THE REPORT

THE GUIDELINES FOR SPORTS CLUB FOR HEALTH (SCFORH) PROGRAMS

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1 FOREWORD

The sport clubs are the backbone of European sports movement. They are the special organisations lead by the board of trustees and functioning on the basis of voluntarism as well as professionalism. This means management and leadership challenge. This challenges both the management and the leadership, because pretty often voluntary workers and professional people work in the same organization doing the same work.

Health related sports and physical activity promotion have become an opportunity to the sports clubs. The questions are "To what extent does the special type of sports exercised by our clubs have health-promoting effects?", "Will our sport clubs start programs that contribute to people's health?", "Political decision makers underline the importance of health-enhancing physical activity (HEPA), so should our club follow this call?", "How could our club be involved in the health related sports, should we establish this kind of program? And so on.

The Sport Clubs for Health (SCforH) program was established by the TAFISA – The Association For International Sport for All – by organizing SCfoH workshop in Helsinki, Finland 4.-5.2.2008. In this workshop the first draft of the Guidelines were produced by the representatives from 11 European countries. In addition, this workshop was able to create the theoretical framework for sports clubs for health guidelines. This gives a solid long lasting basis for the program and it is important to get the scientists involved in this process, in which the role and the needed instruments for health promoting programs in the sports clubs are developed.

This report has been revised by many experts from TAFISA, HEPA Europe (The European Network for the Promotion of Health-Enhancing Physical Activity) and TAFISA's member organizations and it has been working as the resource document for additional workshops and symposiums in the field. An important fact has been that the SCforH concept works now as the basis for some national Sports Club development programs and has gotten the development support from HEPA Europe in the form of HEPA Europe's work program.

The Association For International Sport for All - TAFISA

Jorma Savola

TAFISA Board Member
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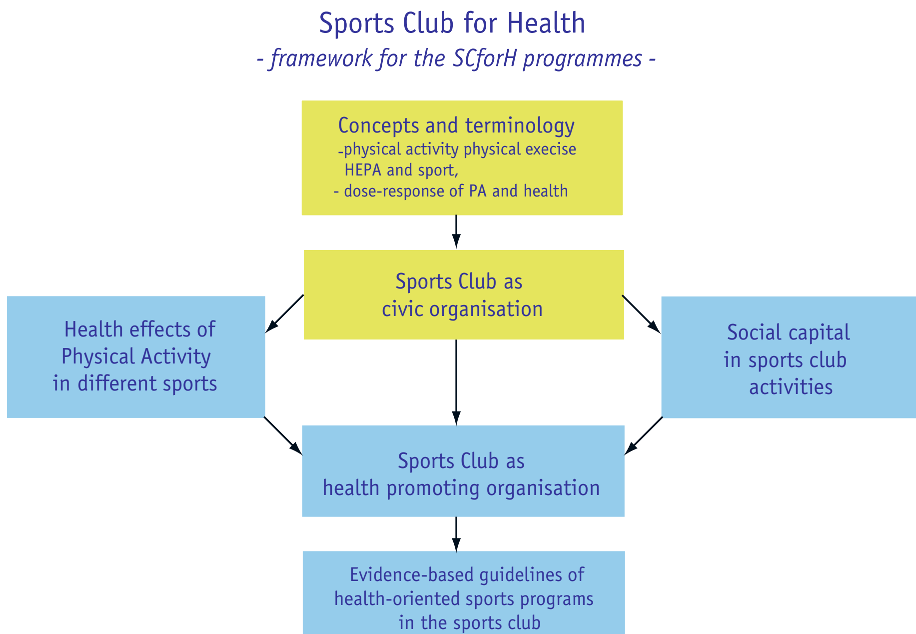
2 SUMMARY OF THE FRAMEWORK FOR SPORTS CLUB FOR HEALTH (SCforH) PROGRAMMES

There is a need to develop sports club as an organisation, which can support healthy way of living by organising health-related sports activities. The purpose of the TAFISA-ESFAN workshop was to develop evidence-based guidelines with practical illustrations for health-oriented programmes in sports clubs. The general framework of the SCforH programmes is described below.

Concepts and terminology

The dose-response relationships between physical activity and health form the foundation for the key concepts used in the workshop. In this construct physical activity is the umbrella concept which embodies life-style physical activities (at work, at home, during transport, during leisure-time), exercise and sport. Health-enhancing physical activity (HEPA) comprises all activities that benefit health and function without undue harm or risk. According to this framework exercise and sportive activities have great health potential to be exploited.

In principle sports clubs should be able to provide health-related physical activity programs. These programs may be traditional sport for all activities, special exercise programs or life-style physical activities. However, the challenge is how sports clubs can organize such programs, whereby the role of clubs is to promote physical activity within a broader concept than the basic sport activity, only. From this viewpoint sports clubs can potentially establish



Framework is illustrated here in brief. Profound evidence-based framework is described in section 4 (chapters 4.1-4.5).

- Physical activity promotion programs,
- HEPA promotion programs
- Health promotion programs.
HEPA programs are rather the chain or process, which consists of different activating parts and partners, than one limited physical activity or Health Enhancing Physical Activity promotion action. Thus, sports clubs may have the role of independent organizer or one expert among several partners.

Sports Club as civic organization

In this context sports clubs are considered as civic organizations, which exist because of people's free civil activity. Due to this, they have their own operational logic as the models and procedures of business organizations or public administration are not necessarily useful. As civic organizations sports clubs do not live in a vacuum but they are subject to the changes and trends of the socio-cultural environment.

Health is generally thought to be related with physical activity not only among sports and health experts and institutions but also among the lay audience. Like all civic organizations sport clubs are the mirrors of the surrounding society. How this phenomenon occur in the sports clubs and how sports clubs perceive this, need to be known.

On strength of sports clubs is their ability to hire and to use professional workers and expert in the clubs. This makes sports clubs potentially important actors in HEPA and health promotion. The clubs have great potential in this respect, because they can combine the voluntarism and professionalism in the same structure. In addition, the non-profit operational basis makes clubs even more auspicious providers of HEPA programmes.

Health effects of Physical Activity in different sports

Health can be characterized by physiological (anatomical structures, metabolism, functions), psycho-social and mental items. Health-related responses to different sports and training depend on the type, duration and intensity (overload) of exercise. Improvement of aerobic fitness by regular endurance training (walking, running, skiing, bicycling) benefits cardiovascular health with many different mechanism; by improving heart pump function, as well as by stimulating lipid and glucose metabolism; as a result endurance activities are likely to prevent metabolic syndrome. Improvement of muscle strength by regular strength training (typical to may power, sprinting and jumping sports) benefits also musculoskeletal health by increasing muscle mass and bone mineral content; as a result this may lower the risk of osteoporosis. Sports and exercise can be applied for recreation, for improving fitness and for promoting of health and functioning, as well as for prevention, treatment and rehabilitation of certain chronic conditions affecting metabolic, musculoskeletal and cardiovascular systems. Different sports have specific profile and role in functioning and health. This is also true with the injury profile of different sports. However, exercise and training are rather safe by nature in most of the commonly practiced sports among healthy people.

Health profile of different sports is important, when sports clubs design physical activity promotion programmes in their special kind of sports. The clubs basic capital is the know-how of their sports. When the sports clubs are aware of the scientific basis of the health profile of their sport, they can approach the challenge of health-related physical activity and plan physical activity promotion programs in the health promotion frame.

Social capital in sports club activities

Sports clubs have a remarkable role among civic organizations in many European countries. Civic organizations such as sports clubs are expressions and generators of social capital. For instance, social networks are important not only for the wellbeing of a society but for an individual's wellbeing and health as well.

Social capital generated by sports clubs is likely to be one of the main impacts of sports clubs in health promotion. However, this widely understood and accepted phenomena is often neglected and underestimated because of the fact, that there is not so much evidence-based information about this influence of sports clubs activities.

Building social capital can be seen as an important health promoting role of sports clubs, which occurs in the society as social networks and positive interaction between citizens.

Sports Club as a health promoting organization

Sports club activities have a great potential, not only in physical activity promotion, but in health promotion in general. Sports club activities attain a large amount of people. Club activities are voluntary by their nature for both the organizers and the participants. This creates an informal educational atmosphere to learn and educate health-related issues. In this section, sports club activities are portrayed from the health promotions point of view.

HEPA and health promotion programs can be seen as a process with many partners and activities rather than one limited action with one organizer. Therefore, sports clubs are one partner among others in HEPA and health promotion programs, which are orchestrated by sports clubs and other partners in public, voluntary and private sector. In fact, networking may be the most effective way to organize the future health promotion programmes.

3 GUIDELINES FOR SCforH PROGRAMMES

European Commission has acknowledged health-enhancing physical activity as one of the fundamental health promotion activities. It has adopted health as a key objective of its sports policies. This policy statement is issued in the White Paper for Sports (add reference as foot note). The Commission also states that it supports the existing European network for the promotion of health-enhancing physical activity (HEPA Europe[1]), which operates in close collaboration with WHO/Europe, and if appropriate also smaller and more specific networks. These guidelines are the first attempt to respond to this proclamation within the sports club setting.

The aims of the guidelines for the Sports Club for Health -programmes are (1) to recognize the nature of sports clubs as civic organisation and describe its characteristics, (2) to open the potential of sports clubs as physical activity, HEPA and health promoter, (3) to portray the connections between health (health promotion) and sports club activities and increase co-operation between sports and health sectors, (4) to create a clear and easy-access concept for sports clubs to start to develop health-enhancing physical activity promotion (or even more wide-ranging health promotion) programme within their activities. The structure of the guidelines is based on the previously published Guidelines for Health-Enhancing Physical Activity Promotion Programmes[2] issued by the former European Network for the Promotion of Health-Enhancing Physical Activity. This network was financially supported by the European Commission during 1996-2001.

1 HEPA Europe homepage: www.euro.who.int/hepa

2 Foster, C. (2000) Guidelines for Health-Enhancing Physical Activity Promotion Programmes. The UKK Institute for Health Promotion Research, Tampere, Finland. ISSBN 951-9101-35-7.

3.1 Who are these guidelines for?

These guidelines are directed to all the stakeholders who are connected with sports club activities. The main thrust of the guidelines is on sports club activities and thus, sports club leaders and other responsible persons form the focal target group. In addition these guidelines will also assist national experts in the field of sport for all (NGOs, national sports administrations, district organizations, scientist, municipality level sport administrators and local level practitioners) to recognise the potential of sports activities as health-enhancing physical activity and as a form of health promotion.

