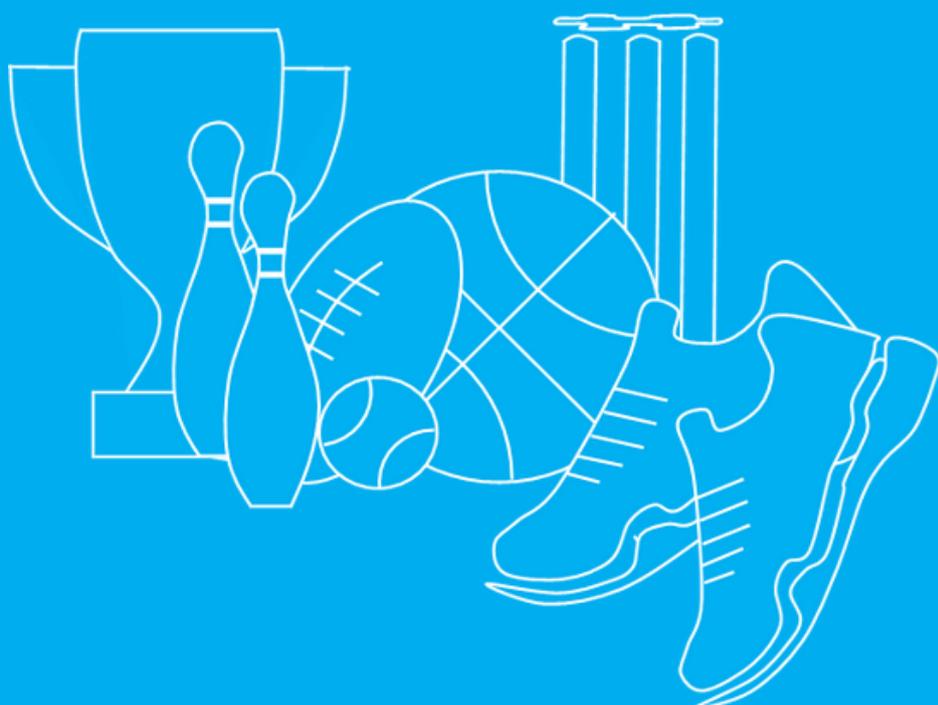


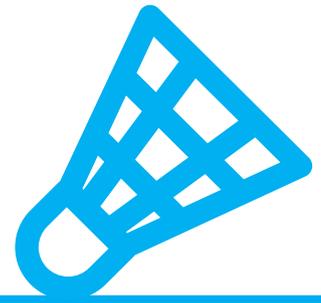
# HEALTHY SPORTS CLUBS

## 2018-2021 PILOT EVALUATION REPORT



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# 1. INTRODUCTION

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This reports summarises the evaluation findings of the Healthy Sports Clubs (HSC) pilot initiative.

Healthy Sports Clubs uses a best practice framework embedding a place based and systems thinking approach. The initiative incorporates identified needs, evidence and key learnings from the sport and health industries along with collaboration and partnerships with state and local governments. The initiative was piloted over a period of approximately two years commencing in the summer sport competition season 2018-2019 and ending at the end of the summer sport competition season 2020-2021, across the three local government areas of Cardinia Shire Council, City of Casey Council and City of Greater Dandenong Council.

A place based and systems thinking approach aligns with Monash Health's Integrated Health Promotion (IHP) Plan 2017-21, the Victorian Public Health and Wellbeing Plan 2015-19 & 2019-23 (Department of Health & Human Services 2015, Department of Health & Human Services 2019), the Victorian Government's Delivering place based primary prevention in Victorian communities discussion paper (Department of Health & Human Services 2016) and local Municipal Public Health and Wellbeing plans 2013-17 & 2017-21. The chosen health priority areas mirror the direction of the Victorian Public Health and Wellbeing Plan to ensure a clear line of sight between state level policy and local Municipal Public Health and Wellbeing plans.

Evaluation was conducted by Monash Health's Health Promotion team as administrators of the initiative. This report highlights the key findings of the evaluation, including valuable learnings on delivery and capacity building among community club influencers to drive and mobilise sustainable change in improving the health and wellbeing of the sports club community. This report will be useful for local government staff, health promotion practitioners, community development staff, community sports clubs and state sporting associations.



# 2. BACKGROUND

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## 2.1 Sports clubs as a setting

Community sports clubs have been identified as an ideal setting that can support and improve the health and wellbeing of the club members, families and local communities. Despite the potential for sports clubs to create and encourage health-promoting environments they have only recently been identified as a setting for health promotion initiatives. Participating in a sports club is one of the most popular leisure activities among young people, along with their families who often volunteer or are present for children's sporting activities. This makes sports clubs an ideal setting for health promotion initiatives as they reach a large proportion of the local community (Geidne, Quennerstedt, Eriksson 2013, p. 269).

Participating in sports clubs is beneficial for the health and wellbeing of the whole community, however there are some significant barriers that can compromise these benefits. As such, interventions are required to address these barriers to promote and support positive and sustainable change.

