

Sports Club for Health (SCforH)

**– updated guidelines
for health-enhancing
sports activities
in a club setting**

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Background

The core business of sports clubs is to organise sporting activities in a given sport or sports. These club activities commonly place a strong focus on competitive sports and emphasise athletic development and sports performance, with a lesser focus on recreational sports and increasing physical activity through sports. A plethora of evidence exists on the manifold health benefits of physical activity and participation in sports. Due to its many health benefits, physical activity has been conceptualised as and termed health-enhancing physical activity (HEPA). This term is usually used to describe aerobic physical activities of moderate- to vigorous-intensity, such as walking, jogging, skiing, and swimming. The findings of recent research have indicated that vigorous-intensity physical activity may produce even greater health benefits than moderate-intensity physical activity. Given that high intensity levels characterize many sports disciplines, it is reasonable to suggest that by performing their core duties, sports clubs may make a valuable contribution to health promotion and public health.

Health promotion is usually not among the main activities pursued at a sports club. However, good health is indisputably beneficial for all sport club members, who range in skill level from amateurs to top athletes and in age from children to seniors. **With millions of members, sports clubs are the largest setting at which an opportunity exists to promote health-enhancing physical activity and health in general through the conduit of sports.** Therefore, the Sports Club for Health (SCforH) approach was developed to help utilize the great

public health potential of sports clubs. The SCforH approach was officially initiated and the first guidelines were published in 2009¹, and these guidelines were updated in 2011².

The idea of SCforH approach was conceived in 2007 in Finland. At that time, the potential of sports to promote health-enhancing physical activity had been recognised at the political level in Europe. Initially, the White Paper on Sport by European Commission (2007) introduced the promotion of health-enhancing physical activity as a key objective of the EU sports policy³. Thereafter, in 2013, the Council of the European Union suggested SCforH implementation as one of the 23 indicators that should be used to evaluate health-enhancing physical activity levels and policies in EU member states⁴. In addition, representatives of the World Health Organization (WHO) and the International Olympic Committee (IOC) have expressed their interest in SCforH approach. The mission of the International Olympic Movement is stated in the Olympic Charter⁵ and, among other things, this states that its aims are to educate youth through sports and encourage and support incentives to improve the medical care for and health of athletes. Accordingly, the current Agenda of the International Olympic Committee, Agenda 2020, also refers to the educational and health values of sports⁶.

Physical activity recommendations issued by the EU, US, Australia, WHO, and many other countries and organisations have highlighted the value of both vigorous- and moderate-

intensity physical activity. Participation in sports club activities can help adult and elderly members of society meet these recommendations. Although children and youths who participate in organised sports often have higher levels of physical activity as compared to their peers^{7,8}, studies indicate that not all of them meet the physical activity recommendations.⁹⁻¹³

A strong wish to advance the SCforH concept has been expressed by members of the European research, policy and sports communities. The widespread adoption of the SCforH approach may increase **participation in sports and, at the same time, help improve the health of sports club members.** This is expected to result in greater recognition of the significance and stronger social and public health implications of sports.

This book of guidelines is primarily targeted toward the sports clubs located in EU member states. We acknowledge that the contexts, organisational structures, and practices of sports clubs may vary substantially in the different countries¹⁴. This book of guidelines offers a standardised approach that may be used in any country and which can subsequently be **adapted to fit specific circumstances in a given country or in an individual sports club.** In this book, the principles of SCforH are described along with an application model that can be applied to help sports clubs integrate health-enhancing physical activity and a broader health perspective into their routine activities. This publication represents an updated version of the previously-published SCforH guidelines^{1,2} and places a special focus on specific age groups – from childhood to old age.



What is the SCforH approach?

SCforH is an expert-based approach that supports clubs as well as national and regional sport organisations to recognise the health potential of their sports disciplines and organise health-enhancing sports activities in the sports club setting.

The purpose of SCforH is to encourage sports clubs and national sport organizations to invest more in using the health potential of their particular sport. In practice, this primarily means promoting health-enhancing sports activities within sports clubs. Additional health benefits may be gained by offering health education and promoting health in the sports club setting, which is the focus of the Health Promoting Sports Club (HPSC) initiative¹⁵.

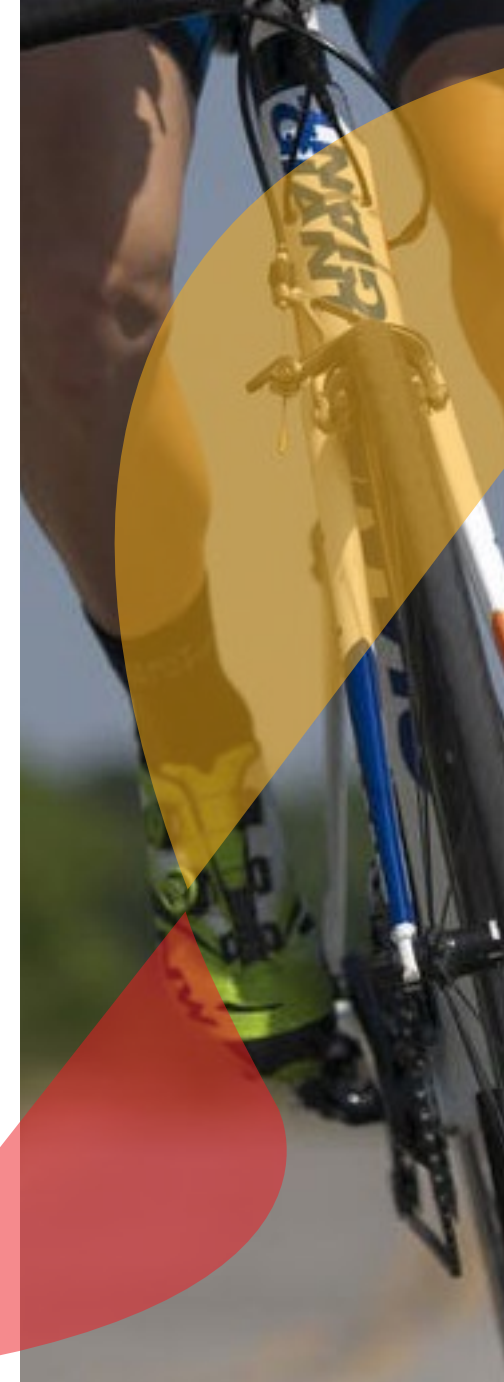
Achieving good health is a desirable goal of sports clubs members and society as a whole, regardless of the reasons an individual engages in sports. SCforH encourages sports clubs to review their own activities and sport discipline(s) in the light of their health potential and promote greater participation in health-enhancing sports activities.

The SCforH approach is based on the following ideas:

- The SCforH approach is intended for use in all sports clubs. It can be implemented in any type of sports club, from the small, purely voluntary club to the large club staffed by paid professionals.
- Clubs also differ in terms of their sporting aims and programmes. The SCforH approach can be applied in any kind of sports club, regardless of its aims and the sport disciplines offered.
- According to the SCforH approach, health is defined broadly to encompass three main dimensions: physical, mental, and social. The aims of SCforH initiatives in sports clubs can be modified such that they place a focus on any or all of these dimensions of health.
- The SCforH approach can be applied in practice as a philosophy that guides the way the sports club and/or its activities are run or the way a scheduled project or programme is conducted.
- Rather than maintaining the SCforH as an independent initiative, the aim should be to ultimately integrate the SCforH approach into the club's daily activities, such as coaching.
- The SCforH approach has been designed to serve members of sports clubs and participants in all age groups: children, adolescents, adults, and seniors.

SCforH is a large international initiative supported by the European Commission, European network for the promotion of health-enhancing physical activity – HEPA Europe, European Non-Governmental Sports Organisation (ENGSO), European Federation for Company Sports (EFCS), International Sport and Culture Association (ISCA), and The Association for International Sport for All (TAFISA). More than 30 partner, associate, and supporting institutions from 12 European countries have been involved in two funded SCforH projects. SCforH has been mentioned more than 30 times in academic publications and 140 times in other published media. In 2016, 42% of the European national umbrella sport organisations and national Olympic committees, 54% of national sport-for-all organisations, and 20% of national sport organisations indicated that they were aware of the SCforH approach. Furthermore, there are almost a million sports clubs and more than 60 million sports club members in Europe. Recent findings from nine European countries* have indicated that 37% of the sports clubs offer health-enhancing physical activity programmes, whilst 75% feel that their sport disciplines are suitable as health-enhancing physical activities. Overall, this shows that a great potential exists for the future implementation of the SCforH approach in sports clubs across Europe.

