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Dissemination of Sports Club for Health guidelines in Europe: a survey-based evaluation

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Abstract

In the past 15 years, a wide range of activities have been undertaken to disseminate the Sports Club for Health (SCforH) guidelines. To evaluate the outcomes of the dissemination efforts that had been made until 2016, a Europe-wide survey was conducted as part of the SCforH 2015-17 project. Given that the evaluation was done more than five years ago and that a range of SCforH dissemination activities have taken place since then, we conducted a new SCforH survey as part of the SCforH 2020-22 project. We sent direct email invitations to participate in the survey to a total of: [i] 2,646 representatives of sports associations; [ii] 323 public health researchers and promoters; [iii] 327 policymakers; and [iv] 513 higher education teachers in the areas of physical education, sports science, and health promotion from 27 European Union member states, candidate countries for European Union membership (Albania, Montenegro, North Macedonia, Serbia, and Türkiye), Iceland, Norway, Switzerland, and the United Kingdom. We also encouraged them to forward the invitation to their colleagues and member organisations. A total of 705 stakeholders in the European sports sector agreed to participate in the survey. We found that commitment of national governments in European countries to the promotion of health-enhancing physical activity is relatively low compared to their commitment to elite sports. For 87.1% of the European countries included in the analysis, stakeholders in the sports sector reported that some initiatives have been taken to promote the use or implementation of the SCforH guidelines. Fifty-three percent of representatives of the sports associations in our study sample were aware of the SCforH guidelines, which suggests an increase of 31 percentage points since the SCforH 2016/17 survey. For most European countries, we found that less than 10% of their sports clubs are aware and use SCforH guidelines. Future SCforH projects should aim to increase the awareness and knowledge of policymakers about the importance of promoting 'sport-for-all'. The awareness of SCforH guidelines among the representatives of sports associations is relatively high, but it should be further increased, as this may help increase the relatively low commitment of sports clubs to the promotion of health-enhancing physical activity. Our findings demonstrate a need for new SCforH projects aiming to promote the use of SCforH guidelines in Europe.

1. Introduction

In the past 15 years, a wide range of activities have been undertaken to disseminate the Sports Club for Health (SCforH) guidelines (1-3), that is, a set of expert- and evidence-based recommendations for the implementation of SCforH initiatives and programmes in sports clubs (4). Most of the activities took place in Europe, as part of the three international SCforH projects funded by the European Union (5, 6). The dissemination activities primarily targeted the stakeholders in the sports sector, including policymakers in the area of sport and representatives of sports clubs and associations. Additional target groups included researchers and promoters of health-enhancing physical activity and tertiary level teachers and students in the areas of physical education, sport and health.

The main aim of dissemination was to raise the awareness of: [i] the importance of increasing the level of health-enhancing physical activity in the population; [ii] the vast potential of sports clubs to promote health-enhancing physical activity; [iii] the SCforH principles and recommended application model; and [iv] the benefits of adhering to the SCforH guidelines for

sports clubs and their members. Detailed information on these topics was presented in three versions of SCforH guidelines (1, 2, 7), an Electronic Toolkit for sports clubs and associations (8), SCforH textbook (3), and SCforH online course (9). The ultimate goal of raising the awareness of SCforH guidelines was to facilitate their use in sports clubs and associations, and consequently increase the availability and improve the quality of health-enhancing sports activities offered through sports clubs.

To achieve this goal, we sent a weblink to the book of SCforH guidelines to 1,743 representatives of sports associations and 137 members of the HEPA Europe network via email. A number of hardcopies of the book were also distributed. We also sent direct email invitations to participate in the SCforH online course to 3,809 stakeholders in the European sports sector. These dissemination activities have covered a total of 36 European countries, including all EU member states and candidate countries, Iceland, Norway, Switzerland, and the United Kingdom. We also organised a number of public events, including workshops, seminars, symposia, and conferences. For example, as part of the SCforH 2020–22 project, we organised 14 events, including 6 project team meetings, 3 symposia, 3 workshops, 1 seminar, and 1 conference, with a total of 1,333 attendees. We also published a number of news articles about the activities of SCforH projects on websites and on social media platforms (10).

To evaluate the outcomes of the dissemination efforts that had been made until 2016, as part of the SCforH 2015–17 project, we conducted a Europe-wide survey conducted among representatives of 549 sports associations and 42 representatives of the HEPA Europe member organisations (11). We found that representatives of 20% of national sport associations, 25% of national Olympic committees, 50% of national umbrella sports organisations, 54% of national sport-for-all organisations, 8% of European sport federations, and 41% of the HEPA Europe member organisations were aware of the SCforH guidelines (11). For most countries, the participants in the survey estimated that less than 10% of sports clubs have implemented the SCforH guidelines in their activities (11).

Given that the evaluation was conducted more than five years ago and that a range of SCforH dissemination activities have taken place since then, we conducted a new SCforH survey as part of the SCforH 2020–22 project. In this book chapter we present key findings of the SCforH survey conducted from 2021 to 2022.

2. Methods

2.1. Participants

Contact details (including the name of organisation, name of contact person, and email address) of potential participants were obtained by conducting online searches for: European umbrella sports organisations (e.g. European Non-Governmental Sports Organisation); European sports federations (e.g. European Gymnastics union); national sport-for-all organisations (e.g. Romanian Federation Sport for All); national Olympic committees; national umbrella sports organisations (e.g. Lithuanian Union of Sports Federations); national associations of specific sport (e.g. Croatian Tennis Association); tertiary education courses for sport and exercise practitioners health promoters, and physical educators; relevant departments in national ministries of health and sport; European physical activity focal points; and HEPA Europe member organisations. The searches were conducted for organisations in 27 European Union member states, candidate countries for European Union membership (Albania, Montenegro, North Macedonia, Serbia, and Türkiye), Iceland, Norway, Switzerland, and the United

Kingdom. In addition, all members of the SCforH 2020-22 project were asked to review the contact list created for their country and suggest any additional potential participants.

