



‘The Health Impact of the GAA Healthy Club Project’ Final Report of Phase II of the GAA Healthy Club Project

Aoife Lane¹, Niamh Murphy² and David Callaghan²

¹ Department of Sport and Health Science, Athlone IT

² Centre for Health Behaviour Research, Department of Health, Sport and Exercise Science,
Waterford IT



Irish Life | in the *community*



This publication should be cited as: Lane, A., Murphy, N., and Callaghan, D. (2018). The Health Impact of the GAA Healthy Club Project. Centre for Health Behaviour Research, WIT, Waterford, Ireland

ACKNOWLEDGEMENTS

The work presented in this report is a product of the initiative, commitment and engagement of the clubs who volunteered to take part in this project. Many thanks to all of you who assisted with this evaluation of this project. Thank you also to the Community and Health team in Croke Park for your support and co-operation, and to the GAA and the HSE and Irish Life for facilitating such a worthwhile and forward thinking initiative.

TABLE OF CONTENTS

Executive Summary	3
What is this report about?	5
How was information collected?	5
What clubs took part in the project?	6
How did clubs experience the start-up phase of the project?	6
What was the impact on the health promotion orientation of clubs?	8
What initiatives did clubs deliver during the HCP?	12
How did clubs engage with partners during the HCP?	15
What barriers did clubs experience during the HCP?	17
What was the impact of Physical Activity, Healthy Eating and Community Development Initiatives?	17
What are the main lessons at this stage?	23
Final Comments	24
References	25
Appendices	26
Participating Clubs	27

List of Abbreviations

GAA	Gaelic Athletic Association
HSE	Health Service Executive
HCP	Healthy Club Project
HCF	Healthy Club Framework
INDI	Irish Nutrition and Dietetic Institute
HCI	Healthy Club Index
PHA	Public Health Agency

Executive Summary

The GAA Healthy Club Project (HCP) was established to harness and formalise the health promotion activity carried out in GAA clubs. Phase I involved a pilot evaluation across 18 clubs and demonstrated the viability of the club as a setting for health promotion. The aim of Phase II is to assess the impact of the project on the mainstream working of clubs and on specific health behaviours. Evaluation activity included pre- and post- engagement with participating clubs, specifically Healthy Club Officers, Club Executives, programme participants, and key partners. Sixty clubs across all 32 counties, including those from Phase I, were recruited to the HCP Phase II with a further 27 recruited as control clubs.

HCP Initiatives in Phase II:

- Over 300 initiatives were delivered across eight target areas in the 30 intervention clubs (physical activity; healthy eating; mental fitness; gambling, alcohol, and drug education; training and personal development; anti-bullying; smoking cessation; community development and inclusion). The impact of this volume and range of activity is difficult to quantify but 60–80% of initiatives were classed by the evaluation team as medium to high impact, indicating that they encompassed at least three of the four components of the Healthy Club Framework (HCF; i.e. included a plan, an activity, a partnership and change across the club).
- A focused evaluation on the Healthy Eating and Physical Activity initiatives revealed improved health behaviours and outcomes and endorses the development of evidence-based programmes for GAA clubs designed and delivered in partnership with professionals across the health sector.
- Clubs were least likely to establish a policy or plan to support their health promotion activity.

Impact of the HCP:

- At the end of the evaluation phase, there was a significant improvement in the health promotion practices of all Phase I and Phase II intervention clubs (n=30) compared to control clubs (n=10). This improvement was most notable among Phase II clubs who were starting out on their Healthy Club journey.
- This confirms the positive impact of the HCP on the overall health promotion practices of participating clubs and offers strong justification for the continued support and roll out of this project.
- The overall policy context for Health and Wellbeing improved noticeably from Phase I but there remained challenges in incorporating health promotion into the core business of the GAA club, specifically coaching and games.

The main recommendations for the next phase of the HCP include:

1. Formal recognition of the GAA Club as a setting for health promotion

- The GAA club should be formally recognised by the Irish public health sectors as a viable setting in which to deliver health promotion information and interventions, with public health promotion officers allocating working time to support clubs formally engaged in the HCP

2. Further development of evidence-based initiatives

- Based on the successful implementation by Healthy Clubs of the HSE's Men on the Move (MOTM) physical activity programme in Phase II, additional evidence-based interventions should be devised to respond to population health needs at community level. Healthy Clubs can apply, under criteria, to make these available to their members/communities, and their delivery should be evaluated as part of Phase III.

3. Partnerships

- The GAA should be utilised by the Irish health sectors and other specialist agencies, including the third level education sector, as a collaborating partner in the conception, development, and implementation of such evidence-based health initiatives.

4. Further integrate health promotion into the core business of GAA Clubs

- Develop a strategy to further integrate health and wellbeing into coaching and games development.

5. Planning

- Throughout the available training and engagement, clubs must be encouraged and supported to plan strategically, and to embed their health promotion activity in policy change and overall club culture, to ensure greatest effectiveness.

6. Upscaling

- During Phase III, the GAA must consider how it can expand the HCP to a significantly increased number of clubs while maintaining adequate monitoring of engagement. This should be a primary goal of the next evaluation phase and could be built into the existing Healthy Club online portal. In addition, the appointment of Healthy Club Provincial Coordinators will facilitate engagement at regional level while also supporting the upscaling of the HCP to a national project.

The GAA HCP is working well to change the health promotion practices of clubs that are willing and committed to purposefully addressing the health needs of their respective communities. The volume of activity throughout the project is vast and reflective of the energy that exists in GAA clubs while the development of prescribed initiatives and the evidence of behaviour change is an important progression in Phase II.

Going forward, further development of these latter initiatives combined with retaining the freedom for clubs to dictate their own work within the HCF appears to be the ideal operational model for the HCP.

During Phase III, the GAA will need to consider how best to allocate resources and develop a structure to disseminate to all clubs across Ireland to ensure optimal cultural, societal and behaviour change. This will require better utilisation of the online Healthy Club portal and other online platforms. However, to ensure that the beneficial coming together of clubs and sharing of experiences at regional level is not lost, the requirement for Healthy Club Provincial Coordinators should also be explored.

WHAT IS THIS REPORT ABOUT?

In Ireland, the GAA plays a pivotal role in society that extends far beyond the basic aim of promoting Gaelic games with clubs already promoting health and well being amongst its members and the wider community. The GAA Healthy Club Project (HCP) is a welcome framework to further support, harness and capture the full extent of these efforts. The GAA, in partnership with the Health Service Executive (HSE), has previously delivered and evaluated a pilot phase of the project to 18 clubs across Ireland (Lane, Donohoe and Murphy, 2015). This evaluation focused mainly on the viability of the GAA club as a setting for health promotion and the process involved in becoming a healthy club.

In the interim, Health and Wellbeing in the GAA has progressed considerably. A National Healthy Club Co-ordinator has been appointed, all clubs have been mandated to appoint Healthy Club Officers, county and provincial Health and Wellbeing workgroups are in place and Irish Life (Assurance PLC) have committed to supporting the HCP through a corporate social responsibility investment. The GAA's health and wellbeing structures are overseen by a National Health and Wellbeing Committee and a Healthy Club Steering Committee, which have been in place since the onset of this work. This has facilitated greater dissemination of this concept across Ireland with provincial roadshows supplementing an annual Health and Wellbeing Conference. In addition, an online platform has been developed where clubs can document their journey through the HCP while also supporting the GAA in monitoring progress. Finally, an updated Healthy Club Framework (HCF) has been developed. Specifically, clubs have been advised to develop a Plan, which refers to policies and/or action plans; recruit Partners to assist with the delivery of the initiative; identify an Activity focused specifically on behaviour change and finally assess any impact on the Club, physically and culturally.

The second 18 month phase of the project, with additional support from Irish Life, commenced in early 2016 and involved a continued assessment of the process involved in the HCP, but more notably, an evaluation of the impact of this type of activity, and specific initiatives, on clubs and communities. The purpose of this report is to present a final evaluation of Phase II of the GAA HCP. The overall evaluation addresses two areas;

- What is the overall impact of the HCP on the daily workings of the GAA club unit?
- What are the impacts of Healthy Club Initiatives in Healthy Eating, Physical Activity and Community Development on the health of individuals and communities?

