11 Health Promotion in Sports Settings

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Abstract:

Sports-related settings, including both sports clubs and stadiums, reach a large population across life stages and socio-economic levels. Sports club play an important role in their members health through their informal education nature. While sports clubs' core business is offering physical activity, a well acknowledge health determinant, their potential to go further is enormous, by being health promoting sports clubs (HPSC) and promoting the physical, social and mental health of their members. In the last decade, the state of the art has evolved including renewing the theoretical model, providing an intervention framework and guidelines, developing new measurement instruments, and some interventions, and conducting several cross-sectional studies. Sports stadiums/stadia have also been identified as potential settings for health promotion. Stadiums reach large numbers of people with wide variation in their background. Healthy Stadia was established in 2005 and in 2006 European level network started. This chapter introduces the evolvement of the Healthy Stadia, its current activities and future aims.

Keywords: settings-based approach, sport clubs, health promotion, sports, stadium, stadia, healthy

Introduction

The settings-based health promotion approach was introduced and developed in certain official institutional and traditional settings like cities, schools and hospitals as demonstrated in this book. After initial steps in the mid-1990s, more initiatives were established and in the early 2000s the potential of sports-related settings was noted and initiatives developed focusing on sports clubs (Health Promoting Sports Club) and sports stadiums (Healthy Stadia). Although these two concepts and settings overlap to a certain degree, they also have unique features and evolution. Therefore, they are presented in separate sections of this chapter.

The Health Promoting Sports Club (HPSC) concept was established in 2004 in Finland and it has spread to other countries thereafter, mainly in Europe. The aim of HPSC is to integrate health promotion actions into sports activities in order to further support and develop the core-business of sports clubs. The HPSC recognizes sports clubs as an entity, meaning that the whole system within a club is acknowledged. In addition, external actors are recognized and collaborations established. Over the past twenty years, a lot of research has been done on the concept of the HPSC. The framework and fundamentals of the Health Promoting Sports Club and its evolution are presented in section 11.1.

Healthy Stadia was established in 2004 in the UK. The emphasis is on sports stadiums but sports clubs are also acknowledged. A Healthy Stadium has been defined as: "...one which promotes the health of visitors, fans, players, employees and the surrounding community. It is a place where people can go to have a positive healthy experience playing or watching sport." (Skille, 2010). The European Healthy Stadia network was initiated in 2007 and it extends to an increasing number of sports stadiums, clubs and governing bodies that are developing health promoting sports settings. The concept and principles of the Healthy Stadia are presented in the section 11.2.

11.1 Health Promoting Sports Club

Introduction

The potential of sports clubs as health-promoting settings has been acknowledged for almost a decade (Donaldson & Finch, 2012; Geidne, Quennerstedt, & Eriksson, 2013b; Kokko, Green, & Kannas, 2013), because: (1) they reach a large population, across socioeconomic levels and across life stages, (2) they enhance the physical, psychological, mental and social health of their participants through sport participation and physical activity practices (Eime, Young, Harvey, Charity, & Payne, 2013; Oja et al., 2015; Rhodes, Janssen, Bredin, Warburton, & Bauman, 2017), and (3) their informal educational nature, due to voluntary participation, provides opportunities for tailored health promotion, through daily sporting activities (Kokko, 2014).

There is wide variation in sports clubs around the world, with different national (e.g., different sports systems, including the role of the state) and club (e.g., sports discipline, club size and/or participants – children and adolescents or adults or all ages) level characteristics (Balish, Rainham, & Blanchard, 2015; Ibsen et al., 2016). Still, some universal commonalities can be found which help to define sports clubs in the present chapter. Sports clubs are typically non-profit (volunteer), grass roots-level actors that organize sporting activities for particular target groups at the local level (Breuer, Hoekman, Nagel, & van der Werff, 2015). For children and adolescents, sports clubs are settings in which they (regularly) participate in sports, while coaches and other adults can not only be participants, but also contribute to through their actions, as volunteers or parents (Kokko et al., 2013; Van Hoye, Johnson, Geidne, Donaldson, et al., 2020). In addition, sports clubs have in common “the provision of opportunities for competition and sports practice, while some can also be considered social organizations, promoting social welfare and health” (Donaldson & Finch, 2012). In other words, organizing sport practice and competition is the core business of sports clubs (Kokko, 2014). Therefore, when considering integrating health promotion into sports clubs, it is important to: (1) recognize

the core-business of sports clubs, (2) identify a link between the core-business and health promotion, and (3) use the language and terminology commonly used in sports.

