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Operationalising the health-promoting sports club framework for club managers: a qualitative study

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Abstract

Background:

Sports club managers play an important role in integrating health promotion into sports club policies, environments, and everyday practices. However, they often lack practical guidance on how to operationalise health promotion within their managerial roles. Using the Health-Promoting Sports Club model, this study aimed to develop a theoretical framework and intervention strategies to support sports club managers in implementing health promotion in sports club settings.

Methods:

A qualitative, iterative study was conducted with 22 international experts in health promotion and sport. The study involved five two-hour expert meetings and an iterative process of reviewing, discussing, and refining draft definitions, conceptual framework components, progression stages, and implementation strategies. The process aimed to define the health-promoting sports club manager, adapt the Health-Promoting Sports Club framework to the managerial level, and develop practical strategies to support health-promoting management.

Results:

Experts proposed a definition of the health-promoting sports club manager, key principles for action, and stages of progression describing how managers can advance health promotion within sports clubs. In addition, 42 intervention strategies were developed and operationalised to guide sports club managers in implementing multi-level health promotion actions. These strategies address the role of managers in supporting organisational change, strengthening health-promoting practices, and embedding health promotion into the daily functioning of sports clubs.

Conclusions:

Study provided a framework explicitly guiding sports club managers in operationalizing health promotion. The findings contribute to the theoretical and practical understanding of health-promoting management and offer researchers, policymakers, and sports club managers a clearer basis for integrating health promotion into sports club settings.

Contribution to the literature

- Sports clubs reach large and diverse populations, but public health frameworks rarely explain how club managers can embed health promotion in governance and daily operations.

- This international expert-informed study translates the Health-Promoting Sports Club framework into a manager-focused definition, principles, four progression stages and 42 practical implementation components.
- The framework connects determinants of health and supports knowledge translation between sport, public health and policy.
- It provides a basis for future feasibility testing, policy guidance and evaluation across diverse community sports clubs.

1. Background

Sports clubs support 54 million Europeans weekly engaging in sport: people from across the lifespan and with varied socio-economic backgrounds [1, 2]. Grassroots sports clubs, defined as voluntary, community sports organizations improve physical activity, which has many social, physical, and mental health benefits, including the prevention of chronic diseases and reducing the obesity pandemic [3, 4]. Accordingly, sports clubs are generally perceived as inherently healthy, due to their core business of sport provision [5]. However, sports clubs can also undermine health, for example, through unhealthy sponsorships, availability and affiliations with alcohol use and unhealthy eating practices, and frequent travelling for competition leading to CO_2 emissions increasing pollution. Sport clubs have also been associated with experiences of harassment, physical, social, psychological pressure, mental health issues, or acute and overuse injuries impacting sports club members and wider societal health [6–8].

Across Europe, previous studies show that HP is still underdeveloped in sport clubs. For example, two-thirds of Belgian youth sports clubs scored low in an assessment of HP activities and one-third of Finish sports clubs had similar results [9, 10]. Recent literature review has shown that most of the conducted research is focused on male team sport, does not allow to conclude on effectiveness, is not theoretically driven and does not employ validated measurements [11]. Therefore, there is an urgent need to better clarify the theoretical frame of HPSC [11].

Many sports club stakeholders express positive attitudes toward opportunities to support HP more broadly, beyond the provision of opportunities for physical activity. However, implementation of comprehensive policies and practices to promote health in this setting are lacking [12]. Barriers identified in the scientific literature were lack of know-how on how to implement HP activities, challenges in collaborating with health organizations to implement health initiatives, and a lack of time, resources and capacity to promote health due to the predominantly voluntary nature of sports clubs [12–15].

Among the different responses to these barriers, the settings-based approach has already shown promises of effectiveness to integrate health into the everyday life of specific settings, such as schools, workplaces, hospitals, or sports clubs, by addressing their structures, policies, cultures, and daily practices [16]. It moves beyond individual behavior change to create supportive environments that enable and sustain healthy choices [17]. Within this framework, the concept of the Health Promoting Sports Clubs (HPSC) has emerged, aiming to embed HP into the core functioning of sport club [18]. This

shared responsibility of health positions settings as “places or social contexts where people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being” [19]. The HPSC model, identifies four levels within clubs (individual, coach/micro level, manager/meso level, and club/macro level) and three external levels (sports federations, public health agencies, governmental bodies) that influence and interact with four health determinants (economic, environmental, organizational, social) [20]. Managers, situated at the meso level, play a pivotal role in connecting strategic goals with operational practices and shaping the conditions under which HP can thrive. The HPSC model was originally developed, both as an intervention framework and logic model [20]. The model has been adapted to various levels of sport, including sports federations and coaches reflecting its flexibility and relevance across sport-specific roles and contexts [20, 21]. The logic model serves as both a planning and communications tool, helping stakeholders visualise how HP efforts can be systematically implemented and evaluated within the sport clubs setting [20].