## 2.2 Health areas

The nine health areas identified for implementation by the HSC initiative were selected based on the evidence stated in 2.1 and the research conducted during program planning in 2.3. The health areas are: sun protection; smoke free clubs; healthy food and beverages; responsible alcohol consumption; preventing drug harm; mental wellness; physical activity and active recreation; injury prevention and inclusion. Commencing 2021 a climate change lens was placed across all applicable health areas in anticipation of the Victorian Government's new priority health area, Climate and Health. This new lens focuses on tackling climate change and its impact on health through local sports clubs.



# 2. BACKGROUND

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## 2.3 Program planning

Development of the HSC initiative began in 2017 and is based on evidence from best practice principles, multiple existing frameworks, programs, initiatives and other learnings. Key sources include: Healthy Sporting Environments; the Achievement Program; Play by the Rules; Sun Smart; Smart Play; Quit Victoria; Healthy Choices; and Peninsula Health. The Alcohol & Drug Foundation were engaged as partners to align the Responsible Alcohol Consumption health area with their Good Sports program to deliver effective methods of improving alcohol management in sports clubs. Additionally, the initiative builds on work with local sports clubs conducted by Monash Health's Health Promotion team on healthy eating called Healthy Canteens. The success with Healthy Canteens enabled initial buy-in and engagement among clubs where some clubs continued to work on new health priority areas in HSC.

The HSC framework was developed as a collaborative effort through a steering committee, led by Monash Health with Sport and Recreation and Health Planning professionals from the three local government areas of Casey, Cardinia and Greater Dandenong. The steering committee completed scoping and mapping exercises to understand the complexity of health promoting sports clubs, benchmarking against other interventions, identifying gaps and points of leverage for implementation at a local level. Key issues that were identified included: an off the shelf initiative may not create local sustainable change; lack of an overarching framework to coordinate health and wellbeing efforts within sports clubs; and limited availability of guidelines or targets for clubs to embed healthy change. To overcome these issues the following elements of the initiative were developed: provide local level support by health promotion practitioners to create health promoting sport clubs; provide capacity building to drive sustainable change; use a framework involving a whole of club approach; and provide practical steps, tools and templates for implementation.



# 2. BACKGROUND

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Finalisation of the HSC framework and health areas involved running two forums for consultation and to garner support for the initiative. The first forum was held in 2018 prior to the implementation of HSC for feedback on the framework and all health areas, with the exception of the Mental Wellness and Inclusion areas. The second forum was in 2019 after implementation of HSC had already begun to receive feedback on the mental wellness and inclusion areas as these health areas had not been finalised at commencement of the pilot. The forums were attended by various State Sporting Associations, local government, state government departments and community health and not-for-profit organisations. All feedback received from the forums were used to adapt the framework and actions for health areas and then for final review by relevant stakeholders eg. Sun Protection by SunSmart, Inclusion of Women and Girls by Women's Health in the South East.

## 2.4 Implementation

Health Promotion Practitioners support community sports clubs to implement the initiative by providing free on-the-ground support. This involves capacity building sport club 'champions' to drive and mobilise sustainable change and support through the acknowledgement and continuous improvement of existing health and wellbeing efforts within the club. Completing all actions for the targets in a health area helps ensure health and wellbeing is embedded into sports club practises, procedures and is core to club operations.

The steering committee that was involved in the planning of HSC as mentioned in 2.3 continues to support the initiative through regular committee meetings on implementation and evaluation.



# 2. BACKGROUND

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Recruitment of local sports clubs was initially driven through the existing momentum by Healthy Canteens as mentioned in 2.3. However, the main recruitment method was through the promotion of the initiative by council partners to local sports clubs. Other successful methods were to link the HSC initiative with other programs the council was running and a partnership with a State Sporting Association.

The pilot was implemented using a staged approach to reach both summer and winter codes where promotion occurred prior to the start of each season. Clubs were supported to complete all stages with regular meetings and contact via different communication methods. A range of resources were created and provided as required and no timelines for completion was enforced, whereby clubs worked at their own pace to ensure sustainable healthy changes. The period of time for the pilot was from summer season 2018-19 to summer season 2020-21. However, for the winter 2020 season the implementation of the initiative was suspended as sports clubs were forbidden from operating due to the global COVID-19 pandemic restrictions.



# 3. HEALTHY SPORTS CLUBS FRAMEWORK

## 3.1 The continuous improvement framework

The HSC framework utilises a whole of club approach and a continuous improvement cycle to support clubs to achieve identified health area targets.

Figure 1: HSC continuous improvement cycle



# 3. HEALTHY SPORTS CLUBS FRAMEWORK

## 3.2 The whole of club approach

There are three main sections to the HSC framework.

The first includes the whole of club approach. This ensures that a systemic approach is followed when creating health and wellbeing changes at the club. The whole of club approach encapsulates the three components at a club where sports clubs work through specific actions for each health area. The whole of club approach includes the club environment, club connections and club culture.

### Figure 2: HSC whole of club approach

#### CLUB CONNECTIONS

Club officials, members, players, families and the wider community are engaged and together create a healthy club.

#### CLUB CULTURE

Leadership and policies support and create a healthy club culture.

#### CLUB ENVIRONMENT

The physical club environment promotes healthy behaviours and makes the healthiest choice the easiest.