We sent direct email invitations to a total of: [i] 2,646 representatives of sports associations; [ii] 323 public health researchers and promoters; [iii] 327 policymakers; and [iv] 513 higher education teachers in the areas of physical education, sports science, and health promotion. We also encouraged them to forward the invitation to their colleagues and member organisations. For example, the representatives of sports associations were encouraged to forward the invitation to the sports clubs in their membership.

A total of 705 stakeholders in the European sports sector agreed to participate in the survey, including: [i] 326 representatives of sports clubs; [ii] 135 representatives of sports associations; [iii] 31 public health researchers and promoters; [iv] 44 policymakers; and [v] 169 higher education teachers in the areas of physical education, sports science, and health promotion. Given that we used snowball sampling, the response rate could not be calculated.

The participation in the survey was voluntary, and all participants provided informed consent to be involved in the study. The study protocol was approved by the Ethics Committee at the Faculty of Kinesiology, University of Zagreb (ref: 10/2021).

2.2. Measures

The surveys for all types of participants (i.e. representatives of sports clubs, representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers) included the following questions used in the current analysis:

- Please estimate the percentage of sports clubs in your country that are aware of the Sports Club for Health (SCforH) guidelines, with “none”, <10%, 11%-20%, 21%-30%, 31%-40%, 41%-50%, 51%-60%, 61%-70%, 71%-80%, 81%-90%, >90%, and “unable to respond” as response options;
- Please estimate the percentage of sports clubs in your country that implemented ‘Sports Club for Health’ programmes according to the Sports Club for Health (SCforH) guidelines, with “none”, <10%, 11%-20%, 21%-30%, 31%-40%, 41%-50%, 51%-60%, 61%-70%, 71%-80%, 81%-90%, >90%, and “unable to respond” as response options.

The surveys for all types of participants other than the representatives of sports clubs included the following questions used in the current analysis:

- Please estimate how much is the government of your country committed to the promotion of elite sports, with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is the government of your country committed to the promotion of health-enhancing sports, recreational sports or ‘sport for all’, with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is the government of your country committed to the promotion of health-enhancing exercise (e.g. Nordic walking, aerobics, gym workout), with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is the government of your country committed to the promotion of health-enhancing lifestyle physical activities (e.g. gardening, walking or cycling for transport, stair climbing), with a response scale from 0 (“not at all”) to 10 (“most highly”).

We created a summary variable called “the estimated commitment of the national government to the promotion of health-enhancing physical activity” as the arithmetic mean of responses to the questions about the commitment to the promotion of health-enhancing sports activity, health-enhancing exercise, and health-enhancing lifestyle physical activities. We then categorised the estimated commitment of the national government to specific types of physical activity as “low” (0 – 3.49), “moderate” (3.50 – 6.49), and “high” (6.50 – 10). The definitions of these types of physical activity can be found elsewhere (4).

Public health researchers and promoters, policymakers, and higher education teachers were additionally asked whether any of the following initiatives in their country were taken to promote the use or implementation of the SCforH guidelines among sports clubs (with “yes”, “no”, and “don’t know” as response options):

- initiatives at the governmental level (e.g., policy changes, governmental funding);
- initiatives by national sports organisations (e.g. dissemination of the guidelines among their member organizations, organizing workshops);
- initiatives by higher education institutions (e.g. changes in teaching curriculum);
- initiatives by public health institutes (e.g. organizing workshops);
- individual initiatives by SCforH project partners or HEPA Europe SCforH working group members;
- individual initiatives by other relevant stakeholders;
- other initiatives.

The responses to the last two items were merged into one.

The survey for the representatives of sports associations additionally included the following question used in the current analysis:

- Prior to this survey, were you aware of the Sports Club for Health (SCforH) guidelines? (with “yes”, “no”, and “don’t know” as response options).

The survey for the representatives of sports clubs also included the following questions used in the current analysis:

- Please estimate how much is your sports club committed to the promotion of elite sports, with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is your sports club committed to the promotion of health-enhancing sports, recreational sports or ‘sport for all’, with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is your sports club committed to the promotion of health-enhancing exercise (e.g. Nordic walking, aerobics, gym workout), with a response scale from 0 (“not at all”) to 10 (“most highly”);
- Please estimate how much is your sports club committed to the promotion of health-enhancing lifestyle physical activities (e.g., gardening, walking or cycling for transport, stair climbing), with a response scale from 0 (“not at all”) to 10 (“most highly”).

We created a summary variable called “the commitment of the sports club to the promotion of health-enhancing physical activity” as the arithmetic mean of responses to the questions about the commitment to the promotion of health-enhancing sports activity, health-enhancing

exercise, and health-enhancing lifestyle physical activities. We then categorised the estimated commitment of the sports clubs to specific types of physical activity as “low” (0 – 3.49), “moderate” (3.50 – 6.49), and “high” (6.50 – 10).

2.3. Data analysis

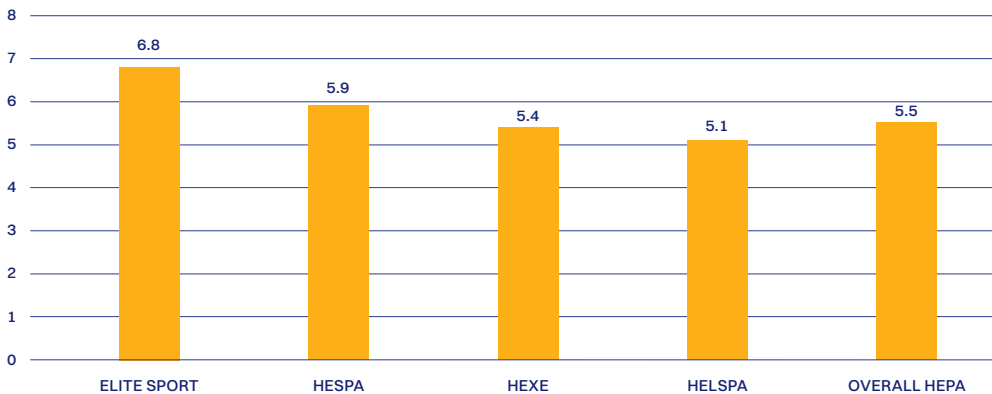
We calculated the arithmetic means and standard deviations of responses to the questions about the commitment of national governments and sports clubs to the promotion of different types of physical activity. For all categorical variables, we calculated absolute frequencies and percentages. The analyses were conducted for the overall sample, and where possible, stratified by country. Pie, column, and map charts were used to present the results.

