Be an empowering and supportive coach

Health Promoting Sports Coach implementation guide
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Abstract

Sports coaches play a key role in participants' sports experiences and can positively influence their social, mental, and physical health. Nevertheless, sports coaches are often volunteers and may benefit from knowledge and support regarding the fostering of their sports participants' health and well-being, beyond the technical and tactical aspects of sport.

The Health Promoting Sports Coach implementation guide provides practical advice to coaches on how to integrate health promotion into their coaching. The first section of this guide covers the theoretical background, including definitions of health promotion and a Health Promoting Sports Coach, the role of coaches in promoting health, and the stages of progression in Health Promoting Sports Coach practices. The second section provides a practical checklist of concrete actions for coaches to undertake before, during, and after training, to promote health in their coaching. The third section presents long-term strategies to implement health promotion within coaching, based on the Health Promoting Sports Club model.

This practical guide will help coaches to approach and implement health promotion comprehensively, through their actions, relationships with sports participants and other stakeholders, and role modeling, and within the overall club setting.

Keywords

COACHES
HEALTH PROMOTION
SPORTS CLUBS
PRACTICAL GUIDELINES
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Communicate with a unique message
Communicate with the community
Communicate effectively within the club
Communicate the benefits of health promotion activities
Consider your sports clubs context when promoting health
Identify reasons for commitment to promote health
Identify the degree of commitment to promote health
Review health promotion financial resources
Review health promotion human resources
Review the capacity to promote health regularly
Regularly review the time dedicated to health promotion
Define the goals of health promotion activity
Engage relatives to support health promotion actions
Mobilize local decision-makers and elected officials to support sports clubs’ activities
Review the short-term effects of health promotion actions
Review the long-term effects of health promotion actions
Stimulate positive relationships between sports participants
Use existing health promotion skills within the club
Consider and strengthen your ability to promote health autonomously
Identify and call attention to sports participants’ health promotion actions
Highlight your health promotion activities and those of your fellow coaches
Identify and call attention to managers’ health promotion actions
Identify and call attention to every health promotion action
Involve relatives in health promotion efforts
Create trust and working habits with existing and future partners
Include key health promotion objectives in coaching plan
Include the target population in the coaching plan
Identify and include responsible persons in the coaching plan
Include key steps in the coaching plan
Stimulate structural health promotion actions
Base future plans and policies on current health promotion actions
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Acknowledgements

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Glossary

The following terms are used throughout this Health Promoting Sports Coach implementation guide. Some terms may be used interchangeably in some countries, including “action plan”, “strategy”, “programme” and “project”.

**Determinant of health.** A personal, social, economic or environmental factor that can influence the healthy life expectancy of individuals and populations [1].

**Health.** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [2]. Health is regarded by WHO as a fundamental human right. Correspondingly, all people should have access to basic resources for health. Within the context of health promotion, health is considered a resource that permits individuals to lead socially and economically productive lives [2].

**Health literacy.** Personal knowledge and competence about health accumulated through daily activities and social interactions and intergenerationally. Personal knowledge and competence are mediated by organizational structures and resources that enable people to access, understand, appraise, and use information and services to promote and maintain good health and well-being for themselves and those around them [1].

**Health-enhancing physical activity.** Any form of physical activity that benefits health and functional capacity without undue harm or risk [3].

**Health-promoting actor.** A stakeholder who can contribute to promoting health in a setting (e.g. members, volunteers and coaches of sports clubs, community members, health professionals, policy-makers, public and private organizations).

**Health-promoting sports club.** An organized sports club for which the core business is to promote more than one health behaviour or activity by involving internal and external partners at various levels [4].

**Health promotion.** The process of enabling people to improve their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment [2]. It is a comprehensive social and political process. It includes actions not only for strengthening individual skills and capabilities but also for changing social, environmental, and economic determinants of health, to optimize their positive impact on public and personal health. Health promotion enables people, individually and collectively, to increase their control over the determinants of health and thereby improve their health [1].

**Health topic.** Any topic related to individual or population health, including physical activity, well-being, social justice, inclusion, sustainability, injury prevention and recovery, nutrition, and sleep. In this guide, “public health” involves promoting and protecting the health and well-being of people at a population level, covering topics from tobacco to transport, children’s health to climate change, and violence to viruses, which directly or indirectly affect people’s health and well-being [5].

**Policy.** A formal written document, (un)written formal statement, written standard or guideline that defines priorities, goals and objectives, usually issued by an administration (e.g. national, regional or local) or a sports organization (e.g. federation, club). This may include or be accompanied by an action plan or communication strategy.
**Programme or project.** A set of measures or a single (large-scale) long-term activity (from a few weeks to one sports season, which could be repeated) that may be related to a specific policy. The programme or project may comprise various actions or activities, such as interventions or initiatives, in sports clubs, which may be time-limited or open-ended.

**Setting-based approach to health.** The place or social context in which people engage in daily activities, and in which environmental, organizational, and personal factors interact to affect health and well-being [1].

**Sports club.** A private, non-profit organization formally independent of the public sector yet potentially supported by public resources, including volunteer members and a democratic structure, with the main objective of providing sport [6].

**Sports club member.** Any individual who takes part in a sports club activity, from managers and administrators to volunteers and sports participants, including referees and parents who assist with activities.

**Sports participant.** Any individual who practises sport or physical activity in an organized sports club and pays a membership fee.

**Strategy.** A long-term plan to achieve goals, in this case, for a sports coach to promote health in a sports club.
Introduction

Coaches’ powerful role

Coaches play a central role in supporting long-lasting sport participation and enhancing sports participants’ experiences in terms of performance, development, and health (7). Across the European Union (EU), 27 million people volunteer in organized sports as coaches or managers, supporting 54 million sports participants with different socioeconomic backgrounds across the lifespan (8). With this in mind, it is important to support and develop coaches as they influence, educate, and promote the health of youth and adults through sport (9). Beyond coaches’ activities, sports clubs play a pivotal role in promoting health in sport practices and sports environments or settings (i.e. smoke-free club, green club), shaping sports participants’ daily habits and social connections (10).

Current context of sport and health

Although sport participation has positive effects on physical, mental, and social health (11, 12), it can also be harmful for some individuals due to exclusion, discrimination, harassment, abuse or injuries (13). Thus, sport participation does not automatically lead to positive health outcomes (14). Moreover, some research suggests that sports clubs can promote active lifestyles but unhealthy diets (15), such as the consumption of sugar-sweetened drinks (16). Moreover, sport participation may lead to injuries, burnout, increased alcohol consumption, and violence in some sport settings (17). The sponsorship and advertising of unhealthy products, such as tobacco, alcohol, and fast food in sport settings, can also negatively influence health (18).

Several studies have shown that coaches’ health promotion activities are principally centred on improving sports performance (e.g. sleep, nutrition, injury prevention) and social outcomes (e.g. fair-play, positive sports climate, good relationships); however, there is less focus on broader health promotion topics relevant to sport, such as substance use or mental health, likely because coaches feel they lack knowledge and are ill-equipped to address these effectively in the sports club (19, 20). At the same time, previous research has highlighted that coaches feel that their club could be more active in promoting health (20).

Benefits of being a Health Promoting Sports Coach or Club

Promoting health as a sports coach has benefits for sports participants and other sports stakeholders (Fig. 1). For sports participants, it can enhance their performance, promote participation and enjoyment, and prevent dropout (21, 22, 23). Being a Health Promoting Sports Coach can increase the skills, motivation, and satisfaction of sports participants (21, 24). Similar results have been found for sports club managers. At a club level, supporting health promotion encourages coaches and managers to invest their personal resources into enhancing club capacity by developing new activities or enhancing their coaching quality. Doing these activities creates a virtuous circle in terms of their motivation and involvement, as these enhancements bring added social and human capital to the sports club (25).
The Health Promoting Sports Coach implementation guide

This implementation guide is designed to support coaches, sports clubs’ managers and board members, as well as any person interested in promoting health in and through organized sport.

Coaches can use this guide to embed health promotion in their coaching, to support and empower their sports participants regarding their health and well-being, performance and participation in sport.

This guide will help coaches to:

1) understand what a health-promoting sports coach is and how to progress through different stages of health-promoting sports coaching;

2) learn about the evidence-based strategies, skills, opportunities for, and barriers to, promoting health;

3) check which actions to undertake during and around coaching to promote health; and

4) learn about long-term health promotion implementation strategies based on the health-promoting sports club model.

This practical guide is based on the best evidence from research and practice. The document was developed by a group of 16 international researchers and members of national governing organizations during five two-hour meetings. A survey was disseminated through the participants’ networks, to collect data on coaches’ voices, which are integrated in the present work. Several drafts were presented, discussed, and amended in several countries.

Source: (21–25).
Section 1. Theoretical background of a Health Promoting Sports Coach

This section provides a theoretical background on health promotion, on how the concept is linked to coaching, including key elements, features and progression stages for health-promoting sports coaching.

1.1 Definition of health promotion

Health promotion is defined as:

> The process of enabling people to increase control over and improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. [2]

In this definition, health is seen as a resource for everyday life, not the objective of living. Health is a positive concept, emphasizing social and personal resources, as well as physical capacity [1], which are used for (personal) growth and to experience well-being. For example, in sport practice, being in good health and leading a healthy lifestyle can influence sport performance and/or self-development. Good health is perceived as a resource for social, economic, and personal development; therefore, healthy lifestyle and well-being are not solely the responsibility of the health sector. In other words, promoting health is a way for coaches to enhance their relationships with sports participants, increase coaching quality, and welcome a broad diversity of sports participants, rather than a direct goal per se.