# 3. HEALTHY SPORTS CLUBS FRAMEWORK

## 3.3 The four steps

The second section includes the four steps clubs need to complete for a health area which consist of: commit to health change; create a game plan; initiate healthy action; and celebrate your success.

**Figure 3: HSC four steps**



# 3. HEALTHY SPORTS CLUBS FRAMEWORK

## 3.4 The nine health areas

The final section includes the nine health areas clubs can choose to work on. Please note that since the completion of the pilot a Climate Change lens has since been added across a majority of the health areas with a focus on tackling climate change and its impact on health.

Figure 4: HSC nine health areas



# 4. OBJECTIVES

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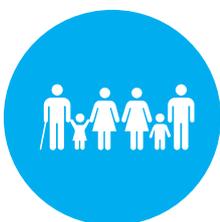
The HSC pilot initiative had three main objectives. These objectives were used to monitor and evaluate any adaptations needed and the effectiveness of the initiative.



**01 — To improve health and wellbeing using a whole of club approach involving club environment, connections and culture.**



**02 — To coordinate and build on sports club's existing health and wellbeing efforts through a targeted approach for the specific health areas.**



**03 — To work in collaboration and partnership with local council, state sporting associations and peak bodies to deliver a health promotion framework that supports clubs to create healthy, sustainable change.**

# 5. PURPOSE & METHODOLOGY

## 5.1 Healthy Sports Clubs pilot evaluation

The HSC pilot aimed to work with local sports clubs in the Cardinia Shire, City of Casey and City of Greater Dandenong councils to provide feedback and generate learnings to inform adaptations in real time to strengthen the initiative.

To ensure the three objectives for the initiative were met, the pilot evaluation focused on:

1. Adaptations for the whole of club approach and continuous improvement cycle
2. Suitability of the resources, tools and templates provided to clubs
3. Refinement of the practitioner support provided to clubs
4. Applicability of Healthy Sports Clubs to different codes of sport

The HSC objectives were reviewed and evaluated against the above focus areas. The purpose of the pilot evaluation was to ensure that the initiative led to positive outcomes in the sports clubs communities.

## 5.2 Methodology

The pilot for HSC adopted an action research methodology. Action research is suitable for health promotion and preventative health efforts as there is a strong focus on improvements of practice through uncovering and resolving problems (Whitehead, Raket, & Smith 2002, pp. 5-22).

Healthy Sports Clubs is a novel initiative as it partners with local council and adopts place-based health promotion with a whole of club approach. As such, the pilot included developmental evaluation, an approach suited to situations of high complexity and supportive of innovation within a context of uncertainty. Developmental evaluation is used in areas of tension and uncertainty where it can support people to learn about what is happening and provide evidence and critical thinking to find solutions to complex challenges (Gamble, McKegg, & Cabaj 2021, p. 8).



# 5. PURPOSE & METHODOLOGY

As the HSC pilot focused on determining what changes needed to be made to create positive outcomes in a complex system, and “evaluating systems change is different from program effectiveness” (Gamble, McKegg, & Cabaj 2021, p. 6), developmental evaluation was employed as the main evaluation approach.

The collaborative partnerships developed within Sport and Recreation departments from local councils lent itself to snowball sampling, where council partners recommended sports clubs to engage and participate in the pilot of HSC. Further, snowball sampling enabled the project team to build on existing momentum already created with engaged sports clubs.

## 5.3 Evaluation plan

Feedback from the developmental evaluation process was supported by data, both quantitative and qualitative and was processed in an interactive way that helped practitioners make informed decisions to consider uncertainties and adapt their approach (Gamble, McKegg, & Cabaj 2021, p. 12). While traditional data methods were used to collect data during the pilot, so to were alternative, reflective and creative methods.



# 5. PURPOSE & METHODOLOGY

The data collection methods in Table 1 were used periodically during the pilot evaluation to gather data on an ongoing basis.

**Table 1: HSC data collection methods**

Data collection method	Data collected
Club registration form	Reach data, including total club members and total spectators.
Club pre & post 'scorecard'	Outcome data, pre-implementation data on what the club is already doing on a health area and post-implementation data after they have completed a health area to see the change over time.
Pre & post club community survey	Outcome data, pre and post-implementation data collected via a club community survey on perceptions of a health area at the club before and after implementation of targets (actions). Quantitative data measures extent of capacity building on a health area.
Club champion interview	Outcome data, to gain insights and perceptions from the club champion on HSC, the framework, whole of club approach, specific health area and resources. Qualitative data on feedback and ideas.
Practitioner post meeting reflection questions	Part of the developmental evaluation approach and completed after every meeting with sports clubs to question assumptions, uncover pain points and determine new directions and opportunities.
Practitioner significant events table	Part of the developmental evaluation approach and completed after every significant event/milestone in the HSC journey to map the journey and uncover new directions and opportunities.
Steering committee survey	Outcomes data, sent at the end of the four year IHP Reporting period to gather data around the success of the steering committee and ideas and feedback.

# 5. PURPOSE & METHODOLOGY

Data analysis methods used in the HSC pilot are shown in Table 2.