HOW WAS INFORMATION COLLECTED?

Data presented in this report are from four different sources;

1. Baseline and Follow Up Healthy Club Questionnaires: this instrument included a validated health promotion sports club index (Kokko et al., 2009) and permitted a baseline assessment of the current health promotion characteristics, general workings and composition of each club. Fifty-five clubs (14 Phase I, 41 Phase II) taking part in the project, and 27 control clubs submitted completed questionnaires at baseline. This reduced to 30 intervention (7 Phase I, 23 Phase II) and 10 control clubs at follow up.
2. Regional Focus Group Meetings: 12 focus groups were carried out at provincial level at working group meetings. In April 2016, representatives from clubs commented on their experience of the start-up phase of the project. In June 2016 they remarked on the launch of the project, and in January 2017 they relayed their overall experience of the first year of the project.
3. Evaluation of Healthy Eating Initiative: this included an evaluation of the Recipes for Success programme and subsequent review in the context of the HCF; i.e. plan, club, partner and activity. Recipes for Success was delivered in 26 out of 60 clubs, three of which took part in the evaluation process. Pre and post questionnaires were delivered to the clubs and interviews were carried out with key partners, programme participants and club representatives.

4. Evaluation of Physical Activity Initiative: this included an evaluation of the Men on the Move programme, which was delivered to three clubs in partnership with the HSE and the national network of Local Sports Partnerships. Pre and post physical assessments, questionnaires and interviews were carried out with programme participants, key partners and club representatives.

5. Evaluation of Community Development Initiatives: this involved clubs who were engaged in community development projects such as engaging older members of communities, working with disability groups and developing smoke free facilities. A case study is presented using data collected from interviews and focus groups carried out on two club visits.

WHAT CLUBS TOOK PART IN THE PROJECT?

Clubs were recruited using a similar process to Phase I, i.e. clubs responded to an expression of interest distributed by the GAA and subsequent applications were scored using a criteria agreed by the National HCP Steering Group. All Phase I clubs were eligible for inclusion in Phase II and control clubs were also identified using a convenience method; jointly by the evaluation and Community and Health teams. A total of 60 clubs across all 32 counties, from urban and rural areas and ranging in size and current health promotion activity were recruited to the project. At baseline, 92% of these clubs engaged with the evaluation process. All 55 intervention and 27 control clubs had dressing rooms and pitch access, all weather pitches and running/walking tracks were available in three clubs, ball walls in six and 12 clubs reported having floodlights. Overall, 76% of Phase II clubs rated their facilities as excellent or very good, similar to 82% of control clubs. In relation to disability access, a lower proportion (51% Phase II, 74% control clubs) rated accessibility to club facilities as excellent/good. Club membership was available in different forms; full membership in all clubs, social membership in approximately 70% of clubs, and finally juvenile and family membership options in 90% of clubs.

Table 1: Size and Membership of Participating Clubs (n=67)

		Phase II Average (Min-Max)	Control Average (Min-Max)
Membership	Playing Members	416 (105-2502)	445 (148-1080)
	Non Playing Members	209 (0-2181)	55 (0-161)
	Total Membership	613 (130-4683)	489 (150-1241)
Facilities	No. of Pitches	2.2 (1-4)	2.2 (1-6)
	Dressing Rooms	4.4 (2-8)	3.4 (2-4)

HOW DID CLUBS EXPERIENCE THE START-UP PHASE OF THE PROJECT?

Two focus groups carried out in January and April 2016 were used to collate the experience of Healthy Club Officers within clubs of the initial phase of the project, from application, through to the collective launch of the HCP on May 8th. Overall, it was notable that a sense and clarity of purpose existed in clubs, but did so within resistance, which clubs actively worked to overcome.

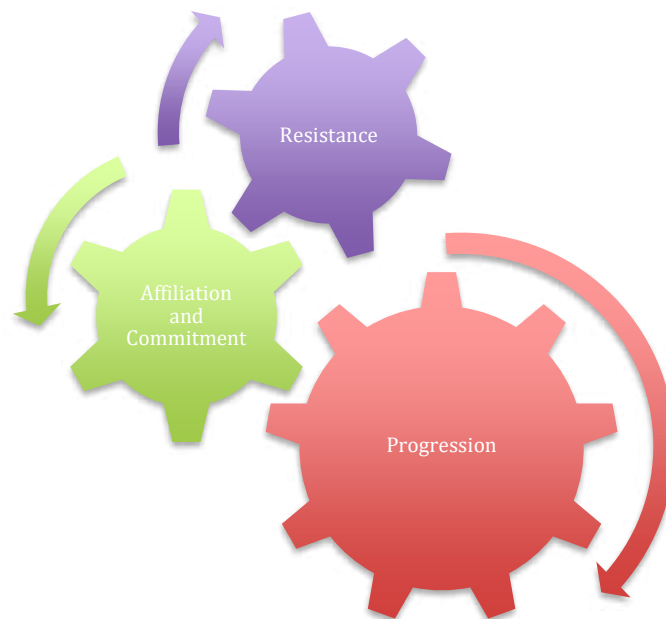


Figure 1: Experience of Phase II

AFFILIATION AND COMMITMENT

Similar to the pilot phase of the project, participating clubs recognised the *'platform to promote health'* and an *'onus to take this role'* within the GAA, particularly in the context of societal change in Ireland. Clubs noted that the *'GAA is a lot more than games'* and that health is a *'natural partner to sport'*. The Orientation Day at the outset of the project was overall a positive experience for clubs who noted in particular the contributions from other clubs and the ideas that were shared. Clubs were *'energised'* following this introductory day, they were motivated, and remarked that the day was *'professional'* and that there was a *'long term vision'* for the project within the GAA. The collective launch date of May 8th was a success, giving clubs a chance to get the *'healthy clubs name out there'*, to share the purpose of the initiative and to generate support for the project. Overall, clubs displayed an affiliation with the health agenda and a commitment to action.

RESISTANCE

Resistance, mostly passive, was expressed at both focus group sessions. Initially, Healthy Club Officers described their perceptions of the project as *'scary'*, *'frightening'* and were a little *'overwhelmed'*. Back in the club setting, there was some *'scepticism'*, a notion that this was an *'extra chore'* and would be a *'hard sell'*. It was noted that this type of work may not fit in with the overall focus of a sporting club, and that it may bring unwelcome or unwarranted responsibility to the club, particularly from older members. This manifested as officers feeling they were having meetings with themselves, and a lack of engagement from some members of the club. It was noted that there was an *'old school mentality expecting it to fail'*, and an observation that;

'a segment of people no matter what you do will pick holes and don't see the positives'

A club remarked on a sense of *'passive resistance'* where good intentions and enthusiasm exists but in the context of begrudgery and killjoy behaviour.

PROGRESSION

The GAA is iconic among Irish society, linked indelibly with legacy, history, and tradition. Clubs noted that change for any cultural entity is challenging, and this essentially accounted for much of the resistance detailed above.

While some clubs were a little overwhelmed at the outset of the project, there was a realisation that there were a number of things already in place in clubs and communities and that much of the work of the club unit was to act as a 'window' for this activity to the wider community. It was remarked that the club is not a '*panacea to deal with all of the problems that are out there*', that it is doing its fair share of work already but could work to involve the wider community and be a conduit for national health promotion initiatives.

Despite some hesitancy, clubs expressed that they were '*open for business*', and were committed to being '*inclusive*'. Also, clubs appeared extremely pragmatic and measured about their efforts. Clubs noted that they were '*slowly plodding away*', '*chipping away*', getting '*other people on board*', recruiting '*doers*', integrating health into the club development plan, identifying needs within their respective communities, and finally innovating around how to position this new type of activity, with new people within a traditional organisation. An example of the latter is dispensing with the notion of a committee and forming a '*workforce for health and wellbeing*'. In fact the GAA were supportive of this, proposing the development of a Healthy Club Project Team. Overall, the message around '*small steps*', which was an important learning from Phase I appeared to have resonated with clubs. As a result clubs remarked that people were '*drifting towards*' healthy club activity, and consequently many new people were now involved in the club.

