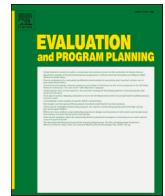


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Sport federation investment in health promotion: The healthy club project implementation

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ABSTRACT

Research on health promotion has largely investigated the activities of sports clubs, but less is known about the support provided by sports federations. The present study aims at analysing the success and barriers of the Gaelic Athletic Association (GAA) Healthy Club Project scaling up process. A case study design incorporating document analysis, observation and 8 interviews was used. Data analysis was based on deductive coding using the viable system model. The results indicated a three-level structure (national, county, club). Six employees at the national federation level support the work of 32 volunteer County Health and Well-being Committees and 439 clubs. The strengths are the identification of a single national reference point for clubs and Counties, the learning process and openness to innovation, and the enhanced workforce through a County officer appointment acting as role model. The challenges being faced are resources allocation, the level of engagement of the County and club board, and the training of volunteers. The strengths of the management system include the composition of the steering committee and the proper use of evaluation. Key scaling up levers and barriers of the present program could inform other sport organisations on the scaling up process of their programmes.

1. Introduction

Over the last two decades, researchers and policymakers have argued that the health promotion (HP) potential of organised sport has been underexploited (Commission, 2007). The health promotion potential of grassroots sports clubs is critical, as they engage 13 % of European population from diverse communities (Schulenkorf, Sherry, & Rowe, 2016). Sports clubs have been defined as “private, non-profit organizations formally independent of the public sector, including volunteer members and a democratic structure, having sport provisions as their main aim” (Elmose-Østerlund, Ibsen, Nagel, & Scheerder, 2017). They have been recognized for their contribution to increase physical activity level (Oja, et al., 2024), which has been acknowledged as a major health determinant, especially in regard to the increase of obesity and chronic disease (Anderson & Durstine, 2019) in contemporary society. At the same time, the myth of healthism (Holman, Donovan, Corti, & Jalleh, 1997) in sport is an important consideration as, for example, sports clubs have also been recognized as unhealthy settings in regard to food provision (Kelly, et al., 2011; Kelly, Chapman, King, Hardy, & Farrell, 2008), alcohol consumption (Kingsland, et al., 2013; Sønderlund, et al.,

2014), and injury (Emery, 2003).

In sum, this presents an opportunity for sports clubs to transform themselves into a health promoting settings defined as “*the place or social context where people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being*” (Whitelaw, et al., 2001). The application of the settings-based approach to sports clubs, which is called Health Promoting Sports clubs (HPSC), aims to move beyond a single health topic approach (*i.e.* physical activity, healthy eating *etc.*) towards a socio-ecological approach, working on organisational, social, economic and environmental determinants of health (Glanz & Bishop, 2010).

To implement this approach, the HPSC model proposes collaboration and action across seven levels of the sports club to ultimately impact individual health (Van Hoye, et al., 2023). Four of these levels are internal to sports club (individual, coach, manager, club) and will not be considered in the present study. Among the three external levels that interact with and influence the sports club (government authorities, public health actors and sports federations), the present article focusses on National Sports Federations (NSF) as a key actor in supporting sports clubs to promote health.

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The HPSC research focusing on NSF is rather narrow. Cross-sectional studies have been principally centred on within sports clubs dynamics (Geidne, et al., 2019b). Worldwide, only three interventions have supported preliminary evidence of the effectiveness of HP intervention in sports clubs (Tameka McFadyen, et al., 2018). A concept mapping study in France has shown that sports club's actors request advocacy, training and resource (including funding and human resources) allocations from NSF (Johnson, et al., 2020). The results of studies on HP development by the International Sports Organisations (Umbrella organisation hosting national sports federations) has shown that their priorities targeted mostly event safety and elite athlete health (Mountjoy, et al., 2018; Mountjoy & Junge, 2013). Various studies have also described interventions on specific health topics, e. g. safeguarding children (Mountjoy & Junge, 2013) or injury prevention (Reis, Rebelo, Krustup, & Brito, 2013). The main barriers to HP implementation among International Sports Organisations have been identified as political support and willingness, knowledge, time, and support from coaches (Mountjoy, et al., 2018), depicting a lack of expertise in designing and evaluating sport programmes for diverse population groups (e. g. health inequality groups) as well as in tackling wide-ranging health and social issues. This limited and narrow awareness of HP among International Sports Organisations and NSF suggests a need to improve political lobbying, project management and management change theory skills within NSF to develop HPSC to be studied and documented (Mountjoy, et al., 2018).

