

Sports Club for Health

– Guidelines for health-oriented sports activities in a club setting

Kunto
FINNISH SPORT FOR
ALL ASSOCIATION



Education and Culture DG



SC FOR H
Sports Club for Health

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Contents

Sports Club for Health

– Guidelines for health-oriented sports activities in a club setting

Contributors	4
Glossary of terms	6
Foreword	7
1. Introduction	8
1.1 Rationale for Sports Club for Health programmes	10
1.2 Framework for Sports Club for Health	10
2. Rationale for Sports Club for Health Guidelines	14
2.1 Who are these guidelines for?	14
2.2 What will our club gain when implementing a Sports Club for Health Programme?	15
2.3 What will these guidelines help our club to do?	15
3. Guidelines for Sports Club for Health Programmes – Three stages	16
3.1 Planning for a Sports Club for Health Programme	17
3.2 Implementing a Sports Club for Health Programme	23
3.3 Documenting and communicating a Sports Club for Health Programme	24
4. Future directions	27
5. Resources and useful organisations	28
References	29
Appendices	30
A1. Health Profile of different sports disciplines (Ari Heinonen)	
A2. Funding systems for Sports Club for Health (Pasi Koski)	
A3. Certification systems for Sports Club for Health (Herbert Hartmann)	
A4. Instructor education for Sports Club for Health (Stefan Westerback)	
A5-8. Evaluation for Sports Club for Health (Stjepan Heimer and Charlie Foster)	

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Glossary of terms

Definitions of essential terms used in these guidelines.

Civic-organization

An organization that is based on voluntary civil activity, non-profit making.

Health Enhancing Physical Activity (HEPA)

All type of a physical activity, that is beneficial to one's health with minimum risks.

Health-oriented sports club

A sports club that recognises health in its orientation to activities. Health is not the main orientation, but has been recognised as one of the main operating principles.

Health Promotion

Activities, which are done to support individuals', communities' and/or environments' capacity to control over and improve of their health.

Physical Activity

A series of behaviours that include a range of life-style physical activities (at work, at home, during transport, during leisure-time), exercise and sport.

Programme

A development process with defined timeline. In the sports club for health context it is a set of development actions of current sports activities or foundation of new activities with health orientation.

Public Health

"The science and art of preventing

disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, communities and individuals". In the sports club context it means primarily the prevention of non-communicable diseases through physical activity and promotion of psycho-social health.

Setting/settings-based approach

In the context of SCforH the setting is a single sports club. Settings-based approach points out that development of activities should be directed first and foremost towards setting-related factors together with recognising individual-related ones.

Sport for All

A movement promoting sport as a human right for all individuals regardless of race, social class and sex. The movement encourages sports activities that can be practiced by people of all ages, both sexes and different social and economic conditions.

Sports Club

The basic local functional unit of many sports system. It is a context in which people participate in sports, and at the same time are influenced by many socio-cultural factors specific to the sport movement. In SCforH sports clubs are seen primarily as voluntary civic-organizations (see above).

Sports Club for Health (SCforH)

An approach in which sports clubs are encouraged to invest on health-related sports activities and /or health promotion within its activities.

Foreword



Sports clubs have an inherent place in physical culture and they play a multiform role in society.

These guidelines evolved from the idea that it is sensible for sports clubs to join in health promotion, because the core business of sports clubs, moving people, is health promoting. This notion was reinforced when recent scientific evidence pointed out that vigorous physical activity provides particularly strong health benefits. And indeed sports represent essentially a broad variety of such activities.

Sports clubs are civic institutions and they function according to their own interests and aims. However, as in many countries the public authorities' play an important role in providing necessary preconditions for sports clubs, the public sector can set mandates for sports club activities. While health has emerged as an increasingly prominent social challenge and physical activity has proved to be an essential health promoting behaviour, the political

decision makers have realised the potential of sports clubs to support the promotion of public health. This has become evident in many national physical activity programs as well as in the European Union's sport-related policies and guidelines.

These guidelines advocate how a sports club can embrace health promotion as one of the basis and goals of its activities. The key elements of the guidelines are:

- They are based on the recent scientific evidence on the health benefits of physical activity
- They consider health promotion as intrinsic part of the key function of the sports club i.e. provision of physical activities
- They are generic in order to be applied in different sports and social cultures

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1. Introduction

Sports Club for Health (SCforH) guidelines are directed primarily for local-level voluntary sports clubs. The purpose of the guidelines is to encourage sports clubs to invest more on health-related activities. This can, and in most of the cases does mean better recognition of health perspective of a particular sports discipline.

There are two ways a club can consider health within its activities (see Figure 1). First, a club can start-up a health-enhancing physical activity-oriented programme, which usually is additional and new or adapted form of activities for the club. These guidelines are designed to assist clubs in the programme-based work and clubs are offered clear steps to develop health-enhancing physical activity within its activities. Secondly, a club can start to develop more wide-ranging emphasis on health promotion within its sport activities. This means wider recognition of health in its activities, organisation, and operational principles. The latter one may also be started in a form of a programme, but the ultimate aim is to integrate health promotion as a solid part of existing sports activities (see Kokko 2010).

There are several benefits for clubs that implement the guidelines. First of all, the guidelines offer a way to develop the health perspective in club activities. Secondly, as a consequence a club can demonstrate its importance and contributions for publicly determined aims in public

health. This is important because the public sector is increasingly expecting for sports clubs to contribute to these goals. In this way sports clubs can get more recognition from occupational and healthcare sectors, as a competent stakeholder in the field of public health. Thirdly, this approach may arouse wider interest in sports club activities and increase the possibilities to recruit new members. Fourthly, these guidelines will help the clubs to document what they do and demonstrate the quality of their PA programme when compared to other health and fitness providers, and to get better marketing position. The fundamental idea behind the SCforH is that many clubs already do health promoting activities within their sports activities, but it is not visible or recognised as such. By slightly re-directing the focus, clubs can exploit this work done and the existing potential for health-enhancing physical activity.

Recently increased number of scientific evidence has highlighted physical activity as a fundamental health promoting human behaviour with several positive health benefits (Table 1). This overwhelming evidence has already convinced the leading health authorities such as World Health Organisation and the European Union to adopt physical activity among the key measures in their health promotion policies. EU (2008) has published its own PA guidelines and expressed an argument for national specific ones and recently the WHO (2010)

issued the global physical activity recommendations to guide the member states in their national health promotion efforts.

All the (EU, U.S. and the WHO) physical activity recommendations highlight, together with earlier emphasised moderate-intensity physical activities, the importance of vigorous intensity physical activity. The findings showing additional benefits of vigorous physical activity beyond those of moderate-intensity physical activity constitute a sound basis for exercise and sport activities to become important elements of health-enhancing physical activity (HEPA). This new knowledge base presents a challenging opportunity

Table 1 Health benefits of physical activity (The U.S. Physical Activity Guidelines Advisory Committee, 2008).

<p>In children and adolescents physical activity improves:</p> <ul style="list-style-type: none"> • cardio-respiratory endurance and muscular fitness • bone health • cardio-vascular and metabolic health biomarkers • and is favourable for healthy body composition
<p>Among adults and older adults physical activity lowers:</p> <ul style="list-style-type: none"> • the risk of early death • heart disease and stroke • type 2 diabetes • high blood pressure, adverse blood lipid profiles and metabolic syndrome • colon and breast cancers <p>Physical activity also:</p> <ul style="list-style-type: none"> • improves cardio-respiratory and muscular fitness • prevents weight gain and falls • reduces depression • provides better cognitive function

for the sport community to contribute to the promotion of public health. Although the sport for all sector including organizations like EFCS, ENGSO, HEPA Europe, ISCA and TAFISA/ESFAN has recognized health-enhancing physical activity as an important new area of activity, sport as a worldwide civic movement possesses much greater potential to promote public health through sporting activities.

Together to invest on international guidelines and policy work, it is important to focus on practical actions. The cornerstones of national sport systems are local-level sports clubs. In order to mobilise the health potential of the grass-root sports, there is a need to identify the health perspective in the sport club context. Naturally, this cannot happen overnight, nor can be materialised in an all penetrable way. It is more like series of progressive steps over time. The Sports Club for Health initiative addresses this challenge by providing guidelines to clubs; how a sports club can identify health as one of its goals and begin to develop health promoting activities in a form of a structured programme. Eventually this can lead to the recognition of health promotion as part of clubs' basic functions.

Sports Club for Health programme was financed by the EU Sport Unit (DG EAC) as one of the preliminary actions in physical activity and sport 2009. In the EU funded SCforH project there were several work packages directed towards issues on certification system/quality management, instructor education, health profiles of different sports disciplines, clubs management,

funding systems and evaluation. The outcomes of these work packages have been partially integrated into the guidelines or their details. Main work and messages of each work package are also summarised in the appendices.

1.1 Rationale for Sports Club for Health programmes

In Europe the European Union's policy document "White Paper on Sport" sets the stage for health promotion through sports. It states:

"As a tool for health-enhancing physical activity, the sport movement has a greater influence than any other social movement. However, the recognised potential of the sport movement to foster health-enhancing physical activity often remains under-utilised and needs to be developed. Sport organisations are encouraged to take into account their potential for health-enhancing physical activity and to undertake activities for this purpose." And further: "The Commission will make health-enhancing physical activity a cornerstone of its sport-related activities". This policy statement is a strongest possible booster for the sport community to initiate health-related actions. It is a clear justification, a mandate, to start such activities.

This guideline document is the third phase in the process of developing guidelines for health promoting programmes in the sports club setting. The first one was, the EU-funded project the European Network for the Promotion

of Health-enhancing Physical Activity, which issued Guidelines for Health-enhancing Physical Activity Programmes ten years ago (Foster 2000). These guidelines focused on the promotion of moderate-intensity physical activity primarily in health-related settings without specific consideration for the sport sector. In the second phase, this framework was adapted as the basis for the Guidelines for the Sports Club for Health Programmes published by TAFISA, HEPA Europe and the Finnish Sport for All Association (Kokko et al. 2009). They focussed specifically on sports clubs as the promotional setting for health enhancing physical activity. The present guidelines, the third phase, are a direct follow up of the previous guidelines after the Sports Club for Health initiative was established as a working group within the HEPA Europe network and after receiving project funding from the European Union in 2009. These contexts and especially the EU-funding have justified the work and provided more structured content and clear organisation for the development work.