**Table 2: HSC data analysis methods**

Data analysis method	Data analysis description
Critical friend meetings (bi-monthly)	Developmental evaluation critical friend meeting held bi-monthly with the HSC team to review and reflect on the methods mentioned in Table 1. Adaptations to the initiative, practitioner practise or direction were discussed and determined at these meetings.
Thematic analysis via affinity diagramming	At the end of each summer and winter sports club season, the critical friend and HSC team mapped and themed all the data collected from the season in an affinity diagram in order to derive different meanings.
Adaptive action/insights table	Following thematic analysis, the team and critical friend would go through either adaptive action (what, so what, now what) or an insights table for each theme in order to determine initiative adaptations and new opportunities.
Steering committee reflection activity/discussion	Once the adaptive action was completed, the full notes from the exercise were shared with the steering committee and results were discussed as a collective, deciding new adaptations and opportunities.

# 5. PURPOSE & METHODOLOGY

## 5.4 Strengths and limitations

### Strengths:

- The data collection and analysis were all completed in-house, therefore it was a cost-effective process.
- The wide range of data collection methods from multiple perspectives and avenues enabled thematic analysis informing decision on adaptations.
- All data was provided to the steering committee in order to review the results and come to individual conclusions which were then shared during group meetings. This led to increased stakeholder buy-in.
- Incentives were provided to the club community which led to increased completion of club community surveys.
- Practitioners were upskilled on evaluation, data collection and data analysis during the pilot and were in a safe environment to trial new and different methods.

### Limitations:

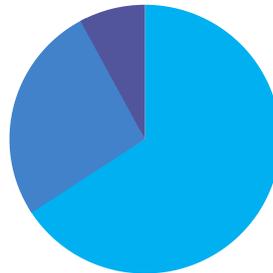
- Health Promotion Practitioners time spent on in-house evaluation was reduced due to implementation and planning of the initiative.
- The HSC team and the club could not direct all of the club community to complete the survey and being an online survey it may have excluded individuals who don't have access to a computer or the internet, therefore there was non-response bias.
- The HSC steering committee survey was only completed once at the end of the pilot but could have been completed at the end of every reporting year to gain feedback from members and make quicker iterations of changes to the structure and practice.
- Data from the 2019-20 summer and winter 2020 seasons was not collected due to clubs temporarily ceasing operation over these periods as a result of the COVID-19 outbreak.



# 6. FINDINGS

## 6.1 Pilot findings

**38** TOTAL CLUBS REGISTERED FOR THE PILOT



25 CLUBS FROM CARDINIA SHIRE  
10 CLUBS FROM CASEY  
3 CLUBS FROM GREATER DANDENONG

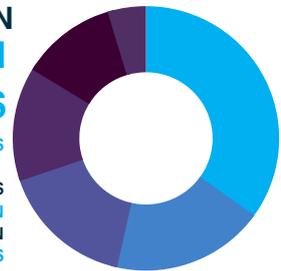


FROM 13 SPORTS CODES:

Netball  
Football  
Tennis  
AFL  
Horse Riding  
Cricket  
Lawn Bowls  
Gymnastics  
Masters Athletics  
Little Athletics  
Touch Rugby  
Softball  
Triathlon

WORKED ON **5** HEALTH AREAS

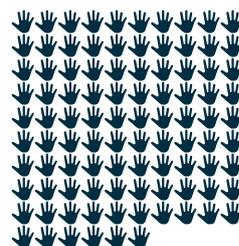
15 MENTAL WELLNESS  
8 HEALTHY FOOD & BEVERAGES  
6 SUN PROTECTION  
5 INJURY PREVENTION  
2 SMOKE FREE CLUBS



**4** CLUBS RECOGNISED FOR A HEALTH AREA



**8** CANTEEN MENUS ASSESSED



**96**

TOTAL NEW ACTIONS IMPLEMENTED ACROSS THE SPORTS CLUBS

**9** POLICIES CREATED/REVIEWED

As the infographic portrays, a significant number (38) of clubs registered for the pilot HSC initiative, most of these were Cardinia clubs participating in the 2020-21 summer season. This resulted from a Mental Health partnership project between Cardinia Shire Council, Richmond Institute, headspace and Monash Health, initiated after the 2020 COVID-19 Victorian lockdown. Sports clubs were provided subsidised Mental Health First Aid training, free in-club support and registered to participate in the Mental Wellness area of HSC.

Although only four clubs completed all four stages of a health area (Sun Protection, Injury Prevention and Mental Wellness), 67% of clubs who created a Game Plan are progressing with their actions, with short-term and medium-term impacts collected once they have completed the health area.

# 6. FINDINGS

## 6.2 Adaptations to the whole of club approach and continuous improvement cycle

During the pilot, no changes were required for the whole of club approach. All sports clubs who were interviewed and surveyed found implementing actions in the club environment, connections and culture led to positive changes and improvement in health and wellbeing at their club. Anecdotally, Health Promotion Practitioners found the whole of club approach captured the whole system of the club.