To foster translation of the theoretical frame and disseminate HP interventions in the sport setting, the literature shows that interventions that are participatory, context-sensitive, and embedded in the club’s structure are generally more effective and sustainable over time [3, 22, 23]. Multi-component interventions that are integrated into daily club practices and have leadership support tend to yield greater long-term success [22]. Therefore, the present work is focused on the development of practical intervention strategies to help future interventions not only adopting a settings-based approach but also investing in building the internal capacity of sport club actors to deliver, adapt, and maintain health-promoting practices [13, 22].

To date, little is known about the role of sport club managers, defined as “any individual who has a responsibility in leading, managing, or providing oversight of sport club activities, either as a volunteer or in a paid role, who may or may not be sitting on the sports club's board of directors” in HP previous studies have shown that managers guidance towards coaches is primarily oriented towards competition and that there is a gap in managers’ commitment towards HP and existing sport club policies and practices [24]. These findings also suggest that the current definition of HPSC may not sufficiently capture the central role of managers in bridging strategic health promotion goals with everyday club practices. As managers influence both organizational decision-making and the conditions under which coaches and members operate, a clearer and updated definition of HPSC is needed, one that explicitly integrates managerial responsibility and leadership for health [24].

To address this theoretical and practical gap on applying the settings-based approach of HP at the sports club managers’ level, this study has developed the Health Promoting Sports Club Management Implementation Guide and addresses three research questions: (1) What is the revised definition of an HPSC and how can a Health-Promoting Sports Club Manager (HPSCM) be defined, including the key principles that guide their role? (2) How can the HPSC model be applied to SC managers? (3) What intervention components are available or relevant to managers for effective HP in SCs?

2. Methods

2.1 Design

A qualitative iterative design was used to develop a theory-informed framework and practical guidance for health-promoting sports club managers, based on previous studies on defining a theoretical background [21]. The study was conducted through a collaborative, expert-informed process involving five virtual expert meetings, the development and review of shared documents, and written feedback [25]. Draft definitions, guiding principles, progression stages, an adapted logic model, and implementation strategies were progressively reviewed, discussed, and refined until agreement was reached within the expert group [26]. This design enabled the integration of existing literature, expert knowledge, and practical experience from the sports club and health promotion fields.

2.2 Participants

The project team, composed of five authors (PO, AVH, AV, SJ and KB), invited 17 experts (academia and field experts) from the 'Promoting Physical Activity and Health in Sports Clubs' working group of the Health Enhancing Physical Activity (HEPA) Europe Network selected for their expertise and contribution to HP in sports. The HEPA Europe network was selected for its diverse expertise and varied skills, knowledge and backgrounds related to sports clubs, health promotion, the HPSC model and design, implementation and evaluation of HP interventions in this setting. Each participant was engaged in at least three meetings: meeting 1 (n = 16), meeting 2 (n = 18), meeting 3 (n = 21), meeting 4 (n = 18), meeting 5 (n = 17).

2.3 *Data collection*

All participants gave their informed consent to participate in the study and were informed about ethical and authorship implications of participating in the project through an email in December 2024. Involvement consisted of taking part in five 2-hour virtual meetings in 2025 (on January 31st, February 27th, March 20th, May 15th, June 11th), as well as providing feedback on the developed content for the HPSCM (Fig. 1). Participants were required to attend at least three meetings, or as many as possible, in order to ensure meaningful contribution to the process.

Agenda and meeting minutes from each meeting were approved by all participants, documents generated from the meetings were shared and reviewed; input from each participant was considered as well as feedback from participants before, during, and after meetings. Three outputs were created based on discussions from the key research questions.

2.3.1 Updating the definition of HPSC and developing new definition of HPSCM and their principles

A revised definition and key principles of an HPSC were refined based on an in-depth review of existing literature [1, 27, 28]. This revision was needed to better integrate the role of managers, who are crucial in translating strategic goals into everyday practices within sports clubs. The definition and principles were

subsequently refined through an iterative process informed by expert feedback. Input was systematically analyzed to identify areas requiring clarification or further elaboration. Minor adjustments were incorporated to enhance precision and applicability. The final version reflects a shared understanding of the essential characteristics and guiding principles of a HPSC grounded in the process of developing role-specific guidance for the implementation of HP in sport clubs, which also underscored the need for a clear definition of an HPSCM. An initial analysis highlighted the importance of distinguishing this role from other actors in the sports setting, thereby clarifying responsibilities and expectations for implementing HP principles at the club level. To develop the definition for HPSCM, the research group built upon the existing definitions of health-promoting sports federations and the health-promoting sports coach to develop one for managers [29, 30]. Input from experts gathered during the definition development process was synthesised and analysed to identify common themes and key elements. The resulting definition was iteratively refined through expert feedback until conceptual clarity and consensus were achieved.