1.2 Framework for Sports Club for Health programmes

The conceptual justification for Sports Club for Health programmes consist of four basic elements which lead first to health orientation in sports clubs and later to health-oriented sport programmes (see Figure 1). These basic elements are current concepts and terminology relative to physical activity and

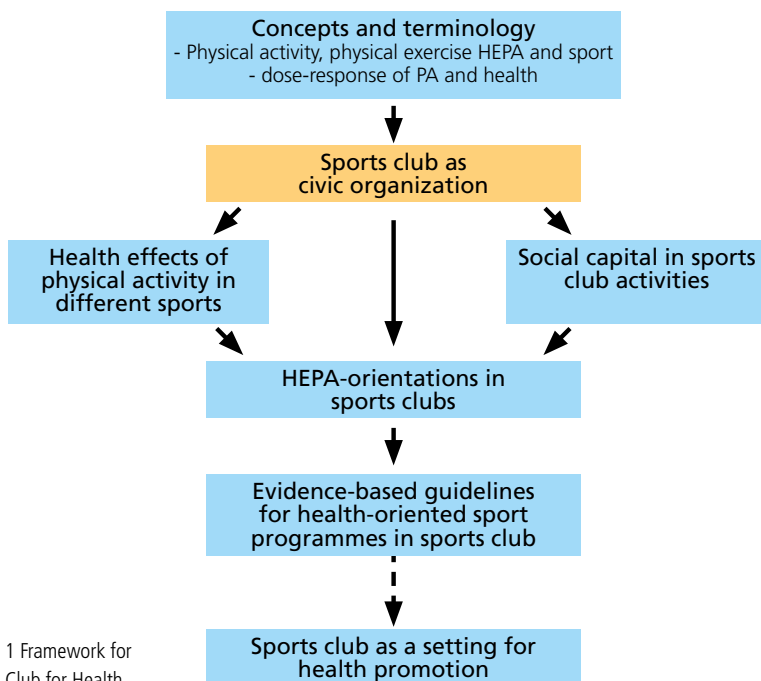


Figure 1 Framework for Sports Club for Health.

health, sports club as a civic organisation, social capital in sports club activities, and health effects of physical activity and different sports. The development work in clubs may later transform into more wide-ranging health promotion, but is not the focus of these guidelines.

The dose-response relationships between physical activity and health form the foundation for the key concepts used in this document. In this construct physical activity is the umbrella concept which embodies life-style physical activities (at work, at home, during transport, during leisure-time), exercise and sport. Health-enhancing physical activity (HEPA) comprises all activities that benefit health and function without undue harm or risk.

With relation to previous explication, a sports club can, therefore, organize different types of health-related activities. Activities may focus on sports promotion, when the activities are mainly physical exercise of given sport. The second option is to concentrate on HEPA promotion, in which case a club can launch a low intensity beginners groups to activate sedentary people. And, the third option is health promotion with a wider set of activities and health topics e.g. healthy nutrition and smoke-free environment.

In the context of Sports Club for Health programme sports clubs are considered as voluntary civic organizations, which exist because of people's free civil activity. They

have their own operational logic as the models and procedures of business organizations or public administration are not necessarily useful. As civic organizations sports clubs do not live in a vacuum but they are subject to the changes and trends of the overall socio-cultural environment (Koski 2009).

Sports clubs have a remarkable role among civic organizations in many European countries. Civic organizations such as sports clubs are expressions and generators of social capital. For instance, social networks are important not only for the wellbeing of a society but for an individual's wellbeing and health as well. Building social capital can be seen as an important health promoting function of sports clubs, which occurs in the society as social networks and positive interaction

between citizens.

All along growing evidence of positive health effects and dose-response relationship between PA and health, has resulted stronger recognition of HEPA and various new PA guidelines, as stated. From the sport's point of view the most important aspect of the new recommendations is the fact that vigorous intensity physical activity is clearly recognized as health-enhancing. While the earlier physical activity recommendations focused on moderate-intensity physical activities, e.g. lifestyle activities like walking, cycling and gardening, the new recommendations state that both moderate-intensity and vigorous-intensity activities, or a mixture of both, benefit health. The recommendations also state that higher intensity activities

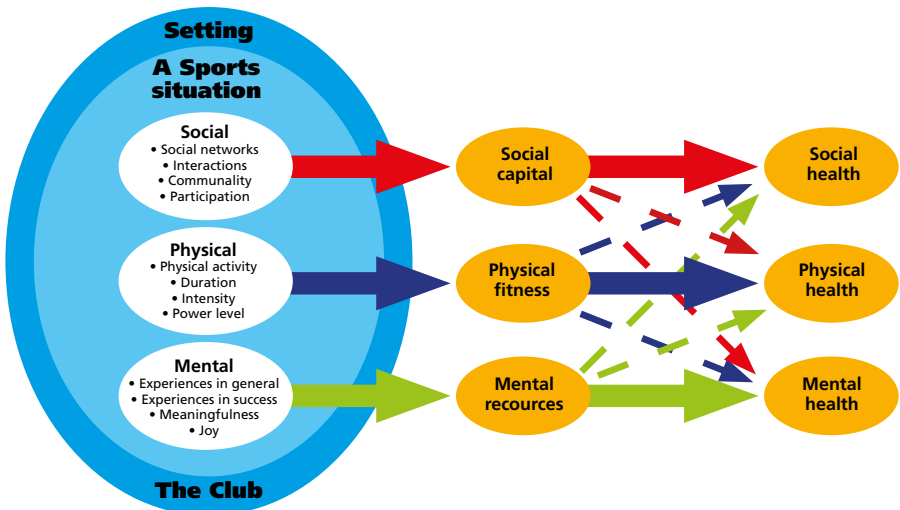


Figure 2 Dimensions of health within sports club activities (adapted from Kokko and Vuori 2007).

are associated with greater improvements for some health outcomes than for moderate-intensity activities. This new knowledge invites sports to seriously contribute to public health.

Regarding the knowledge of the health benefits of specific sports there is a scarcity of high quality evidence. In order to argue seriously for the public health significance of sport, and to make use of it, more and better evidence is needed. In order to establish the public health impact of sport, better understanding of the balance between the health benefits and risks of different sports is essential. One way to do this is to provide health profiles for different sports by considering the known physiological and biomechanical characteristics of different sport disciplines. This would be a useful initial step in developing sports for health programmes. When the sports clubs are aware of the scientific basis of the health profile of their sport, they can approach the challenge of health-related physical activity and plan sport programmes in the health promotion frame.

Besides the fact that sports club for health programmes should be based on high quality scientific evidence, it should be remembered that for the participants sports club activity is, voluntary-based activity. Thus, their perceptions have a value by definition. Figure 2 illustrates the three dimensions of health within sports club activities. The key message is that physical activity itself is not the only element in club activities that has health effects. Indeed, through the other elements, like social activity mentioned earlier

or experience of joy, resources to social and mental health can be achieved, even regardless of physical activity. It is important to recognise that many social and mental health effects arise from social context of sports situation. This highlights the broad health potential of sports club activities further.

Sports club activities have great potential not only in physical activity promotion but in health promotion in general. Sports club activities reach a large amount of people. Club activities are voluntary by their nature for both the organizers and the participants. This creates an informal atmosphere to learn and educate health-related issues. The above mentioned elements provide sports clubs' an opportunity to adopt orientation towards wider health promotion emphasis through different sports. When reaching this state of readiness for change sports clubs can initiate settings-based development work.

In principle sports clubs should be able to provide health-related physical activity programmes. These programmes may be traditional sport for all activities, special exercise programs or life-style physical activities. However, the challenge is how sports clubs can organize such programmes, whereby the role of clubs is to promote physical activity within a broader concept than the basic sport activity only. These guidelines are designed to support sports clubs to initiate specific health-oriented programmes, which can eventually lead towards permanent health promotion element in the sports club activities (see more Kokko 2010).

2. Rationale for Sports Club for Health Guidelines

The overall aim of these guidelines is to encourage sports clubs to recognise the health perspective in their work and to plan and implement health-enhancing physical activity programmes along or as a part of their existing or new sporting activities.

The guidelines furthermore aim to help the sports sector to adopt health into the sport agenda. SCforH guidelines encourage sports clubs to review their own sport discipline and its health potential and, through this implement health-enhancing physical activity with relation to sport in question. A further aim of the guidelines is increase cooperation between sport and health sectors. This can be done on both national and local levels. Throughout fulfilling the aims above, sports clubs respond to their share of responsibility of the public health burden encountering western societies today and beyond.

SCforH programmes can be developed in four different levels. The first two levels relate to a single sports club. A club can develop specifically health-enhancing efforts or it can develop its activities a more wide-ranging perspective of health. Third levels points out a possibility for a group of sports clubs to jointly develop SCforH programme. And fourth level emphasises a role of national and regional sports organisations in the development of SCforH programmes.

2.1 Who are these guidelines for?

These guidelines are directed primarily to local level sport clubs. They target on elected trustees and club leaders, on paid officials, and on coaches, instructors and other grass-root actors, and naturally on the members of a sports club. Secondly, the guidelines inform the national associations under which the sports club functions of the importance of the inclusion of the health perspective in their clubs' activities, as it is important to have higher level organizational understanding and support for Sports Club for Health programmes. Thirdly, the guidelines address all other stakeholders, who are connected with sports club activities. These include national, regional and local sport and health authorities and experts. The guidelines should inform them of the potential of sport activities as health-enhancing physical activity and as a form of health promotion.

The guidelines have been developed primarily in the context of voluntary sports clubs. They may be adopted also by the private sector actors such as private sports clubs and exercise/fitness clubs, but the specific needs and circumstances of these organisations have not been considered in detail in the process.

2.2 What will your club gain when implementing a Sports Club for Health Programme?

Health is a fundamental element of the wellbeing of individuals and communities. Strong evidence shows the potential of physical activity to benefit public health. By initiating health-enhancing sport programmes a sports club not only provides important new services to its members and beyond, but also demonstrates sensitivity to the needs of the community. It validates its role and place within the local community. In addition, the better recognition of health within club activities benefit also the sport in question – the healthier the athlete or participant the better their performance or development in sports or health-enhancing physical activity!

2.3 What will these guidelines help your club to do?

The guidelines help your club to identify the health potential of your favourite sport and to materialise this potential. They provide guidance how your sports club can initiate, plan, organise, implement and document a health-enhancing sport programme, which is based on the health effects of your sport. The guidelines comprise a step-by-step cycle which you and your club can follow all the way through.

3. Guidelines for Sports Club for Health Programmes – Three stages

The guidelines for SCforH programmes include three stages (Figure 3). These stages follow the general steps in programme process i.e. planning, implementing, documenting and communicating a programme. The guidelines are directed to clubs and club officials. This emphasises the role of a club in creating best possible pre-conditions for those implementing the programme. This is why a planning stage is highlighted. In the implementation stage it is important that the club provides the needed support for those responsible for practical actions. Documenting actions is the responsibility of the club. It is important to document all the activities done, not only to communicate external parties what was done and achieved, but to gather feedback for further development of the programme.

The guidelines for the planning stage illustrate for a club or persons in charge of a SCforH programme the matters that need to be recognised before practical actions. Planning stage starts from finding out whether a club and its directors are willing to increase investment to health-enhancing physical activity. If yes, then the planning may start and continue through implementation, documenting and communicating actions.