3.2 Why are these guidelines needed?

European societies have changed in many ways. For example the problem of sedentary behavior and obesity has been widely recognized. At the same time the values and expectations of sports and physical activity have been broaden. For example, from the political and social point of view the significance of sports and physical activity is considered more due to the health-related issues rather than the competitive success.

It is well acknowledged fact that people in the most European countries are less physically active today than previously. At the extreme end, the amount of people who are totally physical inactive has grown rapidly over the last few years. Consequently, many health problems like cardio-vascular, metabolic and musculoskeletal diseases have become more common. Vice versa, physical activity has many positive health-

related effects. For example, at population level, people who are physically active have lower risks for many of the above suggested illnesses.

Physical activity has been promoted by many programmes over the years[3]. For example, there have been national programmes run by Sports for All organisations and/or national authorities. Surprisingly, rarely sports clubs have been exploited in these programs. Furthermore, in many countries sports clubs have concentrated mainly on competitive sports rather than health-enhancing physical activity. At the same time, health authorities and organizations have had their own physical activity promotion programs outside the sports sector.

3.3 How were these guidelines developed?

These guidelines are based on the Guidelines for Health-Enhancing Physical Activity Promotion Programmes, which where issued by the previous European Network for the Promotion of Health-Enhancing Physical Activity, Foster C[4]. The HEPA guidelines were used as the framework for the workshop proceedings.

During the two-day workshop practical implication of the presented framework and outlined guidelines in the sport club setting were discussed in a form of group working. Three working groups were comprised each focusing on different age-specific target group (see below). Five introduction presentations provided more general conceptual framework at the beginning of group working.

3 European Commissions and World Health Organisations co-operative White Paper on Sport and Global Strategy on Diet, Physical Activity and Health, for example, has pointed out the problems, represented proposals for actions and considered the roles of different organisations in this issue.

4 Foster, C. (2000) Guidelines for Health-Enhancing Physical Activity Promotion Programmes. The UKK Institute for Health Promotion Research, Tampere, Finland. ISSBN 951-9101-35-7.

Group 1 Pasi Koski, Sami Kokko (4.2.), Ionna Moraiti, Tadusz Rozej, Peeter Tishler, Aleksi Valta and Wolfgang Baumann (chair)

Group one was concentrating on 13 to 19 year-old adolescents. The group stated that this is a challenging target group for whom health is not necessarily among the main motives for physical activity. One crucial question is whether to concentrate on those who already are in sports club activities or on those not yet participating? A solution could be something called “not that competitive sport” which means neither the health enhancing physical activity (HEPA) nor the traditional competitive sport. At the moment, sports club is a social setting in which competitive young individuals are satisfied, when others may not be. Thus, this group decided to concentrate on youth within the sports clubs who are not happy and on those not yet participating in sports club activities i.e. youth who are interested (not opposed to) participating in sports clubs (approximately 60% of the age group). One possible answer here could be multi-sports clubs.

What kind of challenges would this kind of a Sports Club for Health -programmes have? First, there are several possibilities to promote not only physical activity, but other health issues such as nutrition, substance use prevention also throughout sports club. Second, by highlighting health issues sports clubs can offer extra value for life like the idea of developing life skills through sports. The question is how to make this and sports club activities attractive to youth?

Group 2 Ossi Aura, Ewa Suska, Sniezana Beri, Galina Gorbatenkova, Katrina Korbatenkova. Stiepan Heimer (chair)

Group two focused on 40 to 50 year-old adults. Their program was principally for healthy persons and thus a preventative program. The idea and the main message of this groups pro-

gramme was "Act at the last moment (40-50 years!)".

Group 3 Jorma Savola, Eva Suska, Lars Allert, Denis Karakasis, Markku Alen (4.2.), Sami Kokko (5.2.) and Christian Halbwachs (chair)

Group three directed their Sports Club for Health -programme development work to 55 years old age and beyond. This group developed their proposal according to the given 5-stage framework.

In the chapters (3.5.1 to 3.5.5) the proposed guidelines are written in bolding. Applications on the basis of the group works are presented below each guideline.

3.4 How can these guidelines implemented?

One of the main reasons to organize Sports Clubs for Health workshop was the general idea to combine sports club activities and health promotion activities. Sports clubs are the backbone of the European sports movement, which especially underlines the reasonable role of sports clubs in health promotion processes. This means that the potential of sports clubs in the HEPA promotion have to be known. And this knowledge has to be founded on evidence based knowledge and theoretical model of sports clubs as civic organization. In fact, the guidelines of Sports Club for Health programmes have to build within these theoretical models and they have to be based on evidence-based data.

3.5 Guidelines through five stages

3.5.1 Stage 1 Preparing a SCforH programme

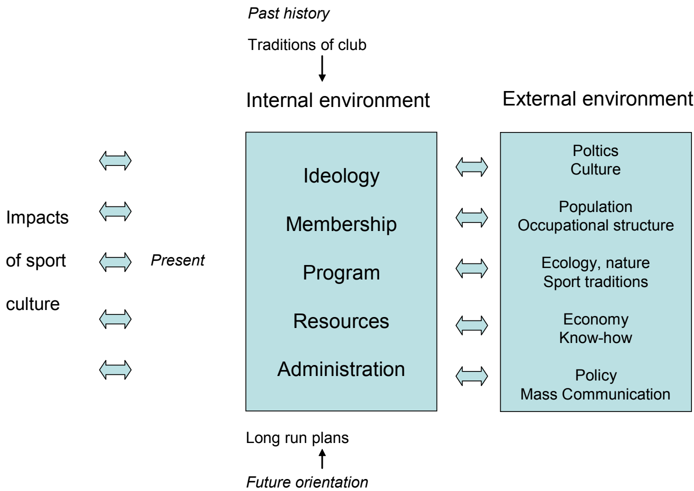
Identify potential stakeholders

Groups found many potential stakeholders for each target groups.

Youth: *Schools, youth sports organization, army, scouts/ other youth organizations, private sector for delivery system (health insurance companies, Intersport etc.), municipality/ local authority, universities, parents and media.*

Adults: *Ministry of health (because of help of the medical sector, acceptance and support from public health and occupational health institutes, through scientific evidence and national statistics of illnesses etc.), Ministry of sports, Central sport federation such as Olympic Committees, Sport for All actors (also clubs!), Associations of public health, Health insurance companies, Trade unions, employers' associations and Media in general (TV especially!). It is also important to notice that political decision making is essential; from ministry of health to government with proper scientific and practical evidence. Also a joint programme in which all actors are equal and as important is important to recognise.*

Elderly people: *Retired organizations, universities (researchers), municipalities, churches, social insurance institutions, insurance companies, non-profit organizations, companies, foundations, media public health associations such as patient organizations and politicians.*

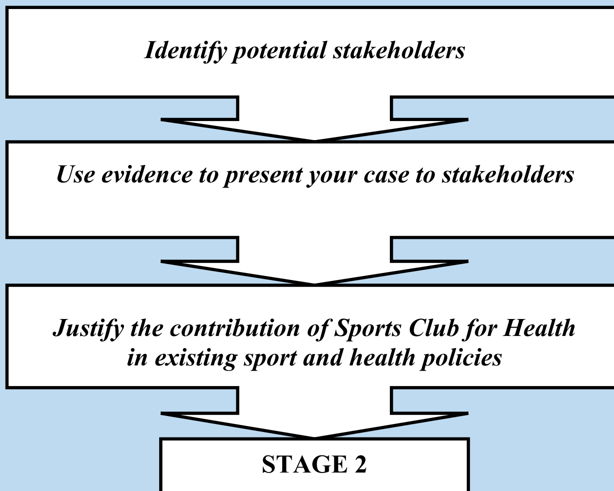


Use evidence to present your case to stakeholders

To execute this guideline one can study the basic situation in a country: health and physical activity of the population; motivation and possibilities of sports clubs in the area of HEPA. Also general template of evidence from TAFISA or WHO etc. can be used to strengthen evidence-base. On the basis of found evidence one should create a theoretical framework for the programme e.g. sports club as civic organisation (Sports club as a social organization, Heinilä 1989).

Justify the contribution of Sports Club for Health in existing sport and health policies

Here, the following aspects can be considered. Sports club activities are a part of the society. There is a nationwide structure of sports clubs as potential player. There is also a positive attitude among sports club leaders toward PA as part of well-being services. One should influence the political decision makers to realize sports clubs potential in health promotion and recruit new members and leaders to justify this potential.



3.5.2 Stage 2 Developing a SCforH programme

Explore and present the relationship, role and function of HEPA promotion within sport sector and health sector

First step point in this guideline is interaction between sport and health sectors. Health is directed differently in these two sectors and thus, there is a need for "translation" how health is seen by both of the sectors. Essential question also is how sports clubs fulfill the requirements of health sector, if it is starting SCforH -programme.

Invite potential collaborators from public, private and third sector to join in

Sports club already co-operate with public sector administrations and on some extent also with markets. Still, there is a need to strengthen this co-operation especially with companies and enterprises. The question here is also on what extent are professionals needed in clubs? If there is a need for professionals´ co-operation with physical activity professionals is one of the solutions. The second could be development of qualifications for preventative physical activity services dictated by authorities in the field. In both of these cases, educational system for this is needed. In addition, socio-economical differences are important to realize in this stage. One solution here is to start involving target group people in programme development work.

Identify any pilot work that could serve as guidance

Even thought, the SCforH -concept has new-founded perspective, many pilot work can be found at least to pick up some ideas as inspiration.

Examples of pilot work:

- The pilot golf -programme on health promotion; scientific institution, NGO and clubs (Finland)
- 55+ osteoporosis programme; ministry of health, sports clubs and other associations (Poland)
- Mini-golf in senor citizens homes; national mini golf association, institutions and organizations of senior citizens (Austria)

Survey good practice and experience in relevant areas

Similarly to pilot work, many good practices can be found. One important notion here is that pilot works should be found within the same country if possible. Good practices are more general and possible to apply internationally.

Examples of good practices:

- Rules of the Games (Pelisäännöt) by Young Finland, scouts in Estonia, Fit class in Poland, Athletic programme in Greece, Youth magazines in Germany
- Use of top athletes or celebrities/idols as godfathers of the programme. Silent or local heroes as volunteers of sports clubs, Pen jugglers in Poland!