2.3.2 How can the HPSC model be applied to sports club managers?

To support the integration of HP into the work of HPSCM, the five strategic action areas of the Ottawa Charter (Building Healthy Public Policy, Creating Supportive Environments, Strengthening Community Action, Developing Personal Skills, and Reorienting Health Services) were systematically adapted to the context of sport clubs [19]. This adaptation involved translating the strategies of the Ottawa Charter into context-specific managerial actions. Based on expert input, a structured table was developed to illustrate the connection between each strategic area and its practical application at the level of SC managers. This charter distinguished between the general objectives of each HP strategy and the specific goals and measures that SC managers could take to achieve these objectives in their clubs. The final version was refined through iterative feedback and validated as a clear and actionable presentation of how HP strategies can be operationalized through SC management.

To adapt the stages of a settings-based approach to the HPSC model for use by SC managers, the experts drew on the framework proposed by Geidne et al. (2025), which conceptualizes the relationship between sport and health [23]. This adaptation considered how the stages can be operationalized in grassroots sport clubs, including practical challenges and contextual factors [15]. The refinement of the stages was informed by two role-specific documents the Health-Promoting Sports Coach Implementation Guide and the Health-Promoting Sports Federation Implementation Guidance both of which interpret the settings-based approach in sport clubs [29, 30].

The conceptual foundations of HP in sport were considered to ensure that the progressive stages were grounded in established theory and aligned with a comprehensive understanding of how HP principles can be applied within sport settings [18]. Based on insights and input from the first two meetings, one author (SG) developed a draft table presenting the progression stages to be presented during the third expert meeting. Participants were invited to review the table individually and provide written feedback

and suggest modifications. A brainstorming session and small-group work were conducted to adapt, condense, and simplify the original HPSC logic model, making it more applicable for sport club managers and addressing the limited understanding and implementation of the settings-based approach in sports clubs [30]. The project team presented three visual examples of the adapted logic model during the third expert meeting. Participants engaged in a 30-minute group work session to review and compare the options, with discussions centered on practicality, clarity, and alignment with health promotion principles. The content was progressively refined and simplified, with the aim of improving comprehension and reducing textual density. By the fifth meeting, the expert group had reached agreement on the content of the adapted logic model.

2.3.3 Identifying keys interventions components for sports club managers

To support the operationalization of the HPSC framework, a structured strategy template was developed to guide the refinement of existing intervention components [31]. Based on adapted structure for sports club managers, one author (AVH) drafted 42 intervention components from the HPSC intervention framework [32]. The structure included: (1) the intervention component, (2) its link to current practice, (3) why implementation is important, (4) what a manager can do individually, (5) what a manager can do as a member of the board and (6) how the strategy links with the progression stages developed earlier. Each component was then subjected to participant review, with every component independently assessed by at least two reviewers. Reviewers provided feedback on clarity, relevance, and practical applicability, enabling iterative refinement of the content to ensure conceptual consistency and usability across different organizational contexts. The detailed intervention components are provided in Supplementary File 1.

2.4 Data analysis

Data were collected through comments submitted to a collaborative tool (i.e., shared documents) by the first author and co-authors during meetings. Feedback provided by email was shared with the group via an internal sharing platform between meetings to allow the development of exchanges.

Agendas and minutes were communicated, products generated from the meetings were shared for review and input from each participant was requested. Where discrepancies or uncertainties emerged, these were brought back to the group for clarification and consensus-building in subsequent meetings. This process enabled an evolving analysis that was grounded in both individual input and collaborative validation.

3 Results

The iterative expert-informed process resulted in three main outputs. First, the expert group developed a revised definition of the Health-Promoting Sports Club and a definition of the Health-Promoting Sports Club Manager, accompanied by six guiding principles. Second, the Health-Promoting Sports Club model

was adapted to the managerial level through the application of the Ottawa Charter action areas, the development of four stages of progression and an adapted logic model. Third, 42 intervention components were identified and operationalised to support sports club managers in implementing health promotion in sports club settings.