The directions under the continuous improvement cycle and '4 steps' were adapted as the pilot progressed. The 4 steps, commit, create, initiate and celebrate remained unchanged however, some additional directions were added as clubs progressed through the continuous improvement cycle for some of the steps. In step 2, create a game plan, a direction to share the game plan with the sports club committee for feedback and support was added after post-implementation community surveys showed that a majority of community members were unsure what HSC was and what actions were occurring at the club. It was also found that club champions were implementing all the actions without support from others at the club. When this direction was added, awareness at the club and committee was increased. In step 3, initiate healthy action, a new direction was added to 'schedule periodic check in meetings to update on progress and chat through challenges'. It was found during the pilot that a majority of clubs disengaged with HSC during the implementation stage due to competing club priorities and a lack of accountability. By scheduling periodic meetings, clubs were accountable and barriers were discussed and solutions found. This change increased club engagement and supported clubs to complete health areas. In step 4, celebrate your success, a new direction to complete a sustainability plan was added, due to clubs often discontinuing and embedding health actions. Once clubs had completed a health area they were not continuing their actions and embedding them at the club. This entailed clubs meeting with Monash Health to include actions they implemented into a sustainability plan to guide them each year on what and when to complete actions so they were embedded in club practice. This is a relatively new change and will be monitored over the next year.

## 6.3 Suitability of resources

The HSC initiative provides registered clubs with a package of required resources including: targets; game plans; tips; policy templates; sustainability plans; scorecards; standards and policy checklists.

Targets, game plans, standards, scorecards and policy checklists were adapted as health areas were trialled. During the pilot, the targets for specific health areas were reviewed and adapted at the end of each season. These changes were based on practitioner experience working through the health areas as well as club feedback. Some examples included, reducing targets so they were more succinct, adding new targets to ensure clubs were actively implementing actions that lead to positive change, adapting the introductory booklet to include educational information on health promotion place-based approaches and adapting the scorecard to an excel spreadsheet format for more efficient data collection.

# 6. FINDINGS

Additional resources were developed at the request of sports clubs including: a local mental health services resource; social media and newsletter templates; anti bullying poster; and healthy recipe tips.

## 6.4 Refinement of practitioner support

There were a number of ways that practitioners refined their support for clubs working through health areas. A significant method was to reflect on delivery of support after meetings with club champions utilising previously determined reflection questions. When clubs became disengaged in the implementation stage check-in emails were sent more frequently than in the earlier stages. Another change were to engage clubs pre-season to give clubs adequate time to implement any changes prior to competitions commencing. During the 2020 winter season when COVID-19 restrictions were in place meetings were conducted virtually, allowing for greater flexibility for the club champion to meet at different times without the requirement of sourcing a physical meeting place. The facilitation of online meetings led to a 300% increase in club meetings and will continue to be offered as an option to all clubs in future.

The most impactful learning was that all sports clubs and sports club champions are different and practitioners need to adapt their support for each club to ensure it worked best for them and their needs.

## 6.5 Applicability of HSC to different sporting codes

Healthy Sports Clubs was trialed with 13 different sporting codes, including traditional sports codes (netball, AFL, soccer, tennis) and non-traditional sports codes (lawn bowls, gymnastics, horse riding, triathlon). The broad targets in HSC allowed for non-traditional clubs to progress through HSC and create game plans that were relevant for their code.

Feedback from non-traditional sports codes led to adaptations in the language of all resources, ensuring that it was inclusive and all codes felt represented. For example, first edition resources specified canteens in the Healthy Food & Beverages area however, some non-traditional clubs working on this area did not have a canteen but provided training meals or supper to club members. This was adapted to be inclusive of all clubs that provided food to their members. Other changes include updating the language 'game day' in documentation to 'competition day' to be more inclusive.



# 6. FINDINGS

## 6.7 OBJECTIVE 1:

 **ACHIEVED**

To improve health and wellbeing using a whole of club approach involving club connections, culture and environment.

Sports clubs were supported to implement actions using a whole of club approach for the three club component areas connections, culture and environment. Actions implemented across the three areas provided a holistic and supportive environment that enabled the club community to make healthy changes in their approach and behaviour for the relevant health area the club was working on.

For example the following actions were implemented in the Healthy Food and Beverage area across different clubs:

- Club environment: canteen menus were assessed using Foodchecker and changed to provide a healthier menu. Those involved in food preparation completed online training on healthy eating through the Healthy Eating Advisory Service (HEAS) website.
- Club connections: the club community had the opportunity to increase their awareness and understanding about healthy eating via posters placed at the club, resources and training via social media.
- Club culture: a healthy eating policy was developed and implemented and club leaders asked to role model healthy eating behaviour and raise awareness on this topic through discussions with players.

Most clubs were found to have relevant actions already implemented particularly in the 'culture' and 'environment' components of a health area with actions often lacking in the 'connections' area. As such, most support provided was in the 'connections' area. Examples of support provided to clubs included: linking the club with local community organisations such as Headspace for the Mental Wellness area; surveying club members to understand perspectives and ideas on a health area; providing information on the health areas for their club community; and supporting members through the provision of healthy activities that promote health and wellbeing at the club. Overall, out of the 3 component areas clubs had achieved the most in the 'connections' area particularly through linking with local community organisations and improving communication and social cohesion for the club community.