Design a clear programme name and identity

It should be carefully considered, on the basis of what is the target group, whether words like health, exercise etc. are used in programme name. For example group one illustrated an idea of "Youth Health Club", an internet-based or -linked idea, but what could be the name of such programme? The name should not be too pedagogic. Humor and fun instead are often suitable. The name of the programme is related to the national and cultural characteristics and should therefore be applied nationally and maybe even locally.

Group work suggestions for programme names:

- Life. Be in it!
- Sports for the entire life!

Secure financial support for the programme

When health can be upraised as one fundamental perspective of sports club activities it can also be used as justification for public funding: "Sports Club for Health is a public investment on health!" Ministry of Health can be asked to assist on financial and political support for building up the programme in national and municipal levels. Funding possibilities at European Commission can be considered.

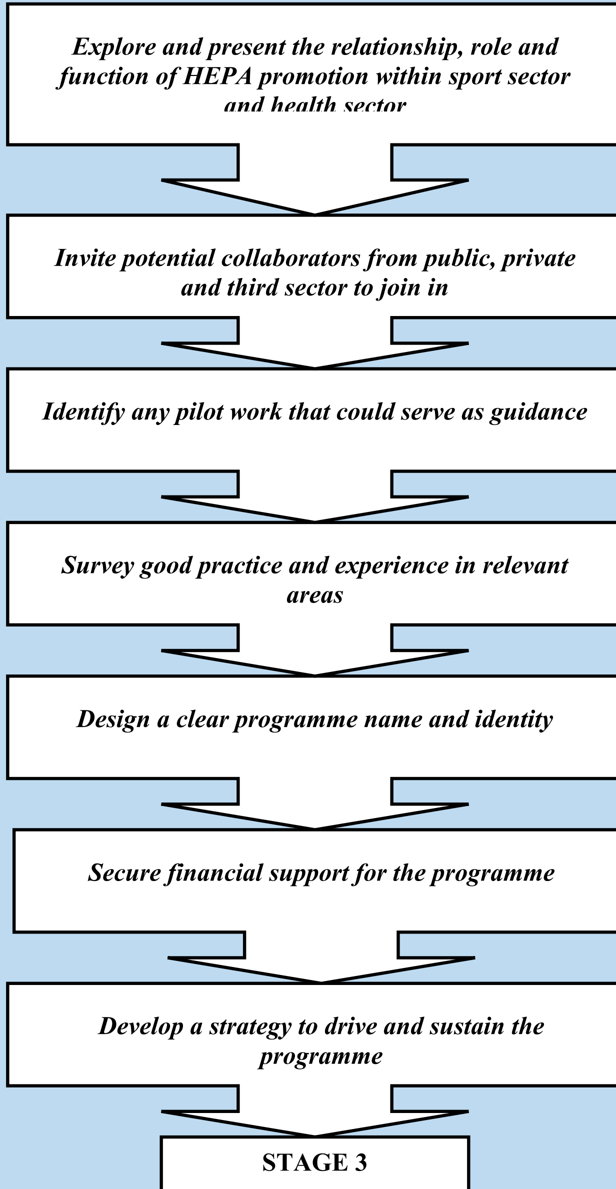
Develop a strategy to drive and sustain the programme

The most important matter is that there should be a common understanding, fruitful collaboration and ownership of the programme – after that there's enough GOOD WILL!

Possible forms of action under this guideline:

- On national level, at the first stage, a steering committee can be gathered. It can be nominated by the Ministry of Health and chaired by the Minister of Health.
- Strategic decisions after joint discussions → action plans in different areas to help the sports clubs to operate later in action phase!
- Support by media and advertisement people

Summary of Stage 2 phases



3.5.3 Stage 3 Designing a SCforH programme

Use stakeholders', experts' and participants' input to design the programme

This is one crucial stage of the designing process. One should carefully notice how people from the target group can be involved. At latest here the designing process should become target group oriented. Workshop is one good opportunity to participate. In youth sports clubs the workshop can be targeted to youth, but also to parents.

Establish programme ownership with all collaborators

There should be low participation requirements to the programme designing process. Experts (especially motivation, communication and marketing) can be used to motivate the club leaders and other officials and also target group members to participate the designing.

Select and apply a theoretical framework for the programme

Various models and theories can be found. It is important to become acquainted with possible models and theories, but it is even more important to select appropriate one for programme in question. If health promotion and education models and theories are used, it should be noticed that the sports club setting has its specific characteristics under which these models and theories should be adapted.

Possible models and theories for SCforH programme:

- Behaviour modification theory
- Life span model
- Organisation theories
- Cognitive constructivism
- Transtheoretical model (stages of behavioral change)
- Framework for health promotion
- PRECEDE-PROCEED

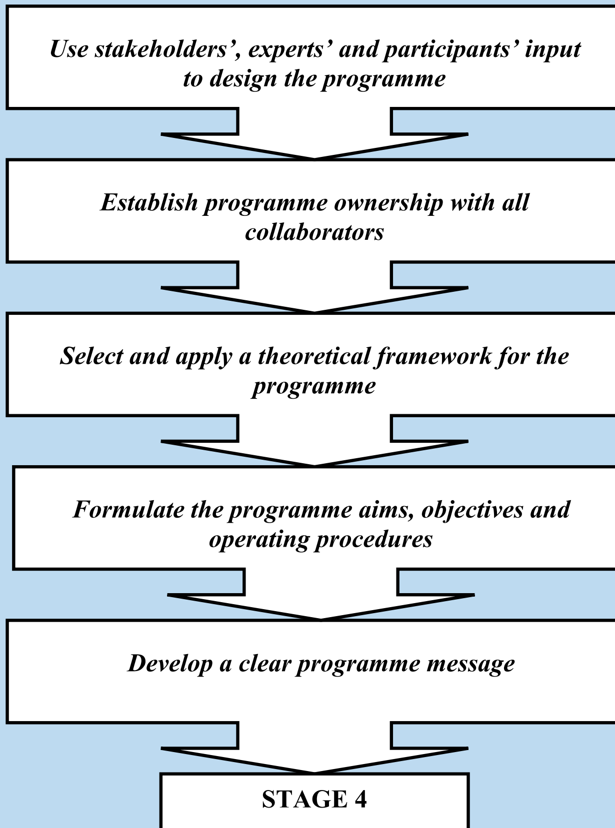
Formulate the programme aims, objectives and operating procedures

The ultimate programme aim for SCforH is to get more physically active people in clubs (members and participants). Sports itself and common facilities and services can be used as quality guidelines. Easy access, empowerment, better life and social aspects such as social interaction and social capital can be noticed on programme aims and objectives. It is important to notice that if there is existing a general health promotion programme, SCforH programme should follow at least under some aims and objectives these general programme aims and objectives. It is important to plan the operating procedures together with aims and objectives because of practical implications.

Develop a clear programme message

A clear message is important. Similarly to "*Design a clear programme name and identity*" guideline it should be considered what words to be used. Gender should be taken into account.

Summary of Stage 3 phases



3.5.4 Stage 4 Implementing a SCforH programme

Develop the organisational structure and timeline for the programme

Organisation in SCforH programme could extend from national level to grass root level i.e. Government → Steering committee → Sport for All Association (main owner- HEPA-board) → Sports Federations → Senior Sports Federations → sports clubs. Timeline is usually quite long. For example time from political and financial decisions; building up the HEPA-NETWORK of sports clubs; educating club leaders; educating instructors to something actually taken place in practice. Practical guidelines for each club should be specified before action (e.g. financial and educational support, education, survey of interest, marketing, facilities).

Cultivate and exploit the programme network

Every participative actor should be informed all the time. Electronic newsletter is one possibility. There could be open access for new co-operative parties.

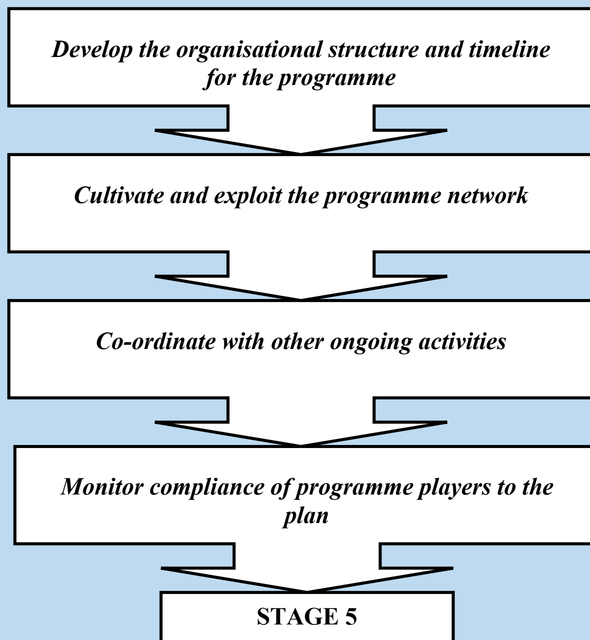
Co-ordinate with other ongoing activities

This guideline relates to a previous one. Co-operation with municipalities, for instance, could open access to other cultural events (concerts, discos, tourist programmes, and cinema). One can use ongoing events to launch the programme (Olympics, EURO 2008). A European exchange programme is one possibility to co-operate internationally.

Monitor compliance of programme players to the plan

For successful implementation it is important to regularly monitor what is happening in the field. For example, if education has been elected as one form of action, express-evaluation on how it was executed, who where attained etc. gives good information whether programme players have been successful in practice. Also possibility for practitioners to get help is important.

Summary of Stage 4 phases



3.5.5 Stage 5 Evaluating a SCforH programme

Commit yourself to the evaluation

It is important to recognise the importance of evaluation right at the beginning. While aims and objectives for the SCforH programme are to be processed, evaluation objects and measurement should be observed. If one of the aims for SCforH programme is, for example, to get 50 new participants (40 to 50 years old) during next half year, it should be decided how this is measured. One key-element here is the good documentation of activities executed.

Develop a reasonable evaluation plan with help of experts

Both self and independent evaluations are needed within larger programmes. On the other hand, it is always a matter of resources. In any case, experts should be at least consulted to create SCforH programme evaluation plan. This way it is assured that evaluation is allocated on true indicators.