More specifically, when looking at health actions, the definition of health promotion is very broad, targeting different health behaviours, their determinants and other topics, such as physical activity, well-being, social justice, inclusivity, sustainability, injury prevention and recovery, nutrition and sleep [Fig. 2].
**1.2 Definition of a Health Promoting Sports Coach**

The definition of sport coaching varies broadly across the scientific literature. The European Sport Coaching Framework defines sport coaching as “a process of guided improvement and development in a single sport and at identifiable stages of development” (27). This definition acknowledges the process rather than just an activity, outcome or short-term focus. The Framework also emphasizes the importance for coaches to be part of the sports system, which can support their development and coaching practice.

A health-promoting sports coach is defined as a coach that actively engages with the sports system, utilizing their expertise, skills and knowledge to promote health and well-being among sports participants and stakeholders.

This definition highlights the position of the coach, working with sports club managers and board members as well as sports participants and community members, to contribute to the health impact of sport and broader social impact on society. It also takes into consideration coaches’ expertise in their own sport discipline and their ability to integrate health into daily practice (see Fig. 3).
Based on the definition of a Health Promoting Sports Coach, three key principles are outlined.

1) Connect with the broader sports system and club environment through cooperation, training, and manager and club board support.

2) Adopt a philosophy of health promotion, which is considered a key aspect for coherent and robust coaching (28, 29), and where health is seen both as a process for sports participant development or performance and also as a value at the centre of coaching, guiding coaches' behaviours.

3) Be sports participant-centred, which is critical for a positive sport experience, for the flourishing of and respect for the integrity and individuality of sports participants (30).

1.3 Coaches’ role in promoting health and the Ottawa Charter

To put the Health Promoting Sports Coach definition into practice, coaches' actions are illustrated here in relation to the Ottawa Charter, which is health promotion's foundational document. The Ottawa Charter (2) defines five main strategies for health promotion in society (Table 1) that can be used to frame a Health Promoting Sports Coach role.
Table 1. Application of the Ottawa Charter strategies to coaches’ health promotion actions

<table>
<thead>
<tr>
<th>Ottawa Charter strategy</th>
<th>Application to coaching</th>
<th>Coaches’ action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build healthy public policy.</td>
<td>Coaches implement sports clubs’ health promotion policies and develop their own coaching philosophy to foster health.</td>
<td>Take proactive steps to embed or establish policies, standards, and values that prioritize health and well-being. Implement these policies in coaching practices to create activities and/or environments that support and promote the holistic development of sports participants.</td>
</tr>
<tr>
<td>Create a supportive environment for health.</td>
<td>Coaches play an active role in shaping their sport and the social and physical sports environment, making healthy choices the easy choices.</td>
<td>Establish a welcoming, safe, stimulating, and enjoyable sports participation environment. Prioritize the promotion of physical, mental, and social well-being among sports participants, fostering an inclusive atmosphere that encourages holistic development and positive experiences.</td>
</tr>
<tr>
<td>Strengthen community action for health.</td>
<td>Coaches have the opportunity to cooperate with stakeholders in the sports system, such as parents or relatives, but also intersectorally at the local level with health professionals, social workers, schoolteachers, or other stakeholders.</td>
<td>Mobilize the human, social, financial, and material resources of club members, foster collaboration and participation among all stakeholders, working together to promote health and well-being, and implement health promotion initiatives that benefit the entire sport community.</td>
</tr>
<tr>
<td>Develop personal skills.</td>
<td>The coaches’ primary aim is to develop their personal health behaviours and those of their sports participants, which can help them gain control over their health.</td>
<td>Empower sports participants with the necessary tools and social competencies to enhance their health through sports participation. Encourage the cultivation of resilience, self-efficacy, and interpersonal skills, enabling individuals to make informed choices and navigate challenges effectively for their overall well-being.</td>
</tr>
<tr>
<td>Re-orient health services.</td>
<td>Coaches can adopt a holistic sports participant-centred vision by fostering social, mental, and physical health, and empowerment in coaching.</td>
<td>Adopt a holistic approach to sports participants, recognizing them as individuals with multifaceted needs beyond their roles as sports participants. Prioritize the integration of physical, mental, and social health and well-being considerations into club activities and services, ensuring that comprehensive support is provided to promote the overall health and happiness of sports participants and their relatives.</td>
</tr>
</tbody>
</table>

Source: authors.

1.4 Stages of development for a Health Promoting Sports Coach

Among the different theoretical approaches used in health promotion, the settings-based approach is one of the most successful and has been applied in many different settings, such as health-promoting schools and health-promoting workplaces. This approach considers the influence of the physical environment and social context in which people engage in daily sport activities, where environmental, organizational, and personal factors interact to affect health and well-being (1). To clarify the settings-based approach’s application to Health Promoting Sports Clubs, researchers described stages of progression for a settings-based approach (31) to guide organizations and practitioners towards health promotion in these settings. This is now being used in this current guide to support the development of a Health Promoting Sports Coach framework. Stages range from passive to comprehensive health promoting sports coaching (Table 2). These stages can be also dependent on support from the sports system, being internal to the club (e.g. managers, board, other coaches, parents) or from external stakeholders (e.g. local nongovernmental organizations, policy-makers, sponsors).
<table>
<thead>
<tr>
<th>Stage</th>
<th>Perspective</th>
<th>Definition</th>
<th>Action of the coach</th>
<th>Stakeholders’ role</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Passive</td>
<td>The problem and its solution are with the behaviour and actions of sports club members.</td>
<td>Safe sport coaching (e.g. preventing risks, but no explicit health promotion actions)</td>
<td>Coaches’ actions are focused on preventing risks (e.g. injuries, sport burn-out, violence, doping) rather than promoting health (e.g. fostering hygiene, well-being, positive climate) and the focus of coaching is on performance and results.</td>
<td>Sports participants seek answers for themselves, where coaches assist when necessary.</td>
<td>Coaches focus on teaching the sport, ensuring sports participants understand the game and have safe sports practices, such as a warm-up and cool-down before and after practices and competitions, preventing drop-out.</td>
</tr>
<tr>
<td>2 Active</td>
<td>The problem is with the behaviour of sports club members; some solutions are with the club.</td>
<td>Coaches promoting health</td>
<td>Coaches see health as a resource for sports participants, supporting health to enhance sport performance and sports participants’ well-being, mostly in reaction to problematic situations.</td>
<td>Sports participants can request support from their coach in terms of supporting their health.</td>
<td>Attention is given to fostering physical activity practice and increasing awareness of healthy meal consumption before and after practices and competitions.</td>
</tr>
<tr>
<td>3 Transmissive</td>
<td>The problem is with the club; the solutions are in learning with and from coaches, managers, and stakeholders.</td>
<td>Health promotion in sport coaching</td>
<td>The coaches’ discourse and behaviours consider health by advising on health (beyond lifestyles to enhance performance) during practice and by inviting health professionals to raise awareness of subjects related to health.</td>
<td>Coaches foster sports participants’ health actively and are supported by some managers.</td>
<td>Coaches transmit healthy behaviours to their sports participants (e.g. organize a healthy breakfast). They invite external practitioners, such as physiotherapists, to discuss injury prevention strategies. One-time, short-term sports club interventions are implemented by a coach.</td>
</tr>
<tr>
<td>4 Organic</td>
<td>The problem is with the club; the solutions are in the synergies of actions from coaches, managers, and all other stakeholders, such as sports participants and parents.</td>
<td>Health promoting sport coaching programmes</td>
<td>Coaches endorse health, and plan and conduct initiatives that actively promote health in everyday activities, in and outside coaching, based on sports participants’ needs.</td>
<td>Coaches can base their health-promoting activities on those of the sports club, which provides support and resources.</td>
<td>Coaches advise individually on healthy lifestyles and provide hydration and safety protection resources. Sports clubs have a focus on non-smoking environments, and secure and welcoming changing and rest rooms. Health promotion activities are consistent throughout the sports season. Coaches and sports participants exchange information on health.</td>
</tr>
<tr>
<td>5 Comprehensive</td>
<td>The problem and the solutions are with the club.</td>
<td>Health promoting sports coaching</td>
<td>Coaches use the whole sports club’s system (e.g. managers, parents, members, other coaches), including resources and policies, to promote health in a comprehensive way inside and outside coaching.</td>
<td>Coaches are guided and fully supported and equipped by the club, in terms of policy and practice to support health.</td>
<td>Coaches request parents’ or volunteers’ help with sports participants’ health development. Coaches embed the use of health promotion tools in their coaching. Coaches adopt a health-promoting vision. Coaches mentor and discuss health promotion in the club and local environment. Coaches are an integral part of their supportive sports club, developing, implementing, incorporating and adjusting the health promotion vision of the sports club based on feedback from stakeholders. Coaches imbed and align the health promotion plan of the club into all practices.</td>
</tr>
</tbody>
</table>

Source: authors.
### 1.5 Health Promoting Sports Coach skillset

A literature review (32) identified ten key skills that coaches need to acquire in order to promote health and well-being (Table 3).