History and development

Health promotion in sports-related settings began in the mid-1990s when some first actions took place in Australia. At that time, tobacco sponsorship and advertising in sports settings was prohibited in Australia and replaced by equivalent health-related products and services (Corti, Holmann, Donovan, Frizzell, & Carroll, 1995), and the effectiveness of this sponsorship and advertising at sports venues targeting people's health behaviours was studied (Giles-Corti et al., 2001). In Australia, an alcohol-use prevention program in sports clubs – the Good Sports Program – was launched in 2000 in the state of Victoria. Today this program has spread to other states. The program shares the principles of the settings approach and has been proven effective (Eime, Payne, & Harvey, 2008; Rowland, Allen, & Toumbourou, 2012a, 2012b). More recently, several research groups are working on areas such as, sports participation and physical activity (Eime et al., 2008), nutrition and food (Kelly et al., 2011; Kelly, Chapman, King, Hardy, & Farrell, 2008), sports organizations capacity building strategies (Casey, Harvey, Eime, & Payne, 2012; M. M. Casey, Payne, & Eime, 2009, 2012) and sports injury prevention research (Donaldson, Borys, & Finch, 2013; Donaldson, Forero, Finch, & Hill, 2004).

In Europe, the application of the settings-based approach in sports clubs started in the early 2000s, when Kokko and colleagues developed the standards for Health Promoting Sports Clubs (HPSC) (Kokko, Kannas, & Villberg, 2006). Thereafter, Kokko et al. (Kokko, 2014; Kokko et al., 2013; Kokko, Kannas, & Villberg, 2009) published the theoretical grounds for the settings-based approach, and a measurement tool known as the HPSC Index (Kokko et al., 2009; Kokko, Kannas, Villberg, & Ormshaw, 2011). Around the same time, in Sweden, the alcohol policies of sports clubs were studied (Geidne, Quennerstedt, & Eriksson, 2013a), as was the collaboration between clubs and external stakeholders (Geidne et al., 2013b). In Belgium, sports clubs' motives and barriers to health promotion were in focus (Meganck, Scheerder, Thibaut, & Seghers, 2014; Meganck, Seghers, & Scheerder, 2016). In France, the

health promotion activities of coaches were examined (Van Hoye, Heuzé, Larsen, & Sarrazin, 2016; Van Hoye, Heuzé, Van den Broucke, & Sarrazin, 2016; Van Hoye, Sarrazin, Heuzé, & Kokko, 2015), while in Ireland, a Healthy Club concept was created (Lane, Murphy, Donohoe, & Regan, 2017, 2020). More recent developments are presented throughout the chapter.

The framework and fundamentals

Taking into account that the application of the settings-based approach is very diverse, depending on the type of setting and the people available at a certain time and place (Kokko et al., 2013), its application to sport clubs needed a specific model and definitions. A settings-based approach in a sports club setting means recognizing the whole system, i.e., the different levels and various determinants (at each level), and the influence of the preconditions at each level on the next level and its actors. Within sports clubs, the settings-based approach has been underpinned by two categorizations (levels and determinants). Three levels of sports club activities identified (Johnson et al., 2019) (Fig. 1) are the: 1) macro level, related to the club's policies and operation regulations on health promotion; 2) meso level, encompassing the guidance and support given to coaches and staff by club officials and management; and 3) micro level, incorporating the health promotion activities and support given to participants by coaches. It should be noted that the relationship between different levels of a club and its participants is reciprocal, i.e., the club shapes and effects coach level activities and further individuals, and the participants shape and effect how the coach and club function and develop (Van Hoye, Johnson, Geidne, Donaldson, et al., 2020). Alongside these internal actors, external actors like the local community, public authorities, and health and sport organizations also support the health promotion capacity (time, money, people, policies) and readiness of a sports club (Geidne et al., 2013b).

