

HEALTH-PROMOTING SPORTS CLUBS NATIONAL AUDIT TOOL





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ABSTRACT

Promoting health throughout the life-course requires a multifaceted strategy for multiple sectors and contexts. Health can be promoted where people learn, work, play and love, by ensuring that the society in which they live provides conditions that allow attainment of health by all its members (1). Systems-thinking and a socio-ecological approach have made policies points of leverage and fundamentals for a healthy society (2). Use of these levers for developing and using a national intersectoral strategy to promote health can improve the health of many.

Schools and cities have a long tradition of health promotion. New settings for promoting health include sports clubs, which ensure physical activity and social engagement with and through sport. Although they confer many health benefits, sports clubs can also promote community and population health more broadly. Currently, health promotion by sports clubs is unstructured and often improvised and therefore requires national leadership. The European Union White Paper on sport (2) and the Global action plan on physical activity 2018–2030 (3) both recognize that the health potential of sport should be leveraged. In turn, stakeholders such as local sports club directors, managers and coaches seek support and guidance from national sports and health leaders (4).

This national audit tool for health-promoting sports clubs provides a protocol and method for collating the available national policies and strategies for supporting health promotion in sports clubs. This document provides an introduction and users' guide for the audit tool and the tool itself. The document also includes information on application of the "settings-based approach" to sports clubs, the health-promoting sports club approach and development and use of this tool.

The assessment will provide a comprehensive overview of national health promotion policies and strategies related to sports clubs in your country, which may indicate gaps in national health promotion and sport strategies and indicate areas to be developed. Completion of the tool may foster collaboration among government departments and organizations interested in a settings-based approach to health promotion. It can provide a catalyst for better communication, joint strategic planning and actions and collaboration among sectors for national health promotion policies in sports clubs.

KEYWORDS

European Union; evaluation study; health action; health policy; health promotion; health survey; physical activity; questionnaire; sports club

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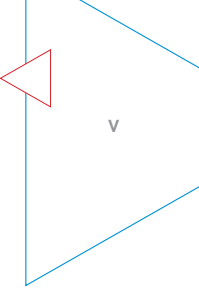
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CONTENTS

Acknowledgments	v
Glossary	vi
<hr/>	
Introduction	1
The health-promoting sports clubs approach	4
Development of the national audit tool for health-promoting sports clubs	5
Completing a national audit of health-promoting sports clubs	6
Using the results of the audit	7
Sections of the national audit of health-promoting sports clubs	8
Section 1. Role of the ministry or department	8
Section 2. Policies	9
Section 3. Communication, implementation and dissemination	15
Section 4. Methods for evaluation and measurement	17
Section 5. Sub-national policies	19
Section 6. Funding and coordination	21
Section 7. Participative approach	22
Section 8. Actors and stakeholders	23
Section 9. National sporting events	24
Section 10. Case studies	24
Section 11. Implicated stakeholders	25
References	26

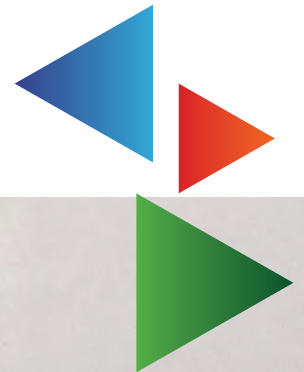


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GLOSSARY

The following terms are defined for collection of relevant data with the national audit tool for health-promoting sports clubs. Some of the terms are interchangeable according to the country, such as “action plan” and “strategy” or “programme” and “project”.

Action plan: A plan to identify who does what and who is responsible for implementation, when actions are to be completed, how implementation is to be undertaken (e.g., strategies, approaches) and what resources are to be used. It should include monitoring and evaluation. It may be part of a broader national policy or a single document.

Actor: A stakeholder who can promote health in a setting.

Department: A government department that designs, disseminates and oversees policies on health, physical activity and sport nationally or sub-nationally.

Determinant of health: A factor that significantly influences health. Sports clubs include four determinants of health – organizational, social, environmental and economic – each of which can influence health through the club, its management and by coaching. The influence on health may affect participants and potentially their family members. The determinants interact at all levels of sports club through a top-down and bottom-up dynamic.

Health: “Health is perceived as a resource of daily life and not as the goal of life; it is a positive concept accenting social and personal resources and on physical capacities. The promotion of health is therefore not only a matter for the health sector: it does not merely advocate for the adoption of lifestyles that promote good health; its ambition is the complete well-being of the individual” (1).