3. Findings

3.1. The commitment of national governments to physical activity promotion

Commitment of national governments in Europe to the promotion of elite sports received an average (\pm standard deviation) score of 6.8 ± 2.3 out of 10 (Figure 1). Commitment to the promotion of health-enhancing sports activity was found to be high in 60.0%, moderate in 37.1%, and low in 2.9% of the European countries (Figure 2). The average rating for commitment of the national governments in Europe to the promotion of health-enhancing sports activity, recreational sports, and ‘sport for all’ was somewhat lower (arithmetic mean \pm standard deviation = 5.9 ± 2.3 out of 10). The commitment to the promotion of health-enhancing sports activity, recreational sports, and ‘sport for all’ was found to be high in 34.3%, moderate in 60.0%, and low in 5.7% of the European countries (Figure 3). The commitment of national governments in Europe to the promotion of health-enhancing exercise and health-enhancing lifestyle physical activities had the lowest rating (arithmetic mean \pm standard deviation = 5.4 ± 2.5 and 5.1 ± 2.5 out of 10, respectively). The commitment to the promotion of health-enhancing exercise was found to be high in 20.0%, moderate in 68.6%, and low in 11.4% of the European countries (Figure 4). The commitment to the promotion of health-enhancing lifestyle physical activities was found to be high in 14.3%, moderate in 77.1%, and low in 8.6% of the European countries (Figure 5). The mean (\pm standard deviation) commitment of national governments in Europe to the promotion of overall health-enhancing physical activity was 5.5 ± 2.3 out of 10. The commitment to the promotion of overall health-enhancing physical activity was found to be high in 25.7%, moderate in 65.7%, and low in 8.6% of the European countries (Figure 6). These results suggest that national governments in Europe are still primarily focused on supporting the promotion of elite sports, while recreational sports and other physical activities receive less attention. Notwithstanding widely discussed complementarity between the development of elite and recreational sports (12), policymakers in European countries should consider investing more in the promotion of health-enhancing physical activity. Increased governmental support to the promotion of health-enhancing physical activity may facilitate the use of SCforH guidelines in sports clubs and associations. Future SCforH projects should aim to increase the awareness and knowledge of policymakers about the importance of promoting ‘sport-for-all’.

FIGURE 1. THE COMMITMENT* OF NATIONAL GOVERNMENTS IN EUROPE[†] TO THE PROMOTION OF ELITE SPORTS, HEALTH-ENHANCING SPORTS ACTIVITY (HESPA), HEALTH-ENHANCING EXERCISE (HEXE), HEALTH-ENHANCING LIFESTYLE PHYSICAL ACTIVITIES (HELSPA), AND OVERALL HEALTH-ENHANCING PHYSICAL ACTIVITY (HEPA) ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR[‡] (n = 379)

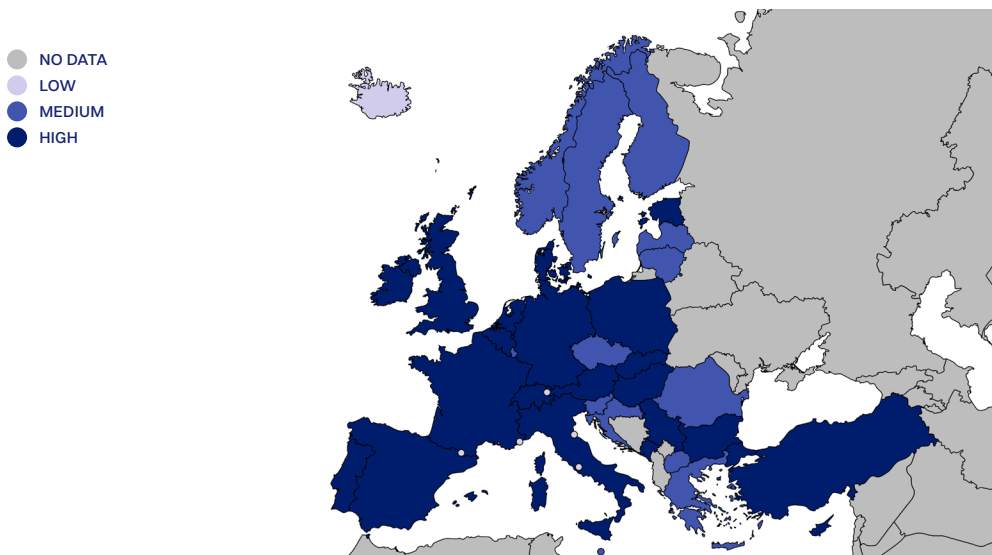


* Arithmetic mean on the scale from 0 (“not at all committed”) to 10 (“most highly committed”)

† Including 27 European Union member states, candidate countries for European Union membership (Albania, Montenegro, North Macedonia, Serbia, and Türkiye), Iceland, Norway, Switzerland, and the United Kingdom, where data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey