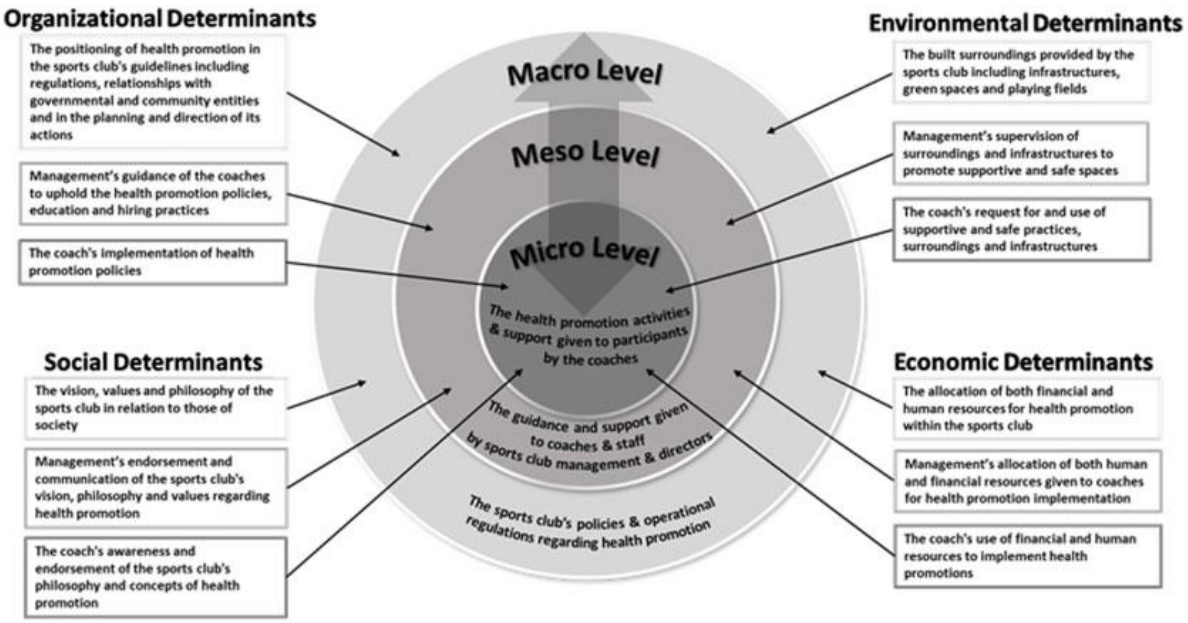

Figure 1: Health promoting sports clubs model (Source: Adapted from Johnson et al., 2019).

Regarding the levels within a single sports club, the key question for health promotion is "what kind of preconditions and aims do the macro and meso levels set out for the micro-level and its actors" (Kokko, 2014). Four types of health determinants have been defined for each level: social, cultural/organizational, environmental and economic (Johnson et al., 2019). Furthermore, five indicators have been identified to signal a sports club is health promoting (Van Hoye, Johnson, Geidne, Donaldson, et al., 2020). Sports clubs are encouraged to: 1) have an approach embracing all club actions which extend beyond promoting only one health topic; 2) involve all levels—participants, parents, coaches, management, volunteers, etc.—in their health promotion actions and decision-making; 3) involve external partners and the community in their health promotion actions and decision-making; 4) be conscious that promoting health within the club is a continuous, iterative process; and 5) base actions on needs, acknowledging the limitations of a 'one-size-fits-all' approach.

Whenever working with a setting that does not have health issues as core-business, despite the provision of physical activity, a health determinant, the setting involvement in HP and HP activities organization as part of daily routine are not always explicit. For example, if a club has not previously undertaken health promotion activities, it would make sense to start with basic level actions (e.g., a passive education model, as outlined below). Three different stages have

been defined for sports clubs to become health-promoting settings (Kokko et al., 2013). The first stage is a passive education model, where the club is a vehicle for individual-centered health promotion targeting a specific risk behavior (e.g., alcohol consumption), implemented by external experts not related to sport, targeting a specific audience (club members) in the club environment. The second stage, the club-based education stage, requires an active engagement of sport clubs by recognizing the club can play a role in the heath of individual sport participants. In this case, participants and coaches are targeted through specific training. The third stage, the club society development stage, has a primary goal of modifying the setting by changing collective norms and club culture towards HP, as well as the organization of sports clubs to support health promotion actions.