3.1 Revised definition of HPSC, definition of HPSCM and key principles

To update the concept and ensure consistency with recently established definitions of managers, federations, and coaches, the expert group proposed the following definition of an HPSC: *"A health-promoting sports club is an organized non-profit sports club that directly or indirectly promotes mental, social and physical health through policies, strategies and actions, by collaborating with internal stakeholders (e.g., sport participants, coaches, managers) and external partners (e.g., federations, health promotion professionals, municipalities) of the club"*.

Additionally, the expert group proposed the following definition regarding HPSCM: *"A health-promoting sports club manager is defined as a manager that actively adopts health promotion in their club's policies, strategies and actions, utilizing their expertise, skills and knowledge"*. The individuals responsible for implementing this definition are those who manage sports clubs, whether in a paid or volunteer capacity, and who may or may not be members of the club's board. Their actions, decisions, and vision play a critical role in embedding health promotion into the club's daily operations.

Based on this definition, seven principles to becoming a HPSCM were identified (see Fig. 2).

3.2 Application of the HPSC Model to Sports Club Managers

As part of the theoretical background and application of the HPSC model at the managerial level, the roles and actions of sports club managers were mapped onto the five strategies of the Ottawa Charter for Health Promotion (see Table 1). For each of them, specific goals for HPSCMs were identified and translated into concrete actions applicable to the daily functioning of a club. This enabled the research team to clarify how sports club managers can actively contribute to HP within the sports club setting.

Table 1
Application of the Ottawa Charter action areas to managers' health promotion actions

	Ottawa Charter action areas				
	Building Healthy Public Policy	**Creating a Supportive Environment**	**Strengthening Community Action**	**Developing Personal Skills**	**Reorienting Health Services**
Goal HPSC manager	Develop health policy documents and visions that acknowledge the role of decision-makers (managers, coaches, sports participants) and integrate health as a core value.	Understand and support the health needs of sports club members, while ensuring a safe, welcoming, supportive environment in sports clubs.	Foster collaboration between sports clubs, communities and local organizations, to promote a consistent and inclusive approach to various health topics.	Provide education and raise awareness among all stakeholders on health topics.	Ensure that sports club members are recognized not only as sports participants but as individuals, empowering them to take an active role in their health, while providing adequate support for health management, recovery and wellbeing.
How (actions HPSC manager)	- Incorporate health discussions in club meetings. -Embed health principles in club rules. -Financial accessibility: reduce fees for vulnerable groups. -Write a strategic plan or elaborate a vision of how health is addressed by the club. - Create a fair and inclusive decision-making process.	-Maintain safe facilities and provide quality equipment. -Ensure the sports club environment is safe, welcoming and supportive. -Monitor sports participant's health and report health issues. -Elaborate a critical incident plan and process for supporting sports club member health and wellbeing.	-Partner with NGOs, healthcare and local authorities. -Identify and address community health needs. -Organize events with local stakeholders on health topics. -Disseminate sports club activities in the community.	- Organize talks and workshops on different health topics. -Distribute leaflets, online resources and videos. -Organize testimonials and interactive discussions with experts. - Place posters and signs about health promotion topics in the sports club.	-Identify and address member's health needs (e.g., disabilities, conditions). -Establish a follow-up system for members returning from medical care. -Promote a healthy lifestyle beyond the club, involving families. -Improve communication for reintegration into sport practice after encountering health issues (e.g., illness, mental health challenges, physical injury).

The adapted levels show progress in integrating health promotion into sports clubs. Passive model assumes that health is an automatic result of participation in sports, with management focusing primarily on safe training and basic information. The active model frames health promotion through sport, emphasises social and community benefits, and organises events for wider groups. The transmissive model introduces targeted health promotion through specific programmes or collaborations, although these are often short-term and externally focused. The comprehensive approach reflects a fully integrated level at which health promotion is incorporated into all policies and practices, with leadership driving long-term, system-oriented strategies and participatory structures. (see Table 2).

Table 2
Stages of health promotion applied to the HPSCM

Stages [22]	Sports club assumptions [23]	Sports club management role	Example of managing actions
Passive Model	**Health promotion as an outcome** Offering sport and assuming this will automatically lead to good health because sports participants participate in club activities, mostly through physical activity, without considering why this works for some but not others.	• Sports club board ensures the provision of safe and secure training. • Health promotion-related activities are sometimes conducted, but often solely for sport performance reasons.	• Encourage individuals go to sport specific education. • Mostly talent focused or performance oriented. • Disseminating information, mostly about single health topics such as physical activity or substance use, from federations by e-mail or signposting.
Active Model	**Health promotion through sport** Using sports as a tool for health promoting outcomes, assuming the sport practice and its environment will lead to good health, because belonging to a club offers physical, mental and social	• Sports club board and managers promote the benefits of sport and quality training. • Managers seldom mention health overtly but work with health-related topics such as inclusion and gender equality.	• Events on non-competitive sports activities to recruit other (inactive) target groups. • Events on competitive sport activities for sports club members and community members.