# 6. FINDINGS

## 6.7 OBJECTIVE 1:

 **ACHIEVED**

**To improve health and wellbeing using a whole of club approach involving club connections, culture and environment.**

Most club champion interviews (83%) noted an improvement in health and wellbeing for a specific health area after actions on their game plan were implemented. Additionally, club community surveys showed that all respondents believed that actions implemented by the club had contributed to an improvement in health and wellbeing at their club. Such as, results from a club community survey on implementation of the Injury Prevention health area showed that most respondents (62%) felt safe at the club with regard to Injury Prevention and 55% noticed an increase in discussion of injury and illness prevention protocols at the club.

There was an increase in awareness and knowledge and healthy behaviour changes stated by a significant number of club community survey respondents and club champions interviewees. For example at another club, 55% of respondents or their children had improved their awareness of sun protection over the summer sport season and nearly all respondents (98%) and their children had used some form of sun protection. One-hundred percent of survey respondents increased their knowledge on their chosen health area through working on HSC, with one club champion saying he is "a lot more aware of what healthy eating is all about and what is healthy and what is not. I am more aware of what substitutions and different foods are and healthy and not, which is different to what I originally thought. It all makes sense now". Additionally, nearly all club champions interviewed (92%) had improved their knowledge on creating a healthy club, with 75% of survey respondents stating they had very good knowledge on their chosen health area after working on HSC and 25% reporting they had good knowledge. Notably for the mental wellness area club champion interviewees noted a change in culture with use of positive language by coaches communicating with players and a greater willingness by the club community to discuss the topic of mental wellbeing with each other. This will enable a positive and inclusive culture at the club in the long term benefiting the mental health of current and future club community members.

Overall, results show that objective 1 of the HSC pilot has been met. This was achieved by supporting clubs to identify and implement actions across the three component areas of club connections, culture and environment for a health area leading to an improvement in health and wellbeing across the club community through increased awareness and positive behaviour change.

# 6. FINDINGS

## 6.8 OBJECTIVE 2:

 **ACHIEVED**

To coordinate and build on sports club's existing health and wellbeing efforts through a targeted approach for the specific health areas.

Healthy Sports Clubs allows clubs to choose a health area to work through that is relevant for their clubs needs. A needs assessment is completed based on health area targets followed by the creation of a game plan (action plan) addressing any targets yet to be completed. This method utilises sports clubs existing health and wellbeing efforts and builds upon these through new actions.

It was observed that broad health area targets enabled different sports codes (eg. tennis, soccer) and club types (eg. with or without canteen) to build on or be recognised for actions already implemented and to identify new ones. One-hundred percent of survey respondents noted that participation in HSC allowed them to build on existing health and wellbeing efforts at the club.

One club reported that having support through HSC made the process of making healthy changes at the canteen easier. Results showed that a majority of clubs (71%) chose a health area as they needed support from HSC to implement actions. Additionally, some clubs chose a health area as they had already implemented actions and wanted to achieve a 'quick win' and be recognised for their efforts.

Targeted health areas allowed for club champions and their club community to be capacity built in a health area while implementing actions. One-hundred percent of survey respondents increased their level of confidence to make health and wellbeing changes through a targeted approach for their specific health area at their club. Seventy-five percent of respondents stated that they were very confident to make changes and 25% reported that they were confident. One club champion stated that previously they had "only ever had one off workshops whereas this [Healthy Sports Clubs] feels more long term". In a club champion interview it was noted that targeted health areas helped them to think of 'outside the box' actions. They believed that the game plan helped them to keep on track and reach the targets and that implementing all these actions from the plan led to change. Another club champion believed the targeted health area approach provided specific areas for them to focus on at the club, making it easier for them to implement actions. In total, 5 out of the 9 health areas were trialled during the pilot (Injury Prevention, Sun Protection, Healthy Food and Beverages, Mental Wellness and Smoke Free Clubs). The inclusion area was completed in 2020 however, could not be piloted due to to the COVID-19 pandemic. No clubs

# 6. FINDINGS

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## 6.8 OBJECTIVE 2:

 **ACHIEVED**

To coordinate and build on sports club's existing health and wellbeing efforts through a targeted approach for the specific health areas.

clubs chose to work on the Physical Activity & Active Recreation, Preventing Drug Harm or Responsible Alcohol Consumption area. The reason for clubs not choosing the Physical Activity & Active Recreation area maybe because they incorrectly believed that they had already addressed this area as they were regularly participating in physical activity through sport. As such, more information will need to be provided in future for clubs to increase awareness in this area. Clubs not choosing the Preventing Drug Harm or Responsible Alcohol Consumption areas maybe because most registered clubs were junior clubs and did not believe that that drug or alcohol abuse were issues at their club.

Overall, findings demonstrate that objective 2 of the HSC pilot has been met. This was achieved by working with clubs to complete a needs assessment and creating an action plan on targets that they needed to meet and recognising and building on the work they were already doing. This led to increased knowledge and confidence on the health area of choice and increased confidence to make changes at their club.

# 6. FINDINGS

## 6.9 OBJECTIVE 3:

 **ACHIEVED**

To work in collaboration and partnership with local council, state sporting associations and peak bodies to deliver a health promotion framework that supports clubs to create healthy, sustainable change.

A majority of time during the pilot was spent making connections and partnerships with local council, state sporting associations and peak bodies and expert organisations. Partnerships have supported engagement with clubs, leading to a greater number of club registrations, incentivising HSC, work on focus health area for collective action, providing greater learnings and information sharing and capacity building on the 9 health areas.