**Table 3. Coaches’ health promotion skillset**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal</td>
<td>Coaches’ ability to analyse the environment and/or identify health problems</td>
<td>Identifying any risks in the sports environment, injuries among participants, or potential conflict between sports participants</td>
</tr>
<tr>
<td>Managing sports</td>
<td>Coaches’ capacity to support the health behaviours of sports participants</td>
<td>Managing training load, supporting healthy food choices, ensuring sports participants are well hydrated, developing respectful behaviour and interactions, and fostering healthy lifestyles</td>
</tr>
<tr>
<td>participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Coaches’ capacity to provide feedback and create open communication around health</td>
<td>Building positive relationships with sports participants, having conversations and dialogue about health, being open to questions and reflections, and delivering tangible actions and information about health</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Coaches’ ability to work with sports participants’ parents and relatives</td>
<td>Engaging parents and relatives in health promotion activities and providing them with health information</td>
</tr>
<tr>
<td>Health education</td>
<td>Coaches’ ability to transmit health knowledge</td>
<td>Integrating health-related routines before, during and after training or competition</td>
</tr>
<tr>
<td>Motivation</td>
<td>Coaches’ ability to maintain and/or foster relationships and social interactions</td>
<td>Having a positive attitude and a good relationship with sports participants, and having fun during training</td>
</tr>
<tr>
<td>Prevention</td>
<td>Coaches’ ability to anticipate and/or prevent risks to the health of sports participants</td>
<td>Ability to identify potential risks of sport burn-out or mental/physical health issues</td>
</tr>
<tr>
<td>Role model</td>
<td>Coaches’ exemplary behaviours regarding health</td>
<td>Maintaining a positive attitude, and displaying healthy eating, drinking, and other healthy habits while coaching</td>
</tr>
<tr>
<td>Self-management</td>
<td>Coaches’ ability to regulate their feelings, emotions and behaviours in any situation</td>
<td>Not displaying anger or frustration during training and/or competition</td>
</tr>
<tr>
<td>Health support</td>
<td>Coaches’ ability to support the health of sports participants, including health programme implementation skills</td>
<td>Integrating activities on health topics, such as mental health, injury prevention or sustainable development, into coaching</td>
</tr>
</tbody>
</table>

Source: (32)
Some of these skills are fundamental to coaches’ daily sport-related activities, such as motivation, self-management, and managing sports participants, while others have been considered as skills to be better developed, such as communication and health support (32).

Several barriers to acquiring these skills have been highlighted in recent research (32). The most frequently reported barrier was coaches’ understanding of the boundaries of their role in health promotion – in other words, feeling that they were not health professionals and had no official mandate to act as such. Secondly, coaches have low confidence about their legitimacy to promote health and prioritize sport performance and fun before fostering health (33). Another reported barrier is the pressure from sports participants themselves and/or parents to engage sports participants in so-called unhealthy behaviours, such as a premature return to play after injury, doping, or violence, or to adopt a so-called win-at-all-costs mentality. Previous work has shown that parental pressure could have an impact on coaches’ behaviours and motivation (34). The last barrier is coaches’ perception of themselves in terms of confidence to deal with health issues. When a health problem arises, they do not feel equipped to respond appropriately, which is closely linked to their perceived lack of education (32).

Supports for skill acquisition have also been identified in recent research (32). The most cited one was coaches’ ability to manage themselves emotionally in dealing with health issues, followed by specific health education and experience in dealing with health promotion opportunities. Moreover, coaches perceived that having knowledge and implementation guidelines available were the most important factors to support their ability to promote health.
Section 2. Sports coaches’ perceptions and activities related to promoting health

This section of the implementation guide is dedicated to the results of a survey among 299 coaches from several EU countries, including Denmark, France, Ireland, Luxembourg, Kingdom of the Netherlands, Slovenia, Sweden, Switzerland, and the United Kingdom of Great Britain and Northern Ireland, with most principally from French-speaking Belgium, who have shared their viewpoints, priorities, and activities on promoting health through coaching. The survey was available to them online for two months on Limesurvey, and the invitation was circulated across members of the Promoting Physical Activity and Health working group of the Health Enhancing Physical Activity network, who forwarded the invitation to networks in their country that related to coaching and coaches. The coaches who responded in the survey were principally males (59%), volunteers (37%), invested in coaching for more than three years (45%), coaches of mixed gender groups (44%), and coaches of both adolescent and adult participants. Coaches were coaching in different sport disciplines, including individual sports (42%), team sports (35%), multiple sports (14%), and martial arts (9%).

2.1 Coaches’ viewpoint about their influence on sports participants

Coaches have different viewpoints about their roles and responsibilities. They were asked to rate their influence on ten different factors affecting sports participants’ health on a 10-point scale, with 0 signifying no influence and 10 signifying total influence. Coaches believe their influence is mostly on sports participants’ motivation to participate in sport and belong to a club, as well as on developing respect among sports participants for a sports club’s policies. Despite all the answers scoring higher than 5 out of 10, coaches feel they have less influence on sports participants’ daily life choices and relationships with parents or relatives [see Fig. 4].

Fig. 4. Coaches’ viewpoints about their influence on sports participants (0 = no influence, 10 = total influence)

Source: authors.
2.2 Coaches’ health promotion activities by health topic

Coaches invest in health promotion in different ways, and their sports participants have different needs according to their age, gender, socioeconomic status or other personal factors. Based on a validated scale (34), coaches were asked about the health topics they promoted in their coaching. Coaches primarily address social aspects of health, including fair-play, respect for others, or field aggression, rather than investing in sports participants’ healthy lifestyle habits, such as sleep, healthy eating, and substance use and doping (see Fig. 5). These patterns of results regarding health topics addressed by coaches resemble those in previous studies (19, 35).

Fig. 5. Coaches’ viewpoints about the health topics they address through coaching (2 = never, 10 = always)

2.3 Coaches’ perceived barriers to promoting health

Coaches mentioned different barriers that impact their capacity to promote health. Based on a previous validated scale at the sports clubs’ level (36), coaches were asked which of the following barriers were the most important to them, on a 10-point scale, with 0 signifying no barrier and 10 signifying a huge barrier. The most relevant barriers included a lack of time, knowledge, and human resources to invest in health promotion. These barriers are primarily internal, with coaches feeling pressured and ill-equipped to promote health. Less significant barriers included the complexity of integrating health promotion into training and a lack of financial resources. Interestingly, coaches do not perceive any conflict between valuing sports results or competition and health promotion, which is important as both go hand-in-hand for a healthier sport (see Fig. 6).

Fig. 6. Coaches’ perceived barriers to promoting health (0 = not a barrier, 10 = a huge barrier)
### 2.4 Coaches’ strategies for enhancing their health-promoting role

Coaches reported using different strategies to enhance sports participants’ health, based on an open question: Which strategies do you use to promote health that you consider as efficient? These strategies have been classified into five main categories: inspiration, training, self-management, philosophy, and relationships. Beyond training, many strategies are related to managing oneself in terms of coaching, being close to sports participants, being inspired by others, and focusing on a coaching philosophy (see Fig. 7).

#### Fig. 7. Summary of all coaches’ reported strategies to promote health
(strategies in bold have been mentioned by more than five coaches)

<table>
<thead>
<tr>
<th>Category</th>
<th>Strategy</th>
</tr>
</thead>
</table>
| **INSPIRATION**| • Observing other or experienced coaches  
• Learn from best practices and replicate  
• Join dedicated groups on social networks to get peer support  
• Ask support from health professional (e.g. sport psychologist, dietician, physiotherapist)  
• Seek out a mentor |
| **TRAINING**   | • Upskill my coaching qualifications  
• Follow tutorials  
• Retrieve and test online information  
• Attend specific coach education |
| **SELF-MANAGEMENT** | • Practice mindfulness or meditation  
• Be positive and empowering  
• Enhance my communication skills  
• Enhance my empathy skills  
• Be patient and resilient |
| **PHILOSOPHY** | • Integrate game and play in coaching, not only technical or tactical drills  
• Introduce team building with my team  
• Work on clearer instructions  
• Plan competitions and training better  
• Reduce the length of training and increase its intensity  
• Debrief after each training  
• **Use positive and constructive language to motivate sports participants**  
• Monitor my sports participants (in terms of fitness) to adapt their training experience and workload |
| **RELATIONSHIPS** | • Speak openly to sports participants about issues  
• Participate in activities with the group  
• Foster one-to-one conversation with sports participants  
• Ensure sports participants have fun during practice  
• Be transparent with parents and seek their support |
2.5 Advice from coaches on how to promote health

Coaches offered advice on how to promote health in daily coaching activities through an open question, by working on their vision, planning, and behaviour on the field (Fig. 8). It is important to note that coaches’ answers reflect their individual differences: each coach is unique, and some types of advice may work for some individuals, but not for others.

Fig. 8. Summary of all coaches’ quotes on advice they would give to another coach

Source: authors.
### 2.6 Coaches’ strategies that did not improve their health promoting role

Coaches shared lessons learned from different strategies they have used, which were not effective or which they could not implement properly to promote health, through an open question. These are rather negative examples of what should be avoided in coaching, but as every coach and sports participants group is different, you should consider if these apply to your situation (see Fig. 9).