Health-enhancing physical activity: Any form of physical activity that benefits health and functional capacity without undue harm or risk.

Health-promoting sports club: An organized sports club that promotes more than one health behaviour or topic by involving partners and the club at various levels.

Health-promoting sports club policy audit tool: A protocol and method to assess national policies and responses to physical inactivity.

Health promotion: Enabling an individual, group or population to increase their control over and improve their health by acting on the determinants of health (1). Also includes health education. By empowering individuals and populations to act on the determinants themselves, health promotion seeks to reduce social inequalities in health.

Health promotion action: The actions of health promotion are intended to give populations and individuals “equal opportunities and resources to achieve their fullest health potential” (1). Actions may be in policies (e.g., urban planning, employment, housing, leisure) or environmental or living conditions and concern social relationships and community participation. They may also be in the health-care system and its adaptation to the needs of individuals and populations.

Health topic: Any topic that can affect people’s health, including physical activity, well-being, social justice, inclusivity, sustainability, injury prevention and recovery, nutrition and sleep.

Mechanism: Method or procedure for coordinating formal development, sharing and disbursement of health promotion policies and activities.

Ministry: A government ministry is sometimes referred to as a department. It oversees regional or local organizations that offer organized sport to the general population. Ministries ensure and oversee health, physical activity and sports policies in a country.

Policy: Formal written document, unwritten formal statement, written standard or guideline that defines priorities, goals and objectives, usually issued by an administration (national, regional or local). May include or be accompanied by an action plan or communication strategy.

Programme or project: A set of measures or a single (large-scale) long-term activity (at least one sporting season) that may be related to a specific policy. The programme or project may comprise various actions or activities, such as interventions or initiatives, in sports clubs, which may be time-limited or open-ended.

Psychosocial competence: Ten essential skills, presented in pairs, that have been established by the WHO to define “the ability of an individual to respond effectively to the demands and challenges of daily life and to maintain a state of mental well-being and to demonstrate this while interacting with others, his/her culture and environment” (5). They are recognized as key determinants of health and well-being that can effectively be addressed in various settings.

Settings-based approach to health promotion: “This includes the place or social context in which people engage in daily activities, in which environmental, organizational and personal factors interact to affect health and well-being” (6).

Sports clubs: Private, non-profit organizations formally independent of the public sector yet potentially supported by public resources, including volunteer members and a democratic structure, with the main objective of providing sport (7).

Sports club level: The sports club organization, managers, coaches and individuals. External levels include sports federations, public health actors and national governments.

Strategy: Defined in long-term plans designed to achieve national goals (in this case, to promote health in sports clubs).

Socio-ecological approach to health: Considers individual, social, environmental and political determinants of health and their possible interactions.



INTRODUCTION

In 1986, in the Ottawa Charter, WHO highlighted the importance of promoting health in various settings to “support the health of individuals, organizations and communities” (1). The settings-based approach develops environments to make population-wide, positive health-related behavioural changes. It acknowledges that “health is created within settings of peoples’ everyday lives; where they learn, work, play and love”. The Ottawa Charter addresses various health determinants according to five axes that base health promotion on building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services (1). Health-promoting sports clubs are based on the settings approach and guided by the Ottawa Charter as places and social contexts in which people participate in regular activities and in which environmental, organizational and personal factors interact to influence health and well-being (8). Government support is necessary for sports clubs to plan, evaluate and monitor their health promotion work.

The WHO Global action plan for physical activity 2018–2030 (3) encourages sports to promote health in a wide population, including participants, family members and spectators in sports clubs. Participating in sports in a club helps people to be physical activity and also has many social and psychological benefits (9) for the individual and communities. Additional benefits depend on whether clubs offer safe environments, have adequate resources, an organizational structure and high-quality supervision through other health-promoting actions (10), supported by affiliated sports federations and national health policies.

National policies for health promotion have been considered since 2004, when WHO released the Global strategy on diet, physical activity and health (11). Subsequently, advances were made in national policy development and measurement to increase health-enhancing physical activity through European Union Council recommendations to Member States. Less attention has been paid, however, to the “sports clubs for health” approach to leverage the health benefits of participation in organized sport (12). Health-promoting sports clubs can have a broad range of health benefits (13) through context-specific adaptation of the approach of Whitelaw et al. (14) to five types of settings-based health promotion, each progressively incorporating more organizational change into policies and the daily activities of sports clubs. The health-promoting sports clubs approach is a model for sports clubs, with a framework for intervention, five indicators and five context-adapted stages in health promotion. Health-promoting sports clubs are built on their “core business”, which is to provide opportunities to participate in organized sports.