After creating a set of aims and the plan of the activities to realise

these aims in the planning stage, a club's task is to support effective implementation of the plan. To support those carrying out the programme's activities, a club needs to invest in active internal communications, so that everybody in the club is aware of forthcoming actions. Also to guarantee fluent delivery of planned actions a club need to provide the necessary knowledge and skills for their instructors. And to be able to react on possible stumbling blocks and to support the documentation and communication, it is important that a club monitors how feasible each action is in practice. After a programme has been executed, it is important to review the actions done and compare whether the actions done were realised as planned and met the aims set at the beginning.

The guidelines are presented in sequence across the three stages with a common format. First the actual guideline is presented followed by some explanations and details and/or reasoning for the guideline. Lastly, examples are given to demonstrate practical HEPA-applications and possible ways to be applied in a SCforH programme. It should be remembered here, that these guidelines and examples are on general-level. Thus, a club-specific characteristics as well as time and place, need to be recognised and actions tailored.

<p>1st STAGE - Planning for a Sports Club for Health Programme Guidelines</p> <ol style="list-style-type: none"> 1. Identify the support and possibilities for SCforH programme within your club 2. Identify the health potential of your clubs sporting activities 3. Explore the know-how and material support outside your club 4. Ensure the quality of your SCforH programme 5. Agree on the aims and formalise the strategy and operating procedures
<p>2nd STAGE - Implementing a Sports Club for Health Programme Guidelines</p> <ol style="list-style-type: none"> 6. Inform about the forthcoming actions internally and externally 7. Secure the competence of instructors and support them in programme delivery 8. Monitor the feasibility of planned activities and gather data for documentation
<p>3rd STAGE – Documenting and communicating a Sports Club for Health Programme Guidelines</p> <ol style="list-style-type: none"> 9. Keep records of the SCforH programme actions of your actions 10. Share your success within, outside and beyond the club

Figure 3 SCforH Guidelines on three stages.

3.1 Planning for a Sports Club for Health Programme

There are five guidelines to assist clubs in their SCforH programme planning.

Guideline 1: Identify the support and possibilities for SCforH programme within your club

The key-questions at the beginning of SCforH programme relate to the state of will towards health enhancing physical activity (HEPA) and to the possibilities of a club to realise HEPA-activities.

It is important that the HEPA-initiator first clarifies whether the leading persons in the club are interested and willing to invest in health-enhancing physical activity. If the common understanding is negative, then one should stop and consider, how these persons might be convinced on the benefits of such investment or whether it is worth trying or not? If the common understanding is positive, the planning can be started. It is much more comfortable and feasible to start planning when the backup is secured. This will also engage other persons and the club to go along the SCforH programme right from the outset.

After the support from the leading persons is secured, it is important to identify 1) what is meant by the SCforH programme, 2) what are the characteristics of the club and the sport discipline(s) in question, and 3) how does SCforH programme fit with the characteristics of the club in question, i.e. what kind of a SCforH programme is feasible in relation to

the possibilities and the resources? Possibilities refer to the ability and desire of the club to adopt HEPA-activities into its existing sporting activities. This means that the SCforH programme should aim to increase recreational-based sporting activities in those sport disciplines the club already operates with, rather than introducing additional activities in some external PA form, e.g. a Nordic walking group for elderly. In other words SCforH programme aims to increase recreational activities in the sport disciplines the club is dedicated to, e.g. like recreational basketball in a basketball club. A new group or groups can be started, but within the sport a club operates. Thus, the third question can be stated: which are our clubs possibilities to lower barriers in our sport for everyone to join in and practice it on recreational basis?

Guideline 2: Identify the health potential of your clubs sporting activities

There is an increasing amount of evidence on the positive link between physical activity and health. Mostly this evidence is on more general level than on specific sport discipline level. As known, sport disciplines differ in many aspects and on many levels, not least concerning the physical effort involved. Thus, it is important to specify the health benefits of each sport discipline. At the same time, it is important to recognise that health benefits vary also due to other factors such as age and gender. Thus, it is important to review these benefits in the light of different target groups. Similarly, various target groups need to be recognised when implementing HEPA activities.

When considering HEPA-programme

in sports clubs, it is important to recognise that, especially those who function in clubs on voluntary-basis do that, because they are interested in sports rather than in health. Thus, it is important to show these people that all sports have a link to health through physical activity performed, and the HEPA-modification should be built on this aspect of the sport. In addition risks for sport injuries need to be taken into account.

As a part of developing these SCforH guidelines a sport discipline-based frame for health profile was created to identify the health potential of physical activity in the most common sport disciplines (see Table 2). Current scientific evidence on the health benefits of PA has been used and transformed into a summary table, in which the health-related effects of physical activity of a given sport can be found. Each sport is rated on all measures and a summary health profile can be derived. This profile identifies the particular health-related effects of physical activity of a given sport discipline and guides to focus on these characteristics when developing the HEPA-application of this sport. For example, when the health profile of soccer is known, then the club can develop a recreational form of soccer, which exploits the health promoting aspects of it (see Appendix 1).

The health profile table of physical activity of sports disciplines concentrates on the physical dimension of health. This is because most of the scientific evidence of the health benefits of PA/sport relate to physical health. There is a need for more evidence of the benefits of PA/sport on mental and social dimensions

Table 2 Assessment of the positive impact of different types of sports on various health variables and on physical activity related reduction of disease risks (Assumption: duration of exercise exposure is sufficient).

Type of sports	Measurable health variables ^a							Physical activity related reduction of disease risks ^b			
	Metabolic Function Bodyfat ^{c,d}	Cardio-vascular function	Aerobic fitness	Muscle function	Motor skills	Balance	Bone health	Type2 diabetes	Cardio-vascular	Risk of falls	Osteoporosis
Endurance sports	xxx	xxx	xxx	x	x(x)	x	xx	xxx	xxx	x(x)	xx
Strenght sports	xx	x	x	xxx	x	xx	xxx	xx	x	xx	xxx
Power and speed	x	x	x(x)	xxx	xx(x)	xx	xxx	x	x(x)	xx(x)	xxx
Ball games	xx	x	xx	xx	xx	xxx	xxx	xx	xx	xxx	xxx
Racquet sports	xx	x	xx	xx	xx	xxx	xxx	xx	xx	xxx	xxx
High skill sports	x(0)	x	x	x(x)	xxx	xxx	x(0)	x	x	xxx	0

^aor measurable health factors; ^bdiseases that are related with sedentary life-style ; including lipid profile (LDL/HDL), body fat and obesity (BMI); drisk of diabetes; including bone mineral mass and geometry; xxx = high, broad; xx = medium; x = low, limited; 0 = no effect. It should be noted, that when profiling a specific health benefits of specific sport, also risks for sports injuries need to be taken into account.

of health. When such evidence is available, the health profile table can be extended accordingly.

Guideline 3: Explore the know-how and material support outside your club

When an additional programme is planned along normal activities, it is obvious, that new recourses are needed. Human resources, i.e. time and know-how, might be found from existing club personnel or needs to be recruited outside. This depends on the club and its particular sport services. The main task is to map out these resources at the onset of the programme. One important lesson

learnt from the previous health promotion activities within sports clubs, is that the likelihood of success has increased if this process has been assigned to an appointed person. An important know-how is that of health expertise, which typically can be sought from outside the club.

For a new programme financial support is often needed. A club should review possible financing sources at the onset of a programme. These sources might be internal i.e. directed to support sports exclusively, or external i.e. primarily directed to health promotion or the like. Internal funding for sports varies a lot across European countries (see Table 3).

Table 3 Funding possibilities (public, private, clubs own) for SCforH programmes.

A. PUBLIC	B. PRIVATE	C. CLUB'S OWN
1. EU funding	1. Private companies, sponsors	1. Membership fees
2. Funding from European Social Fund (ESF); ERDF; LEADER+	2. Health insurances	2. Sport course fees, straight payments
3. Straight governmental funding to sports clubs	3. Foundations	3. Exercise events (e.g. Jogging for all)
4. Project funding from the ministry of health	4. Patient associations	
5. Public funding from regional administration	5. Project funding from the sport organizations	
6. Public funding from municipality		
7. Lottery		

There are also different financing bodies that might support local level activity. National sports federations and/or municipalities are obviously possible supporters, but there might also be financing mechanisms through other organisations such as local, regional or national health organisations or ministries. On a single sports club level it is important to first, analyse a level of your programme (see Table 4), second, identify available funding options and third, start strategic work for potential sources. The issue of funding was considered in SCforH project in a separate work package and is summarised at Appendix 2.

Although the concept of SCforH is new there are many examples that could serve as guidance or source of inspiration. These examples might relate either to what a programme loop (planning-implementation-evaluation-feedback), consist of and has been realised or how health has been conceptualised and

operationalised in the sports club setting. Pilot work could be found from the activities of other clubs as well as through national sports organisations. Importantly also experts external to sports, like health professionals could be used and it is possible that these experts can be found even within clubs, e.g. from among the parents in youth sports.

Table 4 Different funding combinations for SCforH programmes.

Level	Funding options
Transmitting body (national, regional)	A 1-6; B 1-5
Group of sports clubs	A 1-6; B 1-5; C 1-3
Single sports club	A 2-7; B 1-5; C 1-3
Health-enhancing efforts in a single sports club	A 5-6; B1; B5; C 1-3

Guideline 4: Ensure the quality of your SCforH programme

A SCforH programme includes many actions in planning and implementation and should be quality managed. For example, guideline 2 bases this development on evidence-based ideology. Also the funding schemes create their own requirements for the programme. Still, in sports there are several quality systems that aim to secure good quality of prospective activities. These benchmarks should be recognised also in SCforH programmes. This is why existing quality systems were dissected in a separate work package (see Appendix 3) and adapted to SCforH programmes particularly (see Table 5). The elements of quality management described in Figure 4 may still need to be adapted to specific SCforH programmes. A club may utilise these elements as those have been used in this type of a work, but a tailor made adaptation is needed. The level through which quality management is recognised, depend on the resources and capacities of a club in question. It should also be remembered that not all elements/standards need to be fulfilled immediately, but in the long run.

Table 5 Quality management in SCforH programmes.

The certification systems for SCforH programmes, described in and assessed in the work package demand as most important quality criteria:

- The activity programmes need to pursue health benefits
- Qualified (licensed) instructors/coaches are demanded
- The spacious conditions (size of the facility, ventilation, illumination, shower and dressing rooms etc.) need to be adequate to enhance good mood and wellbeing
- Monitoring functions and control measures are implemented

A certification system needs to include following modules:

1. Mission document: description of the certificate with its objectives, participants, target groups, application-, awarding- and assessment-procedures
2. Clear definition and explanation of quality criteria
3. Included activity or exercises programmes
4. Qualification requirements for instructors/coaches and managers
5. Description of uniform supporting organizational requirements
6. Promotion and marketing activities
7. Document and communicate actions

Guideline 5: Agree on the aims and formalise the strategy and operating procedures

After mapping out the support and possibilities for a club in question to realise a SCforH programme, it is vital to set clear aims for the programme. The aims should be as detailed as possible, understandable and feasible. Ideally there should be three to five aims and it is important to formulate them in a measurable form. For example: “The aim of SCforH programme during the forthcoming season is to establish two new recreational-based soccer teams for adults (one for males and one for females) with about twenty new participants” Thus, the documentation and communication is built into the programme already at this stage, and it will be possible

to execute follow-up at latter stages.