#### Fig. 9. Coaches’ reported strategies to promote health that did not improve their health promoting role

<table>
<thead>
<tr>
<th>Coaching dimension</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHILOSOPHY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Having unclear and undefined goals or objectives</td>
</tr>
<tr>
<td></td>
<td>Having the same type of training for kids and adults (copy-paste)</td>
</tr>
<tr>
<td></td>
<td>Training is too easy for sports participants’ level</td>
</tr>
<tr>
<td></td>
<td>Using mental coaching strategies with sports participants that are not receptive</td>
</tr>
<tr>
<td></td>
<td>Being too concerned with tracking and monitoring sports participants’ progress</td>
</tr>
<tr>
<td></td>
<td>Requesting sports participants to stop smoking, drinking or to modify unhealthy eating habits</td>
</tr>
<tr>
<td></td>
<td>Talking to participants for extended amounts of time</td>
</tr>
<tr>
<td></td>
<td>Using scientific terminology during communications</td>
</tr>
<tr>
<td></td>
<td>Focusing on sports results from sports participants</td>
</tr>
<tr>
<td><strong>RELATIONSHIPS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not considering all sports participants’ levels in training and competition</td>
</tr>
<tr>
<td></td>
<td>Giving too much autonomy to sports participants, especially at a young age</td>
</tr>
<tr>
<td></td>
<td>Having alcohol often after training or competitions</td>
</tr>
<tr>
<td></td>
<td>Giving lessons to sports participants on how to deal with health issues</td>
</tr>
<tr>
<td></td>
<td>Installing a buddy system</td>
</tr>
<tr>
<td></td>
<td>Strictly forbidding things without explanation</td>
</tr>
<tr>
<td></td>
<td>Trying to involve sports participants that are not interested in taking part or doing more</td>
</tr>
<tr>
<td></td>
<td>Following inappropriate advice from parents</td>
</tr>
<tr>
<td><strong>SELF-MANAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Putting too much pressure on myself</td>
</tr>
<tr>
<td></td>
<td>Not managing my anger</td>
</tr>
<tr>
<td></td>
<td>Being too rigid or authoritarian</td>
</tr>
<tr>
<td></td>
<td>Practicing mindfulness myself</td>
</tr>
<tr>
<td></td>
<td>Lacking patience in terms of expected health changes [i.e. stretching]</td>
</tr>
<tr>
<td></td>
<td>Thinking I can solve all issues myself</td>
</tr>
</tbody>
</table>
This section provided interesting inputs from coaches themselves, highlighting that:

1) difficulties and barriers are mostly internal to coaches (e.g. due to their characteristics or personality);
2) coaches are active in promoting health, especially the social aspect, before promoting healthy lifestyles or education on substance use; and
3) essentially, coaches recognize their responsibility towards sports participants’ health.

Moreover, effective strategies and advice from other coaches include increasing education, but also working on self-management, relationships with sports participants, and being inspired by fellow coaches’ practices and experiences.
Section 3. 
Health Promoting Sports 
Coach action checklist

In this section, practical actions that can be quickly implemented are proposed to support coaches in integrating health promotion into coaching, with an emphasis on daily activities, and coaching vision and philosophy. The approach is that these actions are cumulative and can be learned and implemented separately but are part of the health promotion development process. The actions in the next section do not require much effort or long-term investment. They are presented in the form of checklists, which can remind coaches of actions they could implement at different times during coaching (Fig. 10). These recommendations came from the expert group, as well as the 299 coaches that responded to the survey presented in the previous section (see Section 2 for details).

Fig. 10. Time period of coaching addressed in the checklist

Actions are repetitive and can be implemented at each training session or competition, as most of them do not require a significant investment. By implementing each action regularly, coaches can establish a health promoting climate and facilitate long-term sports participation, enjoyment, and well-being. Each action is related to the other and the process is continuous and cumulative.
### 3.1 Actions before training

- Plan the coaching session to ensure safety, inclusion and well-being for all sports participants, staying open for last-minute changes.
- Allocate sufficient time to prepare the coaching session in advance of its start time.
- Be mentally prepared for the training, motivate yourself, and visualize your coaching session.
- Encourage sports participants to be active (e.g. cycling or walking to club) prior to the start of the session.
- Build a coaching environment that encourages and supports participants to have an active and healthy involvement in sport.
- Ask sports participants about their experiences from the previous training session or competition, as well as their mindset and motivation regarding today's training.
- Consider, or inform yourself about, specific health promotion activities, such as healthy eating, substance use, warm-ups, or even sustainable development and harassment.
- Integrate messages, directly and indirectly, around healthy eating, sportspersonship, teamwork, respect and unstructured play, into coaching.
- Build awareness of health promotion opportunities in the club/federation.
- Talk with sports participants before the training, welcome them, and encourage them to chat about their daily life before the training.
- Make sure the training environment and equipment are safe, welcoming and stimulating.

### 3.2 Actions during training

- Provide positive, accurate and solution-oriented feedback.
- Listen to sports participants' thoughts and feelings.
- Encourage group communication and sports participants' ownership.
- Create a training environment that is socially inclusive and safe.
- Deliver coaching sessions that include an adequate warm-up, minimal standing/sitting, and transition time, and good engagement in moderate-vigorous intensity activity, without forgetting sufficient break and recovery.
- Provide clear information (what, why, how) and directions about activities during the training.
- Adapt activities during training according to sports participants' needs (e.g. level, thoughts, collaboration).
- Provide opportunities in activities for sports participants to take initiative and act independently.
- Ensure all sports participants are involved and feel included during training.
- Be a role model for sports participants through healthy behaviours, leadership and communication style.
- Acknowledge effort, participation and process rather than winning and performance-related outcomes.
3.3 Actions after training

- Provide sports participants with immediate constructive feedback, emphasizing positives from the session and areas to improve upon.
- Elicit feedback from sports participants on what went well in the session and what they would like to improve on.
- Advise sports participants on effective ways for short- and longer-term recovery and having a healthy lifestyle, such as through proper sleep and nutrition, stretching, and hydration.
- Communicate in an age-appropriate and timely manner with sports participants and their families regarding concerns, upcoming training, competitions, and other events.
- Seek support from relevant others (e.g. parents, club officials, health professionals) to help address potential issues with sports participants.
- Disseminate relevant health information to sports participants, such as information on injury prevention, preparation and recovery.
- Emphasize the importance of a healthy lifestyle, such as taking a shower and active commuting after sport practice, but also on responsible alcohol consumption and sustainable development.
- Save time after coaching for one-to-one conversations with sports participants on request.
- Emphasize social activities after training, with responsible alcohol or substance consumption.

3.4 Actions before competition

- Prepare a suitable competition plan, including goals, logistics, schedule, rules, and specific roles, if necessary.
- Ensure sports participants have adopted a healthy lifestyle (e.g. proper eating, no alcohol, enough sleep) the days before the competition.
- Remind yourself and sports participants this is just sport, and they should enjoy themselves.
- Ask sports participants how they are doing (physically, mentally), reassure them, and adjust the competition plan accordingly.
- Check that sports participants and relatives have all necessary information about the location, installation, and rules, to minimize stress and last-minute queries.
- Conduct a thorough check to ensure sports participants wear their protection equipment, and installations are safe in order to prevent injuries.
- Have a fair and transparent selection of sports participants, and encourage them to do their best, considering winning is not the only goal.
- Welcome each player at arrival, address their questions, propose a routine to warm-up, and foster positive relationships before the competition.
- Observe other team habits in terms of health promotion, and learn from their experience.
3.5 Actions during competition

- Manage your emotions, stay humble, and adjust your behaviours in regard to the situation.
- Cheer up, and communicate effectively with sports participants individually and collectively, by remaining positive.
- Create a psychologically safe environment, where sports participants can express their feelings and ideas.
- Maintain smooth interactions with sports participants, referees, parents, other competitors and relatives during the competition, and be there for them.
- Be aware of how you act in the heat of the moment, as you are in a position of a role model for sports participants.
- Motivate, encourage, give feedback to, and support sports participants according to their needs and profile.
- Pay attention to sports participants’ physical health (e.g. fatigue, hydration, discomfort), mental health (e.g. stress, anger, joy) and social health (e.g. isolation) to ensure they are feeling well during the whole competition.

3.6 Actions after competition

- Praise sports participants, and give feedback on what went well and what to improve based on this competition.
- Inquire about sports participants’ health state after the competition.
- Identify one to three key situations to work on for the next training.
- Ensure a cool-down, stretching, shower and proper eating after competition, as a basis to transfer into a healthy lifestyle.
- Debrief about sports participants’ experiences, feelings, progress and obstacles.
- Propose a post-competition follow-up recovery or training programme (during the days that follow).
- Encourage social interactions between sports participants, referees, other competitors and relatives.
3.7 Actions outside of coaching

- Use existing learning materials and resources to inform sports participants about health-related issues.
- Remind yourself to participate in continued learning or online programmes on health-related issues.
- Advise on the importance of overall physical activity in daily life, like active commuting.
- Foster open and supportive communication with and between sports participants about any concerns or challenges.
- Inform your sports participants and their parents that you are available for issues outside of sport.
- Take care of your school or work duties.
- Seek out support for health promotion from club management, available expertise or health professionals.
- Help sports participants identify the health effects of sports participation.
- Come back regularly to my coaching principles and think about their application to sports participants.
- Propose activities to sports participants or encourage them to spend time together outside of sport.
- Take care of yourself and adopt a healthy lifestyle.
This section describes long-term collective strategies that coaches can use to promote health, based on the health-promoting sports club model. These strategies complement the concrete actions that coaches can implement in the different time periods of coaching mentioned in the previous section. In this current section, the strategies described are linked to the involvement of the whole sports system or at least some parts of it, and they are illustrated with practical examples of actions called intervention components. The following aspects are discussed for each strategy:

- **How the strategy is linked to what coaches already do:**
- **Examples of good practices:**
- **Coaches’ skills used to implement the strategy:** and
- **Implementation advice based on the stages of progression for a Health Promoting Sports Coach.**

### 4.1 Health Promoting Sports Club framework

The Health Promoting Sports Club (HPSC) framework (37, 38) summarizes the integration of health promotion in sport in 13 strategies and 69 intervention components derived from evidence-based guidelines used by sports clubs and reported in published scientific literature (39). Fig. 11 illustrates the 13 strategies within the framework.