The five-stage approach to health-promoting sports (Table 1) comprises (i) a focus on health-enhancing physical activity through participation in sports, (ii) opportunities to spread the health benefits of participation in a particular sport, (iii) specific one-off health promotion activities, (iv) permanent health promotion programmes, culminating in (v) the health-promoting sports club approach in which health promotion is included in all actions and policies of the club. The process supports clubs in becoming health-promoting clubs and enhances their role and relevance in communities through a relation between sports and health (15). The health-promoting sports club approach is the most inclusive of the five types of health promotion in sports clubs, similar to that described by Whitelaw and colleagues in 2001 (14).

Table 1. Stages of becoming a health-promoting sports club

Stage	Type of activity	Characteristics	Basis
0	Provision of sports	Provide opportunities to participate in organized sport	The core business of offering organized sport
1	Health-enhancing physical activity	Develop physical activity for all and enhance the core business of clubs to create more, better opportunities for physical activity	Increasing physical activity
2	Sports clubs for health	Acknowledge all the benefits of participation in organized sports (e.g. diverse sport and outcomes)	Benefits of participating in a particular organized sport
3	Health promotion in sports clubs	Sporadic health promotion activities (e.g., healthy eating, conferences, charity events)	One health promotion activity (may be annual)
4	Sports club health promotion	Programmes or activities of sports clubs to promote health and orient the setting towards health	A single permanent programme or activity in the sports club
5	Health-promoting sports clubs	Many health topics included in all activities and written into policies	Organizational change to include health promotion in daily activities

Formulation of national policies and measures for health-promoting sports clubs requires support at all government levels to give credibility to the settings-based approach to health promotion and give a consistent message and structured guidance to regional and local authorities and sports club stakeholders. National policies also encourage distribution of human and financial resources to promote health in sports clubs. Additional benefits include sharing knowledge and experiences at different levels, among different sectors and among countries.

In order to identify the features of health promotion policies for sports clubs systematically, the WHO Regional Office for Europe formed a working group on health-promoting sports clubs in the network for health-enhancing physical activity. The working group, which is made up of researchers and academics in public health, health promotion and sports, has developed a method and protocol for understanding, organizing and potentially sharing successful national policies and action plans for health-promoting sports clubs. This national audit tool is included below.



THE HEALTH-PROMOTING SPORTS CLUBS APPROACH

The health-promoting sports club approach is based on the settings approach in which synergy is sought among the actions of sports clubs that contribute to health. The approach is applied to encourage organized sports clubs to go beyond promoting sports performance or single types of behaviour and to incorporate health actions at all times. At local level, this model comprises several levels to influence members and community health: at club level (macro), among managers and directors (meso) and through coaches (micro) (13). At the macro level, the sports club's policies and organizational regulations are considered. The meso level includes guidance and support to coaches and staff by club managers and directors. The micro level defines health-promoting activities by coaches. A health-promoting sports clubs is also integrated from local to national level, where sport federations and political and public health actors contribute to health promotion in local sports clubs. Each level includes four health determinants: organizational, social, environmental and economic (16). Five indicators of a health-promoting sports club have been identified (16):

- 1. Encourage all activities that go beyond promotion of a single health area.**
- 2. Involve all club stakeholders (participants, parents, coaches, management, volunteers) in health promotion and decision-making.**
- 3. Involve external partners and the community in health promotion actions and decisions.**
- 4. Promote health continuously and iteratively.**
- 5. Base actions on identified needs to overcome the limitations of a “one-size-fits-all” approach.**

DEVELOPMENT OF THE NATIONAL AUDIT TOOL FOR HEALTH-PROMOTING SPORTS CLUBS

The national audit tool is based on previous work, including the Promoting Health in Sports Clubs (Promotion de la santé dans les clubs sportif; PROSCeSS) project, to support sports clubs in increasing health promotion activities, a tool for measuring development of a health-promoting sports club from an international Delphi study (13) and the health-promoting sports clubs intervention framework (16). After a rapid literature review, the working group drew up a list of 25 main indicators. These were subsequently formulated into question-and-answer format and tested in an online survey of 22 experts in eight countries, followed by telephone interviews with six national volunteers interested in pilot-testing the tool. The tool was modified accordingly.