The previous text has explained the principles of the settings-based health promotion work within sports clubs. However, the settings-based approach also recognizes the relationship between other settings/actors outside a club setting. Closely related to and influencing the sports club setting are the different regional support systems (which can vary in different countries) across economic, educational and administrative contexts. Other actors include sponsors and partners, and municipalities or regional councils (often responsible for city planning and sports facilities etc.) (Geidne et al., 2013b). It is important that HPSCs undertake their activities within a community and develop relationships with other settings as their participants spend their lives going in and out of different settings (Dooris, 2004). In addition, it is worthwhile to consider crossing the boundaries between settings or finding the boundary spaces to be able to cooperate on joint problems with other settings (McCuaig, Carroll, Geidne, & Okade, 2020). In this socio-ecological approach, it is also important to balance the top-down managerial input with bottom-up club engagement (Dooris, 2006). A study of the support sports clubs need to promote health in France revealed nine action areas (Johnson et al., 2020): tools for health promotion; communication tools; stakeholder training courses; diagnostics and financing; awareness and mobilization; advocacy; policies and methods; sharing; and networking, communication and dissemination. In other words, sports clubs need recognition and advocacy of their role in health promotion, and tools and support to promote health.

A literature review identified that three interventions have been evaluated rigorously to produce evidence of effective health promoting sports clubs, but also highlighted that the application of a settings-based approach in sports clubs is often poor, at a single level and principally targeting participants (McFadyen et al., 2018). An exemplar program was identified in Ireland, where health promotion was targeted at all three organizational levels and focused on several health behaviors (see Case in Box 1) (Geidne et al., 2019). In the example, interventions target several groups with multi-component and multi-level (inside and outside the sport club including participants, coaches, officials, federations or health care workers) actions and a community and inter-sectoral dimensions (crossing both health and sport expertise).

Box 1: Case 1: GAA Healthy Club, Ireland

The GAA Healthy Club Project (Lane et al., 2017) was established to harness and formalize health promotion activities in GAA clubs. This project is based on the health promoting sports clubs' approach. The intervention was led by key actors at national and regional level of the sport and health sector, and advises clubs to: (i) develop a plan, which includes policies and/or actions plans; (ii) recruit partners to assist in delivering the initiative; (iii) identify an activity focused specifically on behavior change; and (iv) assess any impact on the club, physically and culturally.

Current situation

In 2016, a study on international research about health promoting sports clubs (Kokko et al., 2016) provided six case studies from five countries (Australia, Finland, Sweden, Belgium, Ireland). The main conclusion was that research and practice are moving slowly from health promotion initiatives in sports clubs to an understanding of a health promoting sports club.

Evidence of the effectiveness of the settings-based model is a challenge (Dooris, 2006), in terms of identifying both process and outcomes, as well as unexpected results. A recent literature review (McFadyen et al., 2018) was conducted to determine the effectiveness of strategies to improve the implementation of policies, practices or programs in sporting organizations. Only three studies met the criteria: (1) to improve implementation of policies,

practices or programs targeting one or more health risk, and (2) having a control group. Two studies focused on nutrition issues and one on alcohol policies and practices. Each study showed an improvement on at least one measure of policy or practice implementation. Despite these positive results, the authors (McFadyen et al., 2018) conclude that the evidence base underpinning the effectiveness of health promoting sports clubs is lacking.

As studies with controlled groups were lacking, another review (Geidne et al., 2019) focused on published articles describing or evaluating health promotion interventions within sports clubs. A total of 58 studies were included. This literature review showed several gaps in studying health promotion in sports clubs: half of the papers came from Australia, and only one came from Asia and Africa respectively. Half of the studies targeted sport participants directly and did not identify or focus on a specific population. The majority of the studies targeted men and principally team sports, limiting the knowledge base. The review analyzed 33 unique interventions, mostly delivered at the intrapersonal level (29 studies), with only two working at all levels. Moreover, 35 studies did not use any specific theoretical background, indicating that settings-based approach is not implemented properly in sports clubs so far.