* The data was collected as part of the Social Inclusion and Volunteering in Sports Clubs in Europe (SIVSCE) project (Erasmus+ Collaborative Partnerships grant, reference number 556994-EPP-1-2014-1-DK-SPO-SCP).





For whom are the SCforH approach and guidelines intended?

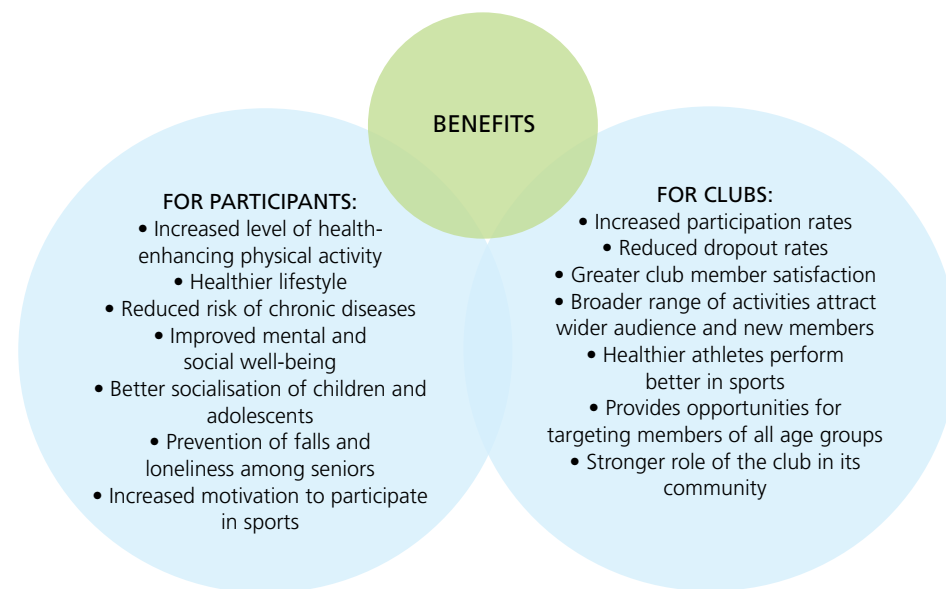
The SCforH approach is applicable in sports clubs as well as in national and regional sport organisations. In an ideal situation, the SCforH approach would be implemented at all levels within the sports system, with each level supporting the other. However, **this publication has been developed to specifically target audiences in sports clubs**, that is, the directors, elected trustees, paid officials, coaches and instructors, members and participants, and other stakeholders of sports clubs. Of course, all sport organisations interested in supporting sports clubs' activities are encouraged to use this book of guidelines. Additional useful material that has been tailored to meet the needs of national sport organisations can be found on the SCforH website**.

The main aim of this book of guidelines is to help sports clubs recognise the connections between the sport disciplines they offer and health and implement the SCforH approach into their sports club setting, targeting members belonging to any age group – children, adolescents, adults, or seniors.

Why implement the SCforH approach?

Sports clubs can expect to obtain several benefits from applying the SCforH approach. First, the SCforH approach offers a way in which the club can be developed by reaping benefits of promoting health among its members. The improved health of the members is likely to lead to improvements in their performance and satisfaction as well as in increased participation rates. This may directly improve the success of sports clubs' core business. Second, the implemented SCforH initiatives may arouse the interest of new potential members and facilitate recruitment.

Third, by adopting the SCforH approach, clubs can define themselves apart from other sport and fitness providers and gain marketing advantages in competitive environments. Fourth, by taking the SCforH approach, opportunities may be created for partnerships to be formed among practitioners, researchers, and policy makers in the sports and health sectors. This may, in turn, help to position the sports clubs and national organisations as relevant and important stakeholders in the field of public health. Figure 1 highlights the main potential benefits to sports clubs and their participants of applying the SCforH approach.



** Electronic Toolkit: Hartmann et al. 2017¹⁶. Sports Club for Health (SCforH). A good practice guide to inspire and support sport associations and their clubs. Web-site: <http://www.scforh.info>.

Figure 1. Potential benefits to sports clubs and their participants of applying the SCforH approach

In addition to generating positive outcomes for sports clubs and their participants, the SCforH approach can also be applied to directly benefit local, regional, and national sports organisations. Adopting the SCforH approach may increase opportunities for these organisations to obtain funding from both the sport and public health sectors, establish stronger roles in the community, and reach wider audiences by promoting their sports among members of all age groups.

The benefits to sports clubs can be obtained in two ways; first, by promoting and increasing health-enhancing physical activity through sport (SCforH approach), and second, by using the sports club as a setting for a broader health promotion (Health Promoting Sports Club [HPSC] approach). This book of guidelines places a focus on the former approach (SCforH approach), whilst more information about the latter approach (HPSC approach) can be found elsewhere¹⁵.

Improving health through physical activity and sports

The WHO defines health as a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”¹⁷. Scientific evidence has shown the major beneficial effects of physical activity on all three aspects of health¹⁸. Numerous physical, mental, and social health benefits of physical activity are presented in Figure 2. The physical fitness and health status of children and adolescents may be substantially improved by regular participation in physical activity. Compared to their inactive peers, physically active children and adolescents have higher levels of cardiorespiratory fitness, muscular endurance, and strength. The well-documented health benefits include a reduced risk of obesity, more favourable cardiovascular and metabolic disease risk profiles, enhanced bone health, and improved mental health^{18,19}.

In both adults and seniors, physical activity reduces the risk of all-cause, cardiovascular disease, and cancer mortality. Other key health benefits of physical activity include a reduced risk of cardiovascular disease, hypertension, diabetes, and certain forms of cancer.

In addition, physical activity positively affects mental health by reducing symptoms of anxiety and depression, improves the ability to cope with psychosocial stressors, and potentially delays the adverse effects of different forms of dementia. Furthermore, physical activity is a key determinant of energy expenditure and is, therefore, fundamental to achieving energy balance and weight control¹⁸.

Physical activity may improve physical functioning. Throughout childhood and adolescence, physical activity is necessary for the development of basic motor skills as well as musculoskeletal development²¹. Physical activity helps adults maintain muscle strength and improve their

cardiorespiratory fitness and bone health. It also helps seniors maintain health and mobility needed for their functional independence and social participation^{18,20}.

The current physical activity recommendations for health²² (Table 1) indicate that children and adolescents should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity every day, with preferably at least three sessions of vigorous-intensity activity each week. Adults and seniors should undertake at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity, and at least two sessions of muscle-strengthening activities, each week. Higher levels of physical activity may provide both children and adults with greater health benefits; however, even a small amount of activity is better than none. Therefore, persons who cannot adhere to all physical activity guidelines for health-related or any other reasons should be as active as their circumstances allow.