Set up a procedure for carrying out the evaluation

This is also important to be done at the early stages of the SCforH programmes. It can be defined later on. One can consider possibilities to utilise nation-wide studies on the evaluation.

Possible measures within SCforH programme:

- Internal evaluation
  - Satisfaction of participants (questionnaires)
  - Instructors´ motivation etc.
  - Fitness level of participants (Eurofit etc.)
  - Financial indicators, "bookkeeping"
- External evaluation
  - Quality of the programme
  - Co-operation of steering committee
  - Financial outputs of the programme
  - Price-quality ratio of the programme
- National studies
  - Level of physical activity (and fitness) in a country
  - Level of health (various indicators) in a country
  - Social and mental measures?

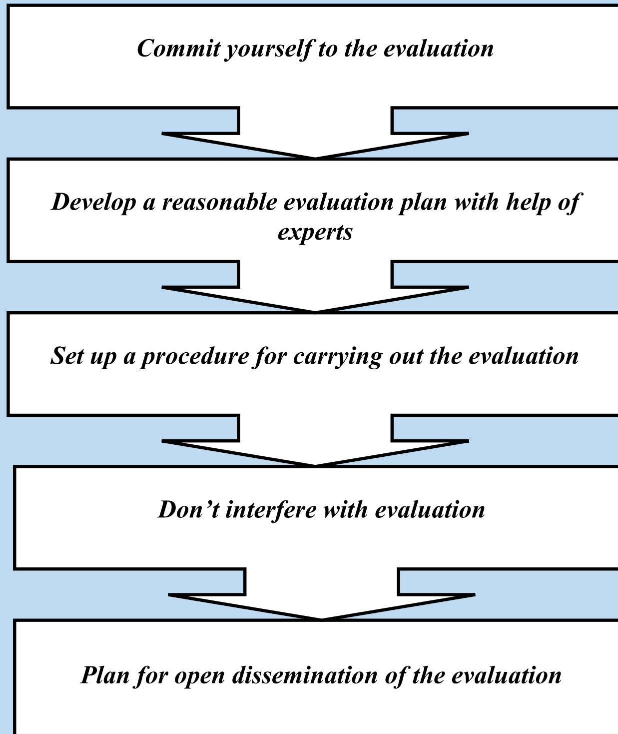
Don't interfere with evaluation

Evaluation is important, but not everything. The most important matter to recognise in evaluation is that it should be done to improve the program not to satisfy financial parties. Thus, even a smaller evaluation procedure is better than nothing.

Plan for open dissemination of the evaluation

The feedback gathered from evaluation should be informed to all stakeholders. Evaluation documents can be used as evidence of effectiveness in future financial applications if appropriate.

Summary of Stage 5 phases



4 EVIDENCE-BASED FRAMEWORK FOR SCforH PROGRAMMES

These articles are extended versions of Chapter 2 described theoretical framework. The purpose of the articles was to create theoretical grounds for the Sports Club for Health -concept. These papers directed perspectives towards sports club as a setting for health enhancing physical activity and health promotion. Presentations of each of the below topics were given at the workshop.

4.1 Dose-response relationships between physical activity and health as basis of sport promotion for health (Dr. Pekka Oja)

Physical activity and public health

During the past several decades there has been a progressive decline of physical activity in people's daily living in industrialised countries. For majority of people, little physical effort is involved any more in their work, domestic chores, transportation and leisure. Driven by the fact that physical inactivity is a major risk factor for the most common non-communicable diseases and that physical activity can counteract many of the ill effects of inactivity, the study of the interrelationships between physical activity and health has emerged as a new area of research closely related to both health and sport sciences.

Two consecutive consensus conferences in Canada reviewed and evaluated the existing evidence on the interrelationships between physical activity, fitness and health (Bouchard et al. 1990 and 1994). A further critical evaluation was conducted by the U.S. Surgeon General (U.S. Department of Health and Human Services 1996). This report concluded that "Promotion of physical activity is important in the whole population, because it benefits growth and development in children and youth, prevents many diseases in adults, helps maintaining functional capacity in elderly, and supports independent life-style in ageing people". Subsequent statements by authoritative bodies such as the U.S. Centre for Disease Control and Prevention together with the American College of Sports Medicine (Pate et al. 1995) and the World Health Organisation together with the Fédération Internationale de Médecine du Sport (FIMS) (1995) put forward recommendations for the promotion of physical activity for public health. More recently the World Health Organisation has issued the "Global Strategy on Diet and Physical Activity" (2004) and guidelines how to implement it (WHO 2006), the World Health Organisation Europe has published the "European Charter on Counteracting Obesity" (WHO 2006) and its follow-up on physical activity (WHO Europe 2007), and the European Commission has placed physical activity firmly in its public health (EC 2007 a) and sport (EC 2007 b) policies.

Dose-response of physical activity and health

The dose of physical activity consists of the frequency, intensity and duration of the activity of interest, and the health response of the consequent changes in a chosen health indicator. These dose-response relationships inform us on how much and what type of physical activity is needed for a desired health outcome. As the evidence of the health benefits of physical activity became evident mostly from epidemiological studies on all-cause or disease-specific mortality, more recent research has focused on the quantitative dose-response relationships between physical activity and specific health outcomes. The accumulated evidence led to the

first public health recommendation of physical activity in 1995 (CDC & ACSM): "Every US adult should accumulate 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week". This recommendation has been adopted in various forms as a national guideline in many countries throughout the world including several European countries, e.g. England (Department of Health, Physical Activity, Health Improvement and Prevention 2004), Finland (Fogelholm et al. 2005) and Switzerland (Swiss Federal Office of Sports 2004).

Physical activity recommendations for health

During the past decade a vast amount of new evidence on the dose-response of physical activity and health has been published. Majority of it has largely supported the CDC/ACSM recommendation. However, some of it, particularly that related to overweight and obesity, has been used to challenge the original recommendation by way of suggesting that substantially larger dose is needed for the primary and secondary prevention of overweight and obesity. While these early recommendations have targeted primarily adult populations, supplementary recommendations have been issued also for children and adolescents (e.g. Sallis & Patrick 1994) and for the elderly people (e.g. Health Canada 1999).

The most recent assessment of the accumulated evidence on the dose-response of physical activity and health was done by the American College of Sports Medicine and the American Heart Association leading to updated recommendations for adults (Haskell et al. 2007) and for older adults (Nelson et al. 2007). For adults it is recommended: "To promote and maintain health, all healthy adults aged 18-65 yr need moderate-intensity aerobic physical activity for a minimum of 30 min on five days each week or vigorous-intensity aerobic activity for a minimum of 20 min on three days each week." In addition muscle strengthening activity on two days each week is recommended. While the core message in the new recommendation is basically similar to the CDC/ACSM 1995 recommendation the new aspect is that not only moderate-intensity but also vigorous-intensity physical activity is recommended for health benefits. To put it simply: some activity is good more is better.

The CDC/ACSM 1995 physical activity recommendation laid the basis for the promotion of lifestyle physical activities, such as walking and cycling for different purposes, for public health. More recent research evidence on the dose-response of physical activity and health provides new understanding on what types of physical activities are beneficial for health and function. In particular the findings showing additional benefits of vigorous physical activity beyond those of moderate-intensity physical activity constitute a sound basis for exercise and sport activities to become important elements of health-enhancing physical activity (HEPA). This new knowledge base presents a challenging opportunity for the sport community to contribute to the promotion of public health.

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4.2 Sport Clubs as civic organizations and health-enhancing physical activity (Dr. Pasi Koski)

Changing contexts

Civic organizations play a significant role in social and cultural life in Europe. They are essential parts of the democratic civil society. Because of the recent societal and cultural development the expectations towards organizations of this kind have increased. Due to some current tendencies, the glance is turned more at civic organizations. In the following, some of these are listed.

- Globalization
- Individualism
- Consumerism
- Increase of the opportunities to use leisure time
- Ageing of population
- Higher levels of education
- Development of information and communication technology

(e.g. Helander 1998; Koski 2000; Harju 2003; Siisiäinen 2003)

Globalisation is a big wave which seems to influence on most of the mentioned tendencies. It reflects, for instance, through economic and cultural development, which means, for example, changes in working life. Because many have to commit themselves to a long term of office the willingness for volunteering is not so evident (e.g. Cuskelly, Hoye & Auld 2006). The numbers of everyday choices and the optional

combinations of choices have multiplied exponentially, while at the same time we are forced to make such choices more often than before. Individualization can be seen in the fact that it has become more difficult to predict an individual's behavior based on group identity. People functioning independently from their background mean more and more individual choices. This means that building an identity through consumption, and thereby consumption-oriented forms of action, has become more common. Individualism and consumerism along with the huge competition of people's leisure time are hard to see as a favorable trend from the perspective of civil organizations. The ageing of population which is true in many European countries creates its own contextual challenge which has a special interest in the case of sports organizations. However, people are more often high educated and a remarkable share of people of active age has a lot of cultural capital and capacity to do many things. Technical innovations, for instance, in the information and communication technology could offer new ways also to the civil organizations.

Civic organizations (including sports clubs) have their challenges because of these tendencies. During their history, they have been adaptable and have often found their role in changing context. In these challenges, they might have for instance a compensative role in the current pressures of individualism and consumerism. In the case of sports clubs it is worth to mention that it is not only the general context which is changing but at the same time the field of sports and physical activities has changed and is changing.

What is civic organization?

When international co-operation and common understanding is reached for some lines have to be sacrificed for shared language. The basic concept in this paper is civic organization. The terminology around the theme has been varied and there are a couple of synonymous terms such as voluntary or non-profit organisation (e.g. Salamon & Anheier 1992; Salamon & Anheier 1997; Helander 1998; Heikkala 1998). It is not appropriate to present the conceptual and etymological discussions around them here. The focus is put on civic organization and its characteristics and the purpose is to open the doors for common understanding.

When the civic organizations are concerned, probably the most crucial point is that these organizations exist because of people's free civil activity. This leads us to think about a group of people who are doing something together something which follows their own interests. That is a good starting point.

Victor Pestoff (1992) has composed a figure which helps here (Figure 1). He used three dimensions formal - informal, non-profit - for profit and public - private. Then he put different kinds of organizations in the composed figure. State is public, formal and non-profit. Market is private, formal and for-profit. Community such as family is informal, private and non-profit. Finally, he found a triangle for civic organizations[5] which are formal, private and non-profit.

