Stakeholder interviews EuroFIT

Inactive and sedentary lifestyles are pandemic. In the WHO European Region physical inactivity accounts for a million deaths per year and causes high level of burden for diseases including cardiovascular disease and diabetes. This burden can be reduced if people are supported to be more active, less sedentary and eat healthy food, but people at high risk often participate less is existing support programmes, and in particular, very few men engage in weight loss programmes. New and innovative ideas are needed to engage and support men to make the changes that last to improve their health.

EuroFIT is a European-funded research project that builds new social partnerships between football clubs, fans and researchers to improve men’s health by addressing physical inactivity, sedentary behaviour and poor diet. EuroFIT builds on the success of the UK-based Football Fans in Training (FFIT) project, where men participated in a physical activity and healthy living programme designed to help men lose weight which was delivered at Scotland’s top tier football clubs. The EuroFIT programme will be delivered to men through some of the top professional football clubs in four European countries (UK, Netherlands, Portugal and Norway).

The EuroFIT programme will be delivered to male football fans through top tier clubs across Europe, harnessing the loyalty and attachment these men feel towards their football clubs. Since the start of the project, the EuroFIT team have been working to design a programme that helps men make lasting lifestyle changes and that can be easily recreated in new football clubs in the future. This report presents a summary of what we have learned from face-to-face interviews with our stakeholders.
1 Introduction

Since the start of the project, the EuroFIT team have been working to design a lifestyle change programme to increase physical activity, reduce sedentary time and improve eating habits and that can be easily recreated in new football clubs in the future.

We have researched what is best practice in lifestyle programmes delivered by community-based organisations, carried out a survey of current health promotion activities in European football clubs and held face-to-face interviews with stakeholders of health promotion activities delivered in football clubs.

This report focuses on what we learned from our face-to-face interviews with representatives from football clubs in England, the Netherlands, Norway and Portugal, as well as from funding agencies and sports associations outside of football.

2 What we did

We wanted to learn about stakeholders’ own experience of health promotion programmes delivered at professional football clubs.

WE ASKED ABOUT:
- existing health promotion programmes run by football clubs and how well they worked,
- the barriers and facilitators to running health promotion programmes in football clubs,
- sources of funding for sports-based health promotion programmes,
- how to best ‘scale up’ of health promotion programmes across a group of clubs or across a whole league.

We interviewed 17 stakeholders in May and June 2014 in the UK (4 interviews); Norway (5 interviews); Portugal (4 interviews) and the Netherlands (4 interviews). All interviews were recorded and summarised in English for further analysis by the team. We removed all identifying information about the participants so they could not be easily identified and sent translated summaries of the interviews to Healthy Stadia, who synthesized the findings. The synthesis is now being used to develop the EuroFIT programme.
3 What did we learn?

There are already many health interventions being delivered in the target countries, targeting a wide range of audiences and health concerns, with varying programme size and coverage. Programmes were aimed at children and young people, disadvantaged groups such as homeless or unemployed people and older people. Their focus included promoting healthy lifestyles, improving mental health, and enabling people to live with long term conditions, such as diabetes.

Many programmes involved multiple components including: individual coaching and advice; group activities; decision making skills; printed materials; online programmes; and endorsement and support from football players. However, only a few of the programmes had been scientifically evaluated, and in most cases the evaluation focused on the process of delivery rather than on the programme outcomes.

When we analysed what stakeholders thought affected the success of health promotion programmes we identified five main elements: The importance of using club brand and identity, program development and implementation, partner involvement, organisational and individual capacity and competence, and programme financing.

**Club brand and identity:**
Involvement of, and endorsement by, a football club was said to have a positive impact on a health promotion programme. They said that the club brand and identity, and the supporters’ affiliation and identification with the club usually mean that there is a close connection between the club and its local community:

> The emotional attachment of fans with their club is strong, that should be kept in mind when communicating about the intervention. When a fan receives a letter from the club, they will read it. When they receive a letter from the university: probably not.

– Coordinating charity for football leagues

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**Programme development and implementation:**
Stakeholders also said that the design and implementation of a health promotion programme affects its success. For instance, in their experience, dropout rates are affected by how long a programme runs and how often sessions are run, as well as the inclusion of participants of similar gender, age and social-economic status. Engaging with adult men, especially overweight men such as those targeted by EuroFIT, was viewed as particularly difficult, and the interviewees described the importance of matching an intervention to the needs of specific target audiences:

*Looking at what kind of sports fits the participant and what is available in the neighbourhood/district.*

– Local health promotion agency and national health insurance company

**Partner involvement:**
The right partners being involved in key aspects of the programme planning and delivery was also said to be really important to make health promotion programmes successful.