WHAT WAS THE IMPACT ON THE HEALTH PROMOTION ORIENTATION OF CLUBS?

A Healthy Club Questionnaire, which incorporated an index developed by Kokko et al., (2009) was used to assess the baseline and follow up health promotion characteristics of participating clubs. Questionnaires were completed by the Healthy Club Project Team in each club. For the health promotion index, higher scores indicate higher levels of health promotion activity. Specifically, clubs were scored between 0 and 1, on different factors related to the health promotion orientation of the club, using a five-point Likert scale ranging from 'does not represent a club at all (0)' to 'it represents the club very well (1)'. Table 2 indicates that clubs score highly in relation to ideology (i.e. philosophy, ethos underpinning the club), and moderately in terms of practice, the environment and their overall score. The policy domain represents the weakest element of health promotion in the clubs. There are significant differences between Phase II and control clubs in relation to ideology and environment but overall classifications were similar across both groups. A comparison of all intervention clubs against control clubs revealed a significant difference in the ideology index only. Finally, 95% of Phase II clubs had appointed a Healthy Club Officer compared to 82% of control clubs.

Table 2: Health Promotion Characteristics of Participating Clubs (n=68)

	Phase II		Control	
	Average	Health Promotion Category	Average	Health Promotion Category
Policy Index (range 0-8.0)	3.89	Low	3.71	Low
Ideology Index (range 0-2.0)	1.59	High	1.85*	High
Practice Index (range 0-6.0)	3.21	Moderate	3.38	Moderate
Environment Index (range 0-7.0)	4.30	Moderate	4.97*	Moderate
Juvenile Environment Index (range 0-11.0)	6.41	Moderate	7.02	Moderate
Overall HP Index Score (range 0-34.0)	19.42	Moderate	20.94	Moderate

A comparison of HCI scores over time indicated significant improvement in the health promotion orientation of intervention clubs compared to control clubs. Most notably, intervention clubs moved from low to high health promoting for policy (see Appendix), which reflects the formalisation of the role of the Healthy Club Officer and the development of a Healthy Club Statement for clubs; a commitment by clubs towards health and wellbeing. Equally, there was a shift from low to moderate health promoting for practice and moderate to high for the environment domain and a significant improvement in ideology and juvenile environment. This reflects the commitment of clubs to integrating health and wellbeing into their daily activities.

Table 3: Baseline and Follow Up Health Promotion Characteristics of Participating Clubs

	Intervention (n=30)		Control (n=10)	
	Baseline	Follow Up	Baseline	Follow Up
Policy Index (range 0-8.0)	3.73	6.10*	3.95	3.85
Ideology Index (range 0-2.0)	1.45	1.85*	1.88	1.88
Practice Index (range 0-6.0)	2.85	4.35*	3.65	4.23
Environment Index (range 0-7.0)	4.04	5.65*	5.40	5.42
Juvenile Environment Index (range 0-11.0)	6.18	7.43*	7.40	6.87
Overall HP Index Score (range 0-34.0)	18.24	25.40	22.28	22.25

p<.05 Baseline v Follow Up

Phase II clubs demonstrated the greatest change across all domains of the HCI. Understandably, Phase I clubs scored higher at baseline in all areas in comparison to Phase II clubs. Importantly, these clubs also improved between baseline and follow up, suggesting space for continued growth in health and wellbeing across all clubs regardless of their starting point. In other words, the Healthy Club Project is working well to harness the energy that exists in GAA clubs to work in this area.

Table 4: Baseline and Follow Up Health Promotion Characteristics of Participating Clubs

	Phase I Clubs (n=7)		Phase II Clubs (n=23)	
	Baseline	Follow up	Baseline	Follow Up
Policy Index (range 0-8.0)	4.75	6.03	3.41	6.13*
Ideology Index (range 0-2.0)	1.32	1.71	1.49	1.89*
Practice Index (range 0-6.0)	3.32	4.32	2.70	4.36*
Environment Index (range 0-7.0)	4.42	5.21	3.92	5.78*
Juvenile Environment Index (range 0-11.0)	6.61	7.64	6.04	7.37*
Overall HP Index Score (range 0-34.0)	20.42	24.93*	17.58	25.53*

p<.05 Baseline v Follow Up

Table 5 illustrates the scores for the individual factors assessed in the Healthy Club Questionnaire. Again, all scores range between 0 and 1; 0 indicates that the factor does not describe the club at all and 1 indicates it describes the club very well. As indicated above, scores for the policy domain are among the lowest across all indicators of health promotion in the clubs at baseline but improved significantly at follow up. There were also notable increases in practice and environment scores among Phase II clubs around interaction with coaches and parents, the provision of health education opportunities and healthy food options, and the development of smoke free environments. Of note were above average scores for selecting accredited, suitable coaches but there remained an allegiance to defining success by winning; these factors did not demonstrate any improvement over time. Also, barriers to implementing the ‘everybody plays’ policy increased significantly in Phase II clubs over time, possibly indicating a greater attempt to adhere to this policy and thus greater resistance from parents and other clubs.

Table 5: Sub Components of Health Promotion Characteristics at Baseline and Follow Up

	Phase II Average (0-1)		Control Average (0-1)	
	Baseline	Follow Up	Baseline	Follow Up
The clubs regulations include a written section on well being and / or health	.28	.74*	.38	.43
promotion / health education / healthy lifestyle				
The clubs regulations include a written policy on substance misuse (ASAP policy)	.49	.74*	.38	.43
Health and well being ideals are written in the clubs constitution and regulations	.21	.68*	.25	.25
The club health promotion activities are evaluated in the Annual Report	.27	.77*	.20	.28
The club collaborates with other sports clubs and / or health professionals on health issues	.40	.75*	.63	.50

The club assures that its sub committees have agreed regulations and practices	.49	.73*	.53	.53
Health promotion is part of the coaching practice	.49	.82	.72	.69
Training pitches and schedules are distributed fairly across all teams in the club	.78	.91*	.90	.83
The club promotes the 'Go Games' principles	.78	.97*	.98	.95
The club promotes the 'Respect Initiative'	.71	.92*	.90	.93
The clubs Executive Committee discusses its regulations with coaches and parents at regular intervals	.46	.71*	.43	.63
The club pays particular attention to coaches/ instructors interaction skills	.52	.76*	.65	.75
The club provides education on health issues or makes provisions for its members to receive such education	.36	.78*	.60	.65
The club promotes individual growth and development	.42	.73*	.73	.78
Sports injuries are comprehensively dealt with (including the psychological effect of injury)	.49	.71*	.63	.80
The club reviews and communicates treatment policies in the case of a sports injury	.46	.67*	.63	.63
The club assumes its fair share of responsibility for a safe sports environment (eg: reviews the sports environment yearly)	.73	.85*	.85	.78
The club provides a sports environment that is smoke free during juvenile activities	.52	.84*	.78	.85
Coaches and other officials give a good example through their own behaviour	.67	.88*	.88	.83
Respect for the referee is evident at all levels in the club (players, coaches, administrators)	.57	.82*	.83	.80
Possible conflicts (eg bullying) are monitored and dealt with	.58	.85*	.80	.85
In coaching, there is a health promoting element beyond sports performance	.52	.85*	.73	.80
Healthy food options are made available following sports activities	.34	.71*	.55	.53
All juvenile events are held in an alcohol free environment	.84	.90	.85	.88

The club promotes maximum participation adopting an 'every child gets a game' policy	.64	.85*	.88	.83
The implementation of 'everybody plays' policy is dependant on the importance of the competition	.34	.33	.30	.33
The implementation of 'everybody plays' policy is hindered by parents expectations of success by winning	.34	.51*	.60	.38
The implementation of 'everybody plays' policy is hindered by other clubs reluctance to adopt a similar approach	.26	.41*	.45	.40
The club measurement of success is winning underage tournaments	.60	.60	.50	.65
The club perceives that success can only be achieved by having the best players on the pitch at all times	.58	.65	.78	.63
The club selects and approves coaches who have accredited coaching qualifications	.64	.78*	.75	.68
The club specifically identifies suitable and qualified coaches for juvenile coaching positions	.65	.75	.78	.63
The club does not tolerate the use of bad language	.57	.75*	.70	.68
The club enforces a fair play policy	.62	.83*	.83	.83

p<.05 Phase II v Control Clubs

The information below confirms the positive impact of the project on clubs with almost all clubs agreeing on benefits across culture, attitudes and engagement.

