



# ‘Opening Gates, Breaking Stigmas’

An Evaluation of the GAA Healthy Club Project (Phase 1)

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## LIST OF ABBREVIATIONS

GAA	Gaelic Athletic Association
HSE	Health Service Executive
DoH	Department of Health
HCP	Healthy Club Project



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## **EXECUTIVE SUMMARY**

The aim of the GAA Healthy Club Project (HCP) is, with the support of the HSE, to explore the potential of the GAA club as a setting in which to promote the health and wellbeing of club members and the wider community. Evaluation activity included pre and post engagement with participating clubs and communities, which included executive committee representatives, healthy club officers, club members, programme participants, and service providers. Main findings are presented below around the three main elements of the evaluation.

### **HCP PROCESS:**

- ▶ Participation in the HCP indicated the commitment of clubs to their community, while also helping them to remain relevant and competitive in evolving environments.
- ▶ Community links and partnerships with service providers were key factors in operationalizing the HCP in clubs while challenges included funding, and a lack of capacity to roll out the project.

### **IMPACT OF THE HCP:**

- ▶ Over the duration of the project membership numbers increased while there were also improvements in scoring on the overall health promotion orientation of clubs, and specific domains related to club policy, practice and the environment (both physical and cultural).
- ▶ Club and community representatives remarked on the impact of participation in the HCP on the perception of the club, on attitudes to health, as well as on engagement with club activities and health behaviours. There was a firm acknowledgement of a place for health promotion in club activities at the end of the project.

### **HCP INITIATIVES:**

- ▶ 72 initiatives were delivered across seven target areas (physical activity, diet/nutrition, health awareness, emotional well-being, social inclusion, anti-bullying, smoking/alcohol) and mostly delivered to the club and community. Ratings showed that almost 60% of the initiatives were deemed moderate impact, 36% low and the remaining 4% rated as high impact.
- ▶ Case studies of initiatives revealed a positive impact on behaviour, and on the perception of participants on the club, while also demonstrating the value of partnerships with public health service providers, such as the HSE.

## **THE MAIN RECOMMENDATIONS FOR SPORTS CLUBS, AND FOR THE NEXT PHASE OF THE HCP INCLUDE:**

### **1. Governance**

- ▶ Develop a healthy club policy to position health on the working agenda of clubs.
- ▶ Ensure representation of the healthy club team on the Executive Committee.
- ▶ Develop an operational structure for the HCP to illustrate how health promotion is manifested in the club, including an outline of the policy and organisation of health promotion in the GAA, partnership networks, key target groups and programme options.

### **2. Partnership and Collaboration**

- ▶ A communication network within the GAA setting across club, county and provincial units should be established for participating clubs.
- ▶ Engagement with external stakeholder groups must be enhanced through integration of community representatives and interest groups, as well as key partners such as the HSE/Public Health Agency (PHA) from the outset of project work. This requires:

### **3. Funding**

- ▶ Examples of good practice around funding in Phase I must be communicated but it is important also that some guidance is given to clubs about how best to tap into funding opportunities.
- ▶ There have also been suggestions that the GAA could have a grant support system for participating clubs that reflects those available for capital projects.
- ▶ There may also be potential in identifying community social responsibility partnership opportunities at a local level. Nationally, Irish Life have committed to the HCP so there is a precedent for this type of engagement.

### **4. Building Capacity**

- ▶ Links with third level or other agencies that may support community engagement, evaluation and funding applications should be explored in Phase II.
- ▶ Training for officers is developed and priority must be given to clubs participating in Phase II.

### **5. Programmes**

- 】 There are two considerations in relation to increasing the likelihood of delivering and recording impact on health due to the HCP; firstly, there needs to be consistency and adherence to best practice in the content of initiatives and secondly, this needs to be led at national level by providing a suite of initiatives for clubs.
- 】 Coaches and officials are the main conduit for messages to playing members so future HCP activity must consider development and roll out of initiatives specific to upskilling these individuals around promoting health among players. This would be best achieved through collaboration with the GAA’s Games Department.

### **6. Measuring Impact and Evaluation**

- 】 The need to identify an isolated impact of the HCP on one element of behaviour change or population health should be considered in Phase II, possibly through a more controlled evaluation of a or several programmes and more comprehensive community surveys.
- 】 The National Steering committee should establish expectations and required outcomes for clubs taking part in Phase II.
- 】 Continued evaluation of the evolving governance model for health and wellbeing in the GAA should be supported, particularly how the HCP grows and assimilates with the broader health and wellbeing structures and activities in the Association.