The icon of each strategy is reported on the upper left corner of the page, where the intervention component is presented in the title. For each strategy, you can choose one or more intervention component to implement, as each intervention component of the strategy is complementary to the others.
4.2 Health Promoting Sports Coach strategies

Of the 69 intervention components included in the 13 strategies of the HPSC framework, 31 were classified by 65 sports clubs’ stakeholders as being under the responsibility of coaches, in collaboration with other stakeholders. Only two strategies were not identified as relevant for coaches: education (organizing health promotion education for stakeholders) and resources (seeking financial and human resources for health promotion).

The implementation of these strategies is based on the different stages of the Health Promoting Sports Coach, that are presented in Table 2 on page 7. For each stage of progression, actions for implementation, which are cumulative, are presented.
How is this linked to what coaches already do?

- As the first person to deal with participants, and being responsible for training sessions and their smooth operation, coaches must have well-developed communication skills.
- Coaches know the participants well and therefore identify which words and terms will impact them.

Examples of good practice

- Coaches can create a slogan for their health promotion project by first identifying the objective and the target audience. They should try to use short sentences, simple words and a positive message, be creative (e.g. rhymes, jokes), and think about how the slogan will be presented (e.g. flyer, poster).
- Examples: “Eat well, live better!”; “Mental health is fundamental!”

How should this intervention component be implemented?

<table>
<thead>
<tr>
<th>STAGE 1: Safe sport coaching</th>
<th>STAGE 2: Coaches promoting health</th>
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<th>STAGE 4: Health promoting sport coaching programmes</th>
<th>STAGE 5: Health promoting sports coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remind sports participants about principles of safe training.</td>
<td>Transmit information on health behaviours.</td>
<td>Include a clear health promotion message in the dialogue.</td>
<td>Announce health promotion events, activities and their benefits accurately and clearly.</td>
<td>Organize and structure the health promotion discourse clearly, precisely and continuously.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches are in regular contact with other coaches, teams and clubs, through competitions or activities, which could help to promote health.
- Coaches meet sports participant’s relatives or liaise with sports officials (e.g. federations, competitions), who could support health.

Examples of good practice

- To communicate with people outside the club, coaches can organize meetings with parents, talks with other coaches during competitions, or develop a slogan that can be seen on sports participants’ outfits. They can also present the club’s initiatives during training days, inter-club meetings or coaching conferences.

<table>
<thead>
<tr>
<th>SKILLS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal</td>
<td></td>
</tr>
<tr>
<td>Sports participants’ management</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
</tr>
<tr>
<td>Role model</td>
<td></td>
</tr>
<tr>
<td>Self-management</td>
<td></td>
</tr>
<tr>
<td>Health support</td>
<td></td>
</tr>
</tbody>
</table>

How should this intervention component be implemented?

<table>
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<th>STAGE 5: Health promoting sports coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure sports participants respect the rules when practicing outside of their club.</td>
<td>Recommend sports participants see a health professional (e.g., physiotherapist, dietician, psychologist) in the community.</td>
<td>Communicate the health promotion initiatives implemented locally or through the club.</td>
<td>Discuss health promotion initiatives implemented by your club and disseminate the club’s communication strategy.</td>
<td>Communicate health promotion initiatives and values implemented within your club using various levers (e.g. network, during competitions, coaching conferences, and meetings with parents) and rely on communication tools.</td>
</tr>
</tbody>
</table>
**COMMUNICATION**

**How is this linked to what coaches already do?**

- Coaches act as intermediaries between sports participants and club managers or board members.
- Coaches are the first point of contact for communicating with sports participants.

**Examples of good practice**

- Coaches can ensure there is clear, regular and constructive communication between the various people involved in the club (e.g. sports participants, technical staff, management). Coaches can also establish effective channels of communication, attend and participate in club meetings, and establish mechanisms for sports club members to give feedback.

---

**SKILLS**

- **Appraisal**
- **Communication**
- **Cooperation**
- **Education**
- **Motivation**
- **Prevention**
- **Role model**
- **Self-management**
- **Health support**

---

**How should this intervention component be implemented?**

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<th>STAGE 5: Health promoting sports coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate the importance of warming up.</td>
<td>Communicate occasionally on a health topic (e.g. responsible drinking).</td>
<td>Integrate Health promoting information and discussion before, during and after training.</td>
<td>Organize regular Health promoting activities and events on a range of holistic health-related themes.</td>
<td>Develop a communication plan within the club around health promotion initiatives, using different strategies (e.g. question boxes, meetings, discussion boards, social networks, etc.).</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches communicate with sports participants and play a key role in fostering sports participants' health by developing their sports and life skills, which are beneficial for health.
- Coaches are the persons having the most contact with the club’s stakeholders (e.g. members, parents, and managers).

Examples of good practice

- Coaches can communicate on the benefits of sports practice for mental, social and physical health. Coaches can explain the importance of being fit and healthy, by giving an example at the start of each training session, by posting a health promotion video in the club on an online discussion channel, by sharing their personal experience in discussions with participants or parents, or by organizing meetings to highlight the benefits of what has been put in place.

How should this intervention component be implemented?

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<tr>
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<th>STAGE 5: Health promoting sports coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate the health benefits of performing the sports movement correctly.</td>
<td>Mention occasionally the link between practice and physical, mental and social health.</td>
<td>Continuously communicate (verbally only) the benefits of training and health promotion.</td>
<td>Develop several strategies to highlight the benefits of health promotion actions.</td>
<td>Develop a communication plan and coordinate several strategies throughout the sports season to communicate the benefits of health promotion.</td>
</tr>
</tbody>
</table>
Consider your sports club context when promoting health

STRATEGY FROM THE HPSC MODEL: CONSIDER THE CLUB AND OVERALL SENSE OF BELONGING IN THE GROUP WHEN DEFINING HP GOALS

How is this linked to what coaches already do?

- Coaches help to deliver the club’s philosophy, connecting sports participants with club leadership.
- Coaches are also most aware of the characteristics, needs and motivations of sports participants and can actively promote health.

Examples of good practice

- Coaches can identify the needs and priorities of their sports participants that would inform the development of health promotion solutions, aligned with the club’s values, experiences, motivations and philosophy.

STAGE 1: Safe sport coaching
- Consider and mitigate the health risks linked to the sport.

STAGE 2: Coaches promoting health
- Mention occasionally the link between practice and physical, mental and social health.

STAGE 3: Health promotion in sport coaching
- Integrate health into coaching to enhance the culture within the group.

STAGE 4: Health promoting sport coaching programmes
- Develop health promotion programmes to specifically improve the culture of the group.

STAGE 5: Health promoting sport coaching
- Consider the overall culture within the whole club setting around promoting health.
Identify reasons for commitment to promote health

STRATEGY FROM THE HPSC MODEL: IDENTIFY REASONS FOR COMMITMENT TO PROMOTE HEALTH

How is this linked to what coaches already do?

- When developing and implementing training, the coach is familiar with the feelings, needs, and motivations of participants.
- Coaches also have duties other than coaching and it’s important to adjust their commitment and investment in health promotion by adopting a vision rather than by multiplying actions.

Examples of good practice

- The coach can ask about motivations at the start of the sporting season, so they can be taken into account during the season.
- The coach can also organize meetings, use questionnaires, observe behaviour at club events, rely on feedback from club members, or ask if participants have any particular health desires.

How should this intervention component be implemented?

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</tr>
</thead>
<tbody>
<tr>
<td>No action.</td>
<td>Ask about motivations at the start of the sporting season, so they can be taken into account during the season.</td>
<td>Ask participants about their reasons for taking part in sports activities, so that one or two activities can be carried out during the year.</td>
<td>Monitor reasons for getting involved in sport throughout the season to inform the development of actions.</td>
<td>Question commitment to health beyond sport practice and mobilize the reasons to further inform activity development and implementation.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches are familiar with discussing motivations and common goals with participants.
- Coaches are familiar with assigning roles to sports participants according to their motivation and commitment.

Examples of good practice

- At the start of the season, a coach can ask participants how they might get involved in health promotion or watch a video with club members showing other club members getting involved in health promotion. Or a coach can use a survey at the start of each month or quarter to ask how participants want to get involved in health promotion over a given period.

---

**EXPERIENCE**

**STAGE 1:** Safe sport coaching

No action.

**STAGE 2:** Coaches promoting health

Question participants about their ability to lead and share their experience on how they take care of their health during the season.

**STAGE 3:** Health promotion in sport coaching

Identify the ability of participants to make a long-term commitment to Health promoting values and objectives for the season.

**STAGE 4:** Health promoting sport coaching programmes

Identify the ability of participants to develop Health promoting activities.

**STAGE 5:** Health promoting sports coaching

Share a common commitment, vision and decision-making process on health promoting values and objectives for the season and for developing health promoting activities.