Stages [22]	Sports club assumptions [23]	Sports club management role	Example of managing actions
	benefits to the individual and community.		
Trans-missive model	**Health promotion in sport and health promotion and sport** The sports club's board is aware (e.g. from external lectures or actors) that some health problems in the club could be solved by their own management activities. The solution is often to implement specific health interventions or to collaborate with health organizations.	• Managers often implement specific health promotion interventions. • Managers have started paying attention to what was learned from previously implemented activities • Managers have started considering how integrating health promotion may result in positive sports club and member outcomes but have not started a strategic long-term program or plan to involving other members/partners.	• One-off, short-term (generic) health promotion interventions (e.g., 6-–8 -week programs), on a specific health topic. • Sporadic events or activities at sports clubs (e.g., healthy eating day, inclusion day). • One-off activities for sports members, not associated with day-to-day sports club practices often with external facilitators (e.g., conferences, workshops).
Compre-hensive approach	**Health promoting sport** The perspective of promoting health in everyday sports activities is regarded in all actions and decisions made by	• Use of the whole-sport club system perspective to promote health. • Management plays a coordination/leadership role with a health promotion vision in all decisions, involving multiple actors. • Managers together with board members, have long-term and sustainable strategies/planning regarding health promotion perspectives.	• Consideration of health perspectives and impact in all policies, decision-making processes and vision. • Bottom-up participation in decision-making.

Stages [22]	Sports club assumptions [23]	Sports club management role	Example of managing actions
	the sports club. The sports club acts as a health promoter, considers a multilevel, multistrategy approach and takes a multihealth-topic perspective (i.e. does not focus on a single health topic).		• Initiating parent and youth committees. • Developing a health promotion implementation plan, revised yearly.

Sports club managers may engage with health promotion at four progressive stages with each stage outlining: the club's assumptions about health (e.g., whether health is seen as a natural outcome of sport or as something requiring strategic effort), the role of sports club manager (is it an individual action or a collective decision-making process) and examples of sports club manager actions that reflect the level of engagement from basic safety measures to long-term planning and community collaboration.

Table 3 presents the HPSC logic model adapted to the club level/for sports club managers. The HPSC logic model includes key inputs such as support from local authorities, sports federations and health professionals. Based on these inputs, club managers can implement activities including strategic planning, member engagement, partnerships, and health communication, leading to outcomes such as a safe and inclusive sports environments, health-educated staff, and stronger community ties. In the long term, these efforts can lead to empowered managers, a stronger sense of belonging, and a club culture where healthy choices are on the foreground.

Table 3
Contextualised (HPSC) logic model for sports club managers

	Inputs	Activities	Outcomes	Impact
Sports Clubs	**• Local policies and support from local authorities** **• Sports federation support, programs and training** **• Health Professional collaborations** **• Private and public funding** **• Partnership with health promotion professionals (dietician, physiotherapist, psychologist, nurse, health promotion officer)**	**• Board assigns one person or committee to promote health** **• Board allocates funds and volunteers to promote health** **• Club strategic or development plan entails health promotion** **• Club consults its members and uses a participative approach to decide on its development** **• Club evaluate and follow up on health promotion actions** **• Club plans communication on health (social media, coaches, posters)** **• Club encourages staff and volunteers to build capacity (training, mentoring) on health** **• Club develops partnerships and applies for funding**	**• Club social health** **• Club is a safe, welcoming, sustainable sport environment** **• Health advice and activities** **• Health educated staff** **• Healthy culture and norms** **• Partnerships with health professionals** **- Club charter on health** **• Posters, signage and information on health** **• Local cooperation with other settings (schools, workplaces)**	**• Increased HP capacity** **• Greater revenue for the club** **• Increased and more diverse membership** **• Enhanced sport performance** **• Enhanced rootedness in local community** **• Higher contribution to society social and community capital**
Managers	• Sport federation support • Local community support • Club activities and regulations (see above) • Coaches support and requests	• Managers communicate on health • Managers ensure health regulations are adopted • Managers organize non-sporting or noncompetitive activities	• Managers' enhanced health and healthier behaviors • Sports clubs members' positive attitude towards HPSC • Enhanced sense of belonging to the club	• HP educated managers Enhanced sports performance • Healthy choices, easy choices in club • One club culture

	• Sports participants support and request	• Managers support coaches to promote health • Managers coordinate with partners or local community - Managers are a Healthy Role model	• Enhanced skills in health promotion • Higher motivation for volunteering - Clear communication on health	• Commitment and long-term involvement in the club