Table 6: Overall Impact of the HCP

	% Agree (n)
Health has become more of a priority in the club	97 (29)
People's attitudes to health have changed	97 (29)
Our club is better as a result of being involved in the project	100 (30)
The profile of the club/community has been raised	97 (29)
The project has addressed all sections of the club	97 (29)
Involvement in the project has helped our club focus on health issues in ways we could not have done otherwise	100 (30)
More people are joining/becoming involved in club activities	83 (25)
Knowing what we know now, would we sign up again	97 (29)

The culture of the club has changed for the better	97 (29)
There will be support for this project if it continues	100 (29)

WHAT INITIATIVES DID CLUBS DELIVER DURING THE HCP?

All clubs who engaged with the follow up phase of the project had appointed a Healthy Club Officer, which is an indicator of the dissemination of this concept throughout the structures of the GAA. All of the Intervention clubs had established Healthy Club Project Teams; this reduced to half of the control clubs. Seventy per cent of intervention clubs had representation on the Club Executive, indicating that the health perspective is becoming part of the operational business of the club unit.

The National Healthy Club Steering Committee developed a framework around which to deliver settings based health promotion in GAA clubs (Fig 2). It was expected that clubs would select from the health priorities set out by the GAA (physical activity, healthy eating, mental fitness, community development, gambling, alcohol and drug education, and training and personal development) while also considering their own community needs and deliver initiatives encompassing all four elements of the framework below. Specifically, clubs were advised to develop a Plan, which refers to policies and/or action plans; recruit Partners to assist with the delivery of the initiative; identify an Activity focused specifically on behaviour change and finally consider a wider impact on the Club, physically and culturally.



Fig 2: Framework for Settings Based HP in GAA Clubs

Clubs were active across all of the priority health areas. The greatest activity was around physical activity and healthy eating, followed by mental fitness, training and personal development and community development. The table below captures the extent of healthy club activity.

Table 7: Summary of Healthy Club Activity

	Proportion of Clubs (%, n)	Minimum No. of Initiatives	Maximum No. of Initiatives	Mean No. of Initiatives
Physical Activity	97 (29)	1	10	4
Healthy Eating	93 (28)	1	6	2
Mental Fitness	80 (24)	1	4	2
Gambling, Alcohol and Drug Education	47 (14)	1	2	1
Training and Personal Development	70 (21)	1	6	3
Anti-Bullying	33 (10)	1	1	1
Anti-Smoking	57 (17)	1	3	1
Community Development	63 (19)	1	6	2

Clubs self-reported on policy change, partnership and how the broader club environment was impacted by healthy club activity. The Healthy Club Statement and Critical Incident Plan have been well integrated with over 90% of clubs reporting full or partial implementation of these policy statements. Scores were lower across other topic areas for policy development, possibly reflecting a lack of established or more likely, disseminated context specific policies. Partnership was generally higher in all areas while clubs worked well to integrate their healthy club activity across the broader club environment. The latter included changes to the physical environment of the club, and to the club's awareness, understanding and support for the health area. All scores are presented as proportions of the number of clubs who delivered initiatives in the respective topic areas.

Table 8: Policy Development and Partnership across Intervention Clubs (n=30)

	Policy (Plan) (% Yes, n)	Partnership (% Yes, n)	Club (& Yes, n)
Physical Activity	48 (14)	100 (29)	100 (29)
Healthy Eating	57 (16)	79 (22)	93 (26)
Mental Fitness	42 (10)	84 (21)	100 (24)
Gambling, Alcohol and Drug Education	64 (9)	64 (9)	97 (11)
Training and Personal Development	48 (10)	90 (18)	90 (19)
Anti-Bullying	60 (6)	60 (6)	80 (8)
Anti-Smoking	88 (15)	59 (10)	94 (16)
Community Development	32 (6)	84 (16)	84 (16)

Finally, an impact rating scale of high impact, medium impact and low impact was also developed by the evaluation team in order to assess the initiatives in the context of the HCP Framework. The HCP Framework consists of four elements Plan (Policy), Environment (defined as the physical and/or sociocultural culture and ethos of the club where healthy lifestyles are facilitated through all policies, programmes, facilities and activities of the club), Activity

and Partnerships (defined as engagements with entities external to the club). A rating of high impact was allocated to initiatives that encompassed all four elements of the framework. A rating of medium impact was given for initiatives, which comprised of at least three elements of the framework. Finally, a low impact rating was given when initiatives included two or less elements of the HCP framework in their implementation. The majority of initiatives were medium to high impact, with limitations mostly in the plan (policy) and partnership element of the HCP Framework.

Table 9: Impact of HCP Initiatives

	High Impact (% , n)	Medium Impact (% , n)	Low Impact (% , n)
Physical Activity	48 (14)	52 (15)	-
Healthy Eating	46 (13)	36 (10)	18 (5)
Mental Fitness	38 (9)	11 (46)	16 (4)
Gambling, Alcohol and Drug Education	54 (7)	15 (2)	31 (4)
Training and Personal Development	48 (10)	33 (7)	19 (4)
Anti-Bullying	20 (2)	40 (4)	40 (4)
Anti-Smoking	53 (9)	29 (5)	18 (3)
Community Development	33 (7)	50 (9)	17 (3)

HOW DID CLUBS ENGAGE WITH PARTNERS DURING THE HCP?

Clubs self-reported on their overall partnership activity at the beginning and end of the project. The most notable change over time was in the designation of roles, responsibilities and expectations with partners among intervention clubs. Other indicators like the importance of partners were equally strong among intervention and control clubs while the acceptance of a need to formalise the partnership process and the engagement of partners on Healthy Club Project Teams were generally weak across all clubs.

Table 10: Perceptions of Partnership in GAA Context

	Intervention		Control	
	Baseline % Agree (n)	Follow Up % Agree (n)	Baseline % Agree (n)	Follow Up % Agree (n)
Partners have always been an important part of the club	45 (24)	80 (24)	74 (20)	80 (8)
Roles, responsibilities and expectations are agreed with partners	35 (19)	60 (18)	45 (12)	40 (4)
Regular meetings are held with partners	23 (13)	40 (12)	30 (8)	40 (4)
Partners sit on committees in the club	17 (9)	37 (11)	14 (4)	20 (2)
Contact with partners is mostly informal	50 (27)	60 (18)	42 (12)	50 (5)
There is no need to formalise the partnership process	20 (11)	37 (11)	30 (8)	40 (4)
Formalising the partnership process takes too much time	15 (8)	27 (8)	26 (7)	40 (4)
Club members actively seek new partners	40 (15)	50 (15)	32 (11)	30 (3)

Clubs also indicated their level of engagement with local partners at the outset and end of the project. The most notable changes were with coaches, with intervention clubs showing improved interaction with coaches over time. Interaction with other GAA codes scored well, engagement with members was relatively low at approximately 50% while parents remained a poorly engaged partner.

