies are highly complex and interdependent, and health cannot be treated as an isolated objective. The inseparable link between humans and the environment forms the basis of a socio-ecological approach to health (Green, 2005). The guiding principle should always be mutual support: caring for one another, for our communities, and for the natural environment. The protection of natural resources worldwide must

be reaffirmed as a global responsibility. Changes in lifestyles, work patterns, and leisure activities have a decisive impact on health.

Work and leisure should therefore become sources of well-being for all. The way in which society organizes work should contribute to making it healthier; health promotion should lead to safer, more stimulating, rewarding, and enjoyable living and working conditions. A systematic assessment of the health impact of rapidly changing environments—particularly in the fields of technology, labor, energy production, and urbanization—is essential and must be followed by actions aimed at ensuring tangible health benefits for all. Every health promotion strategy must take into account environmental protection and the conservation of natural resources. Effective community action can contribute to ensuring healthier and safer products and services, improved public services, and more supportive and health-promoting environments.

2. Physical Activity, Sport, and Health

A healthy lifestyle does not consist solely of proper nutrition and adequate physical activity; rather, it is a more complex construct that encompasses the effective use of leisure time, positive interpersonal relationships, greater awareness of what truly matters, and the ability to manage emotions and stress. Engaging in physical activity is a choice that can be highly beneficial for improving health and quality of life, particularly within the fast-paced rhythms of modern society. Extensive scientific evidence demonstrates that sport, and physical activity in general, not only provide significant benefits for psycho-physical health and overall well-being, but also enable individuals to enhance their role within the social context and improve interpersonal relationships.

Several key domains of influence of sport can be identified. First, health, due to the positive physical and psychological effects that, combined with healthy lifestyles, can prevent the onset of certain chronic diseases. Second, values and essential moral qualities fostered through sport, contributing to personal development, such as teamwork, respect for rules and discipline, social inclusion, sharing, and education. Third, the important educational and formative role of sport: over the past 20 years, sport has become a third pillar in the development of adolescents, alongside family and school.

The economic benefits of sport are also evident: it generates investment, employment, and impacts multiple sectors, including manufacturing, tourism, communications, technology, and the broader “Made in Italy”

system. In addition, sport has a significant environmental and territorial dimension. The sports sector increasingly engages with issues related to sustainability and environmental protection, aiming to strengthen the connection between sports culture and environmental awareness. It is therefore clear that all these elements contribute to social, economic, and environmental well-being.

Health promotion has always paid particular attention to the field of physical activity and sport. The 2016 Bangkok Declaration on Physical Activity for Global Health and Sustainable Development, endorsed by participants at the VI ISPAH (International Society of Physical Activity and Health) Congress on Physical Activity and Public Health, called on governments, policymakers, potential funders, and stakeholders – including the WHO, the United Nations, and major non-governmental organizations – to:

- renew their commitment to invest in and implement timely, large-scale policy actions to reduce physical inactivity across the life course, contributing to the reduction of the global burden of non-communicable diseases and the achievement of the 2030 Agenda goals;
- ensure cross-sectoral involvement at the national level and establish ad hoc coordination platforms; strengthen the competencies of professionals and decision-makers (ISPAH, 2015).

From a scientific perspective, the importance of physical activity as a health promoter is supported by the following evidence: approximately 30% of premature deaths are associated with overweight and physical inactivity; sedentary behavior causes 5.3 million deaths annually, exceeding those caused by tobacco smoking (5 million deaths); approximately one-third of cancer deaths are linked to poor diet, sedentary behavior, and overweight; engaging in physical activity even below recommended levels (30 minutes, five times per week for adults) produces beneficial effects, adding on average three years to life expectancy.

Sedentary behavior is considered an important independent risk factor. For this reason, in public health, physical activity – particularly when framed as preventive exercise (Adapted Physical Activity, APA) or as targeted interventions for multifactorial diseases (Therapeutic Exercise, TE) – is increasingly used as a form of “medicine,” prescribed by healthcare professionals (HEPA, 2015; Zouhal, 2022).