3.3 Development of implementation guidance for the intervention components

The supplementary file presents strategies for delivering intervention components aligned with the 4-stages of progression in HPSCM. These strategies, derived from published articles applying the HPSC model, were reviewed and those relevant to the managerial level were retained to inform this process [31]. The intervention components include clear communication, fostering a sense of belonging among club members during goal-setting processes, identifying reasons and levels of commitment to health promotion, securing financial resources, involving family members to support health-promoting actions and role models (sport champions) and mobilising local policymakers to advocate for health. Additional intervention components address the evaluation of activities, including short- and long-term outcomes, fostering positive relationships within the team and the wider community, disseminating health-promoting activities, and defining approaches for collaboration with external partners.

4 Discussion

While the roles of coaches and sports federations in HP have been previously studied, the responsibilities and possible contributions and leadership roles of sports club managers in HP have remained largely underexplored [29, 30]. This study addresses both a research and practice gap by providing theoretical principles, intervention strategies and examples of concrete activities for sports club managers based on the HPSC model and the setting-based approach [33]. While the physical, mental, and social benefits of sports participation are well-documented, and recognition of sports clubs reach and potential for HP is growing, they often remain underutilized settings for comprehensive HP [31]. Sports clubs managers often play a central role in driving organizational change. They can facilitate development and goal setting, while aligning the mindsets and agendas of different stakeholders at different levels of the sports club [21, 24].

This study highlights the strategic role of sports club managers in realizing the potential of sports clubs as health-promoting settings, while providing a structured, theoretically grounded, and practically applicable framework to support the integration of HP into daily operations and long-term planning [2]. Previous research has shown that nothing is more practical than a good theory, as theory-based interventions are widely recognized as more effective and sustainable then those developed without

theoretical foundation. By grounding our work in the settings-based approach to HP, we emphasize the importance of tailoring strategies to the unique context of sports clubs, which are often characterized by volunteer-led structures, limited resources, and a strong performance focus [31, 33].

While similar frameworks exist in certain countries (e.g., the Irish GAA Healthy Clubs Programme, National Sport Program of Slovenia, Norwegian Directorate of Health Physical Activity and Health Initiative, Swedish Sports Confederation Idrotten Vill – Idrottsrörelsens idéprogram "Sport for All ideology" Program and Swiss Federal Office of Sport "Youth+Sports" Program), these often concentrate on national sports governing bodies or coaches, rather than club-level managerial leadership. Our stage-based progression model differs by explicitly centering on sports club managers, providing a stepwise, theoretically grounded framework that supports their growth into HPSCM. This managerial focus represents a novel contribution that complements and extends the scope of existing initiatives. Raising these comparisons in the introduction can further strengthen the rationale for the HPSCM implementation guide [24].

Utilizing the Ottawa Charter as a conceptual framework enabled the expert group to translate core health promotion strategies into specific managerial actions, and by mapping these to the Charter's five action areas, they clarified the manager's potential influence from governance and policy development to community engagement and capacity building. Although the Ottawa Charter has been utilised also in other settings (e.g. schools, workplaces, hospitals, and community programs), its adaptation into the sport club environment brings both similarities and different goals. Schools and community-based research emphasize the importance of participatory approaches and intersectoral coordination, while work and health applications are usually based on structured policies and institutionalised programmes [34, 35]. Our findings are in line with these studies in suggesting the need for integration, leadership, and stakeholder participation but adding evidence by showing how sports club managers can use the Charter's five strategies of action to practical governance, policy, and community practice [21]. This alignment shows that, despite differences in context, each success depends on the same basic principles of participation, system support, and adaptation at local levels.

A recent literature review posited that the settings-based approach, when applied to sports clubs, is poorly implemented and weakly comprehended [36]. Evidence indicates that a HPSC logic model has an impact at all levels, from national and local government right down to individual and it also recognizes differences between clubs and managers in terms of knowledge, capacities, and the extent to which the club setting can support them [20]. The logic model helps to define how managers of the sports club can create the conditions that allow and promote members' health [24, 37]. Both settings approach and logic model concentrate on dynamic, multilevel, participatory, integrated, and context-adapted intervention strategies [24]- Their combined use in sporting clubs guarantees the planning, execution, and long-term sustainability of health promotion by officially linking resources, actions, stakeholders, and outcomes within sporting's multifaceted social setting [21, 37]. The roles given to HP managers in sports clubs in the latest studies, emphasize managers as central agents in implementing health promotion into the policies, governance, environments, and community partnerships within sports clubs, consistent with the

Ottawa Charter's five areas of action and substantiating the central role of managers in upholding health promotion in sports clubs [38, 39].