‡ Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

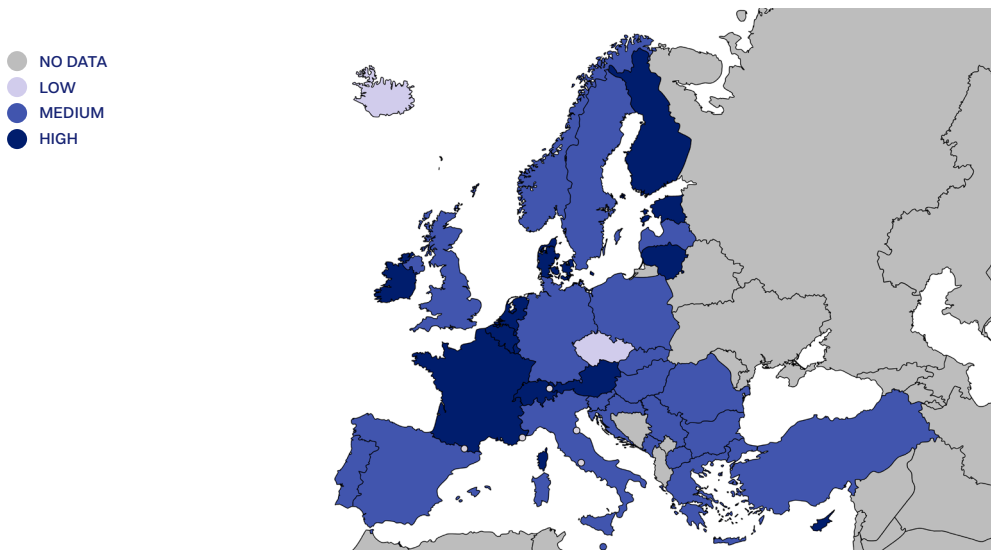
FIGURE 2. THE COMMITMENT OF NATIONAL GOVERNMENTS IN EUROPE[†] TO THE PROMOTION ELITE SPORTS ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR[‡] (n = 379)



* Data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

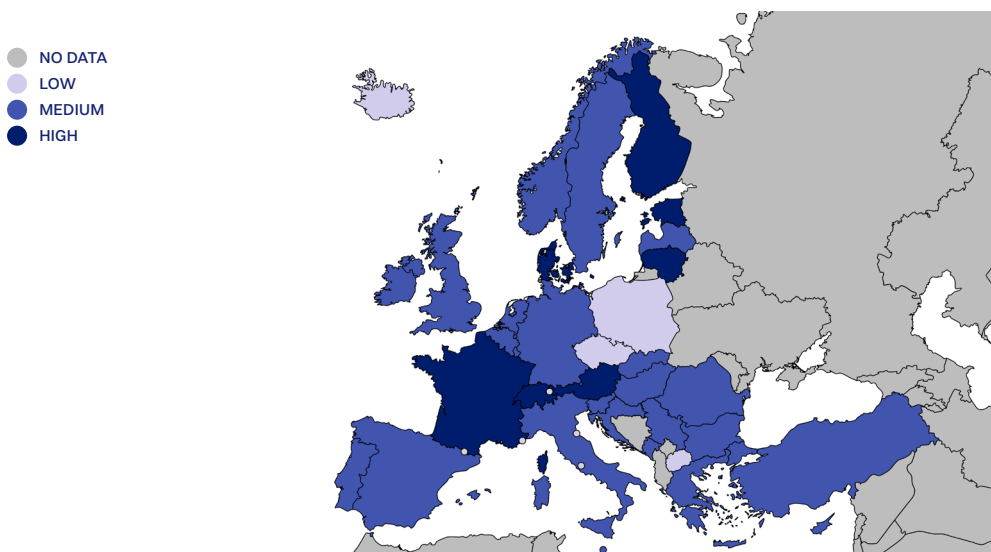
FIGURE 3. THE COMMITMENT OF NATIONAL GOVERNMENTS IN EUROPE* TO THE PROMOTION OF HEALTH-ENHANCING SPORTS ACTIVITY ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 379)



* Data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

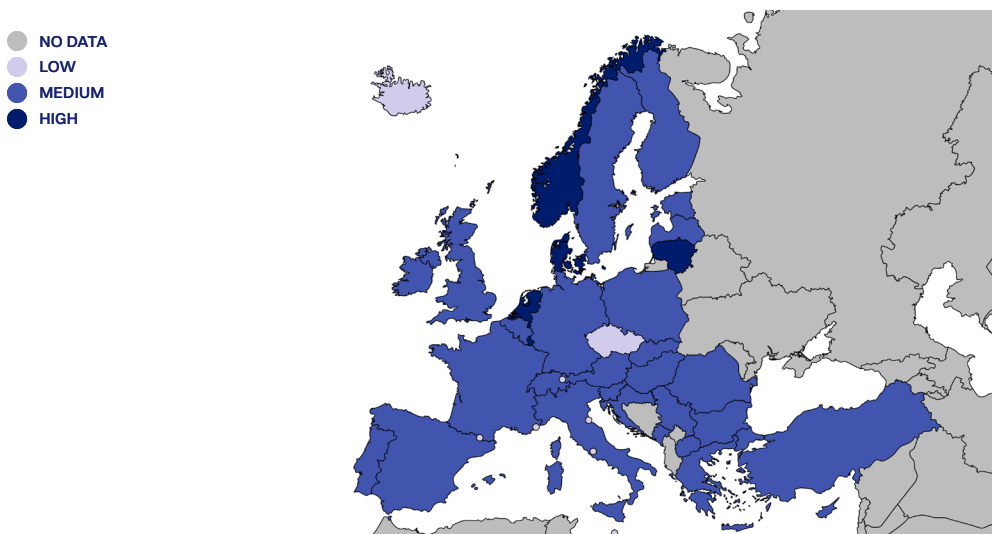
FIGURE 4. THE COMMITMENT OF NATIONAL GOVERNMENTS IN EUROPE* TO THE PROMOTION OF HEALTH-ENHANCING EXERCISE ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 379)