The national audit tool for health-promoting sports clubs has 11 sections:

Section 1. The ministry or department in the country responsible for health promotion policy

Section 2. Relevant policies, including those drafted and implemented nationally and disseminated sub-nationally

Section 3. Communication of policies, strategies and action plans from national to sub-national level

Section 4. National methods of evaluation, including the activities and outcomes measured

Section 5. Sub-national policies directly linked to health promotion in sports clubs

Section 6. Funding for health promotion from national level or other sources and cross-sectoral collaboration to align policies and strategies

Section 7. Participative approach to determine how stakeholders contribute to national policies

Section 8. Role of sub-national actors in health promotion activities to support sports clubs

Section 9. Consideration of health topics in planning national sporting events

Section 10. Case studies of positive experiences

Section 11. Summary of completion of the national audit tool and the people involved

The audit tool is designed to provide an overview of national policies that directly or indirectly influence health promotion activities in sports clubs at sub-national level. Although the tool includes questions about policies, strategies and action plans, it does not provide details of or a comprehensive list of health promotion actions or interventions. If you wish to provide additional details on health promotion policies or interventions, please attach a summary in section 10. Examples are useful for sharing experiences within and between countries.

COMPLETING A NATIONAL AUDIT OF HEALTH-PROMOTING SPORTS CLUBS

Completion of a national audit will require collaboration among various sectors and stakeholders. To coordinate the work, a project team, with a leader from the national level (such as a government representative, a nongovernmental organization or an academic) should be identified. Members of the team should be chosen according to their knowledge of relevant national and sub-national policies and actions on health promotion, their access to stakeholders in the sports sector and beyond and their ability to participate in completing the audit. Once the team is assembled, a meeting should be held to review the requirements for the audit and the steps involved, set a timeline for completion, assign tasks and list the stakeholders to be contacted. Information must be collected for the various sections of the audit from many agencies, nongovernmental organizations, policy-makers and academics.

The next step is to collect data for the audit tool. The project leader can provide as much information as possible and then circulate it to other team members to comment and provide missing data. The first draft of the audit should then be sent to all team members and other stakeholders to verify the data, provide clarifications and correct or add information if necessary. Before the audit is finalized, the team should discuss any difficulty in collecting national information and decide on who should receive the results and how and when they will be disseminated. The audit tool should then be edited and validated.

Once the data are finalized, it might be in the national interest to publish the results, if all the stakeholders consent. The results could be useful for planning national policies and could be sent to the appropriate ministries and departments for policy development and dissemination to sub-national levels. Completion of the audit can take 3–6 months, depending on the country context and government structure. Team engagement and experience in national health promotion policies for sub-national levels can affect the time required and team commitment to the process.

An audit of health-promoting sports clubs can be undertaken at any time. As many countries have yet to adopt the health-promoting sports club approach, national policies should be reviewed that can support this approach. The audit could be completed when major policies that influence and support sports clubs have been developed and monitored every 3–5 years to determine how the approach is evolving.

USING THE RESULTS OF THE AUDIT

A national audit provides a comprehensive overview of the commitment, policies, strategies and actions for health-promoting sports clubs. By identifying the actors, the documents, the measures and the actions, the audit will provide a knowledge base to identify any gaps or barriers, learn from experience and use challenges for framing and planning future policy. The audit can thus be used to:

- ✓ measure national commitment, policies and orientations towards health-promoting sports clubs;
- ✓ identify stakeholders' networks and their willingness to support health-promoting sports clubs;
- ✓ raise awareness of the policies, actors and mechanisms used to support health-promoting sports clubs;
- ✓ plan future policies, discuss potential barriers, leverage points and resources to be mobilized to advance national activities;
- ✓ learn from the positive and negative experiences of other countries.



SECTIONS OF THE NATIONAL AUDIT OF HEALTH-PROMOTING SPORTS CLUBS

1

Section 1. Role of the ministry or department

The following questions are about the national ministries or departments that are involved in supporting sports clubs for addressing health topics. There may be more than one ministry or department.

1a. Is there one national ministry (or department) that is **mainly responsible** for supporting sports clubs in including health topics (social, mental, physical health; well-being; sustainability) **other than participation in sports**? (Support includes policies, strategies, action plans and other forms.)

Yes No

If No, move to question 1b.