In comparison to sports clubs' managers, training for public health practitioners is aimed at equipping professionals with skills to promote health at the population and community level [40]. Their education includes the study of social and environmental determinants of health, program planning and evaluation of prevention programs, policy advocacy support, and affecting multiple sectors such as education, transportation, or local government [41–43]. The emphasis thus shifts to system-level change and equity, positioning practitioners as agents of large-scale HP and sustainability. Managers on their side have to act as role models and create enabling policies, practices and environments for sports participation [23]. However, their distinctive responsibility is on the informal nature of HP education and the importance of being gatekeepers to health professionals rather than expert in public health, which also align with their limited capacity.

Limitations and Future Research

Several limitations should be considered when interpreting these findings. First, the expert group involved in the collaboration process mainly consisted of researchers from Europe which may limit the generalizability of the results to low-resource settings with different infrastructures, policies, and capacities for health promotion in sport. Second, the practical implementation of the proposed intervention components and the adapted HPSC logic model have not yet been evaluated in real-world settings, their feasibility, acceptability, and impact therefore remain to be evaluated. Third, despite the usability of the framework, its adoption by managers is not guaranteed. Limited time, competing priorities, and lack of motivation may hinder its application in practice, which highlights the need for strategies to enhance managerial engagement. Finally, the outcomes presented are theory-driven and informed by experts rather than empirical evidence.

Future research should actively involve sports club managers and stakeholders to enhance the framework's relevance, usability, and effectiveness. Key questions include how clubs with different structures and governance models adopt and sustain these practices, what measurable outcomes arise in terms of health, participation, and organizational development, and which contextual factors support or hinder long-term implementation. Longitudinal studies, implementation trials, and comparative case studies across countries, sport types, and club sizes will be essential to refine and validate the framework. Inclusive approaches involving managers, coaches, parents, and local partners will further ensure that strategies are context-sensitive and sustainable.

5 Conclusions

Sports club managers are well positioned to support the integration of health promotion into the mission, culture, policies and daily practices of sports clubs. This study provides a theory-informed framework, a definition of the Health-Promoting Sports Club Manager, guiding principles, stages of progression, an adapted logic model and 42 intervention components to guide managerial action. By

focusing specifically on managers, the framework helps bridge the gap between health promotion theory and practical implementation in sports club settings. Future research should examine the feasibility, acceptability and effectiveness of these strategies across diverse sports clubs and national contexts.

Abbreviations

HEPA: Health-Enhancing Physical Activity
HP: Health Promotion
HPSC: Health-Promoting Sports Club
HPSCM: Health-Promoting Sports Club Manager
SC: Sports Club
WHO: World Health Organization

Declarations

Ethics approval and consent to participate

This study was approved by the University of Lorraine's Data Protection Officer, registered with the National Commission of Freedom of Information under number N°2025-412. All participants provided informed consent to participate in the study and were informed about the ethical and authorship implications of their participation.

Consent for publication

Not applicable

Availability of data and materials

The datasets generated and analysed during the current study are not publicly available due to the collaborative nature of the data and confidentiality considerations related to expert meeting notes, shared documents, and written feedback, but are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Author's contributions

AVH and SuG contributed to the conceptualization of the study. AVH, SuG and AV contributed to the methodology. PO and AVH wrote the original draft. PO, SuG, AV, HE, SpG, MNL, NB, RE, LW, AL, JS, AiL, LO, CM, PP, BA, VS, AT, FB, KB and AVH contributed to reviewing and editing the manuscript. PO, SJ, AV, SuG, HE, SpG, MNL, NB, RE, LW, AL, JS, AiL, LO, CM, PP, BA, VS, AT, FB, KB and AVH contributed to visualization. AVH, SuG and AV supervised the study. All authors read and approved the final manuscript.

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Figures

Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5
16 participants	18 participants	21 participants	18 participants	17 participants
• Presentation of the project • Reflection on the revised definition and principles of a health-promoting sports club • Reflection on how incorporate Ottawa charter	• Choice on target group (to include sports managers) and title of the guidelines • Decision of inclusion of logic model • Definition of sports managers and a key action principle for becoming a health-promoting manager in small groups • The template for the intervention components was discussed	• Finalization of definitions and key principles • Presented work regarding Ottawa charter and stages • Group work on HPSC logic model	• Final decision on work related to definitions, Ottawa charter and stages • Feedback on intervention components • Presentation of new logic model	• Final feedbacks on the logic model • Dissemination strategy
Outputs	**Outputs**	**Outputs**	**Outputs**	**Outputs**
• Proposed refined definition of a health-promoting sports club and a list of a key action principle • First draft of Ottawa charter strategies	• New proposed definition of HPSC and key principles and definition for health-promoting sports managers • An initial version of the 4-stages of the health-promoting manager based on the setting-based approach[21] • Framework for simplified HPSC logic model	• A final definition of HPSC and 6 key principles for the health-promotion HPSC • Finalization regarding 4-stages of progression for the health-promotion managers based on the contextual approach	• Finalization of all steps except on logic model	• Final agreement on all work



Summary of outcomes from the project team's first meeting.	Revision of the theoretical background to develop a new proposal.	Finalization on intervention components.	Providing final comments/suggestions.