The literature review also qualitatively analyzed the key strategies (see Box 2) described within the included studies, to provide empirical evidence to theoretical statements provided by Kokko (Kokko, 2013).

1) Determine sport club previous experience in HP, organizational readiness, rationale and club sense of endorsement for engaging in HP in your club

2) Turn health promotion aims into a written form, with positive messages, adapted to sport language, culture and HP representation of club, taking social inequalities into account.

3) Consider socio-ecological and the sports clubs' sense of belonging enhancing strategies to define the most relevant HP aims

4) Consider the financial (subsidize, sponsorship), human (volunteer time, staff turnover) and capacity building resources to invest in the health promotion development work

5) Use role models and experts to lead the development process

6) Use a bottom-up approach in HP interventions, applied at the three levels (micro, meso, macro), based on recognition and reward system, as well as trust and shared interest between all participants

7) Collaborate with other agencies (clubs, health agencies and practitioner), by building common culture (trust, recognition, shared time) and processes for collaboration (clear roles, shared experiences, contract specification, evaluation of results, power balance between partners)

8) Evaluate the cost, the time, the accessibility and the enjoyment in regard to feasibility of health promotion aims regularly

9) Create a clear implementation plan (for routine and event organization), including the target population and funding mechanisms, establishing core objectives, infrastructure, coordinator, key process, taking sustainability issues into actions

10) Base internal communication on a single clear, explicit and inclusive message, visible to the community and partners, enhancing sports clubs' sense of ownership

11) Motivate coaches regarding HP implementation, by fostering interpersonal relationship (humor, support, encouragement), autonomy, a sense of ownership, and by taking coaches' capacity to handle situations, career opportunities and development into account

12) Educate coaches by varying support and strategies, using a participatory approach and focusing on the specificity of their population

13) Monitor health promotion activities in daily practice using a small win philosophy and evaluating effects not only at short terms

14) Integrate practice evaluation into HP policies, to help refine future planning and policies

Box 2: 14 strategies to implement health promoting sports clubs

To better operationalize health promoting sports clubs, the 14 strategies in Box 2 need to be implemented. We are aware that sports clubs may not fulfill all the guidelines, but they should strive for them in a way that make sense to their particular organization. The real challenge is to develop integrated, not separate health promotion initiatives into sports club settings. Based on the findings of preceding reviews, workshops with sport and health promotion stakeholders transformed these 14 evidence-based strategies into 55 intervention components (Van Hoye, Johnson, Geidne, Donaldson, et al., 2020).

Evaluation – a challenge in sports club settings?

Comprehensive evaluation tools for settings-based health promotion are limited in settings-based work overall (Dooris, 2004; Poland, Krupa, & McCall, 2009). This is also the case within health promoting sports clubs, although a few suggestions have been proposed. Two Delphi studies have been undertaken to identify the indicators of health promotion within sport clubs;

Only one of these has led to a validation process of a measurement tool. Beyond this, another evaluation tool has been developed and tested. The first Delphi study (Kokko et al., 2006) was based on the Ottawa Charter and identified 22 standards of health promotion in sports clubs to build the Health Promotion in Sport Clubs index (HPSC). The index was then used to collect data among a sample of Finnish officials and coaches (Kokko et al., 2009). This measurement tool has also been used with officials and coaches in Finland (Kokko et al., 2011; Kokko, Villberg, & Kannas, 2015), the officials in Belgium (Meganck et al., 2014) and a modified version was used with clubs in Ireland (Lane et al., 2017) and with coaches in France (Van Hoye, Heuzé, Meganck, Seghers, & Sarrazin, 2018; Van Hoye et al., 2016; Van Hoye, Johnson, Geidne, & Vuillemin, 2020; Van Hoye et al., 2015).

