Sports Club for Health (SCforH)

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

Pasi Koski
Tanja Matarma
Zeljko Pedisic
Sami Kokko
Aoife Lane
Herbert Hartmann
Susanna Geidne
Timo Hämäläinen
Ulla Nykänen
Marija Rakovac
Matleena Livson
Jorma Savola

Co-funded by the Erasmus+ Programme of the European Union
Sports Club for Health (SCforH) – updated guidelines for health-enhancing sports activities in a club setting

This book was prepared and published as part of the “Promoting National Implementation for Sports Club for Health (SCforH) Programmes in EU Member States” (‘SCforH 2015-17’) project, funded by the Erasmus+ Collaborative Partnerships grant (ref: 556953-EPP-1-2014-1-FI-SPO-SCP).

Copyright© 2017 by the authors and Finnish Olympic Committee. Except where otherwise noted, content of this report is copyrighted in accordance with the provisions of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) licence.

ISBN: 978-952-5794-52-6 (eBook)

Enquiries regarding this book may be directed to:
Professor Pasi Koski
Department of Teacher Education, Rauma Unit, University of Turku
PL 175, 26101 Rauma, Finland
Phone: +358 50 339 0373
E-mail: pasi.koski@utu.fi

Publisher:
Finnish Olympic Committee
Radiokatu 20
00240 Helsinki, Finland
E-mail: office@noc.fi

Suggested citation:
Sports Club for Health (SCforH)
– updated guidelines for health-enhancing sports activities in a club setting

Contents

Background ............................................................................................................ 6
What is the SCforH approach? ......................................................................... 8
For whom are the SCforH approach and guidelines intended? ............... 10
Why implement the SCforH approach? .................................................. 11
  Improving health through physical activity and sports ................. 12
  The sports club as a setting for health promotion ..................... 20
  How should the SCforH approach be applied? ......................... 22
  Guiding principles ................................................................. 23
  Application Model .............................................................. 25
  Special considerations for different age groups ...................... 37
Conceptual framework ........................................................................ 42
Acknowledgments ............................................................................. 45
References ......................................................................................... 47

Pasi Koski, Tanja Matarma, Zeljko Pedisic, Sami Kokko, Aoife Lane,
Herbert Hartmann, Susanna Geidhe, Timo Hamälainen, Ulla Nykänen,
Marija Rakovac, Matleena Livson & Jorma Savola
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 2009, and these guidelines were updated in 2011.

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 policy. 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 states. 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 Charter 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 sports.

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, studies indicate that not all of them meet the physical activity recommendations. 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 countries. 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 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) initiative.

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.

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 elsewhere.15

**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 health. 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 control.18

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 development. 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 2011)
Table 1. Physical activity recommendations for different age groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children and adolescents (5-17 years old)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Adults (18-64 years old)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Seniors (65 years old and older)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Key health benefits to children and youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>- increased cardiorespiratory and muscular fitness</td>
</tr>
<tr>
<td>- reduced risk of obesity</td>
</tr>
<tr>
<td>- improved cardiovascular and metabolic risk profiles</td>
</tr>
<tr>
<td>- improved bone health</td>
</tr>
<tr>
<td>- reduced symptoms of depression</td>
</tr>
<tr>
<td>- improved self-esteem</td>
</tr>
<tr>
<td>- improved development of gross motor skills</td>
</tr>
<tr>
<td>- improved socialisation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key health benefits to adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- reduced risk of all-cause, cardiovascular disease, and cancer mortality</td>
</tr>
<tr>
<td>- reduced risk of a number of chronic diseases (e.g., cardiovascular disease, type 2 diabetes, and cancer)</td>
</tr>
<tr>
<td>- increased cardiorespiratory and muscular fitness</td>
</tr>
<tr>
<td>- improved cardiovascular and metabolic risk profiles</td>
</tr>
<tr>
<td>- reduced risk of obesity</td>
</tr>
<tr>
<td>- improved bone health</td>
</tr>
<tr>
<td>- improved mental well-being</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key health benefits to seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- reduced risk of all-cause, cardiovascular disease, and cancer mortality</td>
</tr>
<tr>
<td>- reduced risk of a number of chronic diseases (e.g., cardiovascular disease, type 2 diabetes, and cancer)</td>
</tr>
<tr>
<td>- reduced risk of falls</td>
</tr>
<tr>
<td>- improved physical functioning</td>
</tr>
<tr>
<td>- increased cardiorespiratory and muscular fitness</td>
</tr>
<tr>
<td>- improved cardiovascular and metabolic risk profiles</td>
</tr>
<tr>
<td>- reduced risk of obesity</td>
</tr>
<tr>
<td>- improved bone health</td>
</tr>
<tr>
<td>- improved cognitive functioning</td>
</tr>
<tr>
<td>- improved mental well-being</td>
</tr>
<tr>
<td>- reduced risk of loneliness</td>
</tr>
</tbody>
</table>
Despite the known health benefits of physical activity, more than one-third of European adults are insufficiently active. Recent figures from EU member states indicate that six out of every ten adults never or seldom exercise or play sports. 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 colleagues 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 colleagues 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 colleagues showed that among middle-aged and older adults participation in cycling, swimming, aerobics, and racquet sports reduces the risk of premature death. Farahmand and colleagues 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)\(^\text{15}\).