Sedentary behavior and physical inactivity are distinct concepts and should not be confused, as highlighted by several studies (van der Ploeg, 2017; Calella, 2024; Pinsault, 2025). An individual may be physically active yet still sedentary. For example, a person who engages in sport regularly (e.g., three times per week) but spends most of the day in

sedentary activities (studying, working, leisure) is still considered sedentary. In other words, sedentariness is determined by the amount of time spent in low-energy activities compared to movement, making it a quantitative measure.

Sedentary behavior is an independent risk factor for the development of numerous diseases and depends not only on insufficient physical activity, but also on generally inactive lifestyles. Therefore, the negative effects of sedentariness cannot be reduced to those associated with low physical activity alone. The optimal condition for achieving tangible health benefits arises from regular physical activity within an overall active lifestyle. Engaging in physical activity is thus a necessary but not sufficient condition for maintaining a healthy lifestyle.

According to the Ministry of Health, promoting physical activity is a priority that can only be achieved by effectively addressing the environmental, social, and individual determinants of physical inactivity (Bauman, 2012) and by implementing sustainable actions through cross-sectoral collaboration at national, regional, and local levels. This represents a complex process requiring the involvement of multiple sectors, each with specific roles and responsibilities: public health and healthcare systems, education, non-health professionals, the sports sector, environmental and infrastructure planning, and workplaces.

In particular, according to Van Hoya (2016, 2020, 2021), in line with the principles of the Ottawa Charter and health promotion, promoting health through sport and physical activity involves:

Building healthy public policy, by prioritizing health at all levels of sport and raising awareness among decision-makers about the impact of their choices. This includes developing partnerships across sectors such as urban planning, fiscal policy, education, transportation, leisure, media, and family policies, with the aim of making healthy choices easier.

Creating supportive environments, by ensuring safe, stimulating, and enjoyable spaces for sport and improving the well-being of athletes and participants.

Strengthening community action, enabling communities to make decisions, set priorities, and plan strategies to promote physical activity. This involves empowering sports federations and clubs through accessible information, quality practice, learning opportunities, partnerships, and funding.

Developing personal skills, by encouraging lifelong personal and social development through sport, enhancing individuals' control over their health, and paying particular attention to vulnerable groups.

Reorienting health services, encouraging the sports sector to view participants not only as athletes but as individuals in their entirety, and recognizing the role of sports organizations in promoting health and healthy lifestyles. Health services should support physical activity through education, counseling, monitoring, and tailored interventions for individuals with specific conditions or disabilities.

3. Sport and Inclusion

Sport represents a privileged context for promoting social inclusion. It constitutes an important opportunity for personal growth for every individual, regardless of their personal and social conditions, and serves as a means of social transformation. It can act as a powerful factor of humanization, contribute to the realization of values such as beauty and goodness, and improve health – understood in its broad conceptual sense – as well as quality of life and social inclusion (Moliterni, 2013).

A person-centered approach to sport can foster processes of inclusion and social cohesion for both individuals with typical development and those with disabilities. It allows individuals to explore deeper aspects of the self through interaction with others' differences and challenges, while also engaging in meaningful experiences such as interpersonal communication, cooperation, respect for rules, solidarity, fairness, justice, increased motivation, and the ability to face and overcome frustration (Mura, 2009).

For over twenty years, in many European and non-European countries, the recognition of Adapted Physical Activity (APA) as a discipline has enabled the adaptation of all major forms of physical activity: from physical education in schools to the initiation of sport in clubs, from rehabilitation and therapeutic practices to recreational activities, from maintenance exercise to competitive sport. Based on the principles of human dignity (Article 1) and accessibility (Article 9) reaffirmed by the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006), it is essential to promote motor and sports activities as a strategy for fostering inclusion, developing new cultural awareness, and reshaping policies of access and participation. These activities should be implemented in an integrated manner, involving both individuals with difficulties and the general population, within formal and informal contexts. As noted, “it is a matter of redefining the trajectory of movement and sport within a dimension where barriers and boundaries disappear, making them human-centered practices open to all, everywhere” (Mura, 2011).