1b. *If so, please check* the ministry (or department):

(check all that apply)

Culture	Transport
Education	Urban and rural planning
Environment	None
Health	Other (specify)
Sports	_____

1c. Are any **other** ministries or departments involved in supporting sports clubs to address health topics (social, mental, physical health; well-being; sustainability) **beyond participation in sports**?

Yes No

If No, please move to section 2.

1d. *If so, please check* the ministries (or departments):

(check all that apply)

Culture	Transport
Education	Urban and rural planning
Environment	None
Health	Other (specify)
Sports	_____

Section 2. Policies

The questions in section 2 are on **national policies** that guide or request sports clubs to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports. Please complete each section for the **three policies** you consider to be the **main policies**. If there are more than three, please describe the additional policies in question 2d. The policies may be **part of a wider policy that includes sports clubs** and is **not necessarily that of the ministry of sports**.

2a. Does your country have a **national policy** to guide or request sports clubs to address health topics (social, mental, physical health; well-being; sustainability) beyond participation in sports?

Yes No

*If No, please move to **section 3**.*

2b. *If yes, please list the title, date, issuing body and, if available, the website:*

Policy #1

Title:

Timeframe:

Issuing body:

Website:

Briefly describe (in 50–100 words) the content and objectives of **policy #1** with regard to health promotion in sports clubs:

Are any of the following specific health topics targeted in **policy #1**:

(Please check all that apply)

Alcohol

Doping

Gender equality

Healthy diet

Injury prevention

Mental health

Physical activity

Safety

Sleep

Social inclusion

Sustainable development

Tobacco

Unhealthy sponsorship

Other (specify):

For **this** policy, check the target population(s):

(Please check all that apply)

Adults (18–64 years)	People with disabilities
Athletes	Sedentary people
Children and young adolescents (5–12 years)	Seniors (> 65 years)
Early childhood (0–4 years)	Students (13–17 years)
Ethnic or indigenous populations	Vulnerable and at-risk populations
Families	Women
Low socioeconomic populations	Workforce and employees
Men	Other
Migrant populations	_____

Did the ministry or issuing body consider any of the following documents when formulating **policy #1**?

If yes, please check all that apply:

-
- European Union physical activity guidelines
 - WHO's health-enhancing physical activity policy auditing tool
 - Sports clubs for health
 - WHO's Global strategy on diet, physical activity and health
 - Global action plan for the prevention and control of noncommunicable diseases 2013–2020
 - Physical activity strategy for the WHO European Region 2016–2025
 - WHO's Global action plan for physical activity 2018–2030
 - European Union White Paper on sports
 - Other: _____
-

If one or more of these documents was used, please describe (e.g., in 50–100 words) how they were used:

Policy #2**Title:****Timeframe:****Issuing body:****Website:**

Briefly describe (in 50–100 words) the content and objectives of **policy #2** with regard to health promotion in sports clubs:

Are any of the following specific health topics targeted in **policy #2**:

(Please check all that apply)

Alcohol	Safety
Doping	Sleep
Gender equality	Social inclusion
Healthy diet	Sustainable development
Injury prevention	Tobacco
Mental health	Unhealthy sponsorships
Physical activity	Other _____

For **policy #2**, check the target population(s):

(Please check all that apply)

Adults (18–64 years)	Migrant populations
Athletes	People with disabilities
Children and young adolescents (5–12 years)	Sedentary people
Early childhood (0–4 years)	Seniors (≥ 65 years)
Ethnic or Indigenous populations	Students (13–17 years)
Families	Vulnerable and at-risk populations
Low socioeconomic populations	Women
Men	Workforce and employees
	Other _____

Did the ministry or issuing body consider any of the following documents when formulating **policy #2**?

If yes, please check all that apply:

European Union physical activity guidelines

WHO's health-enhancing physical activity policy audit tool

Sports clubs for health

WHO's Global strategy on diet, physical activity and health

Global action plan for the prevention and control of non-communicable diseases 2013–2020

Physical activity strategy for the WHO European Region 2016–2025

WHO's Global action plan for physical activity 2018–2030

European Union White Paper on Sports

Other _____

If one or more of these documents was used, please describe (in 50–100 words) how they were used:

Policy #3:**Title:****Timeframe:****Issuing body:****Website:**

Briefly describe (in 50–100 words) the content and objectives of **policy #3** with respect to health promotion in sports clubs:

Are any of the following specific health topics targeted in **policy #3**:

(Please check all that apply)

Alcohol

Safety

Doping

Sleep

Gender equality

Social inclusion

Healthy diet

Sustainable development

Injury prevention

Tobacco

Mental health

Unhealthy sponsorships

Physical activity

Other _____

For **policy #3**, check the target population(s):