* Data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

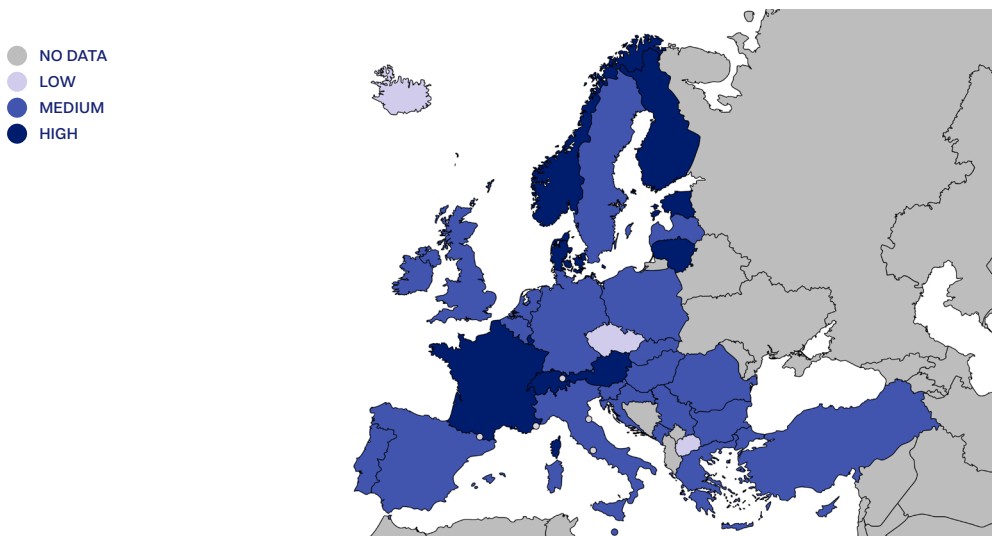
FIGURE 5. THE COMMITMENT OF NATIONAL GOVERNMENTS IN EUROPE* TO THE PROMOTION OF HEALTH-ENHANCING LIFE-STYLE PHYSICAL ACTIVITIES ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 379)



* Data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

FIGURE 6. THE COMMITMENT OF NATIONAL GOVERNMENTS IN EUROPE* TO THE PROMOTION OF OVERALL HEALTH-ENHANCING PHYSICAL ACTIVITY ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 379)



* Data for Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

3.2. Key stakeholders in the promotion of Sports Club for Health (SCforH) guidelines

For 87.1% of the European countries included in the analysis, stakeholders in the sports sector reported that some initiatives have been taken to promote the use or implementation of the SCforH guidelines (Table 1). Such initiatives were taken by SCforH project partners and/or HEPA Europe SCforH working group members in 66.7% of the countries. Such a high percentage was expected, because partner institutions from as many as 17 European countries were involved in the international SCforH projects funded by the European Union (3). In 65.5% of the countries, the initiatives to promote the use or implementation of the SCforH guidelines were taken by national sports associations. A total of 14 national sports organisations from 8 European countries and 6 international sports organisations participated as partners in the international SCforH projects funded by the European Union (5, 6), which may have contributed to raising the awareness of the SCforH movement among sports associations. Initiatives by public health institutes and higher education institutions were reported for 70.0% and 64.5% of the countries, respectively. It is likely that such initiatives have been facilitated by the long-standing partnership between the SCforH Consortium and HEPA Europe network, as many members of the HEPA Europe network are public health institutes and higher education institutions (5, 13). HEPA Europe SCforH working group also played an important role in raising the awareness of the SCforH movement among HEPA Europe members by organising SCforH meetings as part of HEPA Europe conferences (5). A total of 15 research institutes and universities from 10 European countries participated as partners in international SCforH projects funded by the European Union (5, 6), which may have also contributed to raising the awareness of the SCforH movement in the tertiary education sector. Future SCforH projects should continue involving sports associations, public health institutes, and higher education institutions, especially from the countries without any ongoing SCforH initiatives. The initiatives to promote the use or implementation of the SCforH guidelines taken by the government were the least common. They were reported for 56.7% of the countries. Although efforts were made within the funded SCforH projects to raise the awareness of the SCforH movement among policymakers, it may be that the dissemination among governmental institutions was least efficient. This might be explained by the fact that only one partner institution in the international SCforH projects funded by the European Union was a governmental institution (5, 13). Therefore, more governmental institutions should be included as partners in future SCforH projects. Interestingly, the highest prevalence (i.e. in 76.0% of the countries) was found for initiatives taken by other stakeholders. It is possible that this referred to initiatives in which sports clubs promoted the use of SCforH guidelines among other sports clubs.

TABLE 1. INITIATIVES TAKEN TO PROMOTE THE USE OR IMPLEMENTATION OF THE SPORTS CLUB FOR HEALTH (SCFORH) GUIDELINES AMONG SPORTS CLUBS BY THE GOVERNMENT (GOV), NATIONAL SPORTS ORGANISATIONS (NSO), HIGHER EDUCATION INSTITUTIONS (EDU), PUBLIC HEALTH INSTITUTES (PHI), SCFORH PROJECT PARTNERS OR HEPA EUROPE SCFORH WORKING GROUP MEMBERS (SCH), AND OTHER RELEVANT STAKEHOLDERS (OTHER) REPORTED BY STAKEHOLDERS IN THE SPORTS SECTOR¹ (n = 244)