### **7. Resources**

- 】 A complete toolkit that will help to ensure transparency from the outset of Phase II and initial informed commitment must be provided by clubs prior to engagement.

The GAA HCP represents a novel way of carrying out health promotion in Ireland, and strikes a natural balance between the health agenda of the HSE and the core business of the GAA club. It reflects a meeting point between the ‘push of health’ and ‘pull of the club’. This pilot evaluation has provided support for this type of initiative in terms of the positive impact on the health orientation and practice of participating clubs. There is a clear commitment from the various structures in the GAA to support this work, which is fundamental to wider dissemination and integration into the daily workings of the organisation.

## **BACKGROUND TO THE HCP**

The aim of the GAA Healthy Club Project (HCP) is to explore the potential of the GAA club as a setting in which to promote the health and wellbeing of club members and the wider community. The settings approach to health promotion is based on understanding, appreciating and working with, entities where individuals learn, work and live to positively impact health behaviours. A relatively new setting under investigation is the sports club, which exists primarily to promote sport and thus is involved in promoting physical activity (PA) but not always in a health enhancing way. Therefore, as well as using sports clubs to promote sport by ensuring a greater and more active membership there is potential to promote health more broadly in the club and its associated community.

In 2010, the Healthy Sporting Environments Demonstration Project (HSEDP) was implemented in 100 sports clubs in Australia to guide healthy practice for sports clubs. Evaluation indicated that while clubs took some positive steps in relation to institutional change there was little impact on health behaviours over a two-year period but this may take some time to manifest (Nicholson et al., 2013). In Europe, Sports Club for Health Guidelines have been developed (Kokko et al., 2011) to help clubs engage in health promotion but have not yet been evaluated. There have also been some examples of effective ‘sports for health’ interventions. An evaluation of the ‘Good Sports’ alcohol programme in Australia showed more positive drinking patterns, lower reliance on alcohol sponsorship for income and greater membership at follow up (Crundall, 2012) while in Scotland, the Football Fans in Training (FFIT) programme, delivered through professional soccer clubs, has reported significant reductions in weight, self-reported physical activity, alcohol intake and measures of physical and psychological wellbeing (Hunt et al., 2014).

The GAA HCP represents a relatively unique attempt by a national governing body to formally integrate health promotion into the activities and ethos of clubs. This initiative led by the GAA and HSE will serve to harness current as well as encourage and facilitate more health promotion activity within a GAA club setting. The GAA had, since 2006, experience in the delivery of health promotion activities through its Alcohol and Substance Abuse Prevention (ASAP) Programme, which was delivered in partnership with the HSE with the salary of a National Coordinator provided for through a Service Level Agreement (resources developed include a Club Drug & Alcohol policy template, a manual, an educational DVD, promotional materials, and a presence on the GAA’s national website). By 2012 both the GAA and the HSE recognised that focusing on a singular health topic did not adequately respond to the broad and varied health needs of the Association’s membership base, or reflect the degree of health promoting work many GAA clubs were already engaging in. Following discussions involving both the Ard Stiúrthóir (CEO) of the GAA, Mr Paraic Duffy, and the Chief Medical Officer at the Department of Health, Dr. Tony Holohan, it was agreed that both entities would explore the potential of the GAA club as a setting in which to promote the health and wellbeing of club members and the wider community. This included the development of a healthy club framework that would reflect and respond to the health and wellbeing needs of a modern GAA club membership. This venture reflects the vision and intent of ‘Healthy Ireland’, Ireland’s national framework for health and wellbeing that cites community and cross-sectoral empowerment and action as a core activity for better health.

Evaluation of the GAA HCP was awarded via a tender process to an external group from The Centre for Health Behaviour Research in WIT. An action research approach was adopted whereby programme participants and researchers play an active role in supporting, encouraging and facilitating clubs in the development of a healthy club. The evaluation presented in this final report relates to the experience and perceived outcomes of the clubs taking part in the HCP.

## **RESEARCH QUESTIONS**

1. What was the process involved for clubs taking part in the HCP?
2. What was the impact of the HCP on club activities and the general community?
3. What initiatives were implemented as part of the HCP?