Recently, researchers in implementation sciences have called for better documentation of the system supporting intervention implementation (Skivington, et al., 2021) and of the organisational capacity of NSF to bring about health or social capital (Zeimers, et al., 2021). In order to consider the long-term sustainability of organisations, management cybernetics researchers have created the viable system model (Beer, 1984), characterising five managerial sub-systems and their interrelationship as key requirements for a social system to sustain. This model has been used to analyse how different organisations (companies, media organisations, hospitals, and national institutions) transform or redesign themselves. It has been depicted as a powerful tool for understanding the design of each organisation as well as the factors leading to sustainability and development (Schwaninger, 2006; Schwaninger & Scheef, 2016).

Therefore, this model was used to analyse a health promotion intervention in sports clubs, the Gaelic Athletic Association Healthy Club Project (GAA HCP) scaling up strategy, as the HCP aims to *"make every GAA club in Ireland a hub for health, capable of providing their members and communities with programs that support their physical, emotional and social wellbeing"*. In the present context, scaling up is defined as *"the ability of a health intervention shown to be efficacious on a small scale and or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness"* (Andrew John Milat, King, Bauman, & Redman, 2012).

This initiative has shown a promising impact on HP policies and practice (Lane, Murphy, Donohoe, & Regan, 2020), in particular on smoke-free policies (Seitz, et al., 2020). Moreover, an evaluation of the project has shown an important improvement around governance and leadership in clubs through the appointment of Healthy Club Officers (i. e. volunteer appointments to this role) and the implementation of healthy club policies and plans (Lane, Murphy, Regan, & Callaghan, 2021). The HCP is designed to facilitate the implementation by any GAA club by guiding clubs through seven steps within an 18-month period (see Appendix A). Activities which can be implemented are classified among different priority areas: Physical Activity, Healthy Eating, Mental Fitness/Health, Gambling and Substance Use awareness, Diversity and Inclusion, Personal and Community Development and Sustainability.

The present study is closing a gap on the opening of the black box of HP intervention in sport. Indeed, research focusing on implementation mechanisms of HP programs is limited (Lim, Schweickle, Liddelow, Liddle, & Vella, 2023), even if reviews at sports clubs level exist, like for

example on men's health (Timm, et al., 2024) or on healthy eating (Westberg, et al., 2021). The present study aims at analysing the success and barriers of the Gaelic Athletic Association (GAA) Healthy Club Project (HCP) scaling up process, by analysing the complex system supporting the intervention.

2. Materials and methods

Design

As recommended by various authors (Espejo, Bowling, & Hoverstadt, 1999; Preece, Shaw, & Hayashi, 2013), the use of a single-case study design is the most appropriate method to analyse organisation capacity regarding development and long-term sustainability, when using the viable system model (Beer, 1984). In this regard, the various data collected (website, observation and interviews) facilitated triangulation of the data (O'Brien, Harris, Beckman, Reed, & Cook, 2014) to provide in-depth insight into a system. The purposive sampling provides sufficient flexibility to explore each component of the system (Hildbrand & Bodhanya, 2015). The viable system model considers the various operational components of an organisation, as well as depicting the relationships between these components and the environment. In the present case, the viable system model has been used to describe the system developed by the GAA to create and implement the HCP. For each part of the system, the success factors for public health programme scalability (Milat et al., 2015) have been investigated. Ethical approval has been granted by the Education and Health Sciences Research Ethics Committee of the University of Limerick under number 2021_09_05_EHS.

2.1. Participants and procedure

The GAA Community and Health Department, which is in charge of implementing the HCP, was contacted. Theoretical sampling (Kivits, Balard, Fournier, & Winance, 2016) was used to recruit individuals at different positions: national level (three staff of the Community and Health Department), County level (three County health and well-being committees (CHWC)) and two external partners, which are members of the steering committee. Each of these 8 participants were contacted by email with an invitation and information letter, and subsequently scheduled for a one-hour online interview, which were held between December 2021 and June 2022. Informed consent was obtained prior to interview. Data was presented, and feedback was collated during a 1.5 hour meeting with the Community and Health Department.

A semi-structured interview guide was designed from the viable system model (Hoverstadt, 2020; Schwaninger, 2006), to question the elements of the different systems: What were the main activities? How and by whom were they undertaken? What was the management style? What were the barriers and facilitators to the implementation? What were the communication channels?

To complete the data collection process, the HCP website, Facebook pages of the HCP group, HCP internal documents on the HCP club portal (i.e. reporting platform for engaged clubs) and related policies were reviewed Unstructured observation (Mulhall, 2003) and note-taking during three 'healthy club trainings', one County officer forum (annual training provided for County officers each year) and three economic evaluation workshops (evaluation of the social return on investment of the GAA HCP) were also undertaken for all parts of the system. The observer and interviewer were the first author, who also did the data analysis. Not being familiar with the GAA, nor the Irish context, but well trained in HP intervention implementation, as well as on theoretical framework, she did not intervene and was presented as an outsider to the program. The data collection was continuous, until all system and information channels were documented, and data saturation was achieved. No predetermined sample size has been recommended when applying the viable system model. Once the model was completed, with data coming from at least two different sources, the data collection

process ended (Hildbrand & Bodhanya, 2015).