When the programme aims are formulated according to these principles, they are relatively easy to be operationalised into practical actions. This should be done by determining the key activities under each aim. Several activities can be designed under one aim, but it is important to plan the operating procedures further. Details, like who would do, what and when, need to be clarified for each activity. The types of activities should reflect the aims of the programme according to the health profile of different sports. Examples of aims, strategies and operating procedures are given below (see Table 6). They are general in nature and indicate possible directions for a programme.

Table 6 Example of outlining of the aims, focus, strategy and procedures of the SCforH programme.

AIMS	To reach new participants of older adults (50-60 y) in the SCforH programme, participating in a recreational programme
FOCUS	Older adults (including former sport participants),
MESSAGE	Keep playing at any age!
STRATEGY	
Goal for first year	To recruit a group of older adults who will participate once a week in organised, adapted and noncontact HEPA sports.
Goal for second year	To review satisfaction with current programme and make any changes.
PROGRAMME OPERATING PROCEDURES & PARTICIPANTS	
Managers Adapted Coaches Target Group	Non-contact sports will be promoted, through existing contact information, to older adults, including former club players for recreation. Sessions will be led by trained instructors to ensure safe participation. A choice of recreational activities will be offered. Sessions will include social activities also.

3.2 Implementing a Sports Club for Health Programme

When starting to implement the actions planned, a club can follow the subsequent three guidelines.

Guideline 6: Inform about the forthcoming actions internally and externally

The communication of SCforH actions should be done internally within the club and externally beyond the club. In internal communications existing communication channels, such as clubs bulletin, parents' meetings, clubs internet-pages, e-mail lists, should be used. It is as important to inform club officials as it is to inform the parents in youth activities. External communications can be directed to financial bodies, partners in general and more specifically to the municipality (sports and health sectors) and other clubs. External communications refer also to marketing actions to recruit new participants. As it is important to recognise the community in which the club works, communicating with the local media plays a pivotal role for success.

Social marketing might be a helpful method for the SCforH programme communications. Social marketing refers to the way SCforH programme is marketed, and communication relates to this strongly. In social marketing traditional commercial marketing concepts, tools and techniques are applied to social issues. Social issue in this case is the SCforH programme, which is then marketed and communicated by the preceding means, meaning

segmentation of target groups or marketing mix i.e. product, place, price, promotion and people. These elements of marketing mean simply, that all five Ps need to be tailored to individual market segments. For more information about the social marketing, see <http://www.management.stir.ac.uk/about-us/institute-of-social-marketing/what-is-social-marketing>.

In marketing one important aspect is the quality of a SCforH programme. If and when a SCforH programme is designed through these guidelines, it will be a good quality. If a certain country or national federation of the sport in question has a certification system and SCforH programme fulfils the standards set, this should be exploited in marketing too.

Guideline 7: Secure the competence of instructors and support them in programme delivery

The successful implementation of a SCforH programme relies upon competent instructors who execute the activities. The club's role is firstly, to secure that all the instructors have the needed knowledge and skills in health-enhancing physical activity. If not, a club should provide a proper education internally, or organise for instructors to participate in such education by external party. There are several existing educational schemes that provide good basis for SCforH activities or at least can offer basic information to start the education (see Table 7). However, in a SCforH project there are specific elements that need a tailor-made education, which does not yet exist. Thus,

Table 7 Core competences for educating a SCforH instructor.

- Health effects of physical activity in different sports; risks need to be recognised
- Lifestyle changes towards lifelong physical activity; healthy life
- Continuity in the instructor education system; lifelong learning
- Outcome of the learning continuity; learning goals
- Core know-how through all educational stages; priority on HEPA
- Topic specific know-how through all educational stages; topic specific continuity

education for SCforH programmes was developed in a form of separate work package and summarised in Appendix 4.

The first critical moment in the implementation of a programme is the starting phase. Instructors need good and functional tools. It has to be ensured that the instructors know all the practical procedures and that the working instruments function properly. This includes, for example, equipments, facilities, timetables etc. Also feedback and support at regular intervals motivates instructors, especially if they are working on voluntary-basis.

Guideline 8: Monitor the feasibility of planned activities and gather data for documentation

During the SCforH programme is in progress, it is important for a club to execute the following two tasks. First, it is useful to monitor how the implementation of programme plan in terms of the content and timetable has started to run? One aspect to review here is the feasibility of the programme, i.e. are the planned

actions feasible to implement? For example, are there stumbling blocks and if there are, what are the reasons for them and how could they be solved? This kind of monitoring can be relatively easily managed like making an enquiry to the instructors and/or participants. It can even be informal by nature, i.e. informal discussions during the activity session.

Second, it is important to keep record of all activities. Documentation needs to be adapted to the resources within the club in question, but documentation should be carried out systematically in one form or another. See examples of what can be documented from Appendices 5-6.

3.3 Documenting and communicating a Sports Club for Health Programme

There are two guidelines to assist clubs in documenting and communicating the SCforH programme.

Guideline 9: Keep records of the SCforH programme actions

It is important that every activity is recorded, otherwise things are just executed, without knowing whether those work or not, or, has an effect or not. It is recommended that the SCforH programme focuses on its actions often described as process evaluation (see Table 8). Outcome evaluation (examining the direct impact of the SCforH upon participants) is not recommended unless considerable time, resources and expertise are available. Outcome

evaluation could be considered as programmes are soundly established (see Appendices 7-8 for further information).

Process evaluation is simply keeping a record of what actions have been delivered to achieve the aims of the SCforH program. The aim of a process evaluation is to see how aimed activities were realised, how those were realised and why the project meets or does not meet its aims and objectives. Basic record keeping of actions undertaken will allow reflection upon progress made: 1) To know whether the SCforH programme aims and objectives have been achieved, 2) To find out what went well and what could be improved, 3) To get evidence to prove possible impacts, and 4) To gather feedback to all participants involved in.

The easiest way to monitor what actions have been taken is to keep written records of the implementation of SCforH aims and actions. These records could be as simple as a diary, which could be completed by a person responsible of SCforH programme. You can then record with each guideline what different actions you could take as part of your SCforH aims and plans for every guideline. It is recommended that the SCforH programme monitors the progress, using the project aims, plans and operating procedures, set in the development phase. Examples of this could include assessment of the views of the club's members on their experiences of SCforH programme actions.

A suggested monitoring form for process evaluation is presented in Appendix 5.

Table 8 Example of the process evaluation questions.

1. What actions did the SCforH programme undertake in the first year?
2. How were these actions received by all members of the SCforH programme and others?
3. What factors helped the adoption of the SCforH programme actions?
4. What factors did not help the adoption of the SCforH programme actions?
5. What actions were taken in response to help and hindering factors?

Guideline 10: Share your success within, outside and beyond the club

Sharing your experiences and evaluation results for SCforH programmes is essential to acknowledge people within a club, encourage others and to spread success. There may be a requirement by external funding bodies to produce evaluation reports. It is very helpful

to both the internal and external promotion of the SCforH programme. For external communications seek support of the local media and community leaders to increase the exposure of positives stories (see Table 9). Share evaluation within the club also and use this information as part of internal leaflet about the SCforH programmes for new members or coaches (see Table 9).

Table 9 Examples of communication of the programme results.

Internal communications

Your club will have a way of communicating with all the participants, from managers, coaches to parents and players. These communications present an opportunity to share the progress (what has happened) and the successes of the participants' experiences in the SCforH programme. Examples could be stories of two or three generations of participants in the club and stressing the role the new SCforH programme had in keeping its oldest and youngest involved in club activities. On the other hand, don't forget to report the positive changes on a club level either.

External communications

The same stories could be shared outside the club with Sporting Associations, local supporters or sponsors as part of their communications. Local media need news and your evaluations of participants' experiences, stories of success can provide the ideal stories to publicise your SCforH actions. These stories could also be used a part of recruitment opportunities to stress the club's commitment to work with particular target groups.

4. Future directions

Sport clubs face a considerable challenge and opportunity when anchoring themselves in the health promotion framework. The guidelines assist sports clubs in doing so by:

- They are based on scientific health promotion theories
- They consider sports club as a civic community which follows its own aims and operating principles
- They are informed by experiences and lessons learned in successful national and local projects
- They possess the input of several expert groups which generated many new ideas and perspectives for further development
- They have the support of international expert network, which will follow up the progress of the adoption and usage and make necessary adaptations

The development process of the guidelines is largely dependent on the experiences and innovations generated through real life implementations in sports clubs. This requires that SCforH projects are subjected to analysis and systematic data acquisition. In order to do this the projects need the

support of national and regional sports associations and the local communities.

Due to the fact that the guidelines are based on cross-European expertise and supported by practically all European sports associations it is likely that the guidelines will be adopted in a variety of ways in many European countries. As the key European sport for all and health-enhancing physical activity associations, including TAFISA (The Association For International Sport for All), ENGSO (European Non-Governmental Sport Organisations), ISCA (International Sport and Culture Association), EFCS (European Federation of Company Sport) and HEPA Europe have committed themselves to promote the further development of the SCforH project, it can be foreseen that sports clubs will become well established health promoting European scale institutions. To succeed in this implies that the ceremonial declarations on sport for health by the leaders of the sport movement will become committal.

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Secretary General,
Finnish Sport For All Association

5. Resources and useful organisations

For more information about similar type of a guideline work and physical activity recommendations can be found from the references below.

Useful organisations in the SCforH development work:

European Union (EU), Directorate General Education and Culture (DG EAC) and its Sport Unit:

http://ec.europa.eu/sport/index_en.html

European Federation of Company Sport (EFCs):

<http://www.efcs.org/>

European Non-Governmental Sport Organisations (ENGSO):

<http://www.engso.com/>

HEPA Europe:

<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/activities/hepa-europe>

International Sport and Culture Association (ISCA):

<http://www.isca-web.org/english/>

The Association For International Sport for All (TAFISA):

www.tafisa.org and its European Sport For All Network (ESFAN): www.esfan.net

The Finnish Sport for All Association (KUNTO):

<http://www.kunto.fi/en/home/>

SCforH project partners:

AccETTD-Cultural and Scientific Association of Tourism, Leisure and Sport Studies, Spain:

www.accetttd.com

Federazione Italiana Aerobica e Fitness – FIAF, Italy:

www.fiaf.it

Ministry of Sport and Tourism, Poland:

<http://msport.gov.pl/en>

Estonian Sport for All Association, Estonia:

<http://www.eok.ee/>

University of Zagreb,

Faculty of Kinesiology, Croatia:

<http://www.kif.hr/en>

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Kokko S. and Vuori M. (2007) Terveyslīikunta – katse yksilöstä toimintaympäristöön [Health-enhancing physical activity – focus from individuals to settings].