5 Pestoff use the term 'Third sector' when he refers to voluntary and non-profit organizations

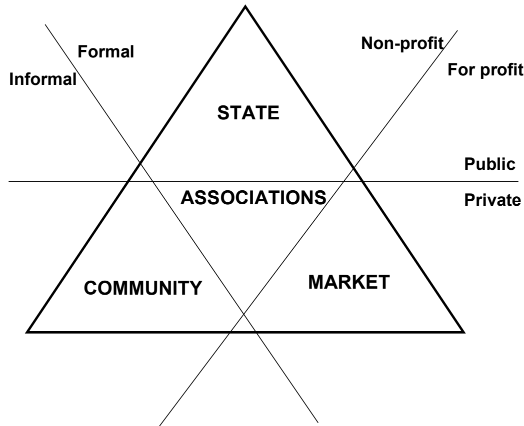

FIGURE 1. Interrelatedness of the four main social institutions (adapted from Pestoff 1992, 25)

Not only the distinctions presented by Pestoff make these agencies different. They can also be approached through different logics (Koski & Heikkala 1998; Heikkala & Koski 1999; Heikkala & Koski 2000). They have their own particular language, they evaluate their success from a different point of view and they have their own mechanisms. Figure 2 illustrates the differences of these three different kinds of organizations using three criteria: main mechanisms, focus and the criteria of success.

	Public administration	Private business	Civic organization
Mechanisms of coordination	Centralized administration; legal authority and coercive power; control and regulation; political decisions; public law	Solvent customers; economic calculation; markets, competition; customer choices; civil law	Voluntary membership: trust, solidarity; mutual decisions; traditions and shared meanings
Focus	Collective interests and public goods; public governance	Customers' private needs; professional services	Members' mutual interests; Concrete activities
Criteria of success	National well-being, equally available services	Economic profit, quality of services, efficiency, professionalism,	Meaningful activities, togetherness, social well-being, identity

FIGURE 2. Core elements of civic organizations, private businesses and public administration (Heikkala & Koski 1999, 41)

In the logic of public administration central aspects are formal administrative procedures, hierarchical control, rationality, specialization and bureaucracy. In this context it is helpful to understand the use of power and politics. To be an expert in this logic one should probably study political sciences. Secondly, in the logic of business it is important to understand economic aspects including marketing and productization. Private business organizations are rational, specialized and their work follows formal procedures, but relative flexibly. Experts should study economics, business administration, business economics and marketing. Finally in the logic of volunteerism the basis is on trust, traditions and shared values. People are committed and they are creating their identities on the voluntary basis. Cultural meanings are the guiding factors. In this context it is helpful to study cultural sciences, social psychology, sociology and cultural studies. (Knoke & Prensky 1984; Streek & Schmitter 1985; Koski 1999b; Heikkala 1998).

In addition to already mentioned core elements there are several characteristics which are typical for civic organizations. In civic organizations, a group of people is working together. This co-operation is based on common interest and/or ideal. In the case of sports club one of the interests is concerned physical activities. These organizations do not work undercover. They are not secret which means that their activities or their outcome can be seen. They have a formal organizational structure. In Finland, for instance, these organizations are normally registered and their constitutions are accepted by a public authority. Although they are flexible they have some formalities, rules and regulations. Civic organizations have a democratic decision making system and they are independent of public authorities. At least in principle they are democratic and their system of power is based on trustees. Furthermore, they can do what ever they want independently from public authorities as far as they do not offend the law. However, in fact civic organizations, for instance, in Nordic countries are rather much linked with public authorities. A fundamental characteristic of civic organization is that the participation and/or membership are based on personal commitment and of one's own free will. For this reason they can have a remarkable part in the sphere of leisure. The activities are mainly produced by unpaid volunteers. However paid professionals can work in these organizations. Their role is normally relative small and they are supporting the volunteers and their efforts. (Selle & Svåsand 1987; Heinemann & Horch 1988; Knoke & Prensky 1984; Taylor 2004; Stebbins 2004)

Civic organization can be seen as a sort of transmitter between private and public. They are nearby citizens and their life-world. Through organizations of this kind, the voice of the grass roots level can be percolated to the higher levels of the structures of the society. As the expressions of local culture civic organizations are often integrative and supporting the sense of affinity and security. They can also react fluently and quickly if it is needed because they are not bound by too many formalities. In addition they consist of collective power and energy. However at the same time it is typical that their resources are limited. (Selle & Svåsand 1987; Koski 1994; Harju 2007)

Sports clubs and changing demands

Sports club is a type of civic organization. A remarkable share of civil activity in many European countries is canalized to physical activities and sport (e.g. Heinemann 1999; www.cev.be/66-cev_facts_e_figures_reports_-EN.html). Sports culture and sports clubs in particular are based in many European countries on volun-

tary civil activity. The system of sports clubs creates and maintains along with physical activities many valued things such as social capital, democracy, local image, entertainment, socialization, vitality, wellbeing, and health. We can say that the whole voluntary system of sport rests on two pillars. The first and fundamental pillar for a civic organization is the pillar of idealism. In practice and in the case of sports club, this might be the idea of promoting sport, or fostering the hobbies of one's own children, or it may be a more fundamental social or ideological ideal. Voluntary work needs an idealistic base as a catalyst. The second pillar is that of resources i.e. money, equipment, facilities, etc. These resources are naturally needed when activities are organized. (Koski 1999a.)

One of the pioneers of sport sociology Kalevi Heinilä (1989) has created a useful frame of reference to approach sports clubs as a social organization (Figure 3). In his model sports club is conceived as a mutual-benefit type of social organization with the prime purpose being to implement the common sporting interests of members. The model is based on the idea of open system with two different interaction systems: the organizations internal and its external system of interaction. The basic elements of the internal system are named: ideology, membership, program, resources, and administration. As an open system a sports club obtain signals and influences from the external environment which might direct or affect to the internal system of the club. Additionally it is understood that sports club is not a static system on the contrary dynamic ensemble when temporal dimension is necessary to notice.

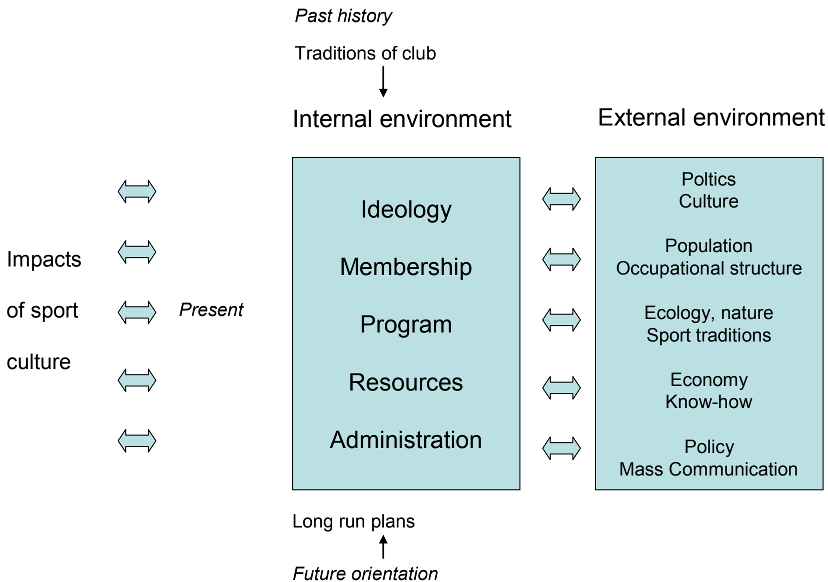

FIGURE 3. Sports club as a social organization (Heinilä 1989).

When analysing sports clubs as civic organizations, it is worth to notice the changing nature of the field of physical activities. If we go back two three decades, the hegemony in the field was strongly occupied by competitive sport. It was the main type through which the whole field was understood. However during some recent years the whole field has become broader. The continuum of physical activities has become longer and many new branches, new ways to practice physical activities and new approaches, have appeared. This process can be called a process of differentiation. New ways to participate, new concepts and new emphasis are now available. In the other words, the variety of opportunities has increased. At the same time, many new kinds of organisers have appeared besides the sports clubs.

The field of physical activities and its cultural influence has become broader. In the literature, the term 'sportization' is used to refer to the process through which sport and its meanings have penetrated the whole way of life (Elias & Dunning, 1986; Maguire, 1999). Along with the broader influence physical culture has differentiated. The main purpose of the activities has also changed. Originally, they were tools for education, eventually gaining a value of their own before becoming a commodity in the marketplace and a part of leisure policy. At the moment, they have also assumed an increasingly important role as a part of health and wellbeing policy. Today, sport and physical activity remain a part of all these areas to some degree.

A fundamental characteristic of sports club as a civil organization is, of course, that physical activities (and/or sport) are included in the program and/or in the ideology in one way or another. The ideological tradition of sport and physical activities in sports clubs can be reduced to two main lines*: "citius, altius, fortius" vs. "mens sana in corpore sano",* "Faster, higher, stronger" vs. "Healthy minds, healthy bodies" (Koski 2007). The hegemony in sports clubs leaded mostly by men has long been on the first mentioned. Along with the rise of the level of standards, the hegemony has lead in many cases to the emphasis of perspective which focus on a single sport.

In the case of young people, we have found out that there is a huge gap in Finland between the sports clubs supply and the young people's demand. There is a remarkable group of potential young people outside our sports club. Namely almost one third of young people (3-29 y) is willing to participate but for one reason or another do not participate. The demand in this context has seldom been analysed. When Finnish young people were asked, what was important or meaningful to them in sport and physical activities it was found that they want to have a meaningful, developing and generally accepted way to be together. For instance, competition was a far from the top. When 69 items were used, competition was on the place 55 with one fifth of the young people who think it is important. On the other hand, only one out of four thinks that competition is totally unimportant. So about half thinks that competition has small importance but that is not the thing. (Koski & Tähtinen 2005)

Recently on the one hand societal pressures, such as using physical activities as a tool of welfare policy, and on the other hand, common interest and individual needs, for example because of the ageing of population, have started to rise also the aspect of health in civic organizations such as sports clubs. Along with governmental pressure and the rise of health ethos, the readiness in the clubs for this perspective has increased. Recent empirical findings in Finnish sports clubs support this notion. The clubs were asked by using items how important it was for them to focus on some issues in the near fu-

ture. When the main domains of physical activity - youth sport, HEPA (health-enhancing physical activity) and competitive sport – were compared, it was found that the clear majority of the clubs thinks that they should focus on youth sport (Figure 3.). Competitive sport was very important to focus in the near future for less than one fifth of the clubs and about half of all the clubs it was at least important. However, HEPA seems to be a current theme more generally than competitive sport. About one third of the clubs saw it as very important and more than two thirds saw it at least important.