---

**SKILLS**

- Appraisal
- Communication
- Cooperation
- Education
- Motivation
- Prevention
- Role model
- Self-management
- Health support
Review health promotion financial resources

STRATEGY FROM THE HPSC MODEL: REGULARLY REVIEW THE FINANCIAL RESOURCES BEING USED

How is this linked to what coaches already do?

- Coaches can have strong organizational skills (e.g. human, financial and material) through their experience in training management.
- Coaches are aware of the realities of the field (and of the sport) and the costs of certain activities.

Examples of good practice

- Although this is not part of their main tasks, coaches can consider the advantages of being aware of financial aspects, such as the cost of equipment, expenses linked to activities, and travel costs. Organizing budget meetings between participants, coaches and managers can serve as a platform for aligning financial goals, reviewing performance against targets, and making informed decisions about resource allocation.

How should this intervention component be implemented?

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<tbody>
<tr>
<td>Assess the financial resources required to ensure that training runs smoothly.</td>
<td>Assess the financial resources available at the start of the season to offer a health promotion activity.</td>
<td>Assess the financial resources available at the start of the season to develop a season-long health promotion programme.</td>
<td>Evaluate the financial resources available each quarter to develop health promotion programmes</td>
<td>Evaluate financial resources throughout the season and on a regular basis to ensure health promotion.</td>
</tr>
</tbody>
</table>
Review health promotion human resources

STRATEGY FROM THE HPSC MODEL: REGULARLY REVIEW THE HUMAN RESOURCES BEING USED

How is this linked to what coaches already do?

- Coaches have lots of interactions with sports participants and their relatives, and other clubs and stakeholders, that could support health promotion.
- Coaches are aware of the possibilities and challenges of sport activities for health promotion.

Examples of good practice

- Coaches can identify human resources that can contribute to Health promoting activities, dedicating time to discuss participants' health and well-being. Coaches can invite participants' relatives, health professionals, and other stakeholders to contribute to or draw inspiration from initiatives already in place or implemented in the community or in other clubs, with a view to promoting health.

How should this intervention component be implemented?

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<td>Evaluate human resources throughout the season and on a regular basis to ensure health promotion.</td>
</tr>
</tbody>
</table>
Review the capacity to promote health regularly

STRATEGY FROM THE HPSC MODEL: \(^{10}\) REGULARLY REVIEW THE CLUB’S CAPACITY TO UNDERTAKE THE ACTIONS REQUIRED TO ACHIEVE THE GOALS

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**How is this linked to what coaches already do?**

- Coaches are aware of the reality on the ground, which allows them to recognize the issues and capacities of the stakeholders involved.
- Coaches are aware of their possibilities to invest in health promotion activities.

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**Examples of good practice**

- Coaches can, at their own level, establish their roadmap on promoting health, gathering support within the club, questioning managers and sports participants on the support they can provide, and asking managers to provide feedback concerning the progress of projects and objectives.

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**SKILLS**

<table>
<thead>
<tr>
<th>Appraisal</th>
<th>Sports participants’ management</th>
<th>Communication</th>
<th>Cooperation</th>
<th>Education</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Motivation</th>
<th>Prevention</th>
<th>Role model</th>
<th>Self-management</th>
<th>Health support</th>
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<tbody>
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**How should this intervention component be implemented?**

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</thead>
<tbody>
<tr>
<td>No action.</td>
<td>Assess once or twice per season the ability to meet the health promotion objectives and engage in related activities.</td>
<td>Integrate the evaluation of the achievement of health promotion objectives into these coaching activities.</td>
<td>Organize a monthly evaluation based on the opinion of participants on the achievement of health promotion objectives.</td>
<td>Integrate the evaluation of the achievement of health promotion objectives into your training, planning and programming, and take into account participants’ perspectives.</td>
</tr>
</tbody>
</table>
Regularly review the time dedicated to health promotion

How is this linked to what coaches already do?

- Coaches directly implement health promotion actions in their practices, so they understand the time it takes to achieve health promotion objectives.
- Coaches can call upon their abilities and incorporate them into their planning and sports participant training.

Examples of good practice

- Coaches should keep a schedule dedicated to each health promotion activity, relying on temporal criteria: early, normal, at risk, or delayed.
- Coaches should organize meetings with the stakeholders involved in each action to identify a timeline closest to reality and continuously analyse the progress of initiatives.

How should this intervention component be implemented?

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<tbody>
<tr>
<td>No action.</td>
<td>Set an annual time to review whether health promotion objectives have been achieved in the allotted timeframe.</td>
<td>Include a review of time dedicated to health promotion actions during training.</td>
<td>Continuously review the time taken to discuss health promotion actions during each training session.</td>
<td>Apply a strategy (e.g. tools, meetings) for evaluating the time taken to achieve each health promotion objective.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- In planning and scheduling training, coaches are familiar with setting goals to motivate sports participants and monitoring their own progress as a coach. These skills can also be used to promote health.

Examples of good practice

- Coaches can start by assessing the needs of the participants and involving them in identifying goals for health promotion. This can be used to establish “smart” goals (i.e. specific, measurable, attainable, relevant, time-bound objectives).

How should this intervention component be implemented?

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<tr>
<td>Set goals around coaching, participation and performance in sport.</td>
<td>Include goals on specific health topics (e.g. citizenship, injury prevention, doping) for coaches.</td>
<td>Co-construct goals for health promotion with sports participants.</td>
<td>Consider health promotion as a goal that covers several health topics and programmes under one umbrella concept.</td>
<td>Consider health promotion as a cross-cutting objective in the development of coaching, integrate health into each training, and have an appropriate discourse, while using adapted strategies and ensuring monitoring throughout the year.</td>
</tr>
</tbody>
</table>
Engage relatives to support health promotion actions

STRATEGY FROM THE HPSC MODEL: MOBILIZE PARENTS (AND OTHER FAMILY MEMBERS) TO SUPPORT HEALTH PROMOTION ACTIONS

How is this linked to what coaches already do?

- Coaches frequently communicate with the relatives and friends of their sports participants. They regularly deliver messages to parents, and a coach can influence them through his status and reputation.

Examples of good practice

- Coaches can communicate with parents and relatives just before or after training. They can provide a leaflet on activities that will be implemented within the club. They can ask relatives or parents about their possibility in lending a hand. Or they can organize sessions or events involving relatives or parents.

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<tbody>
<tr>
<td>No action.</td>
<td>Set up a health promotion activity with the parents/friends of one of the participants.</td>
<td>Recruit parent ambassadors for each health topic/project. Provide education and support to these ambassadors in their respective health topics.</td>
<td>Involve the parent ambassador in the promotion and dissemination of health, including at the club’s social activities (e.g., festivities, gatherings, meetings).</td>
<td>Encourage and support each parent to develop health promotion programmes in their clubs, by engaging them in programme design, implementation and dissemination.</td>
</tr>
</tbody>
</table>
Mobilize local decision-makers and elected officials to support sports clubs’ activities

STRATEGY FROM THE HPSC MODEL: MOBILIZE LOCAL DECISION-MAKERS AND ELECTED OFFICIALS TO PROMOTE HEALTH WITHIN THE SPORTS CLUB

How is this linked to what coaches already do?

- Coaches sometimes have ties to local policy-makers.
- Coaches can have power to influence and convince others through their experience on the field.

Examples of good practice

- Coaches can invite policy- or decision-makers to the club, collect testimonials from club members to raise awareness among policy-makers, and take part in meetings organized by local actors.

How should this intervention component be implemented?

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<tbody>
<tr>
<td>Communicate about the way in which the safety of participants is considered to local decision-makers.</td>
<td>Communicate sports clubs’ activities in health promotion to local decision-makers.</td>
<td>Organize events on health promotion with local decision-makers.</td>
<td>Form a partnership with a local municipality and policy-makers for a commitment to and implementation of health promotion.</td>
<td>Through the partnership, include sports club’s health promotion activities in local decision-makers’ policies and actions.</td>
</tr>
</tbody>
</table>
Review the short-term effects of health promotion actions

STRATEGY FROM THE HPSC MODEL: REVIEW THE SHORT-TERM EFFECTS OF THE ACTIONS (CHANGES WITHIN ONE SPORTS SEASON)

How is this linked to what coaches already do?

- Coaches monitoring sports participants as part of a planning process is one of the skills that coaches have.
- Coaches are in the best position to see changes throughout the season.

Examples of good practice

- Coaches can use data to monitor progress using tools. They can allocate discussion time with participants to get their feedback. They can identify key evaluation times in the season or use a diary to monitor health promotion actions.

How should this intervention component be implemented?

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<tr>
<td>No action.</td>
<td>Review fitness and health among sports participants.</td>
<td>Review attendance and testimonies of health promotion activities.</td>
<td>Plan several times during the season to observe the effects of the health promotion actions and reflect on their improvement/adaptation at the end of the season.</td>
<td>Implement a monitoring strategy (e.g. tools, regular meetings) for health promotion actions and their effects and organize discussions at the end of the season to plan initiatives for the following year.</td>
</tr>
</tbody>
</table>
Review the long-term effects of health promotion actions

STRATEGY FROM THE HPSC MODEL: REVIEW THE LONG-TERM EFFECTS OF THE ACTIONS (CHANGES BEYOND ONE SPORTS SEASON)

How is this linked to what coaches already do?

- Coaches are familiar with following up on sports participants over several seasons.
- Coaches build their annual plans by drawing inspiration from what has been done over the years and analysing the effect of these methods.