| Country | GOV | NSO | EDU | PHI | SCH | Other | Any ^a |
|----------------|-----|-----|-----|-----|-----|-------|------------------|
| Albania | - | - | - | - | - | - | - |
| Austria | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Belgium | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bulgaria | - | - | - | - | - | - | - |
| Croatia | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cyprus | - | - | x | x | - | - | ? |
| Czech Republic | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Denmark | - | - | x | x‡ | - | - | ? |
| Estonia | x | x | x | ✓ | ✓ | ✓ | ✓ |
| Finland | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ |
| France | x | x | x | ✓ | ✓ | x | ✓ |
| Germany | x‡ | ✓ | x‡ | x‡ | ✓ | x‡ | ✓ |
| Greece | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hungary | ✓ | ✓ | ✓ | x | x | ✓ | ✓ |
| Iceland | - | - | - | - | - | - | - |
| Ireland | ✓ | ✓ | x | ✓ | ✓ | ✓ | ✓ |
| Italy | ✓‡ | ✓‡ | ✓‡ | ✓‡ | ✓‡ | ✓ | ✓ |
| Latvia | x | x | ✓ | ✓ | x | ✓ | ✓ |
| Lithuania | x | ✓ | - | - | - | - | ✓ |
| Luxembourg | ✓ | ✓ | ✓ | - | - | - | ✓ |
| Malta | x | x | x | x | - | - | ? |
| Montenegro | ✓ | ✓ | x‡ | ✓ | x‡ | ✓ | ✓ |
| Netherlands | x‡ | x‡ | x‡ | x‡ | x‡ | - | - |
| Macedonia | x | x | ✓ | ✓ | ✓ | x‡ | ✓ |
| Norway | x‡ | x‡ | x‡ | x‡ | x‡ | x‡ | x‡ |
| Poland | ✓ | ✓ | ✓ | ✓ | ✓‡ | ✓ | ✓ |
| Portugal | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Romania | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Serbia | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Country | GOV | NSO | EDU | PHI | SCH | Other | Any* |
|----------------------|-------|-------|-------|-------|-------|-------|-------|
| Slovakia | - | - | - | - | - | - | - |
| Slovenia | x | ✓ | ✓ | ✓ | x | ✓ | ✓ |
| Spain | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sweden | x | ✓ | ✓ | x | ✓ | x | ✓ |
| Switzerland | ✓ | - | ✓ | ✓ | - | - | ✓ |
| Türkiye | x‡ | x‡ | ✓‡ | x‡ | x‡ | ✓‡ | ✓‡ |
| United Kingdom | x | x | x | ✓ | ✓ | ✓ | ✓ |
| Percent "Yes" | 56.7% | 65.5% | 64.5% | 70.0% | 66.7% | 76.0% | 87.1% |

* "✓": If the response to any of the questions was positive. "x": If the responses to all questions were negative and there were no missing data. "?": If there were some missing data and the only available responses were negative.

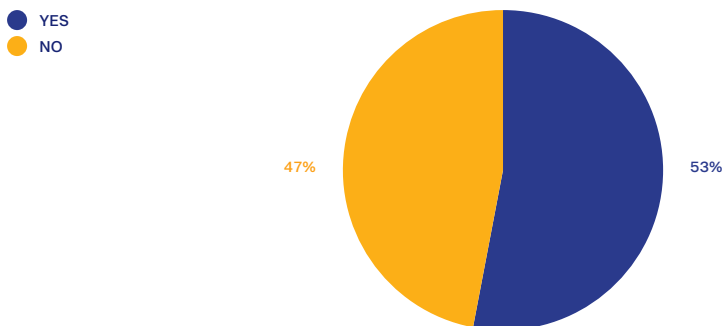
‡ Including public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

‡ Data in the marked field were taken from the SCforH 2016/17 survey

3.3. The awareness of Sports Club for Health (SCforH) guidelines among sports associations

Fifty-three percent of representatives of the sports associations in our study sample were aware of the SCforH guidelines (Figure 7). It seems that the awareness has increased by 31 percentage points since the SCforH 2016/17 survey (1, 11). This large, positive change is likely due to the dissemination efforts made within the SCforH 2015-17 and SCforH 2020-22 projects as well as the activities of the HEPA Europe SCforH working group. However, it should be noted that the sample of sports associations in the SCforH 2016/17 survey was larger and may have, therefore, included a greater variety of sports associations. It may be that the sports associations whose representatives are familiar with the SCforH guidelines were more likely to participate in the current survey. Therefore, the true awareness of SCforH guidelines among representatives of sports associations may actually be somewhat lower. Even if the percentage found in the current survey is correct, it is clear that there is still a larger number of sports associations in Europe (i.e. at least 47%) whose representatives are not aware of the SCforH guidelines. This should be addressed in future SCforH projects by further activities to disseminate the SCforH guidelines among representatives of sports associations.

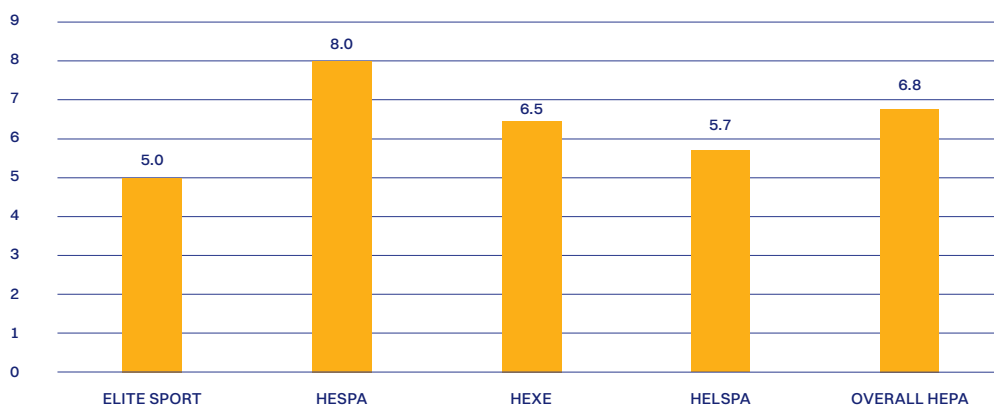
FIGURE 7. THE AWARENESS OF SPORTS CLUB FOR HEALTH (SCFORH) GUIDELINES AMONG THE REPRESENTATIVES OF SPORTS ASSOCIATIONS IN EUROPE (n = 135)



3.4. The commitment of sports clubs to physical activity promotion

Figure 8 shows that sports clubs in our sample were generally somewhat more committed to the promotion of health-enhancing physical activity (arithmetic mean \pm standard deviation = 6.8 ± 2.2 out of 10) than to elite sports (arithmetic mean \pm standard deviation = 5.0 ± 3.1 out of 10). The highest level of commitment was found for health-enhancing sports (arithmetic mean \pm standard deviation = 8.0 ± 2.1 out of 10). We had no control over the representativeness of the sample of sports clubs included in this study, as we did not send direct invitations to potential participants from sports clubs. It is possible that recreational sports clubs were more likely to receive and accept the invitation to participate in the survey, and that the finding on their high commitment to health-enhancing sports, relative to their commitment to elite sports, is in fact an artefact of the sampling procedure. However, even in such a sample, as many as 42% of the clubs were not highly committed to the promotion of health-enhancing physical activity. An analysis of SCforH 2016/17 survey data found a relatively low commitment to the promotion of health-enhancing physical activity also among sports associations (14). This may partially explain the finding for sports clubs in the current study, because the philosophy of sports associations may be reflected in the perspectives of their member clubs. There is obviously still a large number of sports clubs in which the promotion of health-enhancing physical activity could be facilitated through an increased use of SCforH guidelines. This should be addressed in future SCforH projects by further activities to disseminate the SCforH guidelines, either directly among representatives of sports clubs or indirectly through sports associations.