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http://www.kunto.fi/@Bin/290648/THE+REPORT_SCforH_Sports+Club+for+Health+Programme.pdf

Physical Activity Guidelines Advisory Committee (2008) Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services.

<http://www.health.gov/PAGuidelines/Report/pdf/CommitteeReport.pdf>

World Health Organization (WHO) (1998). Health promotion evaluation: recommendations to policy makers. Copenhagen: WHO. Available in the internet.

World Health Organization (WHO) (2010) Global Recommendations on Physical Activity for Health. Geneva: WHO.

http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf

Appendices

Short summaries from the work packages: 4, 6, 3.1, 3.2 and 7.2.

Appendix 1 Health Profile of different sports disciplines

(WP4 Ari Heinonen¹)

The role of physical activity in prevention, treatment and rehabilitation has been clearly shown in terms of morbidities and disabilities. Physical activity helps to prevent cardiovascular disease, hypertension, osteoporosis and related fractures, reduces risk of obesity and promotes maintaining a healthy body weight (Physical Activity Guidelines Advisory Committee 2008). In addition, regular physical activity is widely accepted as behaviour to reduce all-cause mortality rates and to improve a number of health outcomes (Kesaniemi et al. 2001). During the past few decades, performance- and fitness-centred exercise prescriptions have changed notably toward health related physical activity recommendations (Bouchard 2001). Importantly, new physical activity recommendations have clearly pointed out that vigorous physical activities, such as different sports, are associated with greater improvements of health outcomes (Physical Activity Guidelines Advisory Committee 2008), and thus, highlight the role of sports and sports clubs in terms of health physical activity and health promotion.

Physical activity can be defined as any bodily movement produced by

contraction of skeletal muscle that substantially increases energy expenditure (Vuori 2007). Accordingly, physical activity brings health that can be defined as a human condition, with physical, social and psychological dimensions. In addition, exercise can be determined as planned, structured, and repetitive bodily movement to improve or maintain one or more components of physical fitness. Sport is activities practiced through exercise and/or competitions facilitated primarily by sport organizations (Oja 2010). All of these are the key terms when one is analyzing the effect of physical activity on health outcomes.

To date, few studies have investigated the health effects of regular participation in a variety of sports including high intensity training. Bone health is the most widely studied relationship between sport and health. Studies on athletes have provided strong evidence that the most effective programmes (or loading characteristics) on bone structure and strength are those that incorporate a combination of moderate- to high-impact weight-bearing activities which are variable in nature (e.g. multi-directional) and applied rapidly (Nikander et al. 2010). These studies of adult athletes suggest that regular exercise for many years can have potential to improve bone strength by up to 40%. In recent review, 14 articles of epidemiological studies were identified and classified by type of sport. It appears that elite endurance athletes and mixed-sports (aerobic and aerobic) athletes survive longer than general population, as indicated by lower mortality and higher longevity (Teramoto and Bungum 2010). Lower cardiovascular disease mortality is likely the primary reason for their better

¹Contributors: Urho Kujala, professor, University of Jyväskylä

survival rates. On the other hand, there are inconsistent results among power athletes. Even though, all physical activity have at least some health benefits, and thus, different sports have different health related profile depending the loading characteristics and volume of the training they produce on measurable health variables such as metabolic and cardiovascular function, aerobic fitness, muscle fitness, motor skills, balance and bone health. The physical activity can affect in a direct pathway the health outcomes. In addition, physical activity level first influences health-related fitness and then health outcomes.

As known, sports disciplines differ in many aspects and on many levels, not least concerning the physical effort involved. Thus, it is meaningful to specify the health benefits of each sports discipline. At the same time, it is essential to recognize that health benefits vary also between other factors, such as age and gender. Therefore, it is important to review these benefits in the light of different target groups. Similarly, various target groups need to be recognised when implementing HEPA activities.

When considering HEPA-programme in sports clubs, it is significant to identify that there are active peoples in the clubs who are, in the first place, interested in sports rather than in health. Thus, it is important to show these people that all sports have a link to health through physical activity performed, and the HEPA modification should be built on this aspect of the sport. In addition, risks for sports injuries need to be taken into account.

As a part of developing these SCforH guidelines a sport discipline-based frame for health profile, illustrated in the text, was created to identify the

health potential of physical activity in the most common sport types (see Table 2). Current scientific evidence on the health benefits of physical activity has been used and transformed into a simplified table, in which the health-related effects of physical activity of a given sport can be found. Each type of sport is rated on all measures and a summary health profile can be derived. This profile identifies the particular health-related effects of physical activity of a given sport and guides to focus on these characteristics when developing the HEPA-application of this sport. For example, when the health profile of soccer is known, then the club can develop a recreational form of soccer, which exploits the health promoting aspects of it.

The health profile table provides a model of different sports when it is assumed that the duration of exposure is sufficient. The health profile of different sports has been developed according to literature and by experts' opinion as a part of the SCforH project. The health profile of physical activity of sports disciplines concentrates on the physical dimension of health. This is because the most of the scientific evidence of the health benefits of physical activity/ sports relate to physical health. There is a need for more evidence of the benefits of physical activity /sports on mental and social dimensions of health. When such evidence is available, the health profile table can be extended accordingly.

The health profile has been divided into two parts, first "measurable health variables" and second "physical activity related reduction of disease risks. In addition, the profile includes six types of sports, in which individual sport discipline can be included.

Measurable health variables (definitions)

Metabolic function: The main function of metabolism is to synthesise, use and store energy. Here the focus is metabolism related muscle and adipose tissues and lipid profile (LDL/HDL). A health related component of physical fitness that applies to body weight and relative amounts of fat, muscle, bone, and other vital tissues of the body.

Cardiorespiratory function: A health-related component of physical fitness that is the ability of the circulatory and respiratory systems to supply oxygen during sustained physical activity.

Aerobic fitness: The body's capacity to transport and use oxygen during exercise. Maximal oxygen uptake (VO₂max) is also known as maximal aerobic power and cardiorespiratory endurance capacity.

Muscle function: Muscle function is to permit movement and maintain posture. Sensory receptors in the muscles monitor the tension and length of the muscles and provide the nervous system with crucial information about the position of the body parts.

Motor Skills: A motor skill is a learned sequence of movements that combine to produce a smooth, efficient action in order to master a particular task.

Balance: A performance-related component of physical fitness that involves the maintenance of the body balance while stationary or moving. In addition agility can be seen as a component of dynamic balance. Agility is a performance-related component of physical fitness that is the ability to change position of the entire body in space with speed and accuracy.

Bone health: Bone health includes bone quality that refers to the capacity of bones to withstand wide range of loading without breaking. Bone health includes also bone mineral, structure, geometry and strength.

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Appendix 2 Funding systems for SCforH

(WP6 Pasi Koski²)

The purpose of this chapter is to focus on the funding systems and options by which Sports Clubs for Health programme could be supported. It is clear that most of the presented alternatives are relevant from the sports clubs perspective in general not only from the perspective of HEPA in this context.

Different factors and perspectives of the funding systems and options

When analysing the funding systems and options we should consider three different perspectives: club's perspective, supporter's perspective and the perspective of the transmitting body. SCforH aims to improve health-enhancing physical activities at grass roots thus in a single sports club. Consequently the view of sports clubs is central. They are the targets for the support. The clubs encounter the potential participants and are taking care of their activities and enjoyment. In order to their maintaining participation and satisfaction the offered activities should meet their expectations and demands. In addition to the content of the activities the circumstances, price and the characteristics of the community are essential parts of the whole. Another factor or perspective which should be noticed here is the one of the supporters. It is clear that the supporter will have their own expectations and provisions about the results of the programme. The

quality and the amount of the activities should be in line with the resources and at least the minimum level of some kind should be reached. Thirdly if the aim is pursued through a HEPA programme there is a transmitting body of some kind which organize the programme. The transmitting body is of course an important definer of criteria and if they are reached.

Levels of HEPA promotion in the sports club context

Roughly speaking we can classify four different levels where HEPA promotion could be done in the sports club context. Firstly and in the modest form it is the pursuit of a few forerunners. It could be a small project of a group in the sports club where only a part of the club and/or its members are involved or could be named as a target group. Secondly HEPA promotion could be a common purpose or project of the whole club. Thirdly it could be a broader programme of the group of sports clubs. At the highest level of this classification HEPA programme is co-ordinated by a national or regional level transmitting body. These four levels are reasonable to notice when analysing the funding options and systems.

Funding systems and options

A HEPA programme in the sports clubs could have a funding generated by three main sources. First the system could be supported by a public authority. Secondly private organisations like companies could promote the work. Thirdly, the clubs could have their own way for fund-raising for this purpose. Table 3 on the

²Contributors: Herbert Hartmann, professor emeritus; Maarten von Bottenburg, professor, University of Utrecht; Christoph Breuer, professor, German Sport University Cologne; Bjarne Ibsen, professor, University of Southern Denmark; Geoff Nichols, senior lecturer, University of Sheffield; James MacDougall, European & International Officer, Sport and Recreation Alliance, UK; Syann Cox, Sport and Recreation Alliance's Research and Evidence Officer, Sport and Recreation Alliance, UK, Timo Hämäläinen, special advisor, Regional Sports Federations, Finland.

page 19 illustrates the most common alternatives of funding in these three categories.

Public systems and options

EU funding

There are several possibilities of EU funding for such a programme, however the procedures require knowledge and expertise. The transmitting body should have know-how and/or ability to find information and expert help in order to create a reasonable application is written in right time. In many cases the subsidies from EU to the programmes of this kind require national and international networks. These guidelines here could be helpful for the application because if they are followed the ideas, aims and contents are already planned and structured. One should realize at the beginning that EU funding consists of formal procedures and characteristics which should be followed normatively.

Often the funding from EU offers opportunities in preparatory actions in the field of sports. In 2011, for instance, there will be three themes which will be supported: doping, social inclusion (immigrant populations) and volunteering. These projects must have pan-European networks. Other opportunities exist in mainstream funding e.g. Youth in Action, Lifelong Learning, Europe for Citizens, Health with the same caveats*. It is clear that these resources are not meant for a single sports club but are relevant from the perspective of the well-networked transmitting body.

There are some EU channels for the

local level as well. One of the channels to get support from EU for a local sports club is the funding from European Social Fund (ESF). During the recent years there have been limited opportunities in the fields of such as vocational training, employment assistance, job-creation programmes, social inclusion measures to combat discrimination and facilitating access to the labour market for the disadvantaged. Parallel sources, with their own criteria and details are ERDF (European Regional Development Fund) and LEADER+ -funding.

Funding from national and local authorities

The funding arrangements between public authorities and a local sport organization may range from grants, fee-for-service contracts, or public loans, and other non-monetary support such as facilities, expertise or organizational support (Cuskelly et al. 2006).