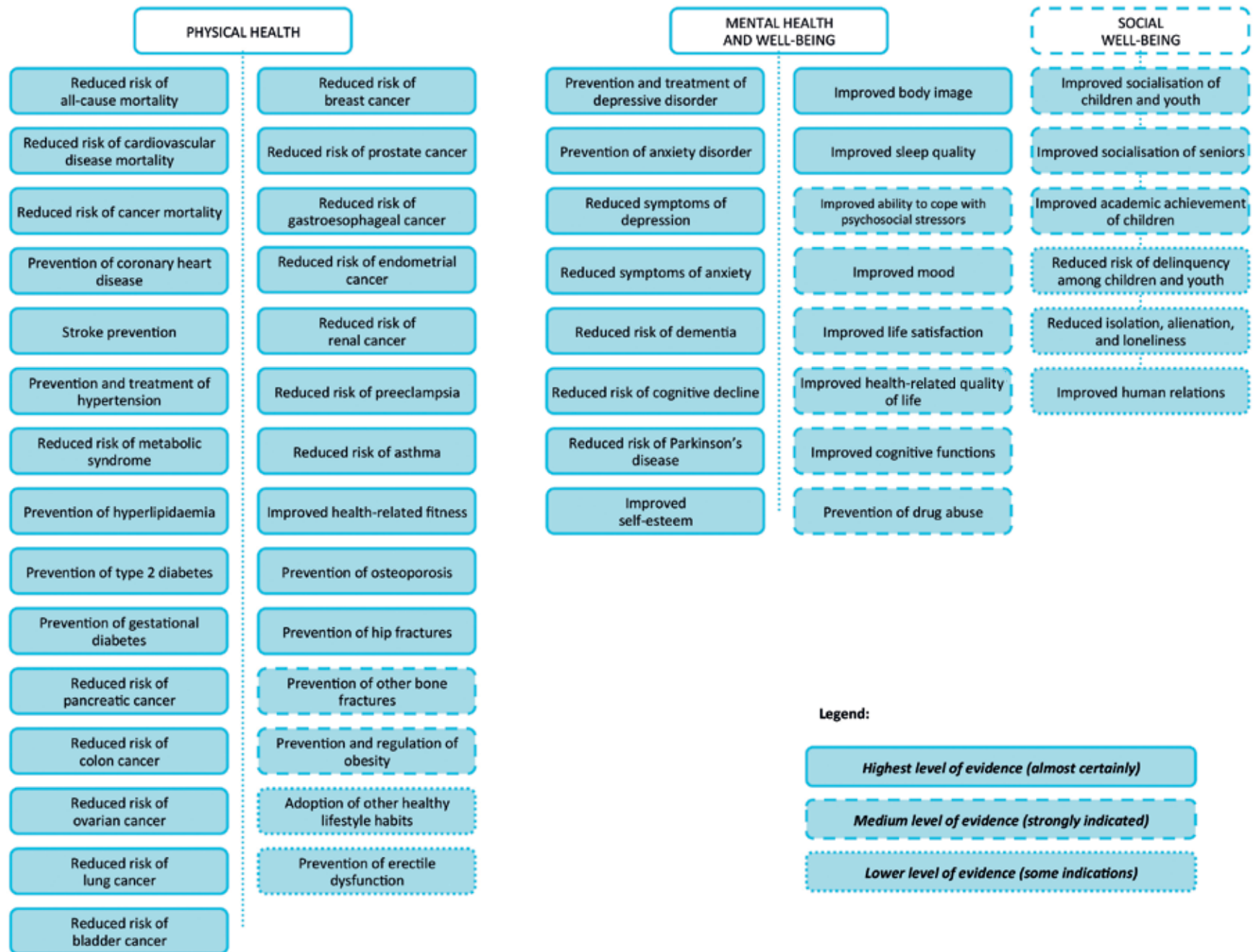


Figure 2. Key health benefits of physical activity (adapted from Pedisic 2011²⁰)

Table 1. Physical activity recommendations for different age groups

Children and adolescents (5-17 years old)
Children and adolescents should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity every day, with preferably at least 3 sessions of vigorous-intensity activity each week, including bone- and muscle-strengthening activities.
Adults (18-64 years old)
Adults should engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity, and at least 2 sessions of muscle-strengthening activities involving major muscle groups, each week.
Seniors (65 years old and older)
Seniors should engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic physical activity, and at least 2 sessions of muscle-strengthening activities involving major muscle groups, each week. Those with poor mobility should also engage in physical activities designed to improve balance and prevent falls at least 3 times a week.

Table 2. Key health benefits of physical activity to different age groups

Key health benefits to children and youth
<ul style="list-style-type: none"> - increased cardiorespiratory and muscular fitness - reduced risk of obesity - improved cardiovascular and metabolic risk profiles - improved bone health - reduced symptoms of depression - improved self-esteem - improved development of gross motor skills - improved socialisation
Key health benefits to adults
<ul style="list-style-type: none"> - reduced risk of all-cause, cardiovascular disease, and cancer mortality - reduced risk of a number of chronic diseases (e.g., cardiovascular disease, type 2 diabetes, and cancer) - increased cardiorespiratory and muscular fitness - improved cardiovascular and metabolic risk profiles - reduced risk of obesity - improved bone health - improved mental well-being
Key health benefits to seniors
<ul style="list-style-type: none"> - reduced risk of all-cause, cardiovascular disease, and cancer mortality - reduced risk of a number of chronic diseases (e.g., cardiovascular disease, type 2 diabetes, and cancer) - reduced risk of falls - improved physical functioning - increased cardiorespiratory and muscular fitness - improved cardiovascular and metabolic risk profiles - reduced risk of obesity - improved bone health - improved cognitive functioning - improved mental well-being - reduced risk of loneliness



Despite the known health benefits of physical activity, more than one-third of European adults are insufficiently active²³. Recent figures from EU member states indicate that six out of every ten adults never or seldom exercise or play sports²⁴. Promoting sports participation has a great potential to reduce the prevalence of insufficient physical activity in the EU.

An increasing amount of evidence suggests that vigorous-intensity physical activities, including playing sports, can potentially provide even greater health benefits than moderate-intensity physical activity. This is an encouraging and important fact for members of the sports sector, because many sports are classified as vigorous-intensity physical activities. In 2013, Samitz and colleagues²⁵ systematically reviewed 80 studies on the association between physical activity and the risk of all-cause mortality, which included more than 1.3 million participants. Participation in “vigorous exercise and sports” showed the greatest reduction in the risk of all-cause mortality, followed by participation in “moderate and vigorous leisure-time activities”, “moderate activities of daily living”, “walking”, and “transport-related physical activity”.

In 2015, Oja and colleagues²⁶ systematically reviewed studies on the health benefits of different sport disciplines. Evidence on health benefits was available for 26 sports, with most studies placing a focus on jogging/running and recreational football. In another paper published in 2016, Oja and colleagues²⁷ showed that among middle-aged and older adults participation in cycling, swimming, aerobics, and racquet sports reduces the risk of premature death. Farahmand and colleagues²⁸ had previously reported similar reductions in the risk of premature death for individuals who played golf. These findings clearly demonstrate that sports have a great potential to improve population health.



The sports club as a setting for health promotion

During the development of the SCforH concept, the potential for sports clubs to provide opportunities for health-enhancing physical activity was recognised, which has led to considerable interest and action in both research and practice. The natural parallels and areas of overlap between sports and health have prompted researchers to also consider how the sports club could be utilised as a setting to promote health in a broader sense, beyond touting the health benefits of physical activity (Figure 3).

The core business of a sports club is to organise sporting activities. However, they may also organise any related health promotion activities. This should begin with a careful examination of how the club can embed the promotion of health in their administrative activities, communication, management, and coaching, to achieve physical, social, and mental health benefits. Equally so, sports clubs may extend the focus of their sporting activities into areas such as inclusion, retention, and other health behaviours, and target groups such as females, seniors, and individuals with disabilities. Such activities would require a multi-layered, multi-faceted, club-level approach, which would extend beyond that of individual programmes and would reflect the concept of a Health Promoting Sports Club (HPSC)¹⁵.

Sports clubs that wish to function as a Health Promoting Sports Club (HPSC) should first consider how they can develop, implement, and evaluate health promotion as part of their activities. As with any such activity, club representatives should examine how they can integrate this health promotion ethos into the club policy and practice to ensure that sustained change takes place within their setting. Recommendations for clubs that would like to develop into a Health Promoting Sports Club (HPSC) can be found elsewhere.³⁰

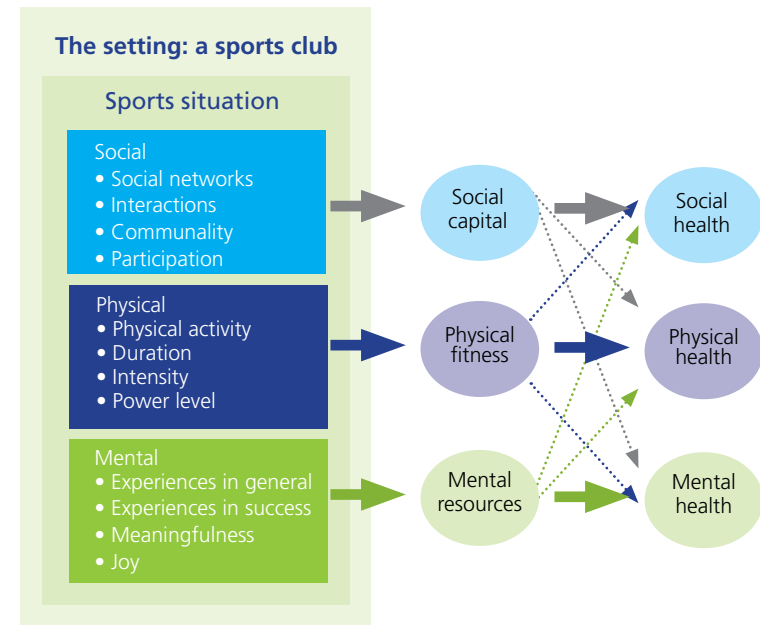


Figure 3. Aspects of sports club activities and their health dimensions (adapted from Kokko & Vuori 2007²⁹)

How should the SCforH approach be applied?