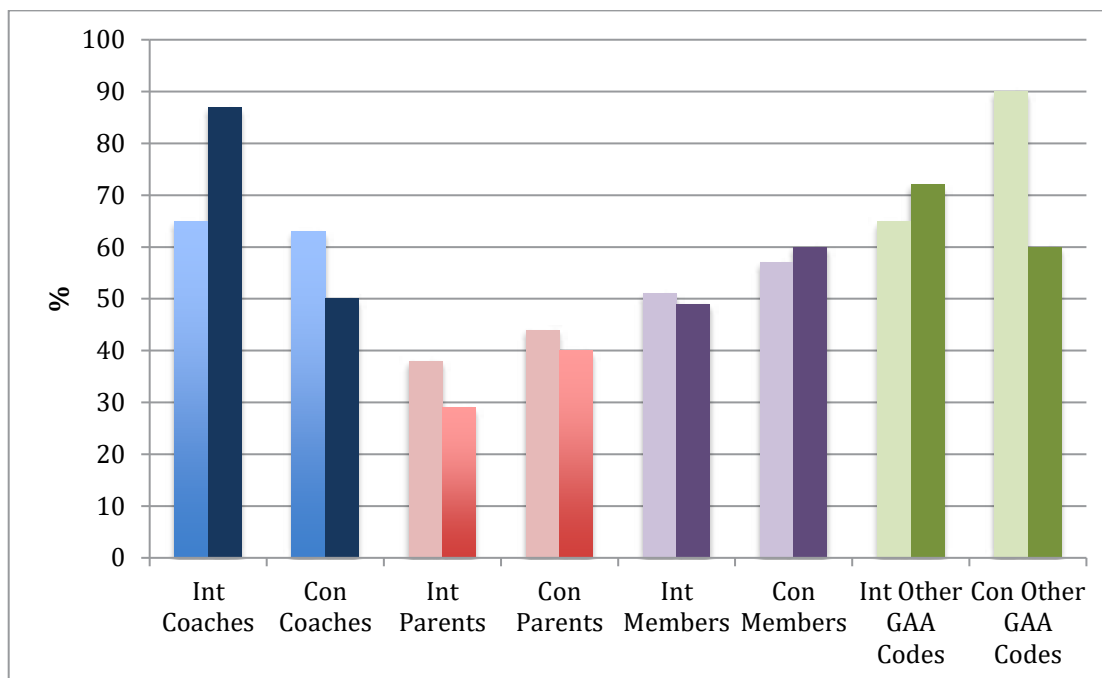


Figure 2a: Engagement with Partners at Baseline and Follow Up

Engagement with health professionals improved in all clubs while connections with minority groups remained low. Intervention clubs improved their interaction with retired members with a comparable decrease in control clubs.

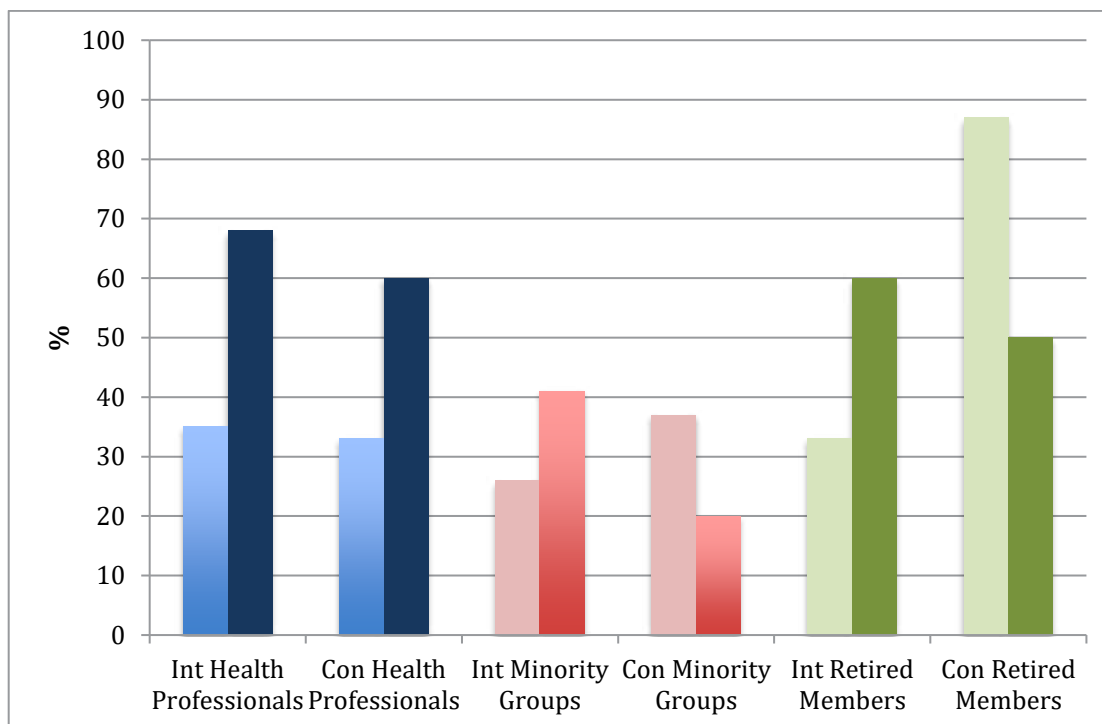


Figure 2b: Engagement with Partners at Baseline and Follow Up

WHAT BARRIERS DID CLUBS EXPERIENCE DURING THE HCP?

Lack of money and time were the most commonly reported barriers to health promotion in all clubs at both time points. In response, the GAA provided participating clubs with a €1,500 grant through Irish Life's CSR funding. Lack of knowledge was a factor for all clubs at baseline but reduced considerably among intervention clubs at follow up; likely due to delivery of a two hour training session prior to the clubs participation in the HCP. Lack of interest among members and across society were also noted. This improved over time in intervention clubs and remained relatively high in control clubs.

Table 11: Barriers Experienced by Clubs

	Intervention		Control	
	Baseline % Agree (n)	Follow Up % Agree (n)	Baseline % Agree (n)	Follow Up % Agree (n)
Lack of interest among members	24 (13)	40 (12)	38 (10)	40 (4)
Lack of interest among Executive members in club	6 (3)	10 (3)	34 (9)	10 (1)
Health promotion not a priority	15 (8)	10 (3)	22 (6)	0
Inadequate support from society	24 (13)	43 (13)	37 (10)	40 (4)
Inadequate support from GAA at national level	21 (11)	7 (2)	34 (9)	30 (3)
Lack of knowledge and expertise	21 (11)	7 (2)	37 (10)	30 (8)
Lack of money	59 (32)	60 (18)	52 (14)	40 (4)
Lack of time	46 (27)	60 (18)	59 (41)	70 (7)

WHAT WAS THE IMPACT OF THE PHYSICAL ACTIVITY, HEALTHY EATING AND COMMUNITY DEVELOPMENT INITIATIVES?

As noted earlier, three areas were specifically evaluated as part of this project; namely Physical Activity, Healthy Eating and Community Development. The Physical Activity (PA) and Healthy Eating Initiatives were developed by the GAA in collaboration with appropriate partnerships, while the Community Development initiatives varied considerably across clubs. All evaluations of initiatives were carried out in the context of the Healthy Club Framework.

PHYSICAL ACTIVITY

About the Initiative?

The PA Initiative evaluation was exclusively focused on the delivery of the Men on the Move programme in three participating Healthy Clubs. This programme was developed and funded by the HSE and aims to promote PA and general wellbeing among men over the age of 30. It is a 12 week programme that includes twice weekly structured PA sessions as well as workshops on nutrition and wellbeing. The programme is delivered in conjunction with Local Sports Partnerships across Ireland.

Three healthy clubs were selected to take part in the PA Initiative during Phase 2. Clubs were selected based upon the capacity of the various Local Sports Partnerships around the country to run the programme, previous work the clubs had undertaken in the area of PA as well as the desire to do more work in this area. Clubs were selected by the Community and Health team in Croke Park with advice from the research team in WIT. Across the three participating clubs, a total of 82 men signed up to take part in the programme; response rates were almost 100% at baseline, dropping to approximately 40% at 12 weeks and falling to as low as 20% at 26 weeks.

HOW WELL DID THE INITIATIVE WORK?

Plan

The GAA Community and Health team have developed a PA policy, which provides information around PA and supports a club can develop to promote PA. Overall, approximately 50% of clubs indicated that they had partially or fully implemented this policy. The Men on the Move programme did run according to previously developed and evidence based procedures. A clear protocol was in place to guide the delivery and evaluation of the programme.