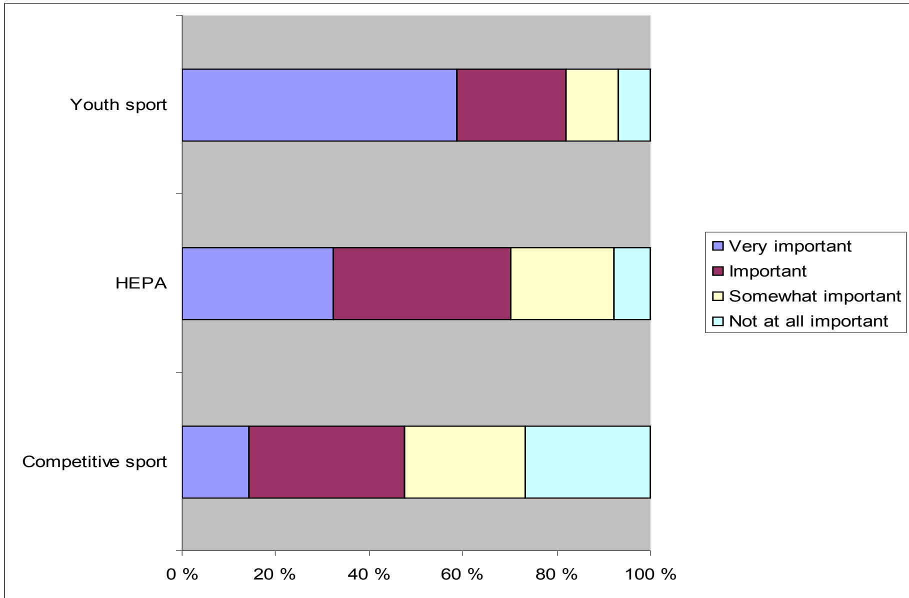

FIGURE 3. Important for a Finnish sports club to focus in near future (n=533)

The promotion of health in sports clubs is not however an easy task because of some traditional counterforce's. The system of sports clubs has been during their history under the male hegemony. Traditionally, sports club culture has been parallel with masculine culture and the fact is that health has not been emphasised in the traditional masculine culture. These cultural differences between genders can still be seen among young people when their health literacy is analysed. (Koski 2005). Orientation in single sport is typical perspective to physical culture in sports clubs. This means that the clubs are often specialized. The reasons for this specialization are often found for economic, rational and sport success reasons. Although the sport event orientation is not necessarily a counterforce for HEPA it is typical that it follows the tradition of competitive sport, which still often ignores or undervalues the health aspects. In addition the insiders in the club are motivated often because of competition.

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4.3 Social capital and sports clubs (Dr. Pasi Koski)

Mental pictures of sports club

As human beings, we are social creatures, whose wellbeing is dependent on the interaction and co-operation with others. To many of us good life consists of not only work, consumption and family duties, but the sphere of leisure could have a fundamental role. In civic organizations, people can co-operate with like-minded round a theme which he/she is interested in without too many structural formalities or administrative or economic pressures. People who participates the activities of the same civic organization have a feeling of togetherness at least at some level. Our identity is partly constructed through the groups where we belong. By participating sport club activities, we process our individual identity but at the same time it is connected with a broader process of the construction of collective identities.

If we analyse the mental pictures how people are outlining sports clubs, we will find at least four different types. First, some of the participants, for instance, the parents who bring their children to sports club's activities, think that sports club is a sort of public service. They see themselves as taxpayers and citizens who have the right to get services from the club. They might think that a club has a sack of money in the corner where they take resources when needed. Secondly during last few decades people in countries such as Finland have learned to be customers. When customers are approaching a sport club, they might outline it like supermarket. They would like to buy this and that. They are ready to pay but they have demands as well. If the product or its quality were not good enough, they would go to the other supermarket without any emotional bonds. The third way to outline the sports club is typical for the parents who want their child to be a top athlete. In their eyes, a sports club is a production plant where raw material is refined to products.

These three mentioned ways to outline sports club are somewhat problematic from the perspective of commitment and social capital. They do not respect or notice the fundamental nature of a civic organization. The fourth way to outline the sport club is to understand that

it is 'we' in the question. In the end, everything is depending on the group of people and their activity. In this perspective it is understood that a sport club is essentially a way of collective action and the crucial point is the group of people and their sense of community. 'We are we'. If this outline is forgotten, the fundamental roots of civic organization are lost. In many cases the majority of the resources consist of members' activity and energy.

When the fourth perspective is not forgotten, it is easy to understand that civic organizations are essential parts of the democratic civil society. They could produce general trust to society and to its structures. They are increasing social and cultural capital.

Social capital

During the last few years, social capital became one of the most popular subjects in the social sciences. Social capital has been analyzed at least by the methods of sociology, economics, psychology, and political science, and by combining these different perspectives. One of the explanations for the popularity of research is undoubtedly the notion that social capital seems to be one of the key factors for economic development. The topic has been on the focus of attention, for example in the World Bank and the OECD. (Woolcock 1998; Hjerppe 2005)

Social capital is a sort of resource or reserve which is formed in the interactional relationships between people. The concept is multidimensional, consisting of different aspects that are important in social activity such as social networks, common values and norms, reciprocity, interaction, trust and civic ethics (e.g. Putnam, 1993; Ilmonen, 2000, 15; Van Oorschot, Arts & Gelissen, 2006, 150). When, reading the literature of social capital it is impossible to avoid coming up with three names: Pierre Bourdieu, Robert Putnam and James Coleman. All in all, the use of the concept has been quite varied. The discussion around the theme has been active and the scholars have not concluded with a shared definition. One of the reasons could be that the above-mentioned pioneers have had their own notion of the phenomenon.

Bourdieu's (1986) perspective emphasizes the cumulative nature of social capital and the capability logic in how it has recurred. He emphasises social classes, the inequality of the society and its mechanisms. In his eyes, social capital is a type of resource by which those who has plenty of it can realize the benefits of cultural and economic capital. Unlike Bourdieu Putnam (1993; 2000) emphasises the positive aspects. He focuses on the significance of social capital in the formation of a community based on trust. For Putnam, social capital is especially a characteristic of a community. For him, social capital seems to be voluntary work in associations which maintain social networks, but also an interest in shared issues and active participation in societal discussion. For Coleman (1988), contrary to Putnam, social capital is especially a characteristic of the individual not of the community. It is a resource which helps individual's actions and which is fixed to social networks.

When social capital is tried to understand in the context of civic organizations, it is helpful to notice different types of social capital presented by Putnam (1993; 2000). He has classified three types: bonding, bridging and linking. The bonding type of social capital refers to the connections to similar kind of people. Whereas bridging type refers to the connections which we can have and create with people who are not like us. In the ideal situation, an association for instance gathers people of different kinds together and they star to understand, like and trust each other. Linking refers to the vertical

network, connections to people in the positions of power and to the use of leverage resources. In the context of civic organizations especially bonding and bridging type of social capital are valuable.

All in all social capital is a sort of resource or reserve which is formed in the interactional relationships between people. The concept is multidimensional, consisting of different aspects. Some analysis groups it to three dimensions: social network, trust and civil activity (or civism) (Van Oorschot, Arts & Gelissen, 2006). The social network refers to the amount and intensity of social activity which a person has for instance with his/her family and friends. Trust is a dimension which refers to generalized trust (trust in others in general) and trust in state institutions. Civism refers, on the one hand, to the person as an active citizen and, on the other hand, as a moral subject. Participation in civil organization can be seen as a fundamental component of civil activity or it can be also seen as a part of the social network.

Sports club as a source of social capital and health

In the analysis done in Finland it was found that school system is the most important environment for friendship (Figure 1). Workplaces and the neighborhood seemed to be important as well especially for women. Physical activities have been a fruitful environment to almost one third. Sports club was important for the friendships of one third of men and almost one fifth of women. In addition it was found that people had shared physical activities with almost every second of their friends (45.2 %; men 50.0%, women 41.6%) and physical activity was the reason for the friendship or it has made it closer with every forth of their friend (27.4%; men 33.7 %, women 22.3 %). (Koski 2005).

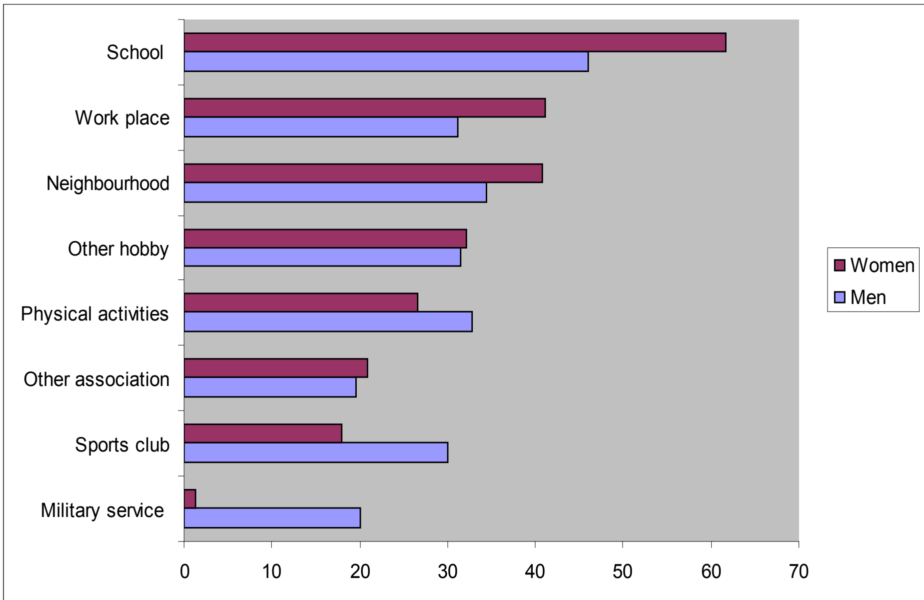

FIGURE 1. Important environments for friendship (Finnish sample; n=1490) (Koski 2005)

There is some evidence as well that personal physical activity is connected with higher social activity. According to the data of Finnish Leisure Survey 2002 (n=3355) it was true among the people under the age of 65. Especially among young people the more intensively they practiced physical activities the more active they were in their social network. (Koski 2006) When different leisure activities were compared among young people from the point of view of social capital, physical activities and participation in voluntary organization along with following hobbies were important especially from the perspective of social networks (Koski 2007). In addition, when analysing the age group of 25 to 64 year olds, it was found moreover that those who worked voluntarily in a sports clubs belong more often to the group of high social activity than those who did not work in sports clubs (Figure 2). (Koski 2006).