Given there are many types of sports clubs across Europe, this book of guidelines was written in a general manner so that the SCforH approach could be tailored to meet the needs of various clubs in various contexts. The main principles of the SCforH approach and the model that can be used to apply it in practice are described below. Further practical examples of how to adopt the SCforH approach can be found on the SCforH webpage (see Electronic Toolkit, Area 1, e.g., "Gymnastics school/Finnish Gymnastics Federation").

The SCforH approach is based on seven guiding principles (Figure 4). These principles form the basis of the SCforH approach and its associated practical initiatives.



Figure 4. The guiding principles of the Sports Club for Health (SCforH) approach

Guiding principles

1) The SCforH approach promotes health-enhancing sports activities

Participation in sports is the cornerstone of every SCforH initiative. Health-enhancing sports activities are typically moderate- to vigorous-intensity aerobic-type activities (recommended for all age groups), muscle-strengthening-type activities that involve major muscle groups (recommended for adults and seniors), or activities that are performed to improve balance and/or prevent

falls (recommended for seniors). By following this principle, you will ensure that the SCforH initiative can help the participants to meet the physical activity recommendations²².

2) The SCforH approach follows well-established, evidence-based practices

To ensure its effectiveness and minimize health risks to the participants, the SCforH initiative should be grounded in well-established, evidence-based physical activity and sports promotion practices. Novel, continually-emerging sports and

exercise practices, which have often been developed to attract new participants, should be carefully considered before they can be deemed safe and effective.

3) The SCforH initiatives should be implemented by qualified and competent personnel

The SCforH initiatives should be implemented by competent and qualified personnel to make sure they are delivered according to the best practices and ensure the safety of the participants. Prior to implementing any initiative, it should be ensured that the personnel have an adequate level of education, knowledge, skills, and experience. The required level of education should be defined by referring to the sport/physical activity systems recognised in the EU member states (See Electronic Toolkit, Area 3).

4) The SCforH initiatives primarily include and/or promote the sport(s) that is/are part of the sports club's standard programme (e.g., basketball in a basketball club, rowing in a rowing club)

Adhering to this principle is important for two reasons. First, it will allow the SCforH initiative to build upon and utilize the sports club's existing resources such as premises, equipment, and personnel, most efficiently. Second, it will ensure that the SCforH initiative does not encroach upon the activities offered by other sports clubs in the locality.

5) Participation in the SCforH initiatives poses no or only minimal health and safety risks

The SCforH initiative should be designed and managed in such a way as to ensure the highest degree of safety for its

participants. This should include the use of evidence-based strategies to prevent physical injury, psychological trauma, or any other adverse health outcome. These prevention measures need to be tailored to address specific characteristics of the given sport and participant groups. Some common examples of sports injury prevention strategies can be found in the Injury Fact Sheet Series that have been produced by Sports Medicine Australia (<http://sma.org.au/resources-advice/injury-fact-sheets/>).

In the context of sports clubs, it is necessary for safety reasons to be aware of environmental conditions and use appropriate equipment. The indoor and/or outdoor spaces where the SCforH initiative will be practiced need to meet the safety rules, sanitary norms, and hygienic standards according to the regulations in the country and/or the municipality where the sports club is located. If no such regulations exist, those in charge of the implementation of the SCforH initiative need to ensure that their equipment and facilities adhere to relevant general safety guidelines, such as the ACSM's Health/Fitness Facility Standards and Guidelines³¹.

6) The SCforH initiatives take place in a 'healthy' environment

To support the adoption of a healthy lifestyle, even beyond the scope of physical activity promotion, SCforH initiatives should take place in a 'healthy' environment. For example, the sports club should not expose its participants to 'unhealthy' marketing campaigns. Exposure to advertisements for alcohol, performance-enhancing substances, gambling, tobacco, and 'unhealthy' food and beverages at sports clubs and

events has the potential to negatively influence the health attitudes, intentions, and behaviour of children and adults³²⁻³⁴. Those in charge of the implementation of the SCforH approach should, therefore, assure that their sports club is free of such potentially 'unhealthy' sponsorship and marketing campaigns.

7) The SCforH approach is committed to promoting an empowering, engaging, and enjoyable social and motivational climate

One of the key pillars of the SCforH approach is that the club is committed to exposing its participants to positive experiences by fostering quality motivation and providing a positive and safe social environment. Such an approach is necessary to reduce dropout

rates and increase the likelihood that members continue to participate in the sports club over a longer period of time. An example of good practice in terms of creating an empowering sporting environment is the "Promoting Adolescent Physical Activity" (PAPA) project (<http://pp.nibs-uk.com/>).

Application model

This SCforH application model has been developed for sports clubs and can be amended according to the particular club/sporting context. The application model includes four main stages: A) assess the present conditions and goals, B) plan, C) implement, and D) follow-up. It is operationalised through several successive steps (Figure 5).

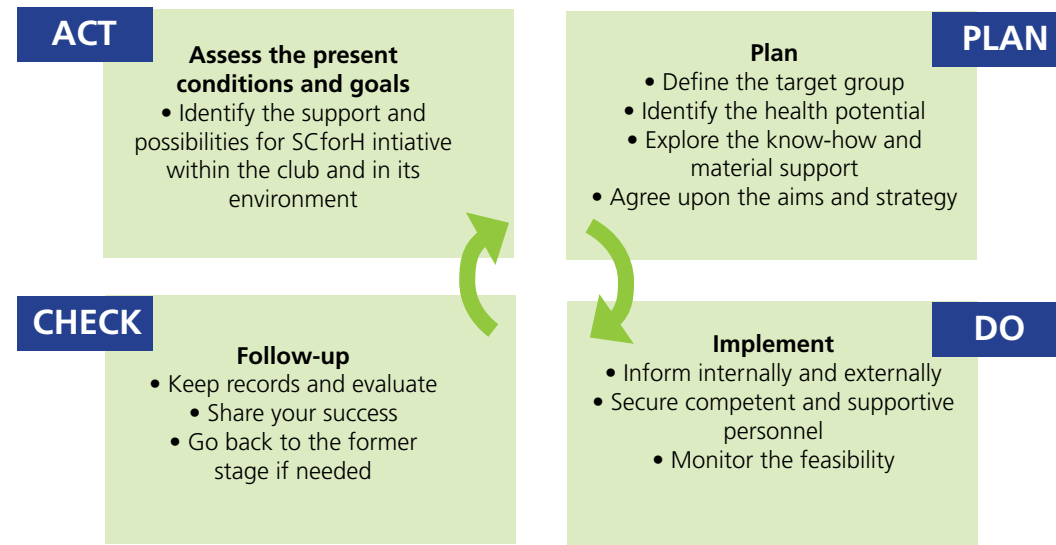


Figure 5. The Sports Club for Health (SCforH) application model

Stage A: Assess the present conditions and goals

Before starting any SCforH initiative, it is a good idea to form **a clear picture of the identity, context, and conditions of the club**. Sports clubs differ considerably in terms of a number of factors such as how they address health in their programmes, their development goals and resources, and the specific requirements of the clubs and their officials. It is, therefore, important to note that the most efficient way to adopt and implement the SCforH approach will depend and should be selected on the basis of the existing conditions in the club. The most commonly followed pathways that lead to SCforH implementation are listed in Figure 6.