(Please check all that apply)

Adults (18–64 years)

Migrant populations

Athletes

People with disabilities

Children and young adolescents (5–12 years)

Sedentary people

Early childhood (0–4 years)

Seniors (≥ 65 years)

Ethnic or indigenous populations

Students (13–17 years)

Families

Vulnerable and at-risk populations

Low socioeconomic populations

Women

Men

Workforce and employees

Other _____

Did the ministry or issuing body consider any of the following documents when formulating **policy #3**:

If yes, please check all that apply:

European Union physical activity guidelines

WHO's health-enhancing physical activity policy audit tool

Sports clubs for health

WHO's Global strategy on diet, physical activity and health

Global action plan for the prevention and control of non-communicable diseases 2013–2020

Physical activity strategy for the WHO European Region 2016–2025

WHO's Global action plan for physical activity 2018–2030

European Union White Paper on Sports

Other _____

If one or more of these documents was used, please describe (in 50–100 words) how they were used:

2c. Does your country have national policies in which a secondary objective is guiding sports clubs to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

*If No, move to **Section 3**.*

2d. *If yes, please outline these policies (duplicate this question as many times as necessary):*

Policy #4

Title:

Timeframe:

Issuing body:

Website:

Brief description of content:

Policy #5

Title:

Timeframe:

Issuing body:

Website:

Brief description of content:

Section 3. Communication, implementation and dissemination

The following section determines how policies on health topics in sports clubs are communicated and disseminated to sub-national levels, implementation and direct engagement with sports clubs.

3a. Does your country have a national communication strategy or plan to disseminate the previously cited policies (**Section 2**) to sub-national levels and/or directly to sports clubs?

Yes No

*If No, move to **Section 4**.*

3b. Please briefly describe how the previously cited policies (**Section 2**) are disseminated or communicated to sub-national levels? List the dissemination activities (poster, website, mail, labelling) and the target groups (e.g., sub-national sports politician, general population).

Policy:	Dissemination activity:	Identified target:
e.g. Policy #1	Television media campaign	Sports federations

3c. In your opinion, what are the main three actions used to implement these policies at sub-national level?

1.

2.

3.

3d. Does the ministry or department in charge of communication and dissemination engage directly with sports clubs?

Yes No

*If No, move to **Section 4***

3e. *If so, briefly describe how (e.g., in 50–100 words):*

Section 4. Methods for evaluation and measurement

The following section elicits information on the methods for evaluation and measuring the outcomes of the policies cited in **Section 2**. Evaluation may include national surveys, follow-up interviews, measurement of outcomes through questionnaire or other formats.

4a. Is *implementation* of any of the previously cited policies evaluated?

Yes No

If *No*, move to question **4c**.

4b. If *yes*, please explain how *implementation* of **each main policy** in **Section 2** was evaluated, what was evaluated, data collection methods, results summary, how results were used:

Policy #1	Report title: Year published: Web link: Data collection methods: Party responsible for evaluation: Data evaluated: Summary of results: Use of results:
<hr/>	
Policy #2	Report title: Year published: Web link: Data collection methods: Party responsible for evaluation: Data evaluated: Summary of results: Use of results:
<hr/>	
Policy #3	Report title: Year published: Web link: Data collection methods: Party responsible for evaluation: Data evaluated: Summary of results: Use of results:

4c. Does your country monitor actions on health topics (refer to list in Section 2 (injury risk, safety, etc.)) in sports clubs other than sport participation?

Yes No

*If No, move to **Section 5.***

4d. What measurements or surveys are used to monitor actions on these health topics?

Name of survey #1:

Actions evaluated:

Outcomes measured:

Data collection:

Start date:

Frequency:

Name of survey #2:

Actions evaluated:

Outcomes measured:

Data collection:

Start date:

Frequency:

Name of survey #3:

Actions evaluated:

Outcomes measured:

Data collection:

Start date:

Frequency:

4e. Please briefly describe (e.g., 50–100 words) how the information collected helps to plan future policies:

Section 5. Sub-national policies

The following questions refer to **sub-national policies** that guide or request sports clubs to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports. The questions are different from those for the national level. Please fill in each section for each **sub-national policy**. If there are more than three, please attach the additional policies in a supplementary section, and state that more sub-national policies are described at the end of this section. **Sub-national levels** include regional, provincial, state, municipal and local levels, whichever best describes the system in your country.