2.2. Data analysis

The interviews were transcribed verbatim. The viable system model was used to conduct a deductive data analysis by first classifying the corpus of data as a whole entity (interview, unstructured observation, document) in the different systems. System 1 (national to local coordination), system 2 (organisation between national and county level), system 3 (management), system 4 (opportunities and threats for HCP), system 5 (binding the system together) were used as first classification categories, before conducting an in-depth analysis of each system based on factors for the successful scaling up of intervention (Andrew J. Milat, et al., 2015) by the first author, which has been validated by the last author. In other words, the first authors categorised deductively systems characteristics in regard to the list of successful scaling up interventions' factors (Andrew J. Milat, et al., 2015).

3. Results

The HCP started in 2013, following feedback from an alcohol-and drug-prevention programme that was delivered across Ireland by the GAA. The initial pilot included 16 clubs to develop the settings-based approach of HP in sports clubs. The different subsequent phases of the evolution of the HCP are summarised in Table 1. The project objectives are approved by the steering committee of the HCP, and they are implemented through the Community and Health national department as well as 32 CHWCs to support approximately 439 healthy clubs in 2024. Applications for new sports clubs are open every 18-month period.

Fig. 1

Key success of scaling up (see Fig. 2 and Appendix C for details) were the ability to learn from phase to phase, the openness to novelty, the safeguarding of sport clubs from overinvestment and proper use of evaluation at the management level. Complementary partners in terms of duties and role, and integration with national health policy were environmental success factors. A centralised structure with a single reference at club and country level, a high role clarity and a steering group including external partners ensured good governance, where coherence of follow up to clubs, a strong community of practice and recognition of volunteer's investment were communications' success factors.

On the other hand, the difficulty of training volunteers in HP, the boredom of reporting for HCP and cost of evaluation are barriers to scaling up in terms of management. The inability to operationalise the health policy at local level and the lack of recognition of how sport organisations can contribute to health were a threat from the environment. Internally, the ability to influence at all layers of the federation? at each

level, and the clarification of the task and decision-making process between national and county level were barriers in terms of governance, where the duplication of information between county and club level were barriers in communication.

3.1. System 1: national to local Coordination

The running of the HPC is under the responsibility of the GAA Community and Health national department, which has grown from a single person to a six-person team (see Table 1). Two full-time positions are funded by the GAA, one part-time position and two full-time positions are externally funded by the Health Service Executive (a statutory body charged with the delivery of public health services in Ireland) and one full-time position is funded by Irish Life (an insurance company) as official sponsors of the HCP.

The two last positions followed the GAA strategic plan (2020) and through an internal transfer from the coaching and games department, respectively, as working activities were closer to the Community and Health Department. The role of the team has been divided as shown in: (1) a manager setting the vision and handling the political and environmental aspects of the work, (2) a GAA national health club coordinator, working specifically on club recruitment, training, follow up support and event organisation; (3) a CHWC coordinator who is responsible for supporting the County level implementation; (4) three positions which feed into the GAA HCP, but which also bring diversity in terms of meeting the needs of sports clubs: one on youth leadership, a second dedicated to diversity and inclusion as well as a third need focusing on sustainability through sport, thereby supporting the green clubs. The Community and Health national department meets weekly and is responsible for running the programme, creating training content and toolkits, engaging with clubs and Counties as well as responding to their needs in terms of HPC, organising events and advocating for the HCP.

At the regional or County level, CHWC are set up with four objectives: "1) Continued development of their committee, 2) the support growth, development and progression of HCP, 3) the support to clubs and dissemination of a critical incident reporting plan, and 4) the planning and delivery of Community and Health activities." (CHWC forum). The establishment of CHWCs as a sub-committee of the GAA County Executive structure is mandatory and included in the GAA Rule Book. The decision has been taken in 2013 after a motion from a club to the GAA head to consider GAA responsibility to care for its players' health and well-being, where the County board were responsible for coaching, games, finance or a disciplinary process before, but were not involved in health or well-being promotion. CHWC officers have often been the Healthy Club Officer in their own club and built their knowledge on this experience before advancing to a higher County-level committee. CHWC

Table 1
Calendar, number of clubs, objectives and focus of HCP.