In some European countries, the voluntary sports clubs have started to support straight by the government. For instance, in Sweden and Norway the sports clubs have been supported this way already some years. In Finland, a pilot project was launched in 2009. In the project, the government directs a part of the profit of national lottery company to the support of sports clubs and their voluntary work. In the UK, the club development can occur from direct government funding as part of sport's strategic planning (known as Whole Sport Plans).

The departments of governments could launch projects or programmes through

* see the websites:

Lifelong learning: http://ec.europa.eu/education/lifelong-learning-programme/doc78_en.htm

Youth in Action: http://ec.europa.eu/youth/index_en.htm

Europe for Citizens: http://eacea.ec.europa.eu/citizenship/index_en.php

Preparatory Actions for Sports: http://ec.europa.eu/sport/preparatory_actions/doc745_en.htm

Health Programme: http://ec.europa.eu/health/index_en.htm

which it would be possible to get public resources for the health-enhancing physical activities in sports clubs. In the countries which do not have the ministry for sport and physical activities the branch is often placed in the ministry of education and or culture. In some countries such as the Netherlands it is a part of the ministry of health which could be helpful when health-enhancing aspects are emphasised in physical activities. In Finland, the ministry of education and ministry of health and social affairs created 15 years ago a co-operative programme called "Fit for life" which is still continuing (see <http://www.kki.likes.fi/pages/content/Show.aspx?id=31>)

From 2006 also sports clubs have had an opportunity to get support from the programme. In most of the countries there are regional development agencies or regional authorities of other kind which are responsible for driving societal and economic development and wellbeing within their region. They may invest in health-enhancing physical activities as part of this role. In the Netherlands, for example, there is some straight funding from the regional (provincial) governments to individual sports clubs. Local authorities and municipalities are important providers of sport and physical activities in many countries. It is typical that the straight support from the municipalities does not have a remarkable role in the budgets of sports clubs. The average proportion of local governmental subsidies in Netherlands is about five, in Finland about 15 and in Estonia about 25 per cent of the overall club's budget. As the other public authorities, the municipalities could have their own projects by which they try to promote HEPA e.g. active cities (Savola et al. 2010). However, it is common that the main role of municipalities is on the building and maintaining of the local facilities.

Other public sources

The lottery has an important role in many countries as far as the public support for sport and physical activities are concerned. As mentioned the Finnish system of straight governmental support to the sports clubs is based on the Lottery. In UK lottery support sport in two ways: 1) Direct funding of sport. Lottery money part funds British sport non-departmental public bodies- UK Sport and Sport England. This money funds national governing bodies of sports' overall strategies. 2) Direct funding of sport projects. Grant aid is available for sports organizations through the Big Lottery Fund. The clubs can apply directly for such funding. In the Netherlands, the support of sports clubs through the lottery is further carried. Namely in the Netherlands sport clubs get 20 euro for each subscriber that they recruit for the national lottery organization and five per cent of the subscriber's stake during the first three years.

What is needed to get public funding?

As the many other types of resources, the public resources are often under the hard competition. This means the fact that at least some crucial criterion to the entry has to be met. In the supranational options, such as EU project funding, the suitable theme has to be found in the right time. It requires that the available information is followed and the opportunities are known. After that reasonable idea and expertise for the application is needed. In addition these projects or programmes expect that the applicant has co-operative networks wide enough.

The funding options at national, regional and local levels require similar characteristics as the supranational, but

the level of standards are not that high. It is usually also easier to influence the decision making for instance by political influencing. In these processes activity and networks are useful.

Private funding

The private companies and sponsors can be potential supporters of the SCforH programmes as well. The business actors are today looking in most of the cases the so called "win to win partnership". In the other words, they are waiting to get their money's worth. The investment to SCforH is no doubt profitable from the perspective of society. However, it can be lucrative also to private companies such as insurance companies. Just only in Finland, for instance, the expenses of sport injuries are about one hundred million euro every year. Some of these expenses could be avoided if the health aspects are more carefully noticed in the sports clubs. In Germany, the issue is further developed. The German health insurance companies are obliged to invest a certain share of their annual turnover into health prevention actions such as HEPA. Also in the UK some private insurance companies offer discounts if customers have regular gym subscriptions

In many countries, we have also foundations which interest and property can fall on the field of SCforH. Many sports, for instance, have set up foundations in order to help fund their grassroots sport. This is due to the fact that foundations have a favourable tax status. Other charitable foundations, which are not focusing on a single sport, also exist nearby sport. In the UK, for example, Access Sport looks directly at sports clubs and tries to help children to access to quality local sport (<http://www.accesssport.co.uk/>). It is worth to notice that because of the health aspect some

patient associations could be interested and wealthy enough to support HEPA in sports clubs.

In order to obtain resources to the SCforH programme from private companies, foundations or patient associations common interests should be found, active interaction is needed and usually the right person should be reached and confidential relationships should be created.

Because of the increase in the social significance of sport and physical activities along with the process of field's differentiation sport organizations have become more interested in promoting sport for all and health-enhancing physical activities. In these circumstances, many sport organizations have created their own projects or campaigns around the theme. The promoting of HEPA suits well to the programmes of many national, regional and local sport organizations. It could be valuable as far as their social importance is concerned.

Club's own funding

The business sector has spread also in the field of health-enhancing physical activities. However, the services which are offered by the voluntary sports clubs are often quality enough and the prices are usually cheaper. Through the focusing on HEPA, the sports clubs can find a tool for finding more members and participants especially from the group of solvent adults. Membership fees, participant rates and sport course fees are reasonable sources of economic resources which should not be forgotten here. In addition, the clubs can organize exercise events of different kinds (e.g. Cycling for all) which could be also financial profitable.

Summary and to the practical guidelines

Table 4 on page 20 illustrates the operative levels and funding options in the same picture. The reasonable thing to do in the first place is to identify the level on which the programme is working. Then one should analyse and grab at the funding options and systems which are available at hand in context. The column on the right summaries the options, which are conceivable on each level. Some of the options require just the operator's own activity. However, if certain systems (such as the lottery in this sense or straight governmental funding) are not available to create them might necessitate long process and complex political manoeuvres with probably evidence-based information not only about the significance of physical activities for health but the significance of the sports clubs at social and individual level as well. SCforH process has partly entered into the creation of materials for that.

References

- Cuskelly G., Hoyer R. and Auld C. (2006) Working with volunteers in sport. Theory and practice. London: Routledge.
- Savola J., Pönkkö P. and Heino M. (2010) Aktiivinen kunta luo mahdollisuuksia. [Active city creates possibilities]. Helsinki: Suomen Kuntoliikuntaliitto ry.

Appendix 3 Certification systems for SCforH

(WP3.1 Herbert Hartmann³)

The overall purpose of the SCforH Guidelines is to encourage sports clubs, to invest more on health related activities and to make their health perspective more visible.

As health is generally thought to be related with physical activity, most sports clubs don't use health benefits as an argument explicitly in their club policy and strategy. Health and sport is taken for granted. The Guidelines want to change this modesty into a pro-active propagation of the health relation of sport club activities and to encourage to point out health objectives explicitly as well as to offer activity programs approaching these health objectives. To make such efforts more public, the use of an identification mark is a proper and well known tool in public relation and marketing activities in industry and commerce ("Claim your name"!).

In relation with the growing health orientation in the sports sector some Sport for All organisations in Europe also created identification marks to be used for their health enhancing activities in sports clubs.

It has been the main aim of work package 3.1 to get an overview on the existing certification systems for health promoting activities of sports clubs in Europe, to analyse and to discuss the reasons for their creation, the subjects of certification, the criteria for assessment, the application and awarding as well as their evaluation procedures.

The working group identified 7 different certification systems of 5 Sport for All associations in 4 European countries, referring to different areas of assessment such as individual activity programmes, health and fitness sections within a sports

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club or the sports club as a whole.

The detailed insight into these certification systems and the success since several years may encourage more sport associations to invest into a similar promotion and quality improving tool for health enhancing sport activities as a service for their clubs, to be able to make their health perspective more visible. The existing and well tested certificates can be used as models, but need to be adapted to the prevailing conditions of a sport association concerned. The working group draw up an extensive document on its topic.

The reasons, objectives, processes and content of certification systems are summarised. Function of certificates:

The certificates have been created at first as a tool to promote health enhancing sport activities more visible. But moreover they are not only used as PR and marketing instruments but also as benchmarks for a certain health related quality of club sport activities.

All identification marks, described in this document, want to fulfil both functions.

As they are planned as standardised marks of a national sport association they need uniformed criteria and a defined certification procedure. In this regard all of them are different.

Although "health and sport activities" is the common point of reference the certificates differ in regard to their basic intervention approach to health:

- The general health-enhancing "**physical activity approach**", to improve the activity level through promoting all kind of sportive activities.
- The health-enhancing "**physical exercise approach**", with a higher quality of well structured, dose-response and evidence based, specific health related programs.*
- While the certificates "Priima", "Finnish Youth Sport Certificate" and the "Active Workplace Certificate" are more related to the general "physical activity approach", the others prefer the more "physical exercises approach". We suspect that the tendency for certificates on health-enhancing sport activities goes more in the direction of the physical exercise approach.

Subjects of certification

The subjects of certification are different in the examples described in this paper. We can distinguish certificates awarding

- particular exercise programs
- sections of a club (or a part of an institution)
- the whole setting of a sport club (or an institution).

The most ambitious type of certification is the club setting certificate, if the "physical exercise intervention" is an essential part of it.

* "The term <health-enhancing physical activity is frequently used in relation to the health benefits gained from physical activity. It should be understood as any form of physical activity that benefits health and functional capacity without undue harm or risk. ...

The main sources of health-enhancing physical activities encompass normal and simple activities such as walking, cycling, manual labour, swimming, skiing gardening, recreational sport, and dancing".

(WHO-Europe: Steps to health, 6).

The WHO document distinguishes further on between "physical activities" and "physical exercises": "Exercise is a subset of physical activity, defined as planned, structured, and repetitive bodily movement to improve or maintain one or more components of physical fitness and health".

Target groups

Also in regard to the target groups or the targeted settings the certificates are different, but all of them have the lack of activity of particular population-groups as the same starting point. Sedentary adults in general, young people and employees are focused in the certificates of this paper. But also certificates for other target groups are conceivable, such as seniors, schools or communities ("Healthy or Active Cities").

Quality criteria

When we're going to compare the basic quality criteria of the certification systems described in this paper, we can identify high similarities:

- The activity programmes need to pursue explicitly defined health benefits.
- Qualified (licensed) instructors/coaches are demanded.
- The spacious conditions (size of the facility, ventilation, illumination, shower and dressing rooms etc.) need to be adequate to enhance good mood and wellbeing.
- Monitoring functions and control measures need to be implemented (See Appendix 7).