The policies may be **part of a wider policy that includes sports clubs** but is **not specific** to sports clubs. Questions about strategies (plans to achieve goals) are also included, which may be accompanied by formal policies.

5a. Are any regional, local or sports organization or association policies implemented in your country to address health topics (social, mental, physical health; well-being; sustainability) in sports clubs?

Yes No

*If No, move to **Section 6**.*

5b. *If yes, please provide three main examples:*

Policy #1:

Title:

Timeframe:

Issuing body:

Website:

Brief description:

Policy #2:

Title:

Timeframe:

Issuing body:

Website:

Brief description:

Policy #3:

Title:

Timeframe:

Issuing body:

Website:

Brief description:

5c. Are any regional or local *strategies* (different from policies) in your country to address health topics (social, mental, physical health; well-being; sustainability) in sports clubs?

Yes No

If No, move to **Section 6**.

5d. *If yes*, briefly describe each strategy (e.g., 50–100 words) and how they are used:

Section 6. Funding and coordination

This section refers to the types of funding available at **national level** to support promotion of health topics in sports clubs *and* **mechanisms** for **collaboration** to align the policies and strategies.

6a. Does your country provide specific funding for sports clubs to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

If No, move to question 6c.

6b. *If yes, briefly describe the funding sources (e.g., state or national budget, European Union funding) and how sports clubs access the funding. Is the funding national, sub-national, recurrent or one-time?*

Source	Level	Amount	Recurrent	Comments

6c. Is there cross-sectoral collaboration to align policies or strategies to guide sports clubs in addressing health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

If No, move to Section 7.

6d. *If yes, please briefly describe who is involved in the collaboration, who coordinates the work and how the collaboration functions:*

7

Section 7. Participative approach

This section addresses the framing of policies to address health topics other than participation in sports. It also shows how stakeholders are engaged in planning and developing national policies to disseminate to sub-national levels. This may include engaging or consulting sports clubs directly.

7a. Does your country use a participative approach (consultative process) in framing national policies for sports clubs to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

If No, move to question 7b.

If yes, briefly outline how relevant stakeholders and organizations are included:

7b. In your opinion, what are the three main challenges that sports clubs face in developing or implementing policies or actions to include health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

1.

2.

3.

7c. In your opinion, what are the three main motives for sports clubs to develop or implement policies or actions to address health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

1.

2.

3.

Section 8. Actors and stakeholders

The following section elicits information about the actors who are included in partnerships and the provision of education and support for health promotion in sports clubs. Ministries or departments may invite such actors to support sports clubs in addressing health topics other than participation in sports.

8a. Do national ministries or departments provide guidance for sports clubs to create partnerships with other sectors to support health promotion?

Yes No

If No, move to question 8b.

If yes, please briefly describe (e.g., 50–100 words) how they are guided:

8b. Do private companies, charities, advocacy groups, academia, the scientific community or nongovernmental organizations support sports clubs in addressing health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

If No, move to question 8c.

If yes, which organizations? Briefly describe their involvement:

8c. In your country, does any level of government provide educational opportunities for social, mental, physical health or well-being and sustainability in sports clubs?

Yes No

If no, move to Section 9.

If yes, please describe the training:

Type of training:

Who receives training:

How is training provided:

Level (national or sub-national):

Details of training:

9

Section 9. National sporting events

The following section is about **national** sporting events in your country.

9. Are health topics (social, mental, physical health; well-being; sustainability) considered when planning **national or sub-national sporting events**, such as those overseen by governmental sports departments or agencies (e.g. national Olympic committees, sports federations)?

Yes No

If No, move to **Section 10**.

If yes, please describe how they are taken into account during planning:

10

Section 10. Case studies

This section provides space for case studies of exemplary programmes in your country in which sports clubs address health topics other than participation in sports. The programmes may be designed and implemented through government agencies and/or by national sports governing bodies.

10. Can you give any examples of programmes that encourage sports clubs to include health topics (social, mental, physical health; well-being; sustainability) other than participation in sports?

Yes No

If No, go to **Section 11**.

If yes, briefly describe (e.g., 50–100 words) the programmes:

Programme name:

Participants:

Levels (national, regional, provincial, municipal):

Programme description:

Section 11. Implicated stakeholders

In this section, you should list who was involved in completing the audit, the process and whether others were consulted.