Phase	Dates	Clubs *	HCP staff	National team main activity	Focus of HCP work	Evaluation
1	2013(Q1)–2015(Q3)	16/18	1 full-time employee (externally funded by HSE)	One-to-one support	Why is HCP needed	Process evaluation of HCP
2	2016 (Q1) – 2017 (Q3)	58/60	3 full-time employees (externally funded by HSE and Irish Life)	Tool creation and simplification	How to adapt HP discourse and material to clubs	Impact of HCP on the clubs' daily life and the health of individuals and communities
3	2018 (Q1) – 2019 (Q3)	142/150		Scaling up, reporting portal set up and CHWC support	How to develop HCP steps	
4	2020 (Q1) – 2021 (Q3)	271/293	4 full-time employees (GAA appointed a diversity and inclusion officer)	Scaling up, CHWC support	How to create a scaling up organisational structure and how to integrate new health topics	
5	2022 (Q1)–2023 (Q3)	439/500	4 full-time and one part-time employees (internal transfer from the coaching and games department)	New accreditation system	How to consider sustainability	Socio-economic and sustainability evaluation

* Number of clubs accredited/number of clubs enrolled

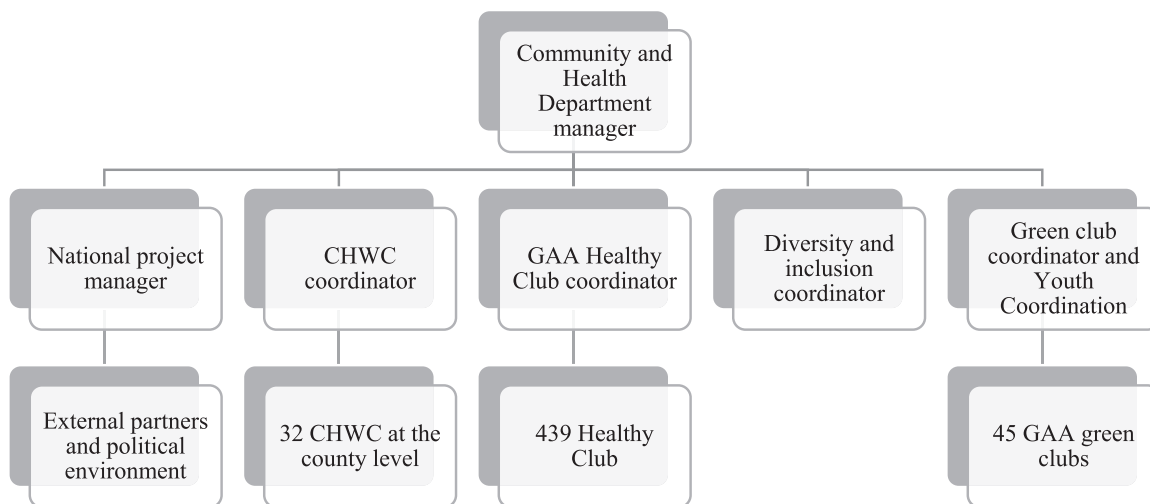


Fig. 1. Hierarchical role and responsibilities within the Community and Health Department.



Fig. 2. Success and challenges for the GAA Healthy Club project.

achievements are dependent on County-board support, and health is not the priority, as stated by a CHWC officer, “It’s always about fixtures and finance at the County level [i.e. these aims come first]. And it is, and I suppose it has to be. But whenever it does come to things like health and wellbeing or cultural stuff, the cultural officer role as well, they are genuinely supportive, because I think they know the benefit of it.” (CHWC Officer).

The CHWC officer is a volunteer appointed by the GAA County board, which is elected every 3 years. “And he rang me one day and just said, ‘Listen, will you do this for me please? You know, here you are. Here’s your committee. Off you go. Goodbye. So, that’s how it happened.” (CHWC officer). Despite the development of training and a calendar by the national team, the CHWC officer stated not having a regular schedule and meeting approximately 3–4 times a year.

At the club level, Healthy Club Officers and their team guide and oversee club progression through the seven steps of the HCP. All of the members are volunteers and meet approximately every month, depending on the committee composition and the club, in order to organise the different activities. The Healthy Club Officer and team members generally have professional competencies from work in the

social, education or health sectors, or they have had a long-term involvement in the club. They rarely have a senior coaching position, but rather a peripheral position in regard to supporting children and youth teams.

System 2: Organisation between national-county-clubs level

The Community and Health national department set up the programme and calendar for each step of the HCP, collect applications from the clubs, organise the orientation day and HCP training for new clubs, report activities on the GAA website as well as celebrate the end of each Phase (see Appendix B for details). The national healthy club coordinator is also assigned to answer sports clubs’ requests: “I got one [request], a couple of weeks ago from a club that are already accredited. So they’re involved for a few years and they just want to know if they wanted to run a five kilometre...Mainly they need to link in because they need to find out if they’re covered for insurance purposes. So that club just wanted to know in simple English, how do we organize this and how do we arrange for insurance to be covered?” (National manager). This relationship helped to foster a bottom-up approach: “Kind of anything you nearly ask from the clubs, they’re very, very good to do it. And also if the clubs do have any issues, they

know that they can come to me or anyone else in the department and they will get a response and guidance pretty quick.” (National manager)

The CHWC manager is responsible for the County officers, organising the CHWC individual or regional meetings, working on CHWC training and signposting. They are consulted about the sports clubs in their County applying to HCP as well as participating in toolkit design or project development. They have an annual meeting at the regional level with the Community and Health national department.