Adapted Physical Activity is specifically designed for populations with special needs, for whom not only sports practices but also environments, equipment, and regulations are adapted. Moreover, the importance of APA is recognized by the International Federation of Adapted Physical Activity (IFAPA), which applies it across education, leisure, high-performance sport, and rehabilitation, without distinction in its conceptual and pedagogical framework (de Anna, 2009).

The key challenge is to design motor and sports activity programs for all individuals – regardless of ability level or age – that respect individual differences while ensuring personal satisfaction, performance improvement, and, above all, full inclusion within mainstream contexts (Mura, 2009). The goal is not to alter the reality of sport solely to meet the needs of people with disabilities, but rather to rethink, modify, and adapt existing activities to enable broader participation. This may also involve the development of new disciplines that incorporate and enhance diversity within their rules and structures. As emphasized, “the aim is not merely to ensure participation, but to highlight the enhancement of each individual’s abilities by designing activities that require more flexible timing and modalities tailored to specific needs” (de Anna, 2011).

In all contexts where physical and sports activities take place, it is now necessary to develop multi-level pathways that allow individuals to progressively build their motor and sports competencies – from basic skills to more advanced and complex abilities – within a fully inclusive and socially integrated environment, consistent with the principles of health promotion.

4. WHO Guidelines: Health-Promoting Sports Organizations

According to the World Health Organization, “when individuals perceive that their health and well-being are a priority for sports federations and associations, they are more likely to invest their own resources to strengthen these organizations’ capacity to promote health. This improves the performance of elite athletes and contributes to retaining members, coaches, and managers, creating a virtuous cycle that can generate multiple positive outcomes, including economic benefits” (WHO, 2025).

The world of sport plays a key role in society by striving to create optimal conditions that encourage sports federations, athletes, and members to take care of their health and well-being. To this end, the Health Promoting Sports Federation (HPSF) has recently developed specific guidelines aimed at supporting investments by sports federations and clubs

(and their partners), providing them with theoretical models, case studies, expertise, strategies, and tools to promote the health of their members through concrete actions.

According to the WHO, being a Health-Promoting National Sports Federation (NSF) means integrating the concept of health into organizational values, vision, and leadership, as well as into activities and training programs, while supporting affiliated clubs in becoming Health-Promoting Sports Clubs (HPSC).

It is essential for NSFs to collaborate in a synergistic and integrated manner with health promotion organizations, as well as with private partners, in order to mobilize their health promotion potential and enhance the visibility of health-related initiatives.

Enhancing awareness of the strong link between sport and health will increasingly attract the attention of parents concerned with the growth and development of children and youth, as well as that of funders interested in the social and health responsibilities of sports organizations.

5. Conclusions

The Ottawa Charter has been a valuable tool in guiding scholars and practitioners in health promotion in the design and implementation of policies, strategies, and programs.

However, the document has remained unchanged despite the fact that the world and people's health needs have evolved significantly. Health promotion represents a fundamental strategy for addressing contemporary health challenges. At present, the Ottawa Charter is no longer fully capable of responding to these challenges, as a long-anticipated revision has yet to be carried out. Nevertheless, the prerequisites for health and the core strategies of health promotion, with some adjustments, remain relevant in today's context. The five priority action areas for health promotion – building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services – require urgent updating, that better reflect the challenges of the modern era.

An inclusive approach should be adopted, under the guidance of a competent international organization, in collaboration with non-governmental and voluntary organizations, social movements, health promotion professionals, and governments, in order to revise or replace the document developed in Ottawa approximately 40 years ago.

A comprehensive revision – or replacement – of the Ottawa Charter should take into account: contemporary perspectives, concepts, definitions, and language used in modern health promotion, including “One Health,” health literacy, health as a social construct, social determinants of health, inclusion, resilience, and equity; the new global challenges in health promotion that have emerged over the past 40 years, including emerging infectious diseases, the increase in armed conflicts, social isolation and mental health issues, urbanization, the impact of the Internet and social media, artificial intelligence and digital technologies, mass migration, the climate crisis, food insecurity, and the growing economic and social inequalities (Dors, 2026).

Within this perspective, the field of sport and physical activity must assume a decisive and indispensable role in any authoritative document that aims to redefine the role of health promotion in the contemporary world.

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