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.\(^\text{30}\)

Figure 3. Aspects of sports club activities and their health dimensions (adapted from Kokko & Vuori 2007\(^\text{29}\))
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 recommendations.

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 Guidelines.

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 adults.

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).

---

**ACT**

Assess the present conditions and goals
- Identify the support and possibilities for SCforH initiative within the club and in its environment

---

**PLAN**

Plan
- Define the target group
- Identify the health potential
- Explore the know-how and material support
- Agree upon the aims and strategy

---

**CHECK**

Follow-up
- Keep records and evaluate
- Share your success
- Go back to the former stage if needed

---

**DO**

Implement
- Inform internally and externally
- Secure competent and supportive personnel
- Monitor the feasibility

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

<table>
<thead>
<tr>
<th>Type of sports</th>
<th>Improved metabolic function</th>
<th>Reduced risk of type 2 diabetes</th>
<th>Improved cardiovascular function</th>
<th>Improved heart rate variability</th>
<th>Improved muscle function</th>
<th>Improved gross motor skill</th>
<th>Improved balance</th>
<th>Improved bone status</th>
<th>Reduced risk of falls</th>
<th>Reduced risk of osteoporosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endurance sports</td>
<td>x(x) x x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
<td>x x x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
<td>x(x) x x x</td>
</tr>
<tr>
<td>Strength sports</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
</tr>
<tr>
<td>Power and speed sports</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
</tr>
<tr>
<td>Ball games</td>
<td>x(x) x x x x</td>
<td>x(x) x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
</tr>
<tr>
<td>Racquet sports</td>
<td>x(x) x x x x</td>
<td>x(x) x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
</tr>
<tr>
<td>Aesthetic sports</td>
<td>x(0) x x x x</td>
<td>x x x x x</td>
<td>x(x) x x x x</td>
<td>x x x x x</td>
<td>x(x) x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
<td>x x x x x</td>
</tr>
</tbody>
</table>

Expected health outcomes

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 2012)

<table>
<thead>
<tr>
<th>Sport</th>
<th>Expected health outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improved metabolic function / Reduced risk of obesity</td>
</tr>
<tr>
<td></td>
<td>Improved cardio-vascular function</td>
</tr>
<tr>
<td></td>
<td>Improved aerobic fitness</td>
</tr>
<tr>
<td></td>
<td>Improved muscle strength/function</td>
</tr>
<tr>
<td></td>
<td>Improved gross motor skills</td>
</tr>
<tr>
<td></td>
<td>Improved balance</td>
</tr>
<tr>
<td></td>
<td>Improved bone status</td>
</tr>
<tr>
<td></td>
<td>Reduced risk of type 2 diabetes</td>
</tr>
<tr>
<td></td>
<td>Reduced risk of cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td>Reduced risk of falls</td>
</tr>
<tr>
<td></td>
<td>Reduced risk of osteoporosis</td>
</tr>
<tr>
<td></td>
<td>Injury risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sport</th>
<th>x(0)</th>
<th>x</th>
<th>x</th>
<th>xx</th>
<th>xxx</th>
<th>xxx</th>
<th>0</th>
<th>x</th>
<th>x</th>
<th>xx</th>
<th>0</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show jumping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endurance riding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equestrian vaulting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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-bound 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