Furthermore the individual certificates identify some different and more detailed criteria, but all follow the same intention: to make positive health effects possible and probable. There seems to be still a deficit in real evidence based evaluation instruments. Only the German "Pluspunkt Gesundheit.DTB" is partly working with evidence controlled exercise programmes.

Application and awarding procedures

All certificates are based on a well described application process with special forms, but there is a difference regarding the way, how to get the certificate. One hand there are three certificates being awarded

after passing a process of consultation and guidance to be able to fulfil the demanded criteria: "Quality in Club Fitness", "PRIIMA", Finnish Youth Sport Certificate. On the other hand we have three certificates being awarded only on the basis of application forms directly: "Pluspunkt Gesundheit.DTB", "Healthy Club", "Active Workplace Certificate. The certificate "Sport pro Fitness" needs an on-site visit of an inspector additionally to the application forms. In regard to the second awarding procedure the club needs to be able to fulfil the quality criteria on its own. But nevertheless also in this case the awarding federation offers information and consultation material. In any case it's indispensable to provide appropriate tools of advice and instruction as well as for advertising.

Evaluation

All certificates are awarded after serious verification procedures, but 3 different evaluation methods are used:

- Self-evaluation of the applying club/ institution (e.g. "Active Workplace").
- Evaluation on the basis of application forms through the federation (e.g. "Pluspunkt Gesundheit.DTB").
- Evaluation of applications forms and additional on-site inspection by auditors ("Fitness I Forening"; "Sport pro Fitness").

Furthermore most certificate concepts provide forms for self-evaluation by the participants, the instructors or the club manager as internal feedback tools. But the results will normally not be analysed by the awarding federation.

The combination of all three evaluation methods may make it most certain, that the quality criteria can be reached. But as the on-site inspection is very staff- and time-exhausting, this method is normally only used, if the number of certificates is rather small and/or an organisation is able to spend the necessary resources. An external

control-evaluation during the period of the certificate-validity is not usual in any of the certificates.

Public Relation (PR) and Marketing

Certificates for health promotion activities of a sports club are relatively new and rather unknown. Even if some PR and marketing tools had been developed in relation to the certificates of this paper, a compelling and consistent strategy seem to be in deficit.

On one hand the awarding sport associations are asked to develop far reaching national promotion activities, and on the other hand the awarded sports clubs have to set up local activities, to make the product known to the public.

Some recommended measures of the sport association:

- Advertising in all possible media- and PR-tools of the association itself (newsletters, magazines, home page, posters and banners at events, radio and TV interviews,...)
- Negotiation with partners from the medical systems (e.g. health insurance companies; medical associations; public health authorities; health ministry), to get the certificate promoted through their PR activities.
- Promotion flyers and brochures.
- Give aways.
- Identification mark for the instructor (t-shirt; badge).
- Provision of a web data-bank of all valid certificates (contact address of the organiser, location; title; target group).

Recommended local club activities:

- Press release, when the certificate has been or will be awarded.
- Contact to local medical doctors, to permit promotion flyers in the waiting rooms or to ask for personal recommendation of a certified local exercise programme.

- Posters and information material in the sport facilities, in local public facilities in shops and private companies.
- "Open door" promotion day (practise demonstration; free access).

Summary

All certificates described in the work package document had been assessed as very successful in their national context and as an important instrument for public relation and to improve the quality of health enhancing club sport activities. No awarding association will abstain from using this tool within their health promotion strategy. On the contrary all associations concerned want to increase the acceptance and to improve the system continuously. The success may encourage more sport associations to create their own identification mark for health related sport activities or to co-operate with those associations, who have already matching certificates.

Discussing further perspectives the working group of work package 3.1 of the SCforH project expressed their interest unanimously to continue the exchange of knowledge and experience to improve the certification matters of health enhancing sport activities as important part of still needed quality management strategies in this field of action. More sport associations are very welcome and invited to join. The group strongly recommended also striving for European standards on health enhancing sport activities and for a uniform "European Sport Club for Health Certificate".

Appendix 4 Instructor education for SCforH (WP3.2 Stefan Westerback⁴)

Aim

This work package has concentrated on Instructor Education System for SCforH by:

1. Reviewing current instructor education systems concerning physical activity and sport in various European countries
2. Creating a frame for, and outline a model for an instructor education system to SCforH based on point one

European cooperation

There is a wide variety of instructor and coach education systems in Europe as there is a broad dispersion in how a Sports Club is defined in different countries. Some of the countries have both a strong voluntary instructor and coach education and professional education system and some countries concentrate mostly on professional instructor education which targets the fitness industry. In SCforH-

project the focus is on the voluntary sector.

European Health and Fitness Association (EHFA) is an independent and non-profit organisation based in Brussels representing the interests of the sector at the EU level. EHFA has been instrumental in designing the Standards for the fitness industry under the **European Qualification Framework (EQF) and the European Credit (Transfer) System for Vocational Education and Training (ECVET)** programmes.

EQF acts as a translation device to make national qualifications more readable across Europe, promoting workers' and learners' mobility between countries and facilitating their lifelong learning. EQF required EU nations to relate their own qualifications to EQF at the latest during 2010. By 2012 shall all national standards couple with EQF and the educational level should be printed on all certificates.

EQF – terminology

When designing educational pathways some consistency in the terminology and interpretation is required. In SCforH programs should be followed the EQF terminology policy (Table 10).

Table 10 EQF terminology for education.

TERM	INTERPRETATION
Qualification	Assessment and validation process to determinate a learning outcome
Learning outcome	A statement of what a learner knows, understands and is capable to do in context of knowledge, skill and competence
Knowledge	Knowledge can be theoretical or factual. The outcome of completing a task based on the learning process
Skill	Skill can be cognitive or practical. Capability to apply knowledge to complete a task or solve a problem
Competence	Proven ability to use knowledge and skills and personal social and/ or methodological abilities to complete a task or solve a problem

⁴Contributors: Herbert Hartmann, professor emeritus; Mimi Rodriguez Adami, Federazione Italiana Aerobica & Fitness and Pulmu Puonti, Director of Education, Finnish Sports Federation.

In the context of EQF, the learning outcome relevant to the level is the knowledge described below (Table 11). Skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments). Competence is described in terms of responsibility and autonomy.

Table 11 EQF determined learning outcomes at different education levels.

EQF LEVEL	KNOWLEDGE	SKILLS	COMPETENCE
1	Basic general knowledge	Basic skills required to carry out simple tasks	Work or study under direct supervision in a structured context
2	Basic factual knowledge of a field of work or study	Basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools	Work or study under supervision with some autonomy
3	Knowledge of facts, principles, processes and general concepts in a field of work or study	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information	Take responsibility for completion of tasks in work or study. Adapt own behaviour to circumstances in solving problems
4	Factual and theoretical knowledge in broad contexts within a field of work or study	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study	Exercise self-management within the guidelines of work or study context that are usually predictable, but are subject to change. Supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study

One example of an instructor education is the “Liikuttajakoulutus” (Mover-education) by Finnish Sport for All Association. This education is targeted for becoming voluntary instructors and coaches for adults in health enhancing physical activity in level 1. The main goal on the level 1 is that an instructor/coach can plan, implement and evaluate one

training session at a time. In level 2 the main goal is that an instructor/coach can plan a longer period of trainings. This spring there will be a Mover-education on EQF level 2. The structure of the education in level 1 is shown in the picture below (Figure 4).

Liikuttaja Structure (50h)

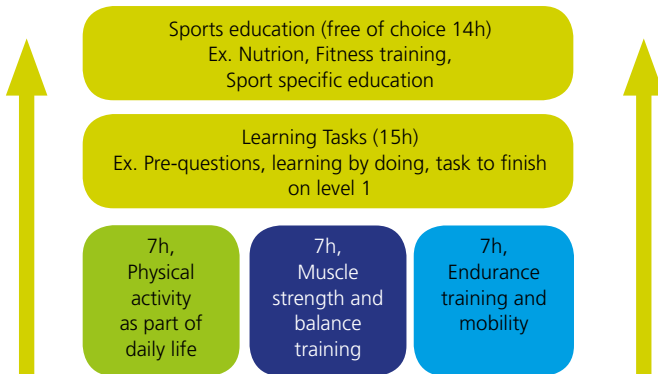


Figure 4 Structure of level 1 education.

Conclusion

Even though there is a wide variety of educational systems, sports club definitions, non-profit and business thinking in Europe some topics are the same in all countries. Based on these recurring subjects below is a list of the most important things to consider when designing an instructor or coach education pathway for a Sports Club.

Figure 5 can be used both for the voluntary instructor education as for the professional instructor education. When comparing the two sides the main difference is the contents depth on each sector and level. The learning outcome description can be the same on both sides because the outcome is based on the input. Teaching hours is not the main issue when building up a pathway like this, the input and outcome is.

In SCforH instructor and coach education the main issue is to understand

what Health Enhancing Physical Activity means in a sports club setting and in different sports. One also has to recognise what role does the instructor plays in the goals to reach HEPA-activity.

The main topics that have to be implemented in any SCforH instructor education system:

- Health effects of physical activity in different sports; all sport disciplines are HEPA
- Lifestyle changes towards lifelong physical activity; healthy life
- Continuity in the instructor education system; lifelong learning
- Outcome of the learning continuity; learning goals
- Core know-how through all educational stages; priority on HEPA
- Topic specific know-how through all educational stages; topic specific continuity

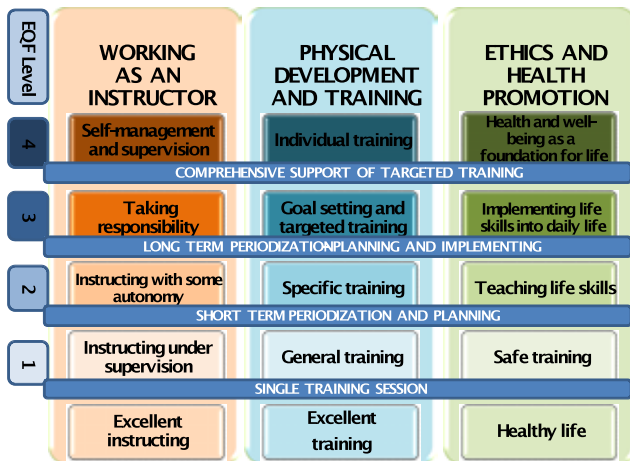


Figure 5 Levels 1 to 4 education structure.

Appendix 5-8 Evaluation for SCforH (WP7.2 Stjepan Heimer and Charlie Foster)

Appendix 5 Monitoring forms in process evaluation

Table 12 - Keeping records of your actions for all guidelines

Inside Club - Planning Guidelines	
G 1 - Identify the support and possibilities for SCforH programme within your club	
What actions are /were planned? (Aim, plan)	
What action will be / was taken? (completed by SCforH manager)	
Who is /was the focus of the programme?	
Who participated in club?	
Managers	
Coaches	
Trainers	
Target Group	
Participants	
Parents	
Children	
Others	
Who participated outside club?	
Sports Associations	
Stakeholders	
Local supporters	
Media	
Others	

This table could be produced for each guideline used in the planning guidelines 1 to 5 and the implementation guidelines 6 to 8.