Activity

Who took part in the programme?

As noted above, 82 men signed up to the programme across three clubs; 65% had some or complete third level education and 94% were married while 71% were in full or part time employment. The average age of participants was 52 years with a range between 31 and 73. At baseline, 5% of men were in the normal weight category, 51% overweight and the remaining 44% either moderately or severely obese.

What impact did Men on the Move have?

Data were collected at baseline, 12 weeks and 26 weeks. This included objective measures including weight, BMI, waist circumference, fitness (time to complete one mile), as well as self-report measures of PA, and other indices of wellbeing such as dietary and alcohol habits, and emotional wellbeing. 16 participants completed all three data collection points.

Results showed significant weight loss and reduction in waist circumference, a reduction in BMI and improvement in fitness among participants. Men lost an average of 2kgs over the first 12 weeks and maintained this for 26 weeks. Of note was that 1 in 10 men moved to a lower BMI category over the first 12 weeks of the programme. Waist circumference dropped by 3-4 cm and again this was maintained up to 26 weeks. Also, importantly, there was a 1 minute improvement in the time to complete one mile.

Table 12: Objective Changes in Health

	Baseline	12 Weeks	26 Weeks
Weight (kg)	90.2	87.8	88.2*
Waist Circumference (cm)	101.3	97	98.1*
BMI kg/m ²	29.1	28.1	28.5*
Fitness (mins to complete one mile)	11.5	10.2	10.5*

p<0.05 Baseline V 12, 26 weeks

Participants also self-reported improvements in health; particularly around meeting PA guidelines (up to 12 weeks), achieving the recommended intake of fruit and vegetables, and self-rated health and mental wellbeing. In relation to the latter, which was scored using a mental health index, population averages in the UK are approx. 51 so these participants scored higher than average and displayed a sustained increase throughout the programme.

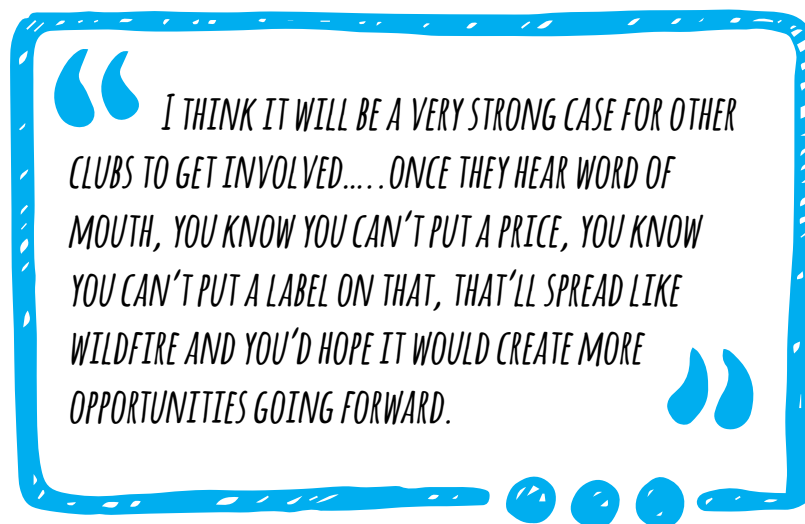
Table 13: Self-Reported Changes in Health

	Baseline (n=82)	12 Weeks (n=47)	26 Weeks (n=16)
Sufficiently Active i.e. 150 mins/week? (%)	12.5	21	12.5
At least 5 portions of Fruit and Veg/day (%)	15	30	27
Health Rating (% Excellent/Very Good)	35	49	50
Mental Well Being Score	55.8	57.2	58.1

LSP co-ordinators commented on the impact of the programme noting the important social aspect and the safe environment offered by the participating clubs.

Partners

Interviews were carried out with three Local Sports Partnership Officers. All agreed that the GAA club was a good setting for Men on the Move for a number of reasons. Firstly, the club presents facilities and a meeting place for this type of programme. Secondly, the club provides access to a typically hard to reach target group of adult males and finally, the programme provided a very real, strong partnership between the LSP and the GAA that could be extended to more clubs.

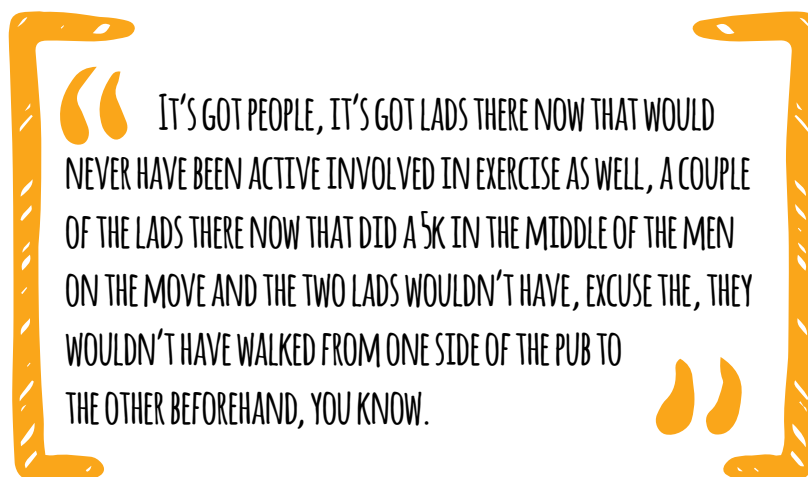


The LSPs were also aware of the benefits to the club in terms of new members but also the value for clubs in seeing the 'bigger picture' and extending themselves beyond their playing populace. LSPs also commented on the importance of the club leading the programme, and in particular having a 'local leader' or champion, driving the initiative from within rather than having an 'external group coming in trying to influence.' There was a sense of the club requiring ownership of the programme for it to be really impactful. In line with this, LSPs were keen to suggest that clubs should display and generate interest in their community before contacting the LSP to ensure the viability of running the programme.

Clubs also commented on their engagement with LSPs, noting that it was a positive experience. A challenge relevant to LSPs was that men called for greater variety in exercise throughout the programme. A future roll out of Men on the Move may look to develop new programmes for participants. The co-ordinators did discuss the sustainability of the Men on the Move/GAA partnership and noted the challenge of funding. It was suggested that the partnership be formalised and a shared funding model proposed for the programme with a contribution from participants included.

Club

An interview with club executives revealed very favourable comments about the Men on the Move programme. Of note was that the club felt they were a very relevant setting for this type of initiative and were planning to continue their PA work with men as well as hoping to run the Men on the Move programme again. Clubs remarked on the usefulness of their facilities to run indoor and outdoor activities and also noted health related changes across their club. They also observed new people in the club and remarked, anecdotally on the beneficial impact on participants;



Healthy Eating

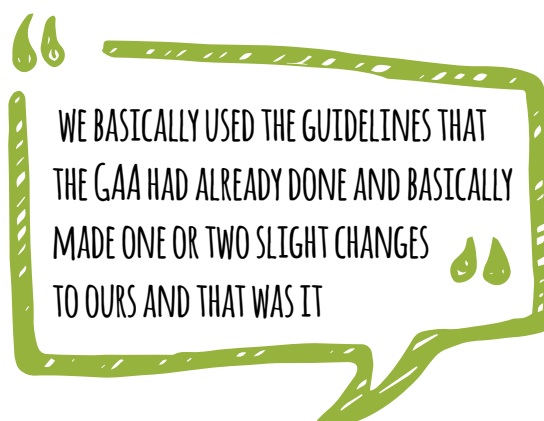
About the Initiative?

The GAA Healthy Eating Initiative comprised of different elements: implementation of healthy eating guidelines in the club, delivery of a healthy eating talk from an Irish Nutrition and Dietetic Institute (INDI) Nutritionist and the implementation of the Recipes for Success Programme. The latter is a nutritional programme designed to engage the playing population by educating them about healthy and natural recipes, that are also designed to fuel performance. It was designed in partnership with a leading Irish sports nutritionist and a team from St Angela’s College, Sligo, a college of Education for Home Economics Teachers. The programme is delivered in an informal education environment, in a school setting with the support of a local Home Economics teacher. It facilitates bringing teams together to enhance not only their nutritional knowledge but also their practical cookery skills.