Figure 1

Collaborative development process of the theoretical grounds for HPSCM

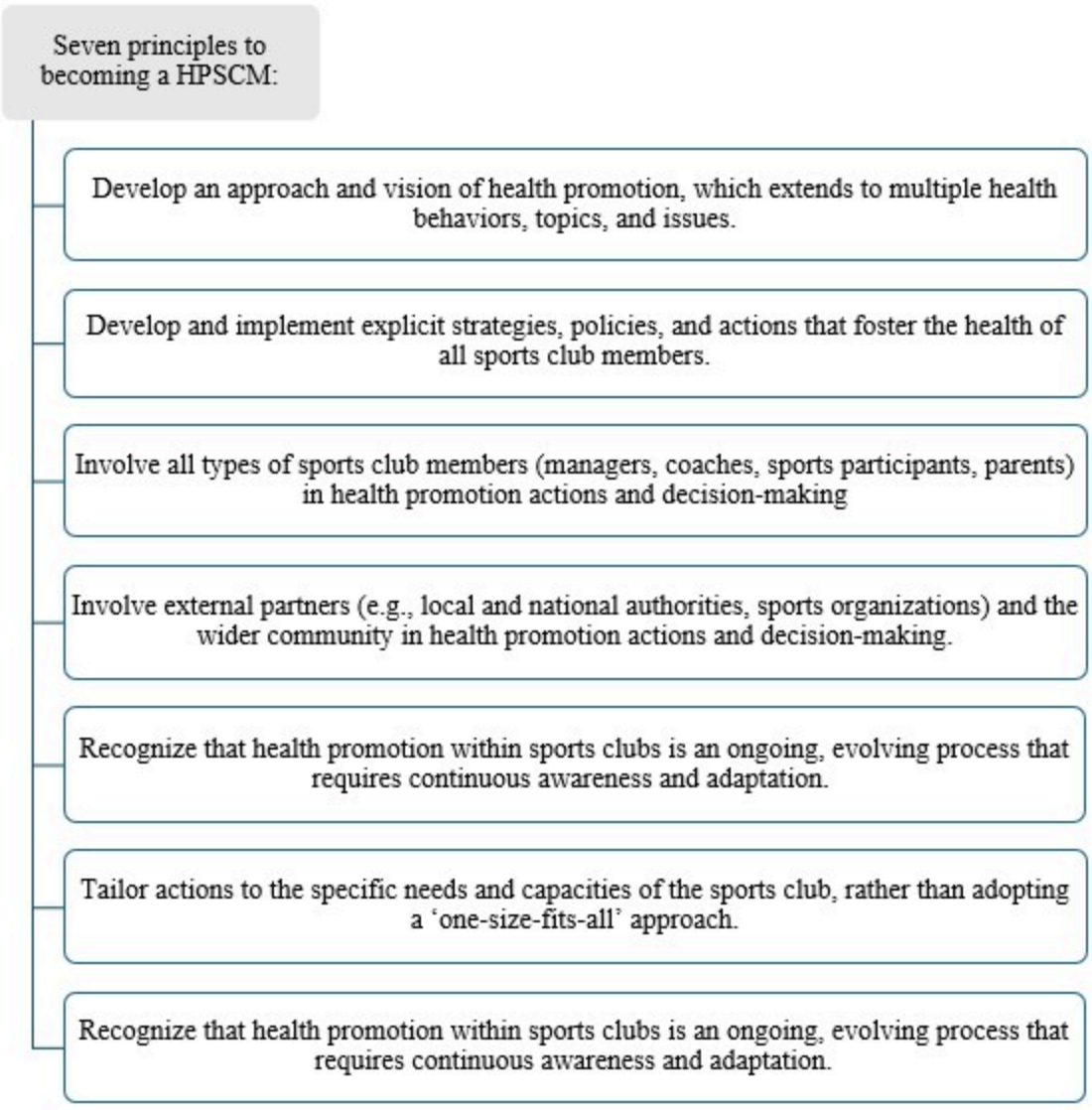


Figure 2

Seven principles to becoming a HPSCM

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