<table>
<thead>
<tr>
<th>AIMS</th>
<th>To increase the number of seniors (≥65 years of age) participating in a recreational programme, as part of the SCforH initiative.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET GROUP</td>
<td>Seniors (including former sport participants)</td>
</tr>
<tr>
<td>MESSAGE</td>
<td>Keep playing at any age!</td>
</tr>
<tr>
<td>PLAN</td>
<td><strong>First year:</strong> To recruit a group of seniors who will participate once a week in organised, adapted and noncontact health-enhancing sports activities. <strong>Second year:</strong> To review member satisfaction with the current programme and make any necessary changes.</td>
</tr>
<tr>
<td>OPERATING PROCEDURES</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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
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>
<thead>
<tr>
<th>Table 8. Examples of ways to communicate the results of an SCforH initiative</th>
</tr>
</thead>
</table>

### 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 2008) 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).

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To minimize health risks in a SCforH initiative for seniors</td>
<td>New and adapted rules will be applied to make the traditional forms of sports safer for the participants (e.g., walking football)</td>
</tr>
<tr>
<td>To support socialisation in a SCforH initiative for adolescents</td>
<td>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</td>
</tr>
</tbody>
</table>

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

This book of guidelines was developed as part of the “Promoting National Implementation for Sports Club for Health (SCforH) Programmes in EU Member States” project funded by the Erasmus+ Collaborative Partnerships grant (ref: 556953-EPP-1-2014-1-FI-SPO-SCP), with the support of the following partner institutions: Finnish Sports Confederation – Valo; Belgian Gymnastics Federation; European Non-Governmental Sports Organisation – ENGSO; Equestrian Federation of Finland; Finnish Boxing Association; Finnish Gymnastics Federation; Finnish Sports Federation – Ostrobothnia region; Finnish Swimming Association; Gaelic Athletic Association; German Gymnastics Federation; International Sport and Culture Association – ISCA; Örebro University; Palacky University; Southern Finland Sports Federation; Swedish Sport Confederation; University of Jyväskylä; University of Leuven (K.U. Leuven); University of Turku; University of Zagreb; and Waterford Institute of Technology. Dr Pedisic’s participation in the project was generously supported by the Victoria University, Melbourne, Australia. A number of people contributed to the development of the SCforH approach as part of this funded project. The project managers/coordinators, work package leaders, members of working groups, participants of project meetings, workshops and symposiums, and several external experts have taken part in this joint effort. The authors express their gratitude to all those who contributed to the SCforH project, which resulted in this book of guidelines.

Work package leaders and members of the project team: Zeljko Pedisic (WP2 leader), Marija Rakovac, Herbert Hartman (WP3 leader), Sami Kokko (WP4 leader), Pasi Koski (WP5 leader), Susanna Geidne, Timo Hämäläinen (WP1 and WP6 leader), Aoife Lane, Mattieena Livson, Ulla Nykänen, and Jorma Savola

The participants of Work Package 2: Pavel Háp, Stjepan Heimer, Danijel Jurakić, Mattieena Livson, Pekka Oja, Zeljko Pedisic, Heidi Pekkola, Hrvoje Podnar, Ivan Radman, Marija Rakovac, and Jorma Savola

The participants of Work Package 3: Leeni Asola-Myllynen, Inge Doens, Herbert Hartmann, Timo Hämäläinen, Margareta Johansson, Nina Kaipio, Erkka Laalo-Häkiö, Mattieena Livson, Ulla Nykänen, Merja Palkama, Colin Regan, and Jorma Savola

The participants of Work Package 4: Petr Badura, Minna Blomqvist, Susanna Geidne, Sami Kokko, Pasi Koski, Michal Kudlacek, Aoife Lane, Leena Martin, Jeroen Meganck, Kaisu Mononen, Jeroen Scheerder, Jan Seghers, Aurelie Van Hoye, and Jan Villberg

The participants of Work Package 5: Susanna Geidne, Timo Hämäläinen, Herbert Hartmann, Sami Kokko, Pasi Koski, Aoife Lane, Mattieena Livson, Tanja Matarma, Ulla Nykänen, Pekka Oja, Zeljko Pedisic, Marija Rakovac, and Jorma Savola

The participants of Work Package 6: Timo Hämäläinen, Pasi Koski, Zeljko Pedisic, Marija Rakovac, Herbert Hartman, Sami Kokko, Susanna Geidne, Timo Hämäläinen, Aoife Lane, Mattieena Livson, Ulla Nykänen, and Jorma Savola
References


This book was prepared and published as part of the “Promoting National Implementation for Sports Club for Health (SCforH) Programmes in EU Member States” project, funded by the Erasmus+ Collaborative Partnerships grant, reference number 556953-EPP-1-2014-1-FI-SPO-SCP.

www.scforh.info