Many sports clubs have already adopted an approach similar to that of the SCforH and act in accordance with the SCforH guiding principles although they have not used the term 'SCforH' to refer to their approach. In

this case, clubs can simply recognise and label the work they have already been doing as the 'SCforH approach', and subsequently actively raise awareness for the SCforH concept in the club (SCforH implementation perspective "Type 1"). Furthermore, clubs can attempt to improve existing activities by, for example, experimenting with new exercise methods, improving facilities, or placing a focus on a new target group, in accordance with the SCforH approach ("Type 2"). A third option ("Type 3") is to develop a comprehensive strategy for the broad implementation of the SCforH approach in the club. This type of implementation does not necessarily need to include setting up and running a specific SCforH initiative. Finally, the club can introduce an entirely new SCforH programme or initiative ("Type 4"). These are the most commonly followed pathways that lead to SCforH implementation. However, sports clubs are encouraged to develop and follow other pathways if they are considered more appropriate.



Figure 6. The most commonly followed pathways that lead to SCforH implementation (adapted from Electronic Toolkit, Hartmann et al. 2017)

Identify the support and possibilities for implementation of the SCforH approach both within and outside the club

First, it is recommended to ask whether the leading officials, members, and participants in your club would support the implementation of the SCforH approach. **Support from club officials is particularly important because it ensures that SCforH will eventually become embedded in the club activities.** Any reluctance identified at this stage must be overcome before proceeding to the planning stage. It may be useful at this early stage to develop an interest group whose members will help disseminate information about the SCforH concept in the club and help persuade club officials to consider implementation.

Those in charge of planning the SCforH initiative(s) in the club should have a common understanding of: 1) what the SCforH approach is; 2) what the characteristics of the club and its sport discipline(s) are; and 3) how the SCforH approach aligns with the characteristics of the club (e.g., possibilities and resources). Before beginning to plan the implementation of SCforH initiatives, a common understanding of these points has to be reached. For further guidance on this subject, see the SCforH Electronic Toolkit¹⁶ (Area 2) on identifying resources.

A sports club is not a closed and isolated system; on the contrary, it is a 'living part' of its environment. At this stage it is, therefore, also worth looking outside the immediate club setting to determine whether other potential partners or actors can be identified who would be interested in collaborating in the SCforH project or supporting it.

Stage B: Plan

Define the target group of the initiative

Depending on the club and its membership structure, it is important to define the target group of the SCforH initiative. **Priority groups as well as groups that are likely to respond well to this approach should be identified. It should be considered whether they will focus on all members or a specific group of members such as females, males, children, adolescents, adults, seniors, newcomers, or established members.** This focus will determine the steps taken during the remainder of the planning stage.

Identify the health potential of your sport and activities for the target group

A great deal of evidence supports the positive effect of physical activity on health. Sport disciplines differ in many aspects and on many levels, not least with respect to the amount of physical effort involved. Thus, it is important to **specify the particular health benefits of each sport discipline.** At the same time, it is important to consider that health benefits may also vary due to other factors such as the **age and gender of participants and the amount of exercise.** It is, therefore, essential to review the potential health benefits to each of the different target groups.

The key health benefits of common types of sports are listed in Table 3 to help sports clubs identify the health potential(s) of their sport(s).

Table 3. Assessment of the positive impacts of different types of sports on key health outcomes

Type of sports	Expected health outcomes										
	Improved metabolic function / Reduced risk of obesity	Improved cardio-vascular function	Improved aerobic fitness	Improved muscle strength/function	Improved gross motor skills	Improved balance	Improved bone status	Reduced risk of type2 diabetes	Reduced risk of cardio-vascular disease	Reduced risk of falls	Reduced risk of osteoporosis
Endurance sports	xxx	xxx	xxx	x	x(x)	x	x	xxx	xxx	x(x)	x
Strength sports	xx	x	x	xxx	x	xx	xxx	xx	x	xx	xxx
Power and speed sports	x	x	x(x)	xxx	xx(x)	xx	xxx	x	x(x)	xx(x)	xxx
Ball games	xx	x(x)	xx	xx	xx(x)	xxx	xxx	xx	xx	xxx	xxx
Racquet sports	xx	x(x)	xx	xx	xx(x)	xxx	xxx	xx	xx	xxx	xxx
Aesthetic sports	x(0)	x	x	x(x)	xxx	xxx	xx(x)	x	x	xxx	xx(x)

xxx = strong impact; xx = medium impact; x = low or limited impact; 0 = no effect

The general assessment of the health outcomes of sports participation (Table 3) can be used as a basis for a more specific appraisal for a particular sport. For example, the Equestrian Federation of Finland has created a 'health profile' for their sports disciplines (Table 4).

Table 4. Health profiles for equestrian sports (adapted from Hyttinen 2012³⁵)

Expected health outcomes												
Sport	Improved metabolic function / Reduced risk of obesity	Improved cardio-vascular function	Improved aerobic fitness	Improved muscle strength/function	Improved gross motor skills	Improved balance	Improved bone status	Reduced risk of type2 diabetes	Reduced risk of cardio-vascular disease	Reduced risk of falls	Reduced risk of osteoporosis	Injury risk
Dressage	x(0)	x	x	xx	xxx	xxx	0	x	x	xx	0	x
Show jumping	xx	x	x	xx	xxx	xxx	0	x	xx	xxx	0	xxx
Eventing	xx	xx	xx	xx	xxx	xxx	0	x	xx	xxx	0	xxx
Endurance riding	xx	xx	xx	xx	xx	xxx	0	x	x	xxx	0	xxx
Equestrian vaulting	x	xx	xx	xx	xxx	xxx	0	x	x	xxx	0	xx

xxx = strong impact; xx = medium impact; x = low or limited impact; 0 = no effect

Explore the know-how and support within and/or outside your club

Club personnel may offer human resources (i.e., know-how and time) or these may need to be recruited outside the club. It is important to clearly **outline the resource requirements early on during the planning stage and subsequently allocate appropriate responsibilities to interested and competent individuals or groups.** Extending resource seeking beyond the club setting may also be a good option as it can lead to the formation of beneficial collaborations and help establish supportive relationships. In some cases, the cooperation with organisations and relevant groups outside the club is the key to success.

Running an SCforH initiative may also require the investment of additional financial resources. Funding may be obtained from the club or some external source (e.g., local government, philanthropic trusts, and foundations), through fundraising, or through self-financing.

Agree on the aims and develop a strategy and an action plan

After mapping out the capacity and support available within and/or outside the club, a strategy and an action plan to implement the SCforH initiative are required. **Aims should be as detailed as possible, understandable, and feasible to achieve.** Ideally, all aims should be time-bounded and quantifiable. For example: “The aim of the SCforH initiative 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”. After the aims have been formulated, the key activities for each aim should be determined, designed, and described. The activities should be clearly described by defining the respective time frames, resources required, and individuals or groups that are involved in their implementation and supervision. An example of how to outline aims and operating procedures is provided below (Table 5).



Table 5. An example of how to outline the aims and operating procedures of the SCforH initiative

AIMS	To increase the number of seniors (≥65 years of age) participating in a recreational programme, as part of the SCforH initiative.
TARGET GROUP	Seniors (including former sport participants)
MESSAGE	Keep playing at any age!
PLAN	First year: To recruit a group of seniors who will participate once a week in organised, adapted and noncontact health-enhancing sports activities. Second year: To review member satisfaction with the current programme and make any necessary changes.
OPERATING PROCEDURES	Noncontact sports will be promoted, through existing contact information, to seniors, including former club players. Sessions will be led by trained instructors to ensure safe participation. A choice of recreational activities will be offered. Sessions will also include social activities.

Stage C: Implement

When beginning to implement planned activities, the following three recommendations should be considered.

Communicate information about the forthcoming actions both internally and externally

The communication of information about the SCforH-related actions should preferably be performed both within and outside the club. **Internally**, existing communication channels such as the club's bulletin, parents' meetings, club's web pages, and mailing lists should be used. It is as important to inform the club officials as it is to inform the parents of young members. **Externally**, communications can be directed to representatives of the municipality (sports and health sectors), local government, financial supporters, partner institutions,

and other clubs. Communicating with members of the **local media** and posting information using **social media channels** may be pivotal aspects of successful marketing campaigns for SCforH initiatives.