The CHWC are engaged with grassroots clubs for various tasks: 1) support on HCP development or activities, e. g. “But now for Phase five, yes, there has been a few clubs that have come and said, “I’m not really sure what we need to do here to apply for Phase five, how it works, what it’s all about.” (CHWC Officer), 2) organise workshops or visits to clubs to facilitate sharing between clubs on HP, 3) identify grants to support healthy club development and 4) signpost initiatives on HP for GAA clubs. The latter facilitates the role of the CHWC as a gatekeeper between the national and club levels: “The national club manager had sent me an email with something that was happening, and that’s all I could do was just pass the email on and say, “Ireland Lights Up is happening in January,” or “There’s mental health training in March,” (CHWC Officer). In addition, CHWC 4) provide grants to GAA clubs to run projects, 5) create Facebook/Twitter groups to discuss and foster experience sharing, 6) appoint and meet local organisations which wish to offer support to GAA clubs (e. g. Samaritans), without having a formal partnership agreement, where these organisations varied broadly depending on the County. CHWC decision-making about activities undertaken are based on local or online events identified by the committee, either through a press release or campaign or based on incidents in clubs within their region. The CHWC officer has explained that they do not have a specific plan or general long-term strategy, even if the roles and strategic directions had been presented during the last CHWC forum. The CHWC officers describe their role as helping to orientate clubs and people towards proper resources and organisation as well as not taking too much on themselves, as they are not a health (promotion) professional. “We’re not going to stop any [from taking drugs], but it is trying to make sure that we have enough content out there that, if someone is struggling, there’s enough information for them there to go get the help that they want. ... We’re trying to help them, but we’re not going to solve the problem, unfortunately. Well, maybe I’m being a bit pessimistic, but you’re hoping you’ll send them in the right direction, but we’re not the experts.” (CHWC Officer)

3.2. System 3: management

The steering committee of the HCP is the overarching governance structure, tasked with supervising activities, budget and project monitoring. The steering committee is composed of the project partners, four CHWC officers and two Community and Health national department members. “Every quarter, I meet with the steering committee... Pulling together a report on what’s happened and what we plan to do, and I also we report to Irish Life and to the HSE [HCP funders].” (National Manager). Partners have been involved in the project from the outset and enjoy not only the consultation process, but also clarity about their role, “Every partner felt that they were really getting a good return for their investment, for want of a better word.” (Project Partner)

The Community and Health national department is hosted by the GAA, where “2018–21 was the first time that the HCP was specifically referenced on the strategic plan, so that was a big achievement. And the fact that the HCP has been acknowledged, it’s under goal five of the strategic plan to help grow and protect the association.” (National coordinator). GAA 2018–2022 strategic plan as “Objective 5.4 expand and build the healthy club model across the association”. This inclusion in the strategic plan offered more stability in employees’ mindset: “The fact that my role is funded through the Irish Life partnership, so I’m not paid directly by the GAA... So, I do think if Irish Life pulled away that the GAA obviously would still keep my role on because it has become permanent now.” (National Manager). The three national managers interviewed stated that internal

links could be improved, where already existing cooperation with the coaching and communication department are well established, by collaborating on HCP dissemination and enhancing its visibility.

3.3. Channel 3: connection and optimisation between the levels

The national manager describes the HCP as an ongoing journey, with daily learning by collecting feedback from clubs. “We’ve learned that ourselves early as we’ve gone through the stages. The more that we can step back and obviously provide a framework on your kind of scaffolding for the clubs around what is good practice but once they have the... Then to trust the clubs to use their local knowledge and their innovation to respond to what their communities need within their own volunteer capacity.” (National manager).

In addition to their duties, CHWC officers often play either a motivating or safeguarding role for GAA clubs by advising them on how to meet expectations without thinking too big from the start: “So I just said “Stay calm. Get involved. Build up. There’ll be another Phase”. (CHWC officer).

From a communication perspective, there is a need to clarify the channels of messaging and signposting to clubs, where sometimes information is sent to clubs without the CHWC being aware of it or sometimes “I mean last year, there was probably a Zoom or a webinar every week on whatever. As a matter of fact, there were probably too many people sending the same.” (CHWC Officer).