Examples of good practice

- Coaches can monitor the indicators of success of health promotion actions (e.g. number of injuries, consumption in the cafeteria, well-being of sports participants) over several seasons. They can conduct a survey by questionnaire on the long-term effects among club members. They can organize annual meetings about the implemented health promotion actions and create a document (e.g. poster, online, manual), which presents the evolution in terms of health over each year.

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<tbody>
<tr>
<td>No action.</td>
<td>Organize an annual meeting to assess the long-term effects of health promotion initiatives.</td>
<td>Incorporate indicators into training to monitor health promotion actions over the long-term.</td>
<td>Organize annual discussions with participants to monitor long-term effects and set up monitoring indicators.</td>
<td>Incorporate long-term monitoring of health promotion actions into planning by using monitoring tools and organize follow-up meetings, and use this long-term evaluation as a basis for developing training.</td>
</tr>
</tbody>
</table>
Stimulate positive relationships between sports participants

STRATEGY FROM THE HPSC MODEL: FOSTER POSITIVE INTERPERSONAL RELATIONSHIPS

How is this linked to what coaches already do?

- Coaches play a key role in creating a positive, safe and trusted training climate and stimulating positive relationships with and between sports participants.
- Coaches are key actors in creating group cohesion.

Examples of good practice

- Coaches can promote teamwork and the involvement of all sports participants during training and competitions, take the time to know the sports participants beyond their sporting activities by giving them personal attention, highlight positive and respectful behaviours, and organize times for promoting group cohesion inside or outside trainings and competitions.

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<tr>
<td>No action.</td>
<td>Stimulate positive relationships during training sessions (e.g. focus on collaboration during training, so everyone can play).</td>
<td>Develop a discourse and implement rules that encourage positive interpersonal relationships during and outside training, throughout the season.</td>
<td>Implement special activities (team-building) that encourage positive interpersonal relationships, and a peer support (buddy) system.</td>
<td>Build training around the participation of everyone, the sharing of experience, and a philosophy of group cohesion, adopting a discourse and putting in place activities during and outside practice that encourage positive interpersonal relationships.</td>
</tr>
</tbody>
</table>
Use existing health promotion skills within the club
STRATEGY FROM THE HPSC MODEL: TAKE COACHES’ SKILLS TO MANAGE SITUATIONS INTO ACCOUNT

How is this linked to what coaches already do?

- Coaches have many health promotion skills that can be used to develop health promotion initiatives or stimulate the health of sports participants in other ways.
- Coaches can identify people within the club (e.g. other coaches, volunteers, parents, sports participants) with especially helpful health promotion skills.

Examples of good practice

- Coaches can start by making a list of their own health promotion skills and identify those they would like to develop. Coaches can identify other coaches, volunteers or sports participants and ask them to help build health promotion actions. Coaches can also identify whether, among these people, some have skills that could be used for a health promotion project.

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<tbody>
<tr>
<td>No action.</td>
<td>Consider your own health promotion skills or those of other people within the club in setting up health promotion activities (outside training/competition, but not on a regular basis).</td>
<td>Consider your own health promotion skills or those of other people within the club in setting up one-time health promotion activities.</td>
<td>Consider your own health promotion skills or those of other people within the club in setting up structural health promotion activities.</td>
<td>Consider your own health promotion skills or those of other people within the club in setting up structural health promotion activities, based on a collective mapping of human resources and know-how.</td>
</tr>
</tbody>
</table>
Consider and strengthen your ability to promote health autonomously

STRATEGY FROM THE HPSC MODEL: STRENGTHEN COACHES’ AUTONOMY TO PROMOTE HEALTH

How is this linked to what coaches already do?

• Coaches often work autonomously and attend coach education activities to improve their health promoting skills.
• Coaches are often key actors in the club and are therefore supported by management, who let them manage their training and their members.

Examples of good practice

• To strengthen their ability to promote health autonomously, coaches can use existing tools to self-evaluate their strengths and weaknesses in relation to being a Health promoting sports coach.

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<tbody>
<tr>
<td>No action.</td>
<td>Be aware of which health promotion initiatives are appropriate for coaches to deliver.</td>
<td>Set up your own health promotion initiatives.</td>
<td>Implement health promotion initiatives using your own skills and knowledge, approved by club members and managers who have expressed positive feedback.</td>
<td>Be aware of your own capacities to promote health, while knowing how to rely on resources both within and outside the club.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches are the first people to be aware of what a sports club’s members are doing.
- Coaches are equipped to be able to identify good practices among their sports participants.

Examples of good practice

- Coaches can schedule time to invite sports participants to share their experience in dealing with their health or express their needs regarding health. They can disseminate good practices to other members of the sports club and community, encourage or reward people who have developed initiatives, and offer help and support to people implementing health promotion initiatives.

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<tr>
<td>No action.</td>
<td>Communicate about health promotion activities to sports participants.</td>
<td>Organize events to showcase good practices in individual health promotion.</td>
<td>Propose an empowerment programme for sports participants, and advertise this programme in sports clubs.</td>
<td>Establish a system for reporting exemplary action, and offer accreditation for exceptional individual contributions to health promotion.</td>
</tr>
</tbody>
</table>
Highlight your health promotion activities and those of your fellow coaches

STRATEGY FROM THE HPSC MODEL: IDENTIFY AND CALL ATTENTION TO COACHES’ HEALTH PROMOTION ACTIONS

How is this linked to what coaches already do?

- Coaches implement multiple actions to promote health and often share their experiences with other club actors and between clubs by discussing what worked and what did not.

Examples of good practice

- Coaches can use multiple channels within their club to communicate the impact of their health promotion actions and how they might be improved. This information can also be shared in the wider community.

PARTICIPATIVE APPROACH

How should this intervention component be implemented?

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<tbody>
<tr>
<td>No action.</td>
<td>Explicitly identify your health promotion activities.</td>
<td>Communicate your health promotion activities and outcomes to sports participants.</td>
<td>Ensure that club members and managers are aware of and recognize the health promotion actions you and other coaches are putting in place.</td>
<td>Ensure that your efforts and those of other coaches to develop values, activities and a Health promoting sports framework are clearly identifiable via multiple sports club resources (e.g. website, newsletter).</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches relay information from management to their sports participants.
- Coaches can influence how management is perceived by their sports participants (positively or negatively) and they directly implement health promotion actions planned by management.

Examples of good practice

- Coaches can invite managers to present the health promotion actions they are implementing at the start of training. They can communicate actions implemented by managers and the club through a team discussion forum. Coaches can integrate, into training, actions to promote the health of club stakeholders, including managers, and plan times for the co-construction of health promotion actions between managers, coaches and sports participants.

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<tr>
<td>No action.</td>
<td>Communicate the health promotion actions that managers are implementing in the club.</td>
<td>Incorporate the health promotion actions developed by sports clubs’ managers into personal practice with your sports participants.</td>
<td>Develop programmes in collaboration with managers and ensure their active involvement, so that participants can see managers investing in their health.</td>
<td>Collaborate regularly with managers to develop values, activities and a training environment conducive to health and create discussion times for managers and participants so they are aware of the managers’ investment.</td>
</tr>
</tbody>
</table>
Identify and call attention to every health promotion action

STRATEGY FROM THE HPSC MODEL: IDENTIFY AND CALL ATTENTION TO EVERY HEALTH PROMOTION ACTION

How is this linked to what coaches already do?

- Coaches, being in close contact with sports participants, possess valuable insights into club activities. Their role enables them to stay informed and effectively communicate club initiatives internally and in the community.

Examples of good practice

- Coaches can communicate about health promotion actions during meetings, events, and activities organized by the club. They can take advantage of interactions with club participants or club managers to ask if they are aware of health promotion initiatives implemented within the club. They can propose times for the co-construction of health promotion initiatives between all the actors in the club.

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<tbody>
<tr>
<td>No action.</td>
<td>Communicate all health promotion actions in the sports club to sports participants, other coaches and managers.</td>
<td>Introduce meetings with sports participants to discuss and evaluate the impact of health promotion initiatives within the club.</td>
<td>Develop programmes in collaboration with all club members and ensure their active involvement, so that participants can see managers investing in their health.</td>
<td>Collaborate regularly with all club members to develop values, activities and a training environment conducive to health and create discussion times for managers and participants so they are aware of the managers' investment.</td>
</tr>
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Skills

- Appraisal
- Sports participants' management
- Communication
- Cooperation
- Education
- Motivation
- Prevention
- Role model
- Self-management
- Health support
Involve relatives in health promotion efforts

STRATEGY FROM THE HPSC MODEL: INVOLVE PARENTS (AND OTHER FAMILY MEMBERS AND FRIENDS) IN HEALTH PROMOTION EFFORTS

How is this linked to what coaches already do?

- Coaches often talk to participants’ parents and friends. Coaches often pass on messages to them and can influence them through status and reputation.
- Through the informal educational nature of sport, coaches can influence participants’ health and well-being.

Examples of good practice

- Coaches can organize information meetings with the parents and relatives of participants; question parents about the possibility of their getting involved in specific tasks; send a questionnaire to parents concerning their motivation/availability regarding health promotion activities; and encourage the commitment of parents by highlighting the benefits that participants derive from health promotion activities.