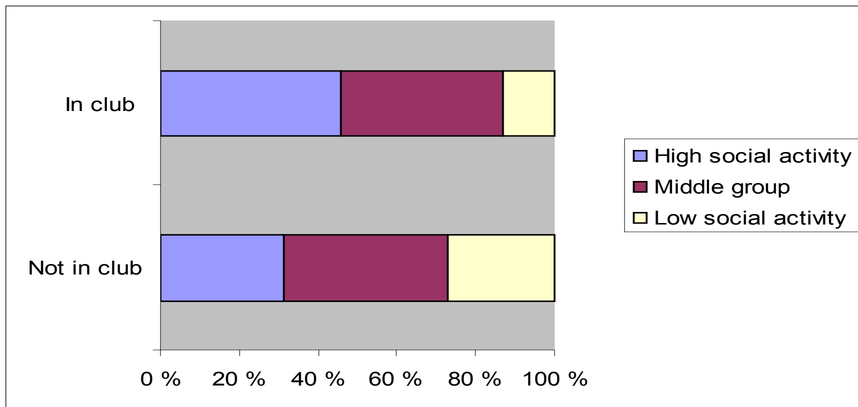

FIGURE 2. Working for a sports club and 'social activity' of working aged (25-64y) people (n=2054) (Koski 2006)

Social capital and especially dimension of the social network are important aspects also from the perspective of health. Markku T. Hyyppä (2002) concluded, when he analyzed Swedish-speaking Finns and some international literature, that sense of community and for example participation in civil organizations produces health. The community-based key to health would include plenty of interaction, plenty of civil society activities, plenty of participation, shared rules, social cohesion, community spirit and ability to live with others (Hoikkala et al. 2005).

Civic organizations such as sports clubs offer posts to participate, to be active, to belonging and joining. As well they can offer targets for committing and opportunities to take responsibility. They can promote integration, democratic understanding and equality. Sports clubs could be links to the social environment. They can, for instance, offer an easy way to immigrants to join the community.

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4.4 Health Effects of Physical Activity in Different Sports (Dr. Markku Alen)

Health can be characterized by physiological (anatomical structures, metabolism, functions), psycho-social and mental items. Effects of exercise or any physical activity are based on mechanical or metabolic impact produced by exercise to body systems. This impact results in acute alteration of body homeostasis depending on type, intensity and volume of loading caused by single exercise session. The repetition of exercise with progression in load (intensity, volume) leads to adaptation revealed by changes in structures and functions of body. These adaptations can be fitness, functioning (skill, balance, coordination) or health related or common.

Different sports have differed health related profile depending on the mode and volume of the load they produce to metabolism, body systems and structures. The volume of basic training elements like aerobic endurance, muscular strength or functioning (motor ability, coordination, skill) varies by sport and must be considered while assessing the effect size of specific sport. In some sports like endurance running majority of the training program may consist running, on the other hand in weight lifting majority of training program may involve strength training. There are also sports were the program is a mixture of the four physiological items; endurance, strength speed/power and skill training, like many team ball games.

Accordingly with the above different kind of sports may have specific health related risks and injury profile, which, additionally, may vary by age of the person.

Progression the gradual increase of intensity and/or duration of exercise sessions is needed while increasing the level of fitness. While promoting and maintaining well being, health and functioning frequency of exercise sessions and the total time covered by exercise per month/year/lifetime are key elements. The effect of single exercise is short, in fact only some hours. This calls regular repetition of training sessions as basic element of health enhancing physical activities. Physical mode and type of different sports have large variation. This results in specificity of training responses in the field of fitness. In fact, physiological response is specific according to the mode of exercise. Specificity of training effect is also true by sport event; regular strength training improves strength and power (i.e. weight lifting), aerobic training improves aerobic endurance (i.e. cycling, running), training of skill and technique develops agility, coordination and balance (i.e. ball games). It is temping to suggest that this is true also in the field of health related responses to training. While improving aerobic capacity by regular endurance training one would improve cardiovascular health with many different mechanism; by improving heart pump function, as well as by stimulating lipid and glucose metabolism; as a result this prevents metabolic syndrome. On the other hand while improving muscle strength by regular strength training one would improve musculoskeletal health by increasing muscle mass and bone mineral content; as a result this may lower the risk of osteoporosis and even type II diabetes. Increase in muscle mass elevates basal metabolic rate i.e. energy expenditure in rest and consequently maintains the regulation of insulin sensitivity and blood glucose balance. Furthermore, regular bowling or golf may maintain coordination and balance even among elderly and consequently prevent falls and related arm and hip fractures.

What are the psycho-social and mental effects of training? Most sport events are physically demanding, some are psychosocially demanding and even mentally demanding (the need of cognition during exercise). It is rational to suggest that physical activities produce physical responses and cognitive activities mental responses. In fact, we do exercise for recreation, for better fitness as well as for prevention, treatment and rehabilitation of some chronic diseases.

We can describe the health profile of different sports by following the illness profile of athletes across their life span. However, the profile may also be dependent other things than just sport and related training. Other living habits (smoking, use of alcohol, diet, weight control) may also contribute to health and functioning. Major contributor is of course, the level of physical activity during the decades following the active career as athlete. On the bases of epidemiological studies we know that endurance athletes have longer life expectancy than strength and power athletes. On the others hand different team sport like is-hockey, soccer, American football tend lead musculoskeletal problems like arthritis more commonly than other sports. These differences may also in part be based on selection by genes. Those having high proportion of slow twitch fibers in skeletal muscle voluntarily select endurance sports which results elevated aerobic capacity low level of blood pressure and serum cholesterol and consequently low incidence of cardiovascular diseases later in life. Team sports typically consist of elements of skill, balance and coordination training which are key elements for functioning and motor ability to move and walk.

Exercise prescription means that we can administrate training items as medicine, On the bases of recent studies we know that that regular aerobic exercise may result in the same decline in elevated serum cholesterol levels than specific drugs like statines Impaired glues tolerance is commonly treated by metphormin to control the insulin sensitivity and blood glucose level. natural surrogate for these problems is regular aerobic or muscle endurance training. By this way we can be successful in preventing type II diabetes and other features of metabolic syndrome like high blood pressure and obesity. It is now evident that aerobic endurance training is a key player in keeping glucose and lipid metabolism ant their regulation systems healthy. additionally it is major contributor in keeping heart muscle as healthy and fit for the life long pumping function.

While evaluating health enhancing value of different sport the following three criteria are crucial:

1. Effectiveness and effect size
2. Safety (risk level, incidence of major complications like fractures, heart attack)
3. Feasibility (easy access for everybody)
4. Useful across the life span

Walking is best example, of effective, safe, useful and feasible sport. Golf is more effective and almost as safe than walking but not so easy to access. Horse back riding is effective, somehow dangerous, and accessibility is low. It is possible to formulate HEPA profile to different kind of sport by the criteria above.

Table 1 Items of health profile for different kinds of spots

- Training for competition in specific sports may have elements in-common (like running, strength exercises, stretching) which are believed to result in health related benefits already during sport career
- Health benefits in later life depend on the regularity and volume of exercises across the life span
- Health benefits based on metabolic responses to exercise need moderate level of intensity but relatively high volume of exercise
- Functional health benefits can be maintained by regular skill, coordination and stretching exercise with light intensity and moderate volume

Table 2 Consequences of physical inactivity

Metabolic disorders	**Structural disorders**	**Functional alterations**
• dyslipidemia • hyperglykemia • insuline resistence • hypetensio artelialis • type II diabets • atherosclerosis	• sarcopenia • osteoporosis • osteoartrosis • fat cumulation	• unstable balance • poor coordination • lower level of physical fuctions • poor fitness

Table 3 Exercise can be prescribed for specific conditions

- Hypertension
- High cholesterol levels
- Type II diabetes
- Osteopenia
- Sarcopenia

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4.5 Sports Club as a Health Promoting Organization (Dr. Sami Kokko)

There is strong scientific evidence on physical activity having positive health effects (Biddle et al. 2004). Physical activity has physical, but also mental (Penedo and Dahn 2005; Strauss et al. 2001) and social benefits such as developing social capital (Rowland 2006).

Sports and sports club activities have been used as setting to prevent some specific health problems or risk behaviors. The approach to health has been pathogenic and health has been seen as absence of disease or injury. In the past twenty years the settings approach has become one of the main approaches in health promotion internationally. Here health is seen as resource of everyday living i.e. salutogenic perspective. Health has at least three dimensions - physical, social, mental - and individuals have x-amount of resources for each dimension.

Above distinction of approaches is important because it directs health promotion actions. From pathogenic perspective the interest is on risk factors of disease or injury in question and exposure for these risk factors is prevented. Whereas in salutogenic health promotion actions are directed on promoting health related resources. These resources can be either individual or environmental based. For example “a

level of wealth" (either individual or nations wealth) reflects on health. From this one specific resource illustrative question for sports club activities and physical activity is whether financial reasons inhibit participation or not? In any case, the health promoting sports club concept sees health from salutogenic perspective.

Settings-based health promotion

Settings-based health promotion (healthy settings) has become one of the key approaches in health promotion in resent years (Dooris 2004; Orme et al. 2007). The approach is largely based on the Ottawa Charter which directed that "health is created and lived by people within the settings of their everyday life; where they learn, work, play and love" (WHO 1986). This can be interpreted, for example, so that people learn in schools, work at workplaces, play in sports clubs and love at home.

Settings approach bases on the idea that changes and development in people's health and health behavior are easier to achieve if health promoters focus their efforts on settings instead of individuals for example, by influencing the development of an organizational culture and ethos on health (Whitelaw et al. 2001). Still, changes on individual behaviors and/or environment remain as ultimate goal. The way to influence is different.