The second Delphi study was conducted in Australia on health promotion objectives relevant to determine what sports clubs needed to develop healthy sporting environments for children (Kelly et al., 2014). The standards were related to seven health-promoting themes, such as healthy eating and alcohol management. These standards have not been directly used to evaluate the health promotion status of sport clubs. The evaluation tool developed is the Health Promotion in Sport Assessment Tool (HP-SAT), which aims to capture sport-related policies, practices and organizational capacity by directly questioning state sport organizations (Casey, Harvey, Eime, & Payne, 2011). It has been validated using a test-retest reliability method and included a general organizational capacity section and nine dimensions; such as smoke-free environment, responsible serving of alcohol, sun protection, welcoming and inclusive environment, and violence in sport (Casey et al., 2011).

In 2020, a new measurement tool has been developed with the perspective shifting from a national to international focus (Johnson et al., 2019). This novel evaluation tool – i.e., the e-PROSCeSS scale – combines the three levels of sports clubs (micro, meso and macro) and the four types of determinants for the health promoting sports club. The scale is comprised of 23 macro-level items, 20 meso-level items and 19 micro-level items. Validation studies are currently underway in France and Sweden.

Future direction

The research around health promoting sports clubs is emerging. The application of the settings-based approach within sports clubs is taking its first steps and sports clubs are still at the stage of promoting health in clubs, rather than being health promoting sports clubs (Geidne et al., 2019). The key challenge from a practical perspective is to identify and demonstrate why sports clubs should invest in health promotion. A simple answer is, because it helps them achieve their core-business! In other words, supporting sports clubs members healthy eating, positive climate, sleep and rest, respect and fair play, community involvement will lead to decrease drop out of sport, as well as support individual sport performance. At the same time, it is important to acknowledge that health promotion is unlikely to become a priority for sports clubs—but doing something is better than doing nothing.

The approach needs to be spread internationally, especially in Asia, Africa and America, where only a few studies have been identified. Nevertheless, research is moving forward, with a grounded theoretical basis (Van Hoye, Johnson, Geidne, Donaldson, et al., 2020), cross-sectional studies across Europe and Australia (Kokko et al., 2016), development of controlled interventions (McFadyen et al., 2018) and identification of key leverage for health promotion (Geidne et al., 2019), as well as an intervention framework (Van Hoye, Johnson, Geidne, Donaldson, et al., 2020). Moreover, tools have been developed for sports clubs (Johnson et al., 2019) and state organizations (M. Casey et al., 2011) to measure health promoting sports club activity. However, there are still many opportunities to develop settings-based health promotion in sports clubs. This can include steps to: i) develop a universal definition of a health-promoting sports club, ii) gather evidence on how sports clubs benefit from investing in health promotion, iii) identify the specific outcomes from using the settings-based approach with sports clubs, iv) understand how the settings-based work can be appropriately evaluated, and v) identify how to create and implement feasible and effective interventions to support sports clubs to become health promoting sports clubs.

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11.2 Healthy Stadia

Over the last fifteen years, the potential for using sports venues – from small amateur clubs through to national stadia – as health-promoting settings has started to be realized. This not only benefits local communities, but also can contribute to achieving the corporate objectives of the clubs and stadia involved (Conrad & White 2015).

Sports stadia play iconic roles amongst fans and in the communities they are located, capable of engaging large numbers of people both in the stadia and surrounding area. In addition, the demographic and age-group of fans visiting stadia – largely middle-aged, working class males – often exhibit higher levels of unhealthy behaviours, non-communicable diseases and health problems such as obesity, cardiovascular disease, some types of cancer, type 2 diabetes and mental health issues. However, both professional and amateur sports clubs are in an almost unique position to harness the power and loyalty engendered by their badge / brand when engaging fans, with sports stadia and their teams able to positively influence the behaviour of fans, including health-related behaviours.

Healthy Stadia definition and background

During the early to mid-2000s, a number of pioneering sports stadia in the North West of England worked with the regional cardiovascular disease prevention charity Heart Of Mersey, to trial several health promotion initiatives (Lloyd-Williams et al. 2008). This settings-based approach emphasised the potential for sports venues to develop policies and interventions promoting healthier lifestyles across three cross-cutting themes: healthier stadium environments for fans and non-matchday visitors (e.g., smoke-free environments); healthier club workforces (e.g., bike to work schemes); and healthier populations in local communities (e.g., child obesity interventions). During this trial, the following working definition of a ‘healthy stadium’ was established in 2005:

‘Healthy Stadia are …..those which promote the health of visitors, fans, players, employees and the surrounding community… places where people can go to have a positive healthy experience playing or watching sport’ (Crabb & Ratinckx 2005).