FIGURE 8. THE COMMITMENT OF SPORTS CLUBS* (n = 326) IN EUROPE TO THE PROMOTION OF ELITE SPORTS, HEALTH-ENHANCING SPORTS ACTIVITY (HESPA), HEALTH-ENHANCING EXERCISE (HEXE), HEALTH-ENHANCING LIFESTYLE PHYSICAL ACTIVITIES (HELSPA), AND OVERALL HEALTH-ENHANCING PHYSICAL ACTIVITY (HEPA)

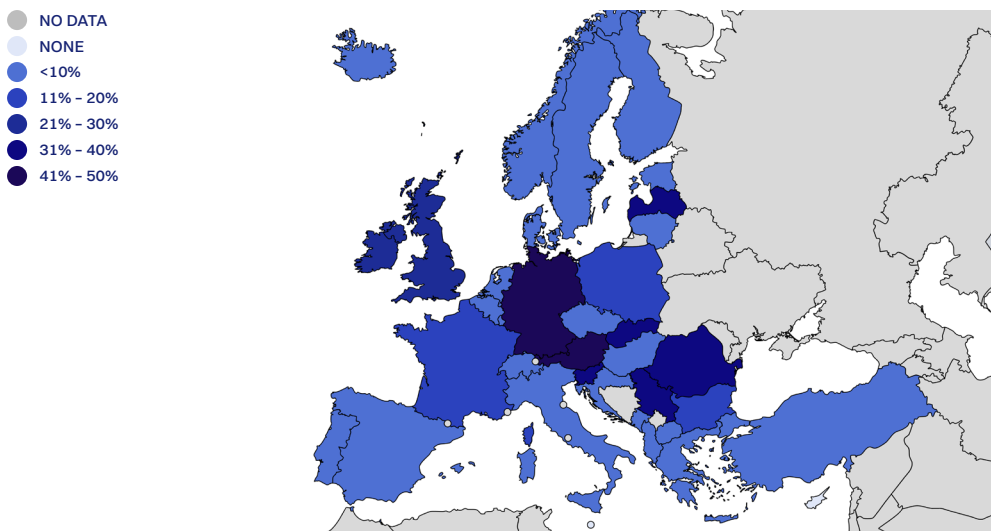


* Arithmetic mean on the scale from 0 ("not at all committed") to 10 ("most highly committed")

3.5. The awareness and use of Sports Club for Health (SCforH) guidelines in sports clubs

The estimated percentage of sports clubs that are aware of the SCforH guidelines was 0 in 5.6% of the countries and lower than 10% in 61.1% of the countries (Figure 9). A higher awareness was reported only in Austria, Bulgaria, France, Germany, Ireland, Latvia, Poland, Romania, Serbia, Slovakia, Slovenia, and the United Kingdom. The estimated percentage of sports clubs that implemented the SCforH guidelines was 0 in 11.1% of the countries and lower than 10% in 66.7% of the countries (Figure 10). A higher use of the SCforH guidelines among sports clubs was reported only in Bulgaria, Ireland, Latvia, Poland, Romania, Slovakia, Slovenia, and the United Kingdom. It seems that the awareness and use of SCforH guidelines are more prevalent among sports clubs in the "Western Europe" and "Central and Eastern Europe", compared to countries in Europe's North and South. Interestingly, an analysis of SCforH 2016/17 survey data found that the commitment to the promotion of health-enhancing physical activity was relatively high among sports associations from "Central and Eastern Europe" (14). It may be that the sports clubs in this European region are positively influenced by the high commitment of their sports associations to the promotion of health-enhancing physical activity. While there were some improvements from the SCforH 2016/17 survey (11), the overall awareness and use of SCforH guidelines among sports clubs in Europe are still very low. These findings warrant new SCforH projects with the aim to further disseminate the SCforH guidelines among sports clubs in Europe.

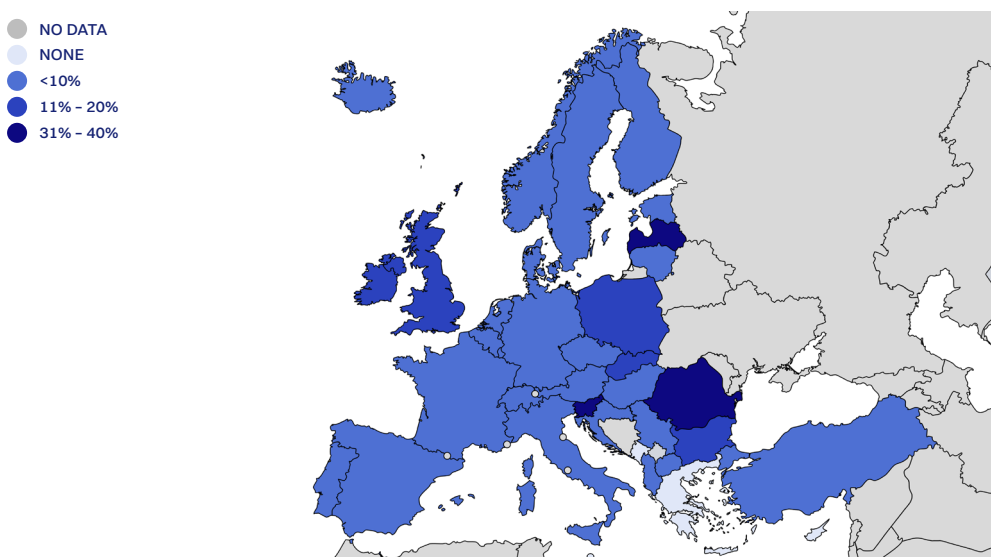
FIGURE 9. THE PERCENTAGE OF SPORTS CLUBS IN EUROPE* WHOSE REPRESENTATIVES ARE AWARE OF THE SPORTS CLUB FOR HEALTH (SCFORH) GUIDELINES ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 705)