How well did the Initiative Work?

Plan

The GAA have developed healthy eating guidelines. Clubs were encouraged to adopt these guidelines and alter them to suit the requirements of their club. Of the 3 clubs who engaged in the healthy eating evaluation, 2 had adopted healthy eating guidelines and the third club was in the process of developing their guidelines. Across all clubs in the evaluation, 52% had partially or fully implemented these same guidelines.



Activity

Who took part?

26 out of 60 Healthy Clubs took part in the Recipes for Success, Three of these clubs took part in the evaluation process (n=36 participants), while three clubs not taking part in the Healthy Club Project were recruited as controls (n=40 participants). The majority of players involved in both groups were male (n=32 intervention, n = 30 control) and aged between 15 and 18. Most played juvenile/minor (95%, n=31 intervention, n = 36 control) for their clubs. Almost 90% of participants in both groups said they were responsible for preparing their own breakfast and snacks, lower at 70% for lunch and again at 36.5% for dinner. In cases where participants were not responsible for preparing their own food, their parents were responsible for doing this in the majority of the cases (98.3%).

What impact did the Recipes for Success programme have?

Anecdotally, the Recipes for Success programme itself is deemed to have an excellent initial impact and engages partners within the community but should be viewed as just one component of a clubs approach to Healthy Eating.

Evaluation of the controlled impact of the programme was hindered through the lack of a standardised questionnaire for intervention and control clubs. Among intervention and control participants, there was no change in cooking responsibility (cooking their own breakfast (90%), lunch (70%) and dinner (40%) between pre and post.

Among intervention participants, there was an increase in participants perceptions of their diet and its appropriateness to their needs as a GAA player (44% - 56%). Participants interest in nutrition increased from 62% to 72% following the programme while knowledge of nutrition almost doubled from 30% to 56%. Each of the participating clubs also delivered a talk from an INDI Nutritionist.

What changes could be made?

A potential development of the program could be to engage in some sort of follow up day, as suggested by a player:

“IF WE MET UP ANOTHER DAY AND TRIED SOMETHING ELSE INSTEAD OF JUST DOING IT AS A ONCE OFF”

Club

Many clubs expressed their success in introducing fruit and water, particularly to juvenile teams, in one case in partnership with a local supermarket. This is a good example of extending the Healthy Eating concept beyond the Recipes for Success programme, and had a positive impact:

Educating and involving parents is an area for development for clubs engaging in Healthy Eating, as they have a major influence on the eating habits of their children. One player noted that parents should get more involved in an initiative like this; ‘parents often aren’t as much a part of the club as the players and the coaches, so maybe just to try to tie them in more’.

“THE KIDS NOW AS SOON AS TRAINING IS OVER THEY WANT THEIR WATER, THEY WANT THEIR FRUITS”

While aware that a change in culture will take time, clubs are hopeful that this approach to healthy eating will be the norm in the future and they are glad to be leaders in this space.

“IT’S BEEN GREAT, OUR NAME IS NEARLY EVERYWHERE AND ALL, WE’RE IN THE PAPER AND ALL ON FACEBOOK AND TWITTER”

“IT’LL BE NORMAL IN A FEW YEARS”

“IT ALMOST GIVES THE CLUB MORE OF AN IDENTITY BECAUSE IT’S A BIT DIFFERENT TO OTHER CLUBS”

Partners

The GAA's Community and Health team coordinated this programme at a national level in collaboration with St Angela's College, Sligo. At local level clubs appointed a coordinator who identified and engaged the local secondary school and Home Economics teacher. The three clubs who engaged in the healthy eating initiative had no problem finding a school or teacher willing to host the Recipes for Success workshop. In doing this one noted 'that it is a great facility to have going forward'.

St. Angela's engage in this project voluntarily as an added workload for them. Both the Croke Park and St. Angela's contact points mentioned this as a challenge. The key learnings in delivering the Recipes for Success programme has been to get the set up right in terms of having a central database of clubs, schools, dates and times so that everybody is working in unison to deliver an initiative that is essentially a voluntary activity for all involved.

Community Development

Clubs largely personalised their work in Community Development. The case study below incorporates activity across three clubs who identified this topic area as a key part of their engagement in the HCP. Two focus groups and two interviews were used to collect data.


About the Initiative?

One GAA club developed a suite of activities around the area of Community Development. These included Nursing Home visits in partnership with the local school, a Lunch Club for older members of the community, card games and singing nights. In addition, this particular club became 'smoke free', which was similarly undertaken as a priority issue by 50% of Phase II clubs. Finally, a third club developed an active retirement group.

How well did the Initiative work?

Feedback from the all participants revealed hugely positive experiences.

The partnership between a club, school and nursing home yielded hugely rewarding engagements between young and older people in a community.




“THE KIDS LOVE IT, THE RESIDENTS LOVE IT, AND IT'S GREAT FOR THE CHILDREN TO SEE, YOU KNOW TO SEE OLDER PEOPLE. A LOT OF THEM THEIR GRANDPARENTS MIGHT HAVE PASSED AWAY AND THEY DON'T HAVE A CONNECTION WITH THE ELDERLY SO I'VE HAD NOTHING BUT POSITIVE THINGS TO SAY ABOUT IT.


Local School Principal



Equally, visits to the Nursing Home were rewarding for one of the Healthy Club volunteers:



“I MEAN THE EVENINGS I'M COMING OVER HERE TO VISIT, I'M EXCITED AS I'M THINKING, 'GOD, WHAT FUN WILL WE HAVE THIS EVENING



The Active Retirement group was *'about social inclusion and getting people out of their houses and making sure everyone is, you know has someone to talk to, that kind of thing.'* The initiative included several trips, which was supported with funding from the Club Executive. Of note was this club identified active aging as a priority area and have committed to working on similar club defined issues going forward.

Finally, several clubs went smoke free during Phase II of the HCP with one particular club facilitating a review of their transition to a smoke free club. Clubs worked hard to integrate the whole community in their move to smoke free; running a colouring competition in schools, displaying children's art in the clubhouse and local churches, doing a media campaign with a club juvenile team as well as holding a talk/brief intervention session from a Smoking Cessation Officer in the HSE/PHA. Clubs were provided with signage for their grounds through Irish Life and PHA funding agreements. This led to a trouble free adoption of the Smoke Free Policy. Implementation of the policy was supported by a PA announcement at all games and the distribution of cards showing the clubs commitment to a smoke free club environment.

WHAT ARE THE MAIN LESSONS AT THIS STAGE?

- Sport is a conduit for health, an ideal forum through which to deliver health messages, and initiatives. Clubs already provide opportunities to develop physical and emotional wellbeing through sport. **The Healthy Club Project is a forum for clubs to do more, but perhaps more importantly, a forum for the public health sector to connect with communities and deliver health initiatives.** There is evidence for both at this point but the latter requires further development in Phase III.
- The overall HCP demonstrated effectiveness. There were significant improvements in the health promotion orientation of participating clubs that were not apparent in control clubs and importantly, the Healthy Club project team was represented on the Club Executive across 70% of participating clubs; health is becoming part of the day to day business of the club unit. **This is strong justification for the commitment of the GAA and the investment from the HSE and Irish Life.**
- The Healthy Eating Initiative is a good test for the revised Healthy Club Framework; plan, activity, club and partner. The programme, and its related partner, is a good fit for the GAA but **more attention is required to build a plan and develop broader club activity in the healthy eating area** to make this a solid 'package' for clubs and a process that leads to behaviour change.
- The Physical Activity Initiative worked well in terms of the delivery and effectiveness of an existing evidence based PA intervention delivered by a specialist body, the Local Sports Partnership Network. **This model is important for the GAA as they strive to extend the HCP to all clubs nationwide.** In this instance, clubs have access to an initiative that works and therefore, impacts health behaviour change among communities.
- The Community Development Initiatives are excellent examples of clubs harnessing energy and addressing individual community needs. While these Initiatives may be less prescribed than their PA and Healthy Eating equivalents, they **remain an important opportunity for clubs to self-select work areas as Healthy Clubs that respond to identified needs in their local communities.**
- The majority of areas across the Healthy Club Index showed improvements over time apart from factors related to maximising participation at underage. Clubs reported barriers to maintaining an 'everybody plays' policy particularly in relation to parents and the actions of other clubs. **The health promotion message is pervading into almost all aspects of the GAA club apart from that which relates to the day to day business of coaching and providing physical activity for all.** Further engagement with relevant departments across the GAA is recommended in Phase III.