A European dimension

In 2006, a proposal for a 'Sports Stadia and Community Health' project by Heart of Mersey was supported by the European Commission. This project worked with a group of partners in Finland, Greece, Italy, Latvia, Ireland, Poland, Spain and the UK. They were tasked with piloting the healthy stadia concept with sports venues in four European countries, and developing guidelines to enhance the roll out of healthy stadia initiatives (Drygas et al. 2013). A primary outcome from this project was the founding of a 'European Healthy Stadia Network' to share good practice and emerging research amongst clubs, stadium operators, sport governing bodies, public health practitioners and academic institutions. The European Healthy Stadia Network (hereon Healthy Stadia) is now a successful social enterprise based in the UK with over 300 members, with long-term partnerships established with both public health and sports stakeholders such as the World Heart Federation and UEFA (UEFA 2019).

Current practices and policy change

Healthy Stadia may be considered a leader in advocating for sports stadia, clubs and sports governing bodies to develop health promoting sports settings. There has been a groundswell in healthy stadia practices, policies and research over the last 10 years, something that applies to a wide number of sports and different European settings. There is now a genuine recognition amongst clubs, governing bodies of sport and – perhaps, most importantly – agencies commissioning health interventions, that sports settings offer a unique opportunity for both population-level approaches to improving public health (e.g., smoke-free sports environments) and interventions attempting to change the individual behaviours of target groups (e.g., addressing low levels of physical activity and sedentary behaviour in male football fans) (Wyke et al. 2019).

Part of Healthy Stadia's role is to capture current good practices and to disseminate these case studies across its network of members and to decision makers with sports governing bodies. For certain themes, examples of good practice are expanded upon through practical guidelines intended to help sports organisations develop policies and practices as part of the healthy stadia agenda. This includes guidelines on active travel to sports stadia (2014), on

developing smoke-free and tobacco-free sports venues (2016), and on healthier catering to be published in 2021 (see: https://healthystadia.eu/stadium-support/).

Healthy Stadia is UEFA's social responsibility partner for health within its 2017–2021 portfolio, and works closely with Europe's football governing body and national associations across a range of health issues. Tobacco control and sports stadia is an area that has seen considerable success in terms of advocacy and policy change. Healthy Stadia has work closely with UEFA since 2012 to ensure tobacco-free environments at club competition finals, and the European football championships (EURO) in 2012, 2016 and the delayed 2020 finals which will now be held in the summer of 2021. Supported by tobacco-free guidance and training documents published in 2016 (Viggars et al. 2019), Healthy Stadia has launched a major programme of work advocating for all European sports venues to be smoke-free by 2025 through its Tobacco-Free Stadia Declaration.

Where next? Developing the evidence base

For the healthy stadia agenda to be fully realized, particularly amongst commissioning agencies within local and national governments, it is vital that a rigorous evidence base is developed. This will demonstrate the impact that both population level and individual behaviour change programmes developed through sports settings can have on public health outcomes. Although many 'community' or 'social' programmes attached to sports clubs have included process evaluation in their health projects, it is rare to find evaluation of a project's health outcomes and long-term impact (Parnell et al. 2017). Therefore, it is imperative that clubs, sports governing bodies and league administrators partner with academic partners to design and evaluate programmes and projects. This will address the lack of 'in-house' expertise and capacity within sports organisations to develop an evidence base to demonstrate the impact and cost-effectiveness of using sports settings to deliver public health programmes.

There is a growing number of pioneering clubs, sports governing bodies and tournament hosts developing research partnerships with universities, integrating insight, programme design and evaluation techniques into their work (Krustrup & Parnell 2019). Hopefully, a robust evidence base will continue to emerge over the next five years. This will help both commissioning

agencies and stadium/club management justify continued investment in health-promoting policies and practices through stadium settings.

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