* Data for Albania, Greece, Lithuania, Luxembourg, and Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports clubs and associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

FIGURE 10. THE PERCENTAGE OF SPORTS CLUBS IN EUROPE* THAT IMPLEMENTED THE SPORTS CLUB FOR HEALTH (SCFORH) GUIDELINES IN THEIR ACTIVITIES ESTIMATED BY STAKEHOLDERS IN THE SPORTS SECTOR† (n = 705)



* Data for Albania, Cyprus, Greece, Lithuania, Luxembourg, and Norway were taken from the Sports Club for Health (SCforH) 2016/17 survey. For the purpose of creating the map, we used the list of countries/economies/states/territories provided by the World Bank. Not all authors of the book chapter necessarily agree with all the definitions on the list.

† Including representatives of sports clubs and associations, public health researchers and promoters, policymakers, and higher education teachers in the areas of physical education, sports science, and health promotion

4. Conclusion

The commitment of national governments in European countries to the promotion of health-enhancing physical activity is relatively low compared to their commitment to elite sports. Future SCforH projects should, therefore, aim to increase the awareness and knowledge of policy-makers about the importance of promoting 'sport-for-all'. This could be achieved by including more governmental institutions as partners in future SCforH projects. The high involvement of sports associations, public health institutes, and higher education institutions as partners in SCforH projects should be continued, as this seems to have had a positive effect on the implementation of SCforH initiatives. The awareness of SCforH guidelines among the representatives of sports associations is relatively high, but it should be further increased, as this may help increase the relatively low commitment of sports clubs to the promotion of health-enhancing physical activity. A higher commitment of sports clubs to the promotion of health-enhancing physical activity could be also achieved by increasing their awareness and use of the SCforH guidelines. Our findings demonstrate a need for new SCforH projects aiming to promote the use of SCforH guidelines in Europe.

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References

1. Koski P, Matarma T, Pedišić Ž, Kokko S, Lane A, Hartmann H, et al. Sports Club for Health (SCforH) – updated guidelines for health-enhancing sports activities in a club setting. Helsinki, Finland: Finnish Olympic Committee; 2017.
2. Kokko S, Oja P, Foster C, Koski P, Laalo-Häikiö E, Savola J. Sports Club for Health – Guidelines for health-oriented sports activities in a club setting. Helsinki, Finland: Finnish Sport for All Association; 2011.
3. Pedišić Ž, Koski P, Kokko S, Oja P, Savola J, Lane A, et al. Sports Club for Health (SCforH) Textbook. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
4. Pedišić Ž, Matolić T, Bělka J, Benedičić Tomat S, Broms L, Chaplais E, et al. Sports Club for Health movement: terminology and definitions. In: Pedišić Ž, editor. Sports Club for Health (SCforH) Movement in the European Union. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
5. Pedišić Ž, Oja P, Koski P, Kokko S, Savola J. The history of the Sports Club for Health movement in Europe. In: Pedišić Ž, editor. Sports Club for Health (SCforH) Movement in the European Union. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
6. Pedišić Ž. Introduction: Sports Club for Health movement. In: Pedišić Ž, editor. Sports Club for Health (SCforH) Movement in the European Union. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
7. Kokko S, Koski P, Savola J, Alen M, Oja P. The guidelines for sports club for health (SCforH) programs. Helsinki, Finland: The Association For International Sport for All (TAFISA); European network for the promotion of health-enhancing physical activity (HEPA Europe); and Finnish Sport for All Association; 2009.
8. Hartmann H, Asola-Myllynen L, Doens I, Hämäläinen T, Johansson M, Kaipio N, et al. Electronic Toolkit: A good practice guide to inspire and support sport associations and their clubs: Sports Club for Health (SCforH) consortium; 2017. Available from: <https://www.scforh.info/how-to/sports-associations/introduction/>.
9. Jurakić D, Matolić T, Bělka J, Benedičić Tomat S, Broms L, De Grauwe G, et al. Sports Club for Health (SCforH) online course: Sports Club for Health (SCforH) consortium; 2021. Available from: <https://course.scforh.info/>.
10. Pedišić Ž, Podnar H, Radman I. Sports Club for Health movement in published media: a systematic scoping review. In: Pedišić Ž, editor. Sports Club for Health (SCforH) Movement in the European Union. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
11. Pedišić Ž, Matolić T, Podnar H, Radman I, Rakovac M, Háp P, et al. Sports Club for Health (SCforH): 12 years of a successful European initiative. In: Šalaj S, Škegro D, editors. 9th International Scientific Conference on Kinesiology; September 15-19th, 2021; Opatija, Croatia. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2021. p. 698.
12. Grix J, Carmichael F. Why do governments invest in elite sport? A polemic. *International Journal of Sport Policy and Politics*. 2012;4:73-90.
13. Oja P, Wendel-Vos W. The history of HEPA Europe: Growing from an EU-funded project towards a WHO-Europe network In: Pedišić Ž, editor. Sports Club for Health (SCforH) Movement in the European Union. Zagreb, Croatia: Faculty of Kinesiology, University of Zagreb; 2022.
14. Matolić T, Jurakić D, Podnar H, Radman I, Pedišić Ž. Promotion of health-enhancing physical activity in the sport sector: a study among representatives of 536 sports organisations from 36 European countries. *BMC Public Health*. In press.