Social marketing might be a helpful method that can be used to communicate information about the SCforH initiative. In social marketing, traditional commercial marketing concepts, tools, and techniques are applied toward changing individuals' behaviour for the benefit of society. In this case, the SCforH initiative is marketed to address the high rates of physical inactivity in the community. For the best results, when advertising the SCforH initiative, all elements of the 'marketing mix' (i.e., product, place, price, promotion, people, physical environment, and process) should be tailored to meet the needs of the SCforH target group. If the



sports club's management does not feel competent enough to lead marketing activities, they are encouraged to ask a marketing specialist for his or her advice or assistance. Expert help can improve the chances that the SCforH initiative is successfully marketed (see Electronic Toolkit, Area 6).

[Ensure the competence of instructors and club managers and support them in delivering the SCforH activities](#)

Successful implementation of an SCforH initiative relies upon the competence of instructors with respect to their abilities to deliver the planned activities. The key areas of competence of an SCforH instructor are listed in Table 6. **It should be ensured that all instructors have the required knowledge and skills to deliver the activities that have been planned as part of the SCforH initiative.** If needed, the club representative should provide the instructors with the proper education

internally or provide opportunities for them to receive education externally (see Electronic Toolkit, Area 3).

Before starting an SCforH initiative, one must ensure that the instructors are familiar with all the practical procedures and that the required equipment is functioning properly. Receiving feedback and support from members of the club management at regular intervals may motivate instructors, especially if they are working on a voluntary basis. Ensuring the instructors' competences and providing instructors with quality education is critical for the successful implementation of an SCforH initiative.

[Monitor the implementation of planned activities and gather data for documentation](#)

While the SCforH initiative is in progress, it is important to **monitor whether the activities are being implemented as planned.** This information can be collected from instructors and participants and is of great importance for the evaluation of the feasibility and effectiveness of the SCforH initiative.

Stage D: Follow-up

[Keep records and evaluate the SCforH initiative](#)

This evaluation is essential in order to ensure the credibility and determine the effectiveness of the SCforH initiative. This includes both process and outcome evaluations to assess whether the initiative was delivered as planned and whether it was effective with respect to its stated aims. It is particularly important to conduct a process evaluation in the early stages of the SCforH initiative delivery to determine whether the club is a viable setting for these activities. Examples of

process evaluation questions can be found in Table 7.

To conduct a process evaluation, a record of actions that have been taken to achieve the aims of SCforH initiative should be kept. The aim of the process evaluation is to assess how the planned activities were delivered. The fact that records of actions undertaken is kept will allow reflections upon progress to be made and particularly: 1) to find out whether the SCforH aims and objectives were achieved; 2) to find out what went well and what could be improved; 3) to draw associations between actions and outcomes; and 4) to gather feedback from all participants (e.g., on their satisfaction with the SCforH initiative and instructor(s)).

Keeping written records may be the most efficient and easiest way to keep track of which actions have been taken. Such records could include, for example, the number of participants, duration of the activities, level of participants' enjoyment and satisfaction, participants' experiences, and resources required (see Electronic Toolkit, Area 5).

Table 6. The key areas of competence of an 'SCforH' instructor

- An understanding and appreciation of the SCforH principles and the ability to adhere to these
- An understanding of the health-enhancing qualities of their respective sport
- The capacity to adapt their sport to target different population groups
- The delivery and evaluation of agreed-upon SCforH initiatives

Table 7. Examples of process evaluation questions

- What actions did the SCforH initiative undertake?
- How were these actions received by those participating in the SCforH initiative and other club members?
- What factors helped support the adoption of the SCforH initiative?
- What factors hindered the adoption of the SCforH initiative?
- What actions were taken to deal with the hindering factors?

Share your success inside and outside the club

After implementing the SCforH initiative(s) in your club, it is essential to **share your success stories with others**. By sharing your experiences and the results of the evaluations of your SCforH initiative, you can acknowledge the people and institutions that contributed to the implementation of the initiative, spread the word about the success in your community, and encourage others to start similar initiatives. It may be useful to seek support from representatives of the

local media and community leaders, who can help you share your positive stories with a larger audience (see Table 8 for examples). This can, in return, result in positive publicity for your club and motivate new members to join. By sharing the results of the evaluations within the club and including information about the SCforH initiative in an internal club leaflet, this important information will be communicated to members, parents, and coaches. Posting information on social media channels is a practical and effective way to share your success story with others.

Table 8. Examples of ways to communicate the results of an SCforH initiative

Internal communications

Your club should find a suitable way to communicate with all the participants, from managers and coaches to parents and players. These communications represent opportunities for you to share information about your progress (what has happened), successes, and the participants' experiences. Examples of such communications could be stories of two or three generations of members in the club, in which you emphasise the role that the new SCforH initiative had in keeping the oldest and youngest members involved in club activities. You can also report on positive changes that the SCforH initiative led to on the club level.

External communications

The same stories could be shared outside the club with members of sporting associations, local supporters, or sponsors as part of their communications. Local media need news, and your evaluations of the participants' experiences and success stories can serve as the ideal means to publicise your SCforH actions. The recruitment strategy could also include these stories in order to emphasise the club's commitment to work with particular target groups.

Depending on the results of the evaluation, revert to earlier stages of the process

The application model presented here should not be understood as a unidirectional model. The implementation and delivery of an SCforH initiative should involve a continuous process of assessment, learning, and improvement.

Special considerations for different age groups

Depending on the selected target group, some specific points should be taken into consideration when applying the SCforH approach.

Children and adolescents

Throughout childhood and adolescence, physical activity is necessary to support the development of basic motor skills and musculoskeletal development. Few young people meet the public health recommendations with respect to the levels of physical activity. Even those who participate in sports do not necessarily achieve the recommended level of physical activity. Although the sports club is not the only place where children and adolescents can be physically active, sports clubs should offer adequate levels and a diversity of activities, especially for younger members. In addition, the club representatives may also promote various kinds of health-enhancing physical activities in different environments outside the club.

When choosing children and adolescents as target groups, the educational level of these individuals must be taken into consideration. During their early years, children develop their

attitudes toward physical activities and sports as well as toward health. Attitudes towards the level of physical activity (see Koski 2008³⁶) and health literacy are developed step by step. **Parents, guardians, grandparents, teachers, coaches, siblings, and peers** play important roles in these processes, as in many other kinds of socialisation and developmental processes. **The coach, for instance, may not only act as an important role model in terms of sports participation, but also promote a generally healthy lifestyle.** When applying the SCforH approach with children and adolescents, coaches and other adults with whom the young participants interact in the club should clearly understand their roles and responsibilities. To ensure this, it may be useful to organise meetings with these individuals to reach **an agreement on the accepted and preferable ways to interact with children and adolescents.**

When members of younger age groups are targeted, it may also be beneficial to integrate parents into the SCforH activities. For that reason, it is recommended to organise **a parents' meeting** to introduce the aims and principles of the SCforH initiative and explain how it will be delivered. The values of the club – beyond just promoting sports – should be clearly communicated to parents; that is, the values should be associated with aspects of physical, psychological, and social development.

Most children and adolescents do not participate in sports clubs primarily to improve their health. However, it may be useful to integrate information about nutrition, rest, and sleep, as well as how



to avoid doping and substance abuse, into sports activities and coaching.

Adults

When the target group consists of adults, it is particularly important **to make sure that the range and content of the activities is appropriate to keep them engaged** over a period of time that is long enough to allow them to gain health benefits. If needed, **motivational strategies** should be employed to discourage participants from dropping out and ensure that they take part in the planned activities. Depending on the sport and the type of SCforH initiative, the levels of engagement in activities within the sports club may not be sufficient in some cases for adults to meet the physical activity recommendations and, hence, they may need to engage in additional activities outside the club. Adults are most likely to gain the health benefits if they engage in at least 150 minutes (2.5 hours) of moderate-intensity physical activity or at least 75 minutes of vigorous-intensity aerobic physical activity each week. For most adults, the more physically active they are, the greater the benefits they will experience. Although it is still unclear whether a ceiling effect exists, and the optimal amount for specific activities is still unknown, recommending adults to engage in a reasonable amount of additional physical activity outside the sports club is unlikely to do any harm. In addition, it may be useful to include flexibility, warm-up, cool-down, and muscle-strengthening activities in the SCforH activities for adults.