3.4. System 3* evaluation system of GAA HCP

Two evaluations have been conducted (see Table 1 for details) to develop the HCP. A current evaluation on Phase 5 clubs aims to describe the Social Return on the Investment of the HCP. “So I also think the phased approach then allowed us to evaluate each round, learn from that, and develop more. And so what the resource and that Healthy Club has now are very different than what they started off with. So, it’s been very much a review and good evaluations.” (Project Partner). Besides the formal evaluation by University or external actors, the annual CHWC report is given on the Community and Health national department regarding the activities undertaken as well as the challenges. Clubs report on the portal to support the ongoing evaluation of the HCP.

3.5. System 4: opportunities, threats and future vision of the HCP

COVID–19 was perceived as a threat at the County level, restricting activities and links with the clubs as well as at the Community and Health national department, delaying the roll-out of Phase 5. These challenges were not experienced in GAA clubs, as it was perceived as an opportunity to serve the community and demonstrate the position of the GAA club in their local communities. “And then COVID struck, so that kind of stopped everything. We didn’t do a whole lot last year because clubs were very involved in their communities and trying to help old people, and help the elderly, and the vulnerable and that. So this year then, we got a couple of new members on the committee” (CHWC Officer). In many ways, the pandemic helped to elevate the HCP as many of its actions took centre stage in the absence of traditional on-field match activities.

Different opportunities have been identified by the interviewees. An important one is increased funding for sports clubs to tackle social and community issues as well as developing participation and performance in Gaelic games sports: “Because now a lot of funding will have clear criteria around community health and wellbeing and if you are purely focused as a Sports club on success for your playing membership, as opposed to being a community club, that’s interested in the health and wellbeing of the broader community, then you won’t be elevated in terms of funding applications.” (National Manager)

Nevertheless, a major threat from policymakers in regard to sports clubs is mostly oriented towards physical activity promotion, which is only one of the many aspects of HP in sport clubs. This point is

reinforced by the challenge of recruiting other sports federation to the HPSC concept and having the sport sector acknowledge that sports clubs could be health promoting settings in addition to providing opportunities to participate in sport. *“Even a number of years ago, healthy Ireland initiated a presentation by ourselves to Sport Ireland and other NSFs around the healthy club model. This was probably around Phase two, I would say, but there was little take-up. Now, interestingly, over the pandemic period, when the sporting elements of all NSFs, the games elements and code elements were withdrawn, they were all looking to what the GAA were able to do in terms of still maintaining contact and a connection with their community through the healthy club elements of their club.”* (National Manager)

For the future, if the project wants to grow and sustain, there is a need to embed the project in other policies, as there is a visible lack of a coordinated approach to deliver HP through sport: *“We explicitly stated our intention to develop the other links within government, right from national down to local. Because we would see that there are lots of new funding opportunities that are delivered exclusively through local authorities and local government, that GAA clubs just do not apply for.”* (National Manager)

There is concern about the organisational structure and scaling up the model of the HCP with not enough resources to sustain and maintain this growth. In turn, some clubs are losing momentum and interest, particularly those who took part in the first two phases of the HCP. As more clubs join, a big challenge is getting funding to support their efforts and increased workforce *“So if clubs ask me, they want to become smoke free. We provide signage from that Healthy Ireland budget. But I was to do some projections if X amount of clubs want to go smoke free next year, that’s all my budget gone, just a smoke free signage.”* (National Manager). These human resources and financial challenges have been considered and are crucial to the long-term sustainability of the HCP. While some solutions were presented, much action has been delayed due to COVID-19 and the particular impact it had on the available budgets in sporting organisations.

3.6. System 5: binding the system together

A consistent observation from all stakeholders was the societal and community impact of the HCP. *“It’s a good thing for the GAA from a selfish perspective as well because we can broaden our membership base, broaden our volunteer base, broaden our access to both sponsorship or statutory funding opportunities and then also just the general Goodwill funds that healthy clubs tend to get within their own communities and the really positive Goodwill that it generates.”* (National Manager)

A second important binding element is the ability of participating clubs to refer to other project, individual, club and organisation activities leading to partnership building and new resource development. *“I think that strong community that we’ve created with the clubs, like there’s such a desire in the clubs. They’re so willing to just do such good for their club and their community... And that community, like clubs in general would be like competing against one another. But the clubs within the HCP really help one another.”* (National manager)

This element is also fostered by the Community and Health national department, which put an emphasis on the celebration of success, by inviting all the clubs together in Croke Park (i.e. National Stadium) for an annual conference and celebration day. *“I think clubs, whether it’s a school, a workplace, or a club, they love recognition. It is important I think to acknowledge achievement and the contribution the clubs are making, and at the same time set some standards for how you get to that achievement and then monitor that. So there’s a process involved in it.”* (Project partner)

4. Discussion

The present article addresses a first gap in the literature on health promotion among sports organisations, as a recent literature review highlighted a lack of consistency, transparency and clear reporting of data, with few theoretical framework guiding process evaluation, as well as a lack of reporting of the context of the intervention (Lim, et al.,

2023). A second literature review showed a focus of health promotion interventions on a single health behaviour rather than on the health promotion process, a lack of investigation of long term effects of health promotion interventions and no investigation of unintended impacts (Hodder, et al., 2025).