Settings approach has been conceptualized in various ways. One of the most illustrative definition is, when Dooris (2004) separates three key elements of the concept "1) creating supportive and healthy working and living environments, 2) integrating health promotion into daily activities of the setting and 3) recognizing that people do not operate in just one setting and that any one settings impacts outside of itself".

When applied Doris's elements to sports clubs in Finland, the first part focuses on safe and healthy sporting environments e.g. alcohol and smoke-free venues during sports club activities. It can also be applied to relate on actions by setting to support people to be physically active within (quality of PA executed) and beyond sports club activities. Second one indicates that health promoting activities conducted thorough sports should be adapted in sports e.g. how does substances (alcohol, tobacco, snuff, doping) effect on physical endurance or how important are nutrition questions. Under PA the second key element signifies for being able to participate to sports club activities sufficiently for example on one week period. Third one means first of all recognition of sports clubs as one key setting in adult PA and health promotion. It also means collaboration between different setting, like workplace and sports club.

Standards for youth health promoting sports club

The health promoting sports club concept is based on the settings approach to health promotion as mentioned. Some settings initiatives, such as hospitals and schools, have created standards or guidelines to describe "best practices." With the assistance of experts from health promotion and youth sports club activities Kokko et al. (2006) created standards for the health promoting sports club. Purpose of these standards is to describe health promotions key elements within youth sports clubs. In other words if a sports club elect to emphasize health as important goal of its activities, it should also consider the facts or at least some of those that are mentioned in these standards.

Standards of the health promoting sports club consist of 22 (sub) standards, which can be distributed under five categories i.e. main standards. Main standards are Sports clubs'… 1) health promotion policy, 2) environmental health and safety, 3) community relations, 4)

health education and individual skills and 5) health services.

Under the first category there are six sub-standards that are related health promotion policies of a sports club. For example sports clubs regulation should have references on well-being or health promotion and secondly on substance use prevention as principles of its activities. Second category (two sub-standards) concentrates on issues concerning the sporting environment in question e.g. alcohol and smoking policies. In the third category (four sub-standards) sports club is seen as a whole i.e. community in which different groups or all the officials (coaches, managers etc.) should have similar way to operate. Fourth category (eight sub-standards) is mainly focused on coaching practice. Coaches should take health issues into account within all the time spend in sports club's activities. This relates both coaching the sports performance and time spend outside the performance e.g. traveling to events on other cities. Fifth category (two sub-standards) pertains to health care and injury prevention in sports club. Main idea is that a club should have comprehensive policies for prevention and treatment of sports injuries. To view all standards see Kokko et al. 2006.

Health promotion policies within youth sports clubs in Finland

Sports clubs have two levels when considered health promotion, policy and practice. Policy level signifies publicly established determinations or guidelines for the ways of action in the club. Practice level is directed towards daily activities where club officials like coaches are operating with the athletes. Policies have guiding effect to the practice. For example, Dobbinson et al. (2006) argued that sports clubs whom had smoke-free policy were more likely to offer practical support to its members in order to adopt non-smoking behavior.

The present health promoting sports club survey has a data in which 97 youth sports club are involved. From these, 273 sports club officials, 646 male athletes (14 to 16 years old) and 240 their coaches full filled the questionnaires. Here some preliminary results from sports club officials are introduced.

The preliminary results indicate for example that sports club officials´ image of their club when compared to twenty two standards for health promoting sports club was mainly positive. For example under fourteen standards over half of them evaluated that the standard in question describes their club well or very well. Only for four standards the majority of sports club officials evaluated it to describe their club tops as to some extent. These standards related to health promotion evaluation of the club, collaboration with other clubs and/or health professionals, education on health issues to coaches and other officials and health education executed by coaches.

When the above described image was turned into concrete policies, the results were less positive. For example on regulations concerning substances again somewhat over half of the officials told that their club had a written regulation concerning substances in general. On the other hand when single substance was asked the prevalence of written policies was declined. At worst, only little over third of the clubs had written regulation on oral snuff use.

The other major objective of club officials´ questionnaire was to clarify the activeness level of clubs on instructing the coaches on health issues. The standard "Health promotion is a part of coaching practice" was evaluated as well or very well taken into account by almost 70% of the club officials at the image level. On the instructing the coaches level other dimensions of the standard were better noticed and others less.

For example 70 to 80 percent of club officials told that fun and safety issues during training, equity in participation, respect of others and sport regulations were frequently given notice to the coaches at their club. On the other hand within seven other issues under this standard approximately half of the officials answered that their club was instructed their coaches to some extent or to the lesser degree. Thus, it can be argued that the image of the officials on this standard was more positive than actual policies executed. In general, albeit, these policies vary between different health topics, it can be noted that somewhat half or two thirds of the Finnish youth sports clubs have health promotion policies. To what extent the policies effect on coaching practice is yet to unexplored. This will be done at later stages of this study.

Health Promoting Sports Club - applications to adult sports and HEPA program

On the basis of above elements of health promoting sports club (HPSC) for youth, some preparatory reflections to extend HPSC -concept to adult sports are here presented. Also, elements for HEPA program development are discussed.

First, the salutogenic approach to health promotion provides another point of view to health. One can for example examine health relationships within sports clubs by each dimension of health. The main message here is that when HEPA program is designed, the role of physical activity and other elements of club e.g. as social community and its health effects are considered. Thus, sports clubs positive health benefits are broaden.

Second, the setting approach to health promotion emphasizes the role of the club. When health promotion activities are first directed on the changes on organizational culture and ethos, it also requires different methods than when working directly with individuals. On HEPA program this signifies for example that traditionally competition oriented sports clubs should first be convince to become interested in HEPA program. Here any pilot work that can be found would help. Together with this, third, the recognition of policy and practice is important. Since, the policies frequently have a guiding effect on practice, policies concerning HEPA program should be created before practice. The second and third reflection doesn't mean that these phases should be done from up to bottom. Indeed, participatory approach of individuals is high priority in health promotion.

And finally, the standards for the health promoting sports club, give an example on the extent of various activities possible to execute within sports clubs. Not all the standards of youth sports are applicable to adult sports as such, but some of them are. It is important to notice that the typology of standards illustrates an entity that could be described as "ideal sports

club" from health promotions point of view. To build such club will take more likely years. Thus, to start to create more health promoting sports club with a HEPA program, it is less demanding and easier for sports clubs to adopt. Therefore, for example sports clubs characteristics such as civic organization structure is taken into account.

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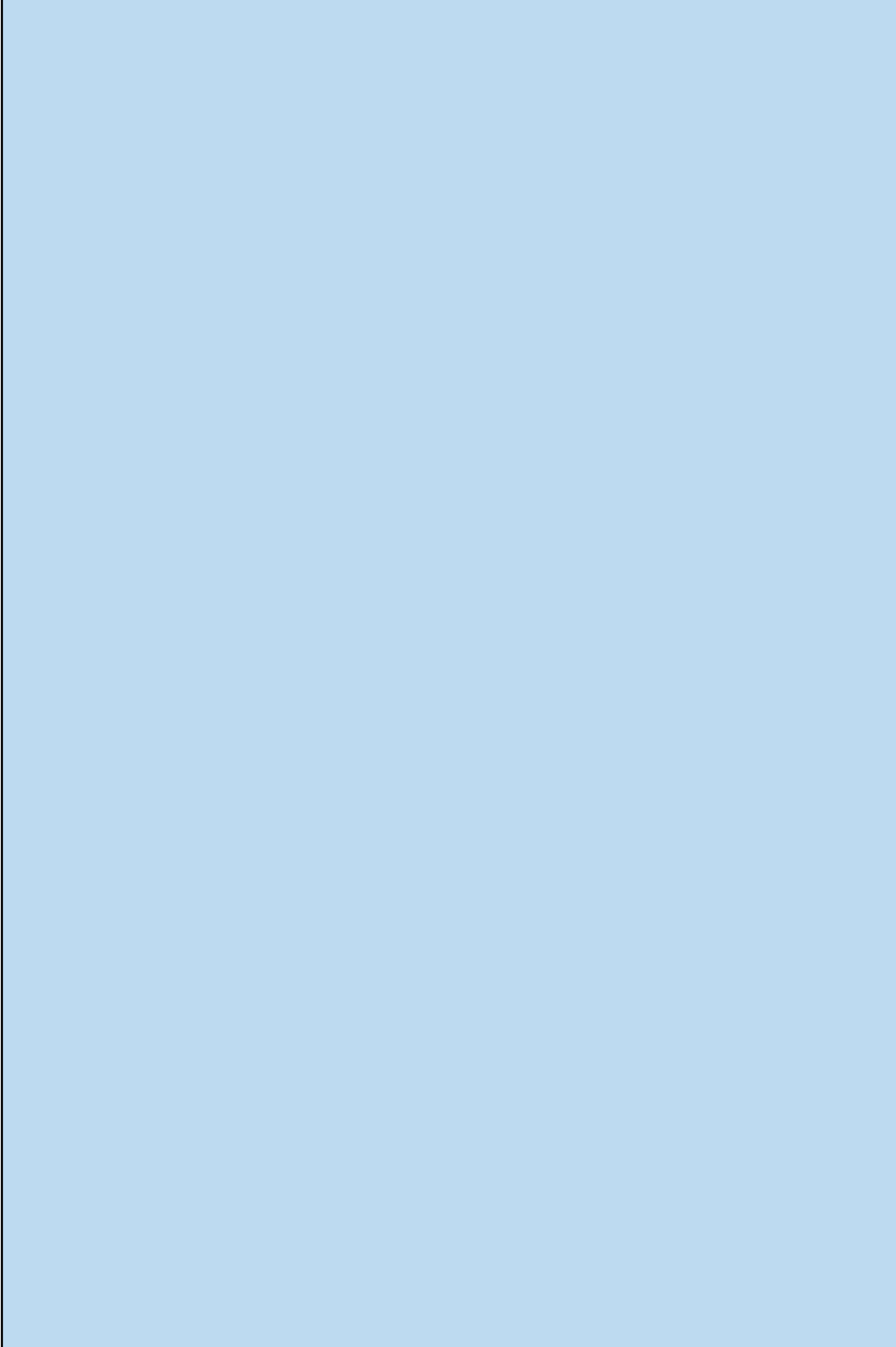

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The Guidelines for SCforH Programs Report 2008

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