While planning and organising activities for this age group, the **participants' fitness levels, motor**

skills, and previous sporting experience should be taken into consideration. The risk of injuries may be elevated, for instance, if someone who has been heavily involved in a sport in the past makes a comeback after taking a break for many years. In some cases, a preparatory period during which participants undertake only health-enhancing exercises in a controlled environment may be necessary before they can take part in the main sport. In addition, some sports activities may need to be adapted (e.g., the game/playing rules), so that they are more appropriate for amateur participants (see Electronic Toolkit, Area 4).

Seniors

The key role of physical activity for seniors is **to help them maintain a level of health and mobility that sufficiently allows for their social participation and functional independence.** Important health aspects to consider as part of the SCforH approach with respect to seniors are their ability to function, social capital, balance, body maintenance, and increased health risks. The key health benefits to this age group include fall prevention, slowing of cognitive decline, and reducing risk of many chronic diseases. Another important aspect to consider is the **social nature of sports participation**, and special attention should be paid to this while developing SCforH initiatives that target seniors. To achieve potential health benefits, seniors are recommended to engage in at least 150 minutes of moderate-intensity aerobic physical activity such as light sports, walking, and household chores or 75 minutes of vigorous-intensity aerobic physical activity such as swimming and skiing, each week. Seniors are also



recommended to perform muscle-strengthening exercises two days a week and take part in activities that can help them improve their balance and prevent falls at least three times a week.

Sport activities may be practiced by most members of the population up until they reach an advanced age. However, seniors usually prefer to participate in more health-oriented and less technically and physically demanding sport activities. Some of the physical activities that are most frequently selected by members in this age group include gymnastics, swimming, cycling, walking, and hiking, but this can vary significantly depending on the country and community. When

tailoring an SCforH initiative to meet the needs of seniors in your community, it is important to include activities that are not extremely physically demanding (i.e., practicing them does not require a high level of physical fitness and motor skills). The activities often need to be adapted to meet the special physical and motivational requirements of members in this age group to minimise health risks.

Two examples of possible actions that can be taken to achieve SCforH goals, which have been tailored to meet the needs of a specific age group, are shown in Figure 7. More examples of good practice can be found in the Electronic Toolkit (Area 4).

GOAL	ACTIONS
To minimize health risks in a SCforH initiative for seniors	New and adapted rules will be applied to make the traditional forms of sports safer for the participants (e.g., walking football)
To support socialisation in a SCforH initiative for adolescents	Before and after the game, more time will be provided for participants to socialise. Exercise in pairs and small groups will be offered to increase the number of social interactions

Figure 7. Example of important aspects to consider with respect to seniors and examples of actions

Conceptual framework

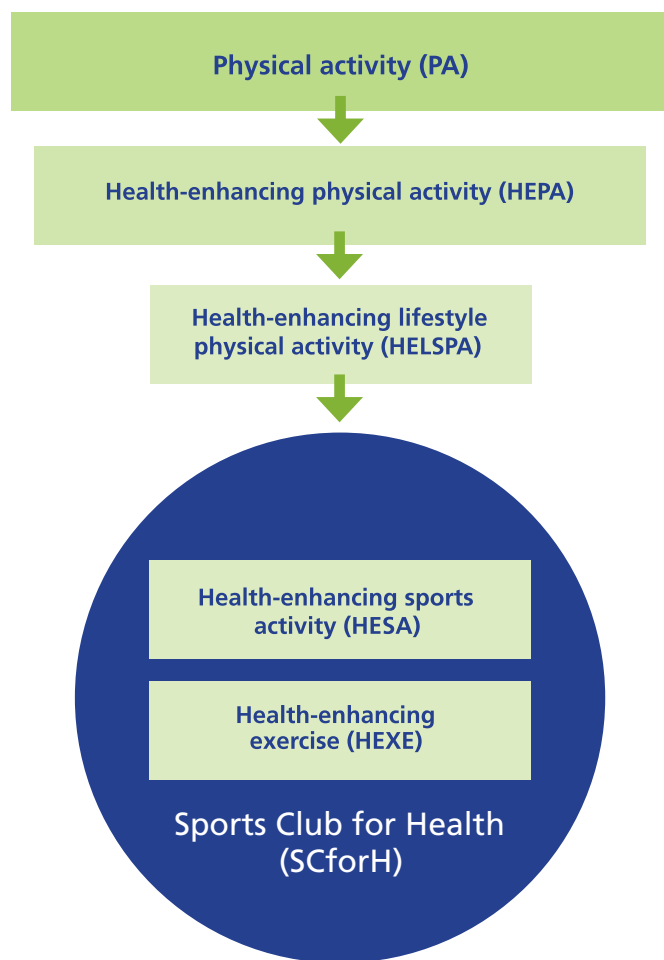


Figure 8. Sports Club for Health (SCforH) conceptual framework

The SCforH conceptual framework is presented in Figure 8. The operational concepts of the SCforH approach may not necessarily be applicable to other physical activity promotion initiatives. Within this conceptual framework, the focus of the SCforH approach is placed on health-enhancing sports activity (HESA) and health-enhancing exercise (HEXE).

Physical activity (PA) = “Any bodily movement produced by skeletal muscles that results in energy expenditure”³⁷.

Health-enhancing physical activity* (HEPA) = Physical activity that produces health benefits. This includes all types of physical activities that are beneficial to one’s health and present no or only minimal health and safety risks. In the SCforH conceptual framework, physical activity is further categorised into areas of lifestyle physical activity (at work, at home, during transport, and during leisure time), exercise, and sports activity.

Health-enhancing lifestyle physical activity (HELSPA) = Physical activities other than organised sports and exercise

that are performed at work, during transport, at home, or during leisure time.

Health-enhancing sports activity (HESA)** = All types of sports activities that are beneficial to health and present no or only minimal health and safety risks. The SCforH approach places a focus on physical activities that are carried out as part of sports club activities. Various types of sport activities can be HESA, but their health effects may vary depending on their type, dose (frequency, intensity, and duration), and the participants’ initial levels of fitness.

Health-enhancing exercise (HEXE) = Planned, structured, and repetitive exercises performed to improve or maintain one or more components of physical fitness and health. These can take place, for example, in exercise classes (e.g., Nordic walking, aerobics, and gymnastics) offered at a sports club.

Sports Club for Health (SCforH) = Approach in which sports clubs are encouraged to promote health-enhancing sports activities and health-enhancing exercise as part of their activities.

* Health benefits are dependent on the amount of physical activity, exercise, and sports. The amount is defined by the frequency, intensity, and duration of the activity. From the health perspective, the advantage of sports activities is that they typically have higher intensities than lifestyle physical activities.

** HESA can also be viewed from a wider perspective as all time spent in sports club activities (the Health Promoting Sports Club [HPSC] approach).