*Football clubs need to have the feeling that they were involved in the development of programmes.*

– Coordinating charity for football leagues

They warned that processes for partner involvement should be well-designed; decision-making can become complex with multiple partners, and different working practices, culture and ethos of partners may become a barrier to effective collaboration:

*Football is ‘speed and action, doing before thinking’. Research projects and health is ‘slow, thinking before doing’.*

– Coordinating charity for football leagues

*Football clubs have an organizational focus on performance and money instead of health. They lack appreciation of community initiatives and hence lack experience with it.*

– Local health promotion programme and national institute for sport
Organisational and Individual Capacity and Competence:
Stakeholders said that programmes must be tailored to meet local needs and delivered collaboratively, but recognised that this is time-consuming and requires skill. Some football clubs will have limited experience in delivering health promotion programmes whilst others are very experienced.

They thought that effective delivery of health promotion programmes depends on well-run club departments with the necessary time and skills. In the UK, the club-affiliated ‘community Foundations’ or ‘community Trusts’ model has existed for more than 10 years, and has started to be adopted by a number of north European countries (e.g. the Netherlands), whilst other countries have developed club social responsibility departments who carry the remit for community projects, including health.

It is a problem to have enough “man power”, enough people, specifically in relation to the great need for this kind of education.

– National football federation

The key contributing factor leading to successful delivery of interventions is the attitude, skill set and capacity within each of the individual Foundations delivering projects. If the Foundations are well-managed and have committed staff, projects stand a much greater chance of success, and some of this is also down to how well the parent club is run. Funding is a major factor, but secondary to how well Foundations operate.

– Coordinating charity for football leagues

However, there was some evidence that skills limitations were being addressed through training of those involved in the delivery of the programmes in partnership with universities, development of multi-disciplinary teams with diverse backgrounds and guidance from central organisations:

Some stakeholders, for instance health promotion organisations, are more experienced to implement and manage projects, and can advise clubs.

– Multinational pharmaceutical company and national institute for sport
PROGRAMME FINANCING:
The cost of delivering health promotion programmes was seen as a very important barrier to their success:

Money is the biggest barrier and concern. Everything costs money at a club: if you want to use a room/facility/football player/football - then you will get an invoice.

Coordinating charity for football leagues

However, some stakeholder representatives suggested that the involvement of national level bodies can have a positive impact on the funding of projects:

The charity has not been involved in commissioning or coordinating any health projects across all clubs, but has provided discretionary funding for clubs to run health interventions, in particular those targeting primary school children in the area of obesity. Around 40 of these projects will be funded in the 2014/15 season, with the projects designed and evaluated by club Foundations.

– Coordinating charity for football leagues

Stakeholders recognised that to effectively up-scale successful health promotion programmes, as planned for EuroFIT, depends on a number of factors, including providing evidence that programmes are effective, advocacy, communication and attracting funding:

The main technique for extending projects across a number of clubs is to use two or three pilot clubs as case studies, and for them to become ambassadors for the project. Ambassador clubs can then be used to demonstrate the benefits of the project to other clubs and potential funders.

– Coordinating charity for football leagues

The League as a governing body can lead a campaign and communicate benefits, but ultimately each club needs to have buy-in. The benefits to the overall game, to each participating club, and to local communities need to be clearly communicated. Once this can be achieved, relevant stakeholders will want to engage with the campaign, thus leading to implementation.

– National sports governing body
Demonstrating effectiveness was seen as essential for obtaining funding on an on-going basis, and linking programmes to national public health outcome frameworks can make implementation and sustainability easier. Effective management, publicity opportunities, evidence of impact and programme sustainability were also highlighted as important for gaining commercial support:

*The main thing for public health teams is that the project delivers against set targets, and as long as targets are maintained, there is scope for continued funding.*

– National public health agency

*Health insurance companies do not want to invest in a single short local project, rather in long-lasting nationwide projects (with high branding possibilities).*

– National health insurance company

## 4 Summary

Many factors affect the success of health promotion programmes, such as the programme planned for EuroFIT. Face-to-face interviews with representatives from football clubs in England, the Netherlands, Norway and Portugal, as well as from funding agencies and sports associations outside of football have helped the EuroFIT team identify ways in which to improve our health promotion programme design and key factors to consider as we look forward to wider, future implementation.