11a. Leader of the audit of health-promoting sports clubs:

Name:

Institution:

Contact details:

11b. Other team members:

Name:

Institution/organization:

11c. Explain the process:

Month/year:

Main steps:

Comments:

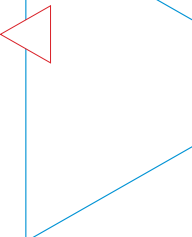
11d. Please list the experts consulted:

Contact person:

Institution/organization:

REFERENCES

1. The Ottawa Charter for Health Promotion. Geneva: World Health Organization; 1986 (<https://apps.who.int/iris/handle/10665/53166>, accessed 8 April 2022).
2. White Paper on Sport. Luxembourg: European Commission; 2007 (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52007DC0391>, accessed 28 March 2022).
3. Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272722>, accessed 8 April 2022).
4. Johnson S, Van Hoya A, Donaldson A, Lemonnier F, Rostan F, Vuillemin A. Building health-promoting sports clubs: A participative concept mapping approach. *Public Health*. 2020;188:8–17 [doi:10.1016/j.puhe.2020.08.029].
5. Life skills education for children and adolescents in schools. Part 1, introduction to life skills for psychosocial competence. Part. 2, guidelines to facilitate the development and implementation of life skills programmes , 2nd rev. Geneva: World Health Organization; 1994 (<https://apps.who.int/iris/handle/10665/63552>, accessed 8 April 2022).
6. Nutbeam D., Muscat, D.M. Health promotion glossary. *Health Promot Int*. 2021;6:1811 [doi: 10.1093/heapro/daab067].
7. Elmose-Østerlund K, Ibsen B, Nagel S, Scheerder J. Social integration and volunteering in sports clubs in Europe. Combining knowledge on sports club policies, sports clubs and members in ten European countries. In: Slepčková I, editor. Proceedings of the values of sport. Between tradition and (post) modernity. Prague: Charles University, Faculty of Physical Education and Sport, Czech Republic ; 2017 (https://boris.unibe.ch/92525/1/SIVSCE_Introduction.pdf, accessed 11 April 2022).
8. Nutbeam D. Evaluating health promotion – Progress, problems and solutions. *Health Promot Int*. 1998;13:27–44 [doi:10.1093/heapro/13.1.27].
9. Eime RM, Young JA, Harvey JT, Charity MJ, Payne WR. A systematic review of the psychological and social benefits of participation in sport for children and adolescents: Informing development of a conceptual model of health through sport. *Int J Behav Nutr Phys Activ*. 2013;10:98 [doi:10.1186/1479-5868-10-98].
10. Van Hoya A, Heuzé JP, Van den Broucke S, Sarrazin P. Are coaches' health promotion activities beneficial for sport participants? A multilevel analysis. *J Sci Med Sport*. 2016;19:1028–32 [doi:10.1016/j.jsams.2016.03.002].
11. Global strategy on diet, physical activity and health. Geneva: World Health Organization; 2004 (<https://www.who.int/publications/i/item/9241592222>, accessed 11 April 2022).
12. Koski, P., Matarma, T., Pedesic, Z., Kokko, S., Lane, A., Hartmann, H, Geidne, S., Hämäläinen, T., Nykanen, U., Rakovac, M., Livson, M., Savola, J. Sports Club for Health – updated guidelines for health-enhancing sports activities in a club setting (SCforH). Helsinki: Finnish Olympic Committee 2017 (https://www.scforh.info/wp-content/uploads/2021/04/scfh_guidelines_en.pdf, accessed 11 April 2022).
13. Johnson S, Vuillemin A, Geidne S, Kokko S, Epstein J, Van Hoya A. Measuring health promotion in sports club settings: A modified Delphi study. *Health Educ Behav*. 2019;47:10978 [doi:10.1177/1090198119889098].
14. Whitelaw S, Baxendale A, Bryce C, MacHardy L, Young I, Witney E. Settings' based health promotion: A review. *Health Promot Int*. 2001;16:339–54 [doi:10.1093/heapro/16.4.339].
15. Misener L, Misener KE. Examining the integration of sport and health promotion: Partnership or paradox? *Int J Sport Policy Politics*. 2016;8:695–712 [doi:10.1080/19406940.2016.1220405].
16. Van Hoya A, Johnson S, Geidne S, Donaldson A, Rostan F, Lemonnier F et al. The health promoting sports club model: An intervention planning framework. *Health Promot Int*. 2021;36(3):811–23 [doi:10.1093/heapro/daaa093].



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