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<tbody>
<tr>
<td>No action.</td>
<td>Involve relatives in creating a health promotion activity during the sports season.</td>
<td>Regularly organize discussion times with the relatives and/or peers of sports participants to acquire information about their needs and experiences.</td>
<td>Develop, implement and evaluate health promotion programmes by integrating the relatives and peers of participants at each stage.</td>
<td>Involve parents/carers in setting up a health promotion training programme (e.g. needs assessment, follow-up, investment of time or money).</td>
</tr>
</tbody>
</table>
Create trust and working habits with existing and future partners

STRATEGY FROM THE HPSC MODEL: CREATE A COMMON CULTURE WITH EXISTING AND FUTURE PARTNERS (TRUST, RECOGNITION, SHARED TIME)

How is this linked to what coaches already do?

- By being in close contact with sports participants, coaches can create a link between participants and partners (i.e. external organization, such as other clubs, health professionals, community, charities, or sponsors).
- By being as close as possible to the realities on the ground and to the participants, a coach is best placed to share the needs and realities of participants with partners and to create opportunities for exchange.

Examples of good practice

- Coaches can offer partners the opportunity to attend training sessions and share their experience on health promotion or present projects. They can be transparent about the partners’ financial contributions and avoid sponsorship associated with unhealthy brands (i.e. alcohol or snack brands). They can encourage work opportunities between participants and certain partners and establish common goals.

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<tbody>
<tr>
<td>No action.</td>
<td>Set up a health promotion initiative during the season with a partner.</td>
<td>Create a relationship with a partner to offer regular health promotion initiatives during the sporting season and monitor its benefits.</td>
<td>Integrate different partners into a health team, which accompanies coaches during the sporting season.</td>
<td>Create a long-term relationship with a partner to develop health promotion initiatives and involve them in the development of the club.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches are familiar with planning training and the sports season based on sporting objectives.
- Coaches have the best knowledge of the participants' goals.

Examples of good practice

- Coaches can establish objectives with participants based on their needs and motivations. They can consider the objectives of promoting health in sports sessions. They can develop SMART goals (i.e. specific, measurable, attainable, relevant, time-bound) and individualize certain objectives for promoting health.

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<tr>
<td>No action.</td>
<td>Take health into account when planning training goals.</td>
<td>Plan health promotion goals and incorporate them into training.</td>
<td>Develop a health promotion programme which is based on core objectives and is embedded directly into training.</td>
<td>Health promotion objectives are fully integrated into the training philosophy, activities and the development of training.</td>
</tr>
</tbody>
</table>
Include the target population in the coaching plan

STRATEGY FROM THE HPSC MODEL: INCLUDE THE TARGET POPULATION IN THE IMPLEMENTATION PLAN

How is this linked to what coaches already do?

- Coaches interact with participants to understand their feelings about training and its implementation.
- Coaches rely on the knowledge and skills of participants to provide demonstrations of good practices, question technical or tactical aspects, etc.

Examples of good practice

- Coaches can make a list of who and how many people are involved in the implementation of the plan. They can set up reflection and discussion groups to involve target populations. Also, they can regularly question target populations about their feelings or further involve them in the implementation, evaluation or communication of health promotion actions.

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<tr>
<td>No action.</td>
<td>Rely on participants to implement one or more health promotion activities.</td>
<td>Regularly organize discussion times with participants and/or target populations to acquire information about their needs and experiences.</td>
<td>Co-construction health promotion programmes with participants/target populations.</td>
<td>Co-construct, co-plan and co-implement training with participants and/or target populations using a health promotion logic and develop health promotion programmes with them.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- In group activities, people take on roles based on their individual characteristics and interests. Coaches know how to create and allocate roles to support training and group cohesion.

Examples of good practice

- Coaches can start by identifying the skills of the club’s members, assigning roles based on motivations and creating a team responsible for health promotion in which everyone is aware of their missions. To do this, they can ask parents, managers, participants or other coaches. They can also promote the role of each person and communicate, within the club, the benefits of each involvement.

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<tr>
<td>No action.</td>
<td>Regularly exchange information and reflect with health promotion participants about future health promotion actions.</td>
<td>Rely on one or more sports participant to develop one or more health promotion activity during the season.</td>
<td>Assign key roles to participants for implementing the season’s health promotion objectives and programmes.</td>
<td>Co-construct, co-implement and co-evaluate all health promotion programmes, policies and objectives with key health promotion participants.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches are familiar with planning actions around key deadlines in order to have the best performance.
- Coaches are familiar with structuring and breaking down training based on key objectives.

Examples of good practice

- Coaches can establish a detailed schedule for health promotion actions and identify specific resource needs and a timeline for implementation. They can rely on specific monitoring tools (e.g. dashboard). They can establish times for evaluations of the implementation and can schedule key meetings or divide activities into three phases (before, during, after).

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>STAGE 1: Safe sport coaching</th>
<th>STAGE 2: Coaches promoting health</th>
<th>STAGE 3: Health promotion in sport coaching</th>
<th>STAGE 4: Health promoting sport coaching programmes</th>
<th>STAGE 5: Health promoting sports coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No action.</td>
<td>Introduce a key stage for discussing health promotion with participants at the start of the season.</td>
<td>Incorporate key stages for health promotion into training planning.</td>
<td>Incorporate key stages of health promotion into training and set aside time during the season to identify whether these goals have been achieved.</td>
<td>The health promotion stages to be achieved are an integral part of training planning, and there are times during the season for checking whether they have been achieved and to adapt them, if necessary.</td>
</tr>
</tbody>
</table>
Stimulate structural health promotion actions

STRATEGY FROM THE HPSC MODEL: ENCOURAGE SUSTAINABLE HEALTH PROMOTION ACTIONS

How is this linked to what coaches already do?

- Coaches have experience in creating and developing training and competition plans and programmes for a longer period of time (i.e. per week, month, year).
- Coaches already organize multi-year events and activities (inside and outside the club), which are evaluated and improved from year to year.

Examples of good practice

- Coaches can take the time to develop, step by step, a plan to promote the health of sports participants, taking into account available resources. They can rely on people around them. They can organize follow-up meetings on health promotion actions or rely on previous experiences to ensure that what is planned is achievable and sustainable.

How should this intervention component be implemented?

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>No action.</td>
<td>Make a plan for continuous health promotion of your sports participants based on your own health promotion expertise.</td>
<td>Make a plan for continuous health promotion of your sports participants based on your own health promotion expertise and search for support and knowledge with other people within the club.</td>
<td>Ensure your plan is broadly supported within the club and actions are incorporated within policy/annual plans.</td>
<td>Ensure the plan is developed/integrated broadly in the club and applied by other coaches.</td>
</tr>
</tbody>
</table>
How is this linked to what coaches already do?

- Coaches regularly reflect on their training and methods to consider how they can improve outcomes for sports participants.
- Coaches refer to sports clubs’ members’ experiences, feelings and existing knowledge in their planning.

Examples of good practice

- Coaches can reflect and collect feedback on the effects of current and former health promotion actions and policies. Coaches integrate this to build good/best practices for future health promotion action. Coaches can work collectively with other coaches and their club and/or health professionals on future health promotion objectives.

How should this intervention component be implemented?

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</thead>
<tbody>
<tr>
<td>Understand the current status of health promotion through sport.</td>
<td>Identify previous actions and programmes that have health benefits and communicate these to sports participants.</td>
<td>Use existing tools for planning future actions on specific health themes.</td>
<td>Systematically evaluate health promotion actions using success indicators to inform a programme’s future health promotion actions.</td>
<td>Establish a system for monitoring health promotion actions and organize discussions with sports participations to inform future health promotion actions.</td>
</tr>
</tbody>
</table>
Plan future actions based on the evaluation of current actions

How is this linked to what coaches already do?

- Planning is one of the typical skills and tasks of coaches.
- Coaches are familiar with using plans and criteria to assess the impact of programmes.

Examples of good practice

- Coaches can question and analyse the effects of current health promotion actions and policies, collect feedback from target populations, and integrate best practices into future actions. They work collectively on future health promotion objectives and can collaborate with health professionals to establish objectives based on evidence.

How should this intervention component be implemented?

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</tr>
</thead>
<tbody>
<tr>
<td>No action.</td>
<td>Base actions on previous health promotion initiatives and programmes.</td>
<td>Base actions on previous health promotion initiatives and programmes and use guidelines for planning health promotion activities.</td>
<td>Rely on systematic evaluation and reporting to develop health promotion actions with success indicators for programme implementation.</td>
<td>Set up a system to monitor health promotion projects, communicating progress to club members to encourage and inspire them, and obtain their advice.</td>
</tr>
</tbody>
</table>
Conclusions

This Health Promoting Sports Coach implementation guide is intended to support coaches to promote health by providing a theoretical background, such as: the stages of progression towards becoming a health promoting coach; the skillset; a list of concrete actions to undertake at different time periods of coaching, both during and outside training and competition; and 32 strategies for long-term health promotion implementation. This implementation guide goes hand-in-hand with two WHO guides: health-promoting sports federation implementation guidance (26) and health-promoting sports clubs’ national audit tool (40), which were developed to support sports federations and national policy-makers in promoting health among sport organizations.

Coaches will not become health professionals by consulting this implementation guide but will learn how to integrate health promotion into their daily practice, empowering sports participants, and contributing to a healthier society. As health is lived in all settings where people live their lives (41), and millions of citizens participate in sports around the world, coaches play a pivotal role in the health and development of sports participants. Moreover, this implementation guide brings together expertise from the fields of public health and sport, encouraging dialogue and close collaborations between these two sectors, to fully mobilize sport organizations’ health promotion potential.
References


The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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