- Clubs were once again prolific in their delivery of initiatives. The volume of activity is astounding and quite difficult to quantify but was in the region of 350 initiatives across 30 clubs. 60-80% of these initiatives encompassed at least three elements of the HC Framework, with most gaps around the development of a Plan. Clubs should continue to self-select and develop their own initiatives but it is important **they are supported and encouraged to orient these fully around the Healthy Club Framework.**
- Much of the process evaluation was similar to findings in the pilot phase of the project. It was reassuring that clubs had learned from Phase I and were working to be measured and pragmatic in their approach. This bodes well for this evaluation work and the work of the Community and Health team in Croke Park; **information is being processed and filtered in an iterative process, which will benefit the next stage of work ahead in Phase III.**
- Most commonly cited barriers to delivering health promotion included time and money. These remain considerable challenges among possibly already overburdened volunteers and were likely contributing factors to those two clubs who did not complete Phase II. It is important that the structure of this particular activity in GAA Clubs is carefully considered; **it requires a group of people and preferably people not excessively involved in other club activities.** It was positive that engagement with health professionals was notably higher among intervention clubs at the end of the project. Secondly, clubs should be reassured that they can deliver cost neutral activities and reminded of the grant support that is available to them through Irish Life.
- **Engagement with coaches improved but interaction with parents and minority groups remained low.** The latter could be a priority area for Phase III while the GAA at a wider level may look at how to better engage parents and members in club activities that are beyond the playing involvement. It may well be that playing members focus on playing but parents remain a group that are not properly engaged in club activities.
- Real world evaluation remains a challenge. Recruiting control clubs and standardising evaluation plans, particularly with partner agencies, could be **integrated into the development stage** to ensure greater efficacy and more rigorous evaluation. Help is also needed to assist **clubs with evaluation**; this function is too onerous for clubs without support.
- Finally, the GAA club is a viable and strong setting for health promotion. The **public health sector should provide a dedicated liaison person** to assist clubs to develop, deliver and evaluate health initiatives with the GAA across priority areas such as healthy eating and emotional wellbeing.
- Phase III presents notable challenges for the GAA around supporting clubs to deliver health promotion. The appointment of **Healthy Club Provincial Coordinators** will help to harness the GAA structures and facilitate the continued sharing of expertise and energy at regional level. Secondly, at this stage the Healthy Club model has been sufficiently evaluated so an alternative approach is suggested for Phase III. This could involve incorporating the Healthy Club Index into the online portal and **focusing evaluation on the development of evidence based interventions** with specialist agencies, replicating the success of the Men on the Move model

FINAL COMMENTS

The GAA Healthy Club Project is working well to improve the health promotion orientation of clubs who are willing and committed to purposefully address the health needs of their respective communities. The volume of activity throughout the project is vast and reflective of the energy that exists in GAA clubs while the development of prescribed initiatives and the evidence of behaviour change is an important progression in Phase II. Going forward, further development of these latter initiatives combined with retaining the freedom for clubs to dictate their own work within the HCF appears to be the ideal operational model for the HCP. During Phase III, the GAA will need to consider how best to allocate resources to and develop a structure to disseminate to all clubs across Ireland and ensure optimal cultural, societal and behaviour change. The GAA HCP is proving an excellent forum through which to disseminate health messages and interventions, with further evaluation recommended to measure their lasting impact on participants' health and wellbeing.

REFERENCES

Kokko, S., Kannas, L. and Villberg, J. (2009) Health promotion profile of youth sports clubs in Finland: club officials' and coaches' perceptions. *Health Promotion International*, 24(1), 26-35.

Lane, A., Donohoe, A., and Murphy, N (2015). An Evaluation of the GAA Healthy Club Project. Centre for Health Behaviour Research, WIT, Waterford, Ireland.

APPENDICES

Table 1: Classification of Health Promotion Characteristics

	Low Health Promoting	Moderately Health Promoting	High Health Promoting
Policy	<4.0	4.1-6	>6.1
Ideology	<1.0	1.1-1.5	>1.51
Practice	<3.0	3.1-4.5	>4.51
Environment	<3.5	3.51-5.25	>5.26
Juvenile Environment	<5.5	5.51-8.25	>8.26
Overall	<17	17.1-26.99	>27.0

PARTICIPATING CLUBS**Club Name**

Mount Leinster Rangers GAA Club
 Clara GAA
 Dromard GAA Club
 Castletown Liam Mellows GAA Club
 St. John's Volunteers GAA Club*
 St. Kevin's GAA Club
 Bray Emmets GAA Club
 Annacurra GAA Club*
 St. Loman's Mullingar GAA Club
 Ballynacargy GAA
 Tubber GAA Club
 Clonad GAA Club
 Kilmacud Crokes GAA Club
 Raheny GAA Club
 Good Counsel GAA & Camogie Club
 Craobh Chiaráin GAA Club
 Thomas Davis GAA Club*
 Castlemitchell GFC
 Kiltale Hurling & Camogie Club
 St. Colmcille's GAA Club*

County

Carlow
 Kilkenny
 Longford
 Wexford
 Wexford
 Louth
 Wicklow
 Wicklow
 Westmeath
 Westmeath
 Offaly
 Laois
 Dublin
 Dublin
 Dublin
 Dublin
 Dublin
 Kildare
 Meath
 Meath

Club Name

Killeagh GAA Club
 Castlehaven GAA Club
 St. Finbarr's National Hurling & Football Club*
 Middleton Hurling & Football Club*
 JK Bracken's GAA Club
 Fr. Sheehy's GAA Club
 Nenagh Éire Óg GAA Club*
 Na Piarsaigh GAA Club
 Mungret St. Paul's GAA Club*
 Parteen GAA Club
 Tralee Parnell's Hurling & Camogie Club
 Beaufort GAA Club*
 Brickey Rangers GAA Club

County

Cork
 Cork
 Cork
 Cork
 Tipperary
 Tipperary
 Tipperary
 Limerick
 Limerick
 Clare
 Kerry
 Kerry
 Waterford

Club Name	County
An Caisléan Glas Cumann Naoimh Padraig	Tyrone
Omagh, St. Enda's GAA Club	Tyrone
Gaeil Truicha (Emyvale) GAA Club**	Monaghan
St. Tiernach's, Clones GAA Club**	Monaghan
Castleblayney Faughs GFC*	Monaghan
Derrygonnelly Harps GFC	Fermanagh
Erne Gaels GAC	Fermanagh
Clonduff GAC	Down
St. Peter's GAA Club Warrenpoint*	Down
St. Johns GAA Club Drumnaquoile *	Down
Michael Davitt GAC Swatragh	Derry
Killygarry GAA Club	Cavan
Cavan Gaels GAA Club	Cavan
St Joseph's GAC Glenavy	Antrim
St. Mary's GAC Rasharkin*	Antrim
Naomh Mochua Doire Núis GAA Club	Armagh
Culloville Blues GAC*	Armagh
St Mary's GAA Club, Convoy	Donegal
CLG Naomh Muire, Íochtar Na Rossan	Donegal

Club Name	County
Ballinderreen GAA Club	Galway
Melvin Gaels GAA Club	Leitrim
Aghamore GAA Club	Mayo
Achill GAA Club	Mayo
St. Michael's GAA Club	Sligo
Eastern Harps GAA Club*	Sligo
St. Aidan's GAA Club	Roscommon
Oran GAA Club*	Roscommon

*Indicates that clubs also participated in Phase 1

** Indicates that clubs didn't complete Phase II