A core value of the HSC initiative is working collaboratively with partners to create collective impact. Healthy Sports Clubs was developed in partnership with City of Casey council, City of Greater Dandenong council and Cardinia Shire council, the local government areas where the pilot was implemented. When the pilot began in 2018 a HSC steering committee was formed with two employees (one from the social/health planning team, another from the sports/rec team) from each council. Quarterly meetings allowed for updates and information sharing with partners on the pilot and provided the opportunity for everyone to input ideas and feedback. There were 14 HSC steering committee meetings held during the pilot. The strong partnership involved council support in engaging clubs including distribution of promotional material to clubs, presentations by Monash Health on HSC at council workshops and forums, collaboration on council projects and incentivising club participation in the initiative. These actions supported 34 clubs to register for HSC over the pilot period.

Two consultation forums occurred during the development of HSC, the first in 2018 and the second in 2019. For both forums representatives from state sporting associations as well as peak bodies and expert organisations from the 9 health areas attended to review draft documentation and to provide insights and feedback. After health area targets were developed they were reviewed and approved by a peak body/expert organisation to ensure the health areas would lead to change at the club.

# 6. FINDINGS

## 6.8 OBJECTIVE 3:

 **ACHIEVED**

To work in collaboration and partnership with local council, state sporting associations and peak bodies to deliver a health promotion framework that supports clubs to create healthy, sustainable change.

Collaboration and partnerships occurred with peak bodies, state sporting associations and community organisations. Relationships were formed with Vicsport and VicHealth, leading to Monash Health representatives sitting on the 'Sport-Health Sector Network' with other organisations who promote health through sports clubs (eg. Good Sports, Club Respect).

From the forums, partnerships were built with state sporting associations with the intention to promote HSC to local clubs. Collaboration on state sporting association, Tennis Victoria's project involving participation in an Inclusion Forum that linked clubs to the Inclusion area of HSC led to 4 new clubs registering for HSC. A partnership with the community service organisation headspace Pakenham provided in-club support to all sports clubs working through the Mental Wellness area in HSC, including in-club workshops and support for club members, resulting in a mutually beneficial partnership. The additional support was welcomed by sports clubs with one club stating "headspace has visited multiple times. We have built a close working relationship with headspace Pakenham."

A survey was sent out to steering committee members. One-hundred percent of members were satisfied that the steering committee fulfils its role of providing strategic direction and leadership, and all members were satisfied with HSC's progress over the last 4 years. Members believed that the impacts from being on the steering committee were: 'assisting in broader awareness of industry knowledge and better collaboration opportunities' and 'stronger partnerships between councils and Monash Health.' The steering committee has continued since the conclusion of the pilot with the same members supporting the next phase.

Overall, results show that objective 3 of the HSC pilot has been met. This was achieved by working in partnership with council, state sporting associations, local associations, peak bodies and expert organisations. This collaborative approach allowed for learnings to be shared with Monash Health to ensure health area targets were relevant for sports clubs, increased sports club engagement in the pilot and enabled clubs to receive support from different expert organisations within their health area of choice.

# 7. CONCLUSION & RECOMMENDATIONS

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## 7.1 Conclusion:

The overall findings from the HSC pilot evaluation demonstrate an improvement in awareness and behaviour change in the health and wellbeing of club communities. The framework, resources and practitioner support were successfully adapted, refined and applied to meet the needs of individual local clubs and different sports codes. A targeted approach to working on a health area was found to be particularly helpful by clubs building on existing health and wellbeing efforts on a health area. Collaboration with local council and other stakeholders enabled successful engagement with sports clubs to implement the initiative.

Of the three components of the HSC framework (club environment, connections and culture), connections was the area that clubs needed the most support with when identifying and implementing actions. Health promoters had provided valuable connections between community organisations (eg. headspace) to clubs where services were successfully utilised as indicated via champion surveys. To build these connections with stakeholders for collective impact and to support sports clubs, health promoters spent a significant proportion of time during the pilot meeting and collaborating with stakeholders including running two consultation workshops on the health areas. This led to increased club engagement, incentives for clubs, collective action in a health area, information sharing and capacity building of club champions on the health areas.

The Mental Wellness area was the most popular out of the 9 health areas. This was due to collaboration with Cardinia Shire Council on their subsidised Mental Health First Aid training program provided to clubs during the second half of 2020 during the COVID-19 pandemic. This was offered as an identified need to clubs to support the club community with mental health issues. Healthy Food and Beverages was another popular health area where 8 club canteen menus were assessed however, no clubs had completed this area, likely due to the significant number of changes required to implement all actions, often taking a number of seasons.

The positive results of the initiative were achieved despite significant disruptions faced due to the COVID-19 pandemic particularly during the winter 2020 season where clubs had to intermittently suspend operating or operate at a limited capacity. Other significant barriers faced by club



# 7. CONCLUSION & RECOMMENDATIONS

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champions when implementing the initiative included a lack of time, competing priorities and lack of support from the club committee. Interestingly, club champions noted that a lack of incentives were not a barrier to participating in the initiative and that the health promoter support, resources and stakeholder connections they received were incentive enough to participate. However, these club champions were already engaged with the initiative and incentives may be required for clubs that are not yet engaged or have become unengaged when working on the initiative. The Mental Wellness and Inclusion health areas were only completed in early 2020 leading to a limited number of clubs working on the Inclusion area however, this health area has become popular for clubs to choose since the completion of the pilot.