Studying the HCP governance and implementation system of the HCP has provided insights on different key factors in terms of the implementation of HP programmes (Milat, et al., 2015; Milat, et al., 2012) among NSF. These include building (1) a centralised and flexible governance, (2) clear expectations, evaluation and process for sports clubs to promote HP, (3) clear role and expectancies for partners, (4) a community of practice. The following main challenges remain: (1) limited political willingness to promote health beyond physical activity, (2) limited horizontal collaboration with other department within the GAA, (3) clarity of CHWC role and duties and (4) mixed mobilisation at the different levels.

The governance system of the HCP project has a three-level structure which is very centralised, wherein the national team has direct contact with clubs through the Healthy Club Officer and direct contact with CHWC through the CHWC coordinator, and the other employees at national level feed with activities and projects into the HCP. This structure allows a clear definition of roles which is considered as important for performance and well-being at work (Lang, Thomas, Bliese, & Adler, 2007) as well as a clear identification of leadership and support for clubs and Counties, which has been identified as a success factor in physical activity programme implementation (Ooms, Kruijsbergen, & Collard, 2021). Nevertheless, this also raises questions about the role of CHWC, where the interviewees explained that they have no strategic plan, even if guidelines have been presented from the national level. These findings question the vertical alignment of the HCP implementation which has been considered as an important factor for its effectiveness (Beer, 1984; Van Der Ree, 2011) suggesting a need to avoid either an overlap between the national and County level or between the County and club level. The national team would like to see the CHWC as the gatekeeper between the local and national level, acting as a role model for HCP performance in their club and are worthy of imitation and similarity (Wicker & Frick, 2016). Role models or champions have been acknowledged in different HPSC interventions as an effective strategy (Geidne, et al., 2019a; Van Hove, et al., 2020).

Two major strengths of the HCP implementation are based on the ability to mobilise at the national level, both externally and internally to GAA. The choice of partners, the ability to create a common language on health promotion between health and sport sector, identify complementary public and private organisations as well as the transparency of the project are major challenges which have been already identified in the HP in sport clubs’ literature (Donaldson, et al., 2021; Misener & Misener, 2016). These have been overcome by the HCP at the national level, with an involvement of the Department of Health, as well as a private health insurance company, showing a successful private-public partnership. Nevertheless, collaborations at the County and local level, especially with the Health Service, remain a challenge in terms of operationalisation due to the health policy remit, refraining health organisations to collaborate with sports clubs (Wismar, McQueen, Lin, Jones, & Davies, 2012). Moreover, internal lobbying, coming from the Community and Health Department but also the GAA clubs, to inscribe CHWC and HCP in GAA strategic document and policies has permitted HCP to scale up and enhance its recognition, funding and dissemination (Golden, McLeroy, Green, Earp, & Lieberman, 2015) even if more work is required for a transversal approach. This result underlines the tendency of NSFs to work in silo, where HP would benefit from a ‘health in all’ perspective, functioning across all departments and units (Ståhl, Wismar, Ollila, Lahtinen, & Leppo, 2006). This also reflects the difficulty faced in rooting HP in the core business of the NSF, which is around organising sport. The HCP is perceived as a positive added value for the club and community, but is not currently integrated enough in the delivery of sport, and not directly targeting the competitive members of

the clubs (Kokko, Green, & Kannas, 2013). Similarly, the HCP could also be supported by broader sport or other ministries beyond health, but due to the policy focus on physical activity promotion or health topics (tobacco consumption, women in sport, etc.), the settings-based approach has not been supported as such in the Irish policy landscape (Dooris, 2013). Therefore, the recognition of sports clubs' role in health beyond physical activity could be better acknowledged (Skille, 2010) particularly in light of the misunderstanding that sports practice is automatically healthy (Holman, et al., 1997) because of its contribution to meeting the physical activity guidelines (Gavin, Lane, & Dowd, 2020, 2021).

Finally, the use of project evaluation and feedback at each stage of the HCP is commendable. This has created a community of practice with an emphasis on celebration, recognition of the volunteer's investment and facilitates strong advocacy and communication to offer visibility for HCP. In order to facilitate engagement, building trust and encouraging belongingness have been found as key implementation process indicators in recent literature review (Lim, et al., 2023). This generates a virtuous volunteering cycle, as the HCP allows clubs to showcase a social return on investment in their own community (Schlesinger, Egli, & Nagel, 2013) and target the hard-to-reach population (Bolton, Martin, Grace, & Harris, 2018).