Appendix 6 Process evaluation indicators of SCforH programmes

Developing SCforH programmes

Indicator **Promoting the SCforH programme message**

- SCforH participants are offered written information (e.g. leaflets, website) on the health effects of particular HEPA programmes (i.e. children and adult participants, volunteers, coaches, administrators, parent, families)
- Lectures are periodically organized for the club clients, on the importance of physical activity for health, proper nutrition and its importance for health and other health topics.

Indicator **Building in quality standards for SCforH programme delivery**

- The HEPA programmes offered by the club are licensed by a competent approving authority (e.g. competent ministry, sports federation)
- Programme instructors are licensed to run programmes in accordance with existing regulations. The club ensures continuous vocational education and training of the programme instructors.
- The club produces policies and provides instructors with written instructions for conducting particular HEPA programmes.

Implementing SCforH programmes

Indicator Evaluating the impacts of SCforH programmes on participants

- The SCforH management keeps record of the SCforH participants' participation in attending programme classes.
- The SCforH periodically inquires about the SCforH participants' satisfaction with the club and programmes by means of questionnaires.
- SCforH participants are formed according to their initial fitness level.
- The SCforH periodically organises the assessments of the fitness level of SCforH participants.
- SCforH participants are required to undergo medical examination before joining the programmes.

Indicator Evaluating the impacts of SCforH programmes on the SCforH environment

- Within the club, the participants are offered the choice of healthy drinks and snacks.
- The (exercise) area where HEPA programmes are held is of adequate size, is adequately arranged, has the possibility of adequate ventilation (windows or ventilation system), is adequately illuminated.
- The equipment for the offered HEPA programmes is of adequate quality. For the offered HEPA programmes, the club ensures enough pieces of equipment at participants' disposal.
- The club has dressing rooms for the participants. They are of adequate size, have sufficient number of lockers, and are adequately arranged.
- The club has shower area for the participants. The participants can use individual/separate shower stalls. The number of showers is adequate for the number of participants. Shower area is adequately arranged.
- The club has toilets for the participants. The number of toilets is adequate for the number of participants. Toilets are adequately equipped.
- The club has a social area for participants (e.g. snack bar, gathering area, social game area).
- The club facilities have: an adequate heating system an adequate cooling system (air conditioning system).
- The club ensures regular cleaning of the: areas where HEPA programmes are held shower area toilets other areas (e.g. social area, hallways).
- The club participants have a sufficient number of parking spaces at their disposal, in the vicinity of the club.

Appendix 7 SCforH and HEPA – Assess the immediate impacts and long term outcomes of SCforH programmes⁵

As the SCforH programme becomes more mature or established the evaluation can focus on capturing longer term outcomes. The aim of an outcome evaluation is to see whether the project meets its aims and objectives.

These aims are recommendations based on what is feasible and realistic for evaluating within a SCforH programmes. Matching the SCforH programmes aims with evaluation indicators may be a good start.

Evaluation doesn't need to be expensive nor complex but the World Health Organisation (1998) recommends that evaluation should take up at least 10% of the budget for any new SCforH programme. However, it should be recalled here, that evaluation actions needs to be applied to the resources of a club in question.

Outcome evaluation

Some SCforH programmes want to evaluate the impact of their actions the HEPA levels of their participants. This evaluation focuses to evaluate any positive health impacts on an individual. If the SCforH programme evaluation focuses upon outcomes it may capture negative impacts as well as positive, plus the possibility that there may be no changes to an individual! Still, these kind of a results offer useful information about the programme i.e. actions were not effective. The other perspective for outcome evaluation is the setting i.e. a club itself. It is then a question about the changes a SCforH programme generated in club organization structures, ethos or operating procedures. Typical outcome evaluations on individual level could include changes in...

- Specific sports participations
- CV fitness & function
- Self-esteem & confidence
- Capacity to remain independent
- Management of disease
- Joints mobility & muscle strength
- Injurious accidental falls
- Risk of disease
- Mental health

Short term evaluation

A pertinent outcome measure for individual level that must be collected is good data on numbers and types (age and gender) of participants in the SCforH programme. This means systematically recording who takes part, usually by registers or records of attendance. If a SCforH programmes provides activities it is recommended to keep a record of participation to show the number of people who took part and their attendance. For a development at setting i.e. club level equivalent outcome measure could be documentation of those club officials involved and reached.

Long term evaluation

There are greater demands on resources for evaluation of long term outcomes. These resources include funds, time and skills and people. Committing to these resources is essential, particularly if more specialised methods are needed to capture data. Usually only some clubs will invest a budget for evaluation, for example to use for evaluation training, or paying to collect information, or for storing and analysing this information! Examples of long term evaluation can be found in the table below.

Start SCforH outcome evaluation

Examples of typical SCforH programmes aims, potential outcomes, methods of outcome measurement and notes on method of outcome measurement are presented in the evaluation grid (Table 13). These impacts are split into impacts for club participants (individual) and upon the club itself (setting).

⁵Contributors: Danijel Juracic, PhD, PE prof.; Željko Pedišić, PE prof. and Marija Rakovac, MD; University of Zagreb, Faculty of Kinesiology.

Table 13 Linking aims, potential outcomes, methods of outcome measurement for SCforH programmes

Aims & Gains	Potential outcomes	Methods of outcome measurement	Notes on method of outcome measurement
<p>Increase participation in HEPA</p> <p><i>Healthier</i></p>	<p>↑ number of a targeted group e.g. Children, women regularly participating in HEPA</p> <p>↑ number of wide range of participants occasionally participating in PA</p> <p>↑ numbers participating in structured HEPA exercise in SCforH programme</p> <p>↑ numbers participating in out of club HEPA</p>	<p>HEPA participation questionnaire. Self report or interviewer -led questions.</p> <p>HEPA diary to help people identify times during the day when participant has done some form of HEPA</p>	<p>Include information defining HEPA with examples e.g. brisk walking, and feelings which could arise, such as feeling warm and breathing harder than normal</p> <p>Record time</p> <p>spent doing bouts of 15 minutes or 30 minutes in line with current recommendations of half an hour a day, and 2 x 15 mins being a good compromise.</p>
<p>Improve mental health</p> <p><i>Happier</i></p>	<p>↑ socialisation, ↑ confidence/self-esteem, ↑ motivation, ↑ ability to plan routine</p>	<p>General health and well being questionnaires, one to one interviews</p>	<p>Which questionnaires are appropriate? e.g. a clinical depression questionnaire may not be appropriate for a general population.</p> <p>Information sources could be local health services.</p>
<p>Increase physical function/fitness</p> <p><i>Fitter</i></p>	<p>↑ stamina, strength and flexibility</p> <p>↑ balance and co-ordination</p>	<p>Self assessment questions e.g. "what can you now do that you found harder when you were less active?"</p> <p>Structured fitness assessment with appropriate protocol</p>	<p>Participant's perceptions of improvement in physical function should be incorporated into the measurement method. Fitness test protocols should take account of the functional needs and wishes of the specific group and be able to demonstrate an improvement in these specific areas. Sources of information could be local universities or coaches</p>

Appendix 8

Table 14 SCforH and HEPA – Developing aims, outcomes and evaluation methods for impacts on the SCforH club

Aims & Gains	Potential outcomes	Methods of outcome measurement	Notes on method of outcome measurement
<p>Increase consultation with club members about HEPA</p> <p><i>Better communication and satisfaction</i></p>	<p>↑ involvement of members in planning & delivery of HEPA actions</p>	<p>audit number on HEPA project groups</p> <p>feedback about HEPA programme satisfaction via questionnaires & focus groups</p>	<p>Are participants on project steering groups expected to express their individual opinions or represent the viewpoints of a group for whom the project is designed? Is participant's time volunteered or paid for?</p>
<p>Improve partnership working for HEPA promotion with stakeholders</p> <p><i>Improving the profile of the sport club</i></p>	<p>↑ number of projects with multiple partner organisations</p> <p>↑ number of agencies promoting HEPA from outside SCforH</p>	<p>Attendance at meetings and seniority of those who attended</p> <p>Extent to which workload is shared between partners</p>	<p>For this outcome it is important to assess the extent to which project partners perceive HEPA is relevant to them and the objectives of their organisation.</p>
<p>Train relevant professionals and volunteers in delivering HEPA</p> <p><i>Building high quality programs</i></p>	<p>↑ number of exercise practitioners with HEPA specific qualifications</p> <p>↑ number of coaches aware of HEPA messages</p> <p>↑ number of qualified exercise and health/care professionals delivering services to SCforH for HEPA promotion</p>	<p>Audit of HEPA coaches staff qualifications and experience</p> <p>Audit of training offered on HEPA</p> <p>Audit of training content and quality</p> <p>Independent quality audit of HEPA training service delivery</p>	<p>Professional development efforts on the part of exercise and related professionals should be considered in conjunction with exercise national governing body recommendations</p> <p>Audit of training content and quality should be informed by national quality assurance frameworks for exercise training.</p>
<p>Produce HEPA resources for SCforH (e.g. leaflets, teaching packs, videos)</p> <p><i>Improving quality and resources</i></p>	<p>↑ uptake and use of SCforH HEPA resources by coaches working with SCforH</p> <p>↑ dissemination of HEPA resources to participants through appropriate venues</p>	<p>Audit of coaches using resources with HEPA</p> <p>Questionnaire/focus group for coaches or resource users to test recall of HEPA messages disseminated</p>	<p>Audit of coaches' use of resources could record the specific HEPA client group, the setting and context in which the resource was used, and how information was received, as well as frequency of use.</p>
<p>Promote lifelong learning about HEPA</p> <p><i>Leaving a legacy for the next generation</i></p>	<p>↑ number of non coaches and club members, parents or children trained as peer educators about HEPA</p>	<p>Test recall of HEPA messages through questionnaire or interview</p> <p>Facilitated peer educator self assessment of the extent of their impact/usefulness in promoting HEPA to peers</p>	<p>Outcome measures relevant to a number of organisations will promote partnership working. Using HEPA as a contribution to lifelong learning</p>



Sports Club for Health (SCforH) Guidelines are directed to local-level voluntary sports clubs. The purpose of the guidelines is to encourage sports clubs to invest more on health-related sport activities in the context of their sport discipline. The guidelines offer a step-by-step guidance for sports clubs to plan, implement and document a health-related sports programme. The guidelines are also a tool for national and international sports organisations to support their health-enhancing physical activity (HEPA) programmes. The development work has been done in co-operation with various European experts and organisations, and was supported financially by the European Commission. The idea of SCforH is available and open for all those interested in HEPA promotion in the voluntary sport context and can be adopted in diverse national and local circumstances.