## 7.2 Recommendations:

- Partner with the following organisations as required:
  - Local councils to partner and support the implementation of HSC and assist with direction and advice.
  - Relevant health area community services/supports to support clubs with some in-club actions if possible (e.g. workshops).
  - Partner and collaborate on stakeholder programs particularly if incentives are being offered.
- Adapt or create resources depending on individual club needs and issues
- Understand the local context of your area and the needs of the clubs.
- Provide localised on the ground support to clubs throughout the HSC initiative to ensure actions are sustainable.

## 7.3 Future directions:

The vision is for the HSC initiative to be made available to interested community health organisations across Victoria. Based on recent engagement with sport and health industry stakeholders and community health organisations there is a demonstrated interest in the initiative, signaling that HSC has the capacity to be delivered state wide.



# 8. ACKNOWLEDGEMENTS

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Thank you to Cardinia Shire council, City of Casey council and City of Greater Dandenong council for the ongoing support in developing, piloting, evaluating and scaling the HSC initiative.

Healthy Sports Clubs evolved from learnings and feedback from sport clubs participating in the Monash Health Healthy Canteens pilot. Thanks to Casey Comets, Endeavour Hills Junior Football Club and Lyndhurst Football and Netball Club.

Healthy Sports Clubs is evidence informed, based on best practice and guided by multiple existing frameworks, programs, initiatives and learnings including:

- Alcohol and Drug Foundation, Good Sports & Tackling Illegal Drugs
- Cancer Council Victoria, Sun Smart & QUIT
- Peninsula Health, Health Promotion, Creating Smoke Free Environments in Sporting Clubs
- State of Victoria, Department of Health and Human Services, Achievement Program & Healthy Choices Guidelines
- VicHealth, Healthy Sporting Environments

Health areas have been developed with the support of Victorian State Sporting Associations, peak bodies and organisations through attendance at consultation forums.

Thank you to the following organisations for reviewing and providing expert feedback on the following health areas:

- Healthy Food & Beverages—Healthy Eating Advisory Service
  - Physical Activity & Active Recreation—VicHealth
  - Responsible Alcohol Consumption—Good Sports, Alcohol & Drug Foundation
  - Preventing Drug Harm—Good Sports, Alcohol & Drug Foundation
  - Mental Wellness—Headspace
  - Smoke Free Clubs—QUIT, Cancer Council Victoria
  - Sun Protection—Sun Smart, Cancer Council Victoria
  - Injury Prevention—Sport and Recreation Victoria
  - Inclusion—Vicsport
  - Inclusion: Women & Girls—WHISE and Office for Women in Sport & Recreation
  - Inclusion: People With Disability—Disability Sport & Recreation
  - Inclusion: LGBTI+ — Proud 2 Play
  - Inclusion: Older People—COTA Victoria
  - Inclusion: Culturally & Linguistically Diverse—Active Communities Team, City of Casey
  - Inclusion: Aboriginal & Torres Strait Islanders—Casey Aboriginal Gathering Place, City of Casey
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# 9. REFERENCES

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Department of Health & Human Services 2015, *Victorian public health and wellbeing plan 2015-2019*, Victorian State Government, <[https://www.parliament.vic.gov.au/file\\_uploads/VPHWP\\_-\\_Final\\_xrz9VdFJ.pdf](https://www.parliament.vic.gov.au/file_uploads/VPHWP_-_Final_xrz9VdFJ.pdf)>.

Department of Health & Human Services 2016, *For discussion: Delivering place-based primary prevention in Victorian communities*, Victorian State Government, <<https://iepcp.org.au/wp-content/uploads/2017/04/Discussion-Paper-delivering-place-based-prevention-Sept-2016.pdf>>.

Department of Health & Human Services 2019, *Victorian public health and wellbeing plan 2019-2023*, Victorian State Government, <<https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/victorian-public-health-and-wellbeing-plan-2019-2023.pdf>>.

Gamble, J, McKegg, K and Cabaj, M 2021, *A developmental evaluation focus*, McConnell Foundation, <<https://mcconnellfoundation.ca/developmental-evaluation/the-book/>>.

Geidne, S, Quennerstedt, M and Eriksson, C 2013, 'The youth sports club as a health-promoting setting: An integrative review of research', *Scandinavian Journal of Public Health*, vol. 41, issue 3, pp. 269-283.

Monash Health 2017, *Mobilising Change: Integrated Health Promotion Plan 2017-2021*, Monash Health, <<https://monashhealth.org/wp-content/uploads/2019/07/Monash-Health-IHP-PLAN-17-21-ONLINE-PDF.pdf>>.

Whitehead, D, Raket, A and Smith, A 2002, 'Action research in health promotion', *Health Education Journal*, vol. 62, issue 1, pp. 5-22.

## Contact

### Monash Health

If you would like to chat about Healthy Sports Clubs, please contact the Health Promotion team: [healthpromotion@monashhealth.org](mailto:healthpromotion@monashhealth.org)

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