The challenge of adding a territory level (county) into the HCP implementation responds to the need of meeting territories and context specificities (Milat, et al., 2015), but it also shows that the resistance is not the same from the national to the local level (Noël Racine, et al., 2021). For example, COVID-19 was an accelerator at the club level, as other activities stopped, where it was a barrier from the county to the national level. To better document these issues, recent review on HP interventions in the sport setting calls for the use of system approach (Lim, et al., 2023). Documenting the interaction between such contextual factors and the system implementing the intervention is crucial to better document the intervention effectiveness and implementation (Minary, Alla, Cambon, Kivits, & Potvin, 2018).

The use of the viable model (Espejo, et al., 1999) to study a sports federation program has allowed to investigate in detail how the different levels and management operations of the GAA HCP are coordinated, what are the principal functions and communications channels in place, as well as gaps and misalignment from national to local level, as well as work in silo in the different departments (Hoverstadt, 2020). Such model, coming from organisation management are very helpful to capture what are the critical variables to maintain a program, or even support its growth, by documenting its organisational support system, as recommended in the implementation science literature (Skivington, et al., 2021), beyond documenting solely the intervention implementation.

4.1. Limitations

The present study presents several limitations. First and foremost, this study is cross-sectional by nature with data collection over a six-month period. While collecting information from the project development over the year, a longitudinal study would have documented the evolution of the system more in depth. Secondly, the study is based on observations, document analysis and interviews, triangulating stakeholders' point of view, and a focus on the system in place rather than the intervention or its effects. Thirdly, the GAA has a long-term history as the biggest NSF in Ireland and a unique recognition in terms of the cultural and traditional potential to promote Irish culture, especially through its practice. Moreover, the GAA sporting structures, based on amateur and volunteer sport, are unique regarding the economic system of an NSF, thereby limiting the generalisation of the findings.

5. Conclusions

The present study provides an understanding of how an NSF

implements an HP intervention in their clubs. The findings indicate the presence of an organisational system which meets many factors to support sustainability (Milat, et al., 2012), such as an ability to learn from phase to phase, role clarity, good governance, strong community of practice and recognition of volunteers investment. The barriers to HP implementation seems to be similar to those at the policy level, including the recognition of the potential of sport to promote health beyond physical activity (Commission, 2007), the ability to embed HP in sports clubs' core business, the ability to consider HP in an intersectoral manner, not in silo, the capacity to align the resources and role from the national to the local level and the recognition of the long-term dynamic in HP intervention implementation.

Lessons learnt

Lessons learnt from the GAA HCP scaling up can further serve international sports organisations and national sports federation, when implementing or scaling up HP interventions. So far, little is known about the effectiveness and transferability of HP interventions in the sport settings (Lim, et al., 2023), especially about evaluation of 10 years old real-world program. Last evidence are based on 20 randomised control trials being identified, with moderate to low quality rating and small effects on either eating, physical activity or alcohol consumption (Hodder, et al., 2025), and no long lasting evaluation. Understanding the implementation process of such interventions will help researchers and organisations to conduct more rigorous intervention implementation evaluation design (Lim, et al., 2023; T. McFadyen, et al., 2019).

Practical implications for HP implementation in sport are the following: ensuring the proper use of evaluation, adopting flexible adaptation to resources, implementing a learning by doing process, breaking of a silo dynamic among sports federation by having a holistic health approach in sports organisation. Future research is needed to further investigate the quality and quantity of support from NSF to sport clubs to promote health.

Author Statement

We are pleased to submit a full-length article entitled "**Sport federation investment in health promotion: the healthy club project implementation**" to Evaluation and Program Planning. This qualitative research presents the use of the viable system model to analyse how the healthy club project, an innovative health promotion project in sport, is scaled up, as well as success and challenges in developing and sustaining health promotion intervention in sports organizations. This article could inspire other sports federation in running their program and setting the right governance and system in place to develop health promotion. This research has been funded by the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 101028401, This manuscript is original and has been submitted only to Evaluation and Program Planning. No conflicts of interest have been recorded in the study process. All the authors gave their agreement to submit the manuscript in the present form and on the order of the authors. Data are available on request to the corresponding author. I will be serving as corresponding author for this manuscript.

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CRedit authorship contribution statement

Van Hoya Aurelie: Writing – review & editing, Writing – original

draft, Visualization, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Regan Colin:** Writing – review & editing, Resources, Investigation, Funding acquisition, Conceptualization. **Lane Aoife:** Writing – review & editing, Supervision, Resources, Methodology, Funding acquisition, Conceptualization. **Woods Catherine:** Writing – review & editing, Supervision, Project administration, Methodology, Funding acquisition, Conceptualization.

Declaration of Competing Interest

The authors report there are no competing interests to declare.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.evalprogplan.2025.102579.

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