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References

1. Kokko, S., Koski, P., Savola, J., Alen, M. & Oja, P. 2009. The guidelines for sports club for health (SCforH) programs. Helsinki: Finnish Sport for All Association.
2. Kokko, S., Oja, P., Foster, C., Koski, P., Laalo-Häikiö, E. & Savola, J. 2011. Sports Club for Health (SCforH) – Guidelines for health-oriented sports activities in a club setting. Helsinki: Finnish Sport for All Association.
3. European Commission. 2007. White paper on sport. Luxembourg: Office for Official Publications of the European Communities.
4. Council recommendation. 2013. COUNCIL RECOMMENDATION of 26 November 2013 on promoting health-enhancing physical activity across sectors. Official Journal of the European Union, C/354.
5. IOC. 2016. Olympic Charter – as force as from 2 August 2016. Lausanne: International Olympic Committee.
6. IOC. 2014. Olympic Agenda 2020, 20+20 recommendations. Lausanne: International Olympic Committee.
7. Taliaferro, L., Rienzo, B. & Donovan, K. 2010. Relationships between youth sport participation and selected health risk behaviors from 1999 to 2007. *Journal of School Health*, Aug;80(8), 399-410. DOI:10.1111/j.1746-1561.2010.00520.x.
8. Marques, A., Ekelund, U. & Sardinha, L.B. 2016. Associations between organized sports participation and objectively measured physical activity, sedentary time and weight status in youth. *Journal of Science and Medicine in Sport*, Feb;19(2), 154-157. DOI:10.1016/j.jsams.2015.02.007.
9. Eithsdóttir, S., Kristjánsson, A., Sigfúsdóttir, I. & Allegrante, J. 2008. Trends in physical activity and participation in sports clubs among Icelandic adolescents. *European Journal of Public Health*, Jun;18(3), 289-293. DOI:10.1093/eurpub/ckn004.
10. Ekelund, U., Tomkinson, G. & Armstrong, N. 2011. What proportion of youth are physically active? Measurement issues, levels and recent time trends. *British Journal of Sports Medicine*, Sep;45(11), 859-865. DOI:10.1136/bjsports-2011-090190.
11. Mäkelä, K., Kokko, S., Kannas, L., Vasankari, T., Heinonen, O.J., Savonen, K., Alanko, L., Korpelainen, R., Selänne, H., Villberg, J. & Parkkari, J. 2016. Physical activity, screen time and sleep among youth participating and non-participating in organized sports - The Finnish Health Promoting Sports Club (FHPSC) Study. *Advances in Physical Education*, Nov;6(4), 378-388. DOI:10.4236/ape.2016.64038.
12. Van Hoya, A., Fenton, S., Krommidas, C., Heuzé, J-P., Quested, E., Papaioannou, A. & Duda, J.L. 2013. Physical activity and sedentary behaviours among grassroots football players: A comparison across three European countries. *International Journal of Sport and Exercise Psychology*, Oct;11(4), 341-350. DOI:http://dx.doi.org/10.1080/1612197X.2013.830432.

13. Wold, B., Duda, J.L., Balaguer, I., Smith, O., Ommundsen, Y., Hall, H.K., Samdal, O., Heuzé, J-P, Haug, E., Bracey, S., Castillo, I., Ramis, Y., Qusted, E. & Krommidas, C. 2013. Comparing self-reported leisure-time physical activity, subjective health, and life satisfaction among youth soccer players and adolescents in a reference sample. *International Journal of Sport and Exercise Psychology*, Oct;11(4), 328-340. DOI:<http://dx.doi.org/10.1080/1612197X.2013.830433>.
14. Hoekman, R., van der Werff, H., Nagel, S. & Breuer, C. 2015. A cross-national comparative perspective on sport clubs in Europe. *Sport Clubs in Europe*, Volume 12 of the series Sports Economics, Management and Policy, 419-435. DOI:10.1007/978-3-319-17635-2_23.
15. Kokko, S. 2010. Health Promoting Sports Club – Youth sports clubs' health promotion profiles, guidance, and associated coaching practice, in Finland. *Studies in Sport, Physical Education and Health* 144. Doctoral thesis. Jyväskylä: University of Jyväskylä.
16. Electronic Toolkit: Hartmann et al. 2017. Sports Club for Health (SCforH). A good practise guide to inspire and support sport associations and their clubs. Web-page: <http://www.scforh.info>.
17. World Health Organization. 2006. Constitution of the World Health Organization, 45th edition. Geneva, CH: World Health Organization.
18. St George, A., Kite, J., Hector, D., Pedisic, Z., Bellew, B. & Bauman, A. 2014. Beyond overweight and obesity – HEAL targets for overweight and obesity and the six HEAL objectives: A rapid review of the evidence. Sydney, NSW: NSW Ministry of Health.
19. Janssen, I., & LeBlanc, A.G. 2010. Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *International Journal of Behavioral Nutrition and Physical Activity*, May;7(40). DOI:10.1186/1479-5868-7-40.
20. Pedisic, Z. 2011. Physical activity and health related quality of life of university students. Doctoral thesis. Zagreb, HR: University of Zagreb.
21. Gallahue, D.L. & Ozmun, J.C. 2006. Understanding motor development: infants, children, adolescents, adults. 2006 (6th ed.) New York: McCraw-Hill.
22. World Health Organization. 2010. Global recommendations on physical activity for health. Geneva, CH: World Health Organization.
23. World Health Organization, Regional Office for Europe. 2015. Physical activity strategy for the European region 2016-2025. Copenhagen, DK: World Health Organization, Regional Office for Europe.
24. TNS Opinion & Social. 2014. Special Eurobarometer 412: Sport and physical activity. Brussels, BE: European Commission.
25. Samitz, G., Egger, M., & Zwahlen, M. 2011. Domains of physical activity and all-cause mortality: Systematic review and dose-response meta-analysis of cohort studies. *International Journal of Epidemiology*, Oct;40(5), 1382-1400. DOI:10.1093/ije/dyr112.
26. Oja, P., Titze, S., Kokko, S., Kujala, U. M., Heinonen, A., Kelly, P., Koski, P. & Foster, C. 2015. Health benefits of different sport disciplines for adults: Systematic review of observational and intervention studies with meta-analysis. *British Journal of Sports Medicine*, Apr;49(7), 434-440. DOI:<http://dx.doi.org/10.1136/bjsports-2014-093885>.
27. Oja, P., Kelly, P., Pedisic, Z., Titze, S., Bauman, A., Foster, C., Hamer, M., Hillsdon, M. & Stamatakis, E. 2016. Associations of specific types of sports and exercise with all-cause and cardiovascular-disease mortality: a cohort study of 80 306 British adults. *British Journal of Sports Medicine*, Epub ahead of print. DOI:10.1136/bjsports-2016-096822.
28. Farahmand, B., Broman, G., De Faire, U., Vågerö, D. & Ahlbom, A. 2009. Golf: A game of life and death - Reduced mortality in Swedish golf players. *Scandinavian Journal of Medicine and Science in Sports*, Jun;19(3), 419-424.
29. Kokko, S. & Vuori, M. 2007. Terveysliikunta – katse yksilöstä toimintaympäristöön [Health-enhancing physical activity – focus from individuals to settings]. *Liikunta & Tiede*, 44(1), 11-15.
30. Kokko, S. 2014. Guidelines for youth sports clubs to develop, implement and assess health promotion within its activities. *Health Promotion Practice*, May;15(3), 373-382. DOI:10.1177/1524839913513900.
31. American College of Sports Medicine (ACSM). 2012. ACSM's health/fitness facility standards and guidelines - 4th Edition. Illinois, USA: Human Kinetics.
32. Kelly, B., Baur, L.A., Bauman, A.E., King, L., Chapman, K. & Smith, B.J. 2011. "Food company sponsors are kind, generous and cool": (Mis)conceptions of junior sports players. *International Journal of Behavioral Nutrition and Physical Activity*, Sep;8(95). DOI:10.1186/1479-5868-8-95.
33. McDaniel, S.R. & Heald, G.R. 2000. Young Consumers' responses to event sponsorship advertisements of unhealthy products: Implications of schema-triggered affect theory. *Sport Management Review*, Nov;3(2), 163-184. DOI:[http://dx.doi.org/10.1016/S1441-3523\(00\)70084-2](http://dx.doi.org/10.1016/S1441-3523(00)70084-2).
34. Hing, N., Vitartas, P. & Lamont, M. 2013. Gambling sponsorship of sport: An exploratory study of links with gambling attitudes and intentions. *International Gambling Studies*, Dec;13(3), 281-301. DOI:10.1080/14459795.2013.812132.
35. Hyttinen, A-M. 2012. Ratsastuksen terveysprofiili (Health profiles of equestrian sports) Helsinki: Finnish Equestrian Federation/ Suomen Ratsastajainliitto ry.
36. Koski, P. 2008. Physical activity relationship (PAR). *International Review for the Sociology of Sport*, Jun;43(2). DOI:<https://doi.org/10.1177/1012690208095374>.
37. Caspersen, C.J., Powell, K.E. & Christenson, G. 1985. Physical activity, exercise and physical fitness: definitions and distinctions for health-related research. *Public Health Reports*, Mar-Apr;100(2), 126-131.





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