## **METHODS**

Data presented in this report is from several different sources;

1. The community needs analysis undertaken by clubs at the start of the HCP. This was carried out by all clubs to identify priority action areas specific to their locality and to recruit volunteers, particularly those with skill sets, which could contribute to the development of a healthy club (n=1426).
2. HCP questionnaires were completed in September–December 2013 (n=16) and in May 2015 (n=12). This instrument included a validated health promotion sports club index (Kokko et al., 2009) and permitted a baseline and follow up assessment of the health promotion orientation, general workings and composition of each club.
3. Regional focus group meetings carried out at provincial level at regional operational group meetings in early 2014 (n=4) and one year later in 2015 (n=4). All clubs were represented at the Munster meeting, one club each were absent from the Ulster and Leinster meetings, while two were not able to attend the Connacht event.
4. Interviews were carried out with Executive Committee members across four different clubs in early 2015 to identify their specific experience of the project in relation to their awareness of healthy club activity, support provided, and development of relationships, policy change and perceived outcomes of the initiative.
5. Review of activity in clubs. All clubs involved in the HCP were asked to submit action plans outlining their proposed work for year 1 of the initiative. These plans were collated in late 2013/early 2014 and were subsequently compared against the summary of activity undertaken by each club submitted in the follow up HCP questionnaire.

6. Case studies of seven HCP Initiatives including findings from an external evaluation carried out by the HSE. These evaluations consisted of qualitative and quantitative assessments of the experience and impact of the initiative. The selection process was determined by the need to ensure a balanced geographical representation of clubs and to encompass the diversity of topic areas being addressed by clubs.
7. Follow up community questionnaires to assess the attitudes, awareness and engagement of club and community members towards the HCP (n=77).

**TABLE 1: Summary of Evaluation Work**

	Number
Community Needs Assessment	1426 individuals
Follow Up Community Questionnaire	77 individuals
Pre HCP Questionnaire	16 clubs
Post HCP Questionnaire	12 clubs
Pre Focus Groups	4 groups
Post Focus Groups	4 groups
Executive Committee Interviews	4 individuals
GAA Staff Interviews	2 individuals
Key Partner Interviews (HSE and LSP)	2 individuals
Case Studies	7 initiatives
Workshop	1 group
Meetings (Steering Committee and GAA Staff)	9 meetings
Conference Presentations	4 presentations

### OVERVIEW OF PARTICIPATING CLUBS

To recruit clubs for the HCP, an expression of interest was disseminated by the GAA and subsequent submissions were reviewed in a selection process agreed upon by the National HCP Steering Committee (this is available on request). This involved a scoring system across three criteria, which included ratings for current initiatives and community links and the location of each club. In total, 18 clubs, listed in the Appendices were recruited to the HCP; four from each province and two additional mentoring clubs selected from Munster and Ulster. Table 2 presents an overview of the size and membership of the clubs who submitted the HCP questionnaire (n=16). At follow up, there were no difference in rating of facilities although 58% (n=7) indicated that they had made changes to their facilities; this included erecting health promotion signage (n=9), creating no smoking areas (n=5), supplying healthy food options (n=6), developing walking tracks (n=2) and bike racks (n=1). There wasn't any notable change in relation to disability access to facilities.

**TABLE 2: Size and Membership of Participating Clubs at Baseline (n=16)**

		Average (Min-Max)
Membership	Playing Members	408 (124-1012)
	Non Playing Members	146 (45-322)
	Total Membership	544 (189-1285)
Facilities	No. of Pitches	2.2 (1-4)
	Dressing Rooms	4.7 (2-12)
Coaches	Foundation	29.3 (10-46)
	Level 1	12.3 (1-25)
	Level 2	2.3 (1-3)
	Level 3	2 (1-3)
Codes	Men's Football	93.8 (15)
	Hurling	68.8 (11)
	Ladies Football	62.5 (10)
	Camogie	43.8 (7)
		% (n)
Size of Club	0-400 Members	31.3 (5)
	401-700 Members	43.7 (7)
	701+ Members	25 (4)

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Communication Profile	Facebook	100 (16)
	Twitter	80 (12)
	Newsletter	78.6 (11)
	Local Media	100 (16)
	Website	100 (16)
	Texting Service	75 (12)

### WHAT WAS THE PROCESS INVOLVED FOR CLUBS TAKING PART IN THE HCP?

Using qualitative methods, participating clubs, including HCP and Executive Committee representatives were asked to detail their experience of the healthy club process. The illustration below provides an overview of the initial rationale for taking part in the project, the factors that influenced the delivery of the project and finally, perceived outcomes of the HCP.

**FIGURE 1: Healthy Club Process**



#### Why take part?

In the interim report, it was apparent that clubs volunteered to take part in the HCP to extend work that they were already predisposed to undertake, and out of a sense of responsibility to their community. Club HCP members and executive committee representatives both recognised the alignment of health promotion activity with the core ideals of the GAA and in particular, the club unit:

*'I like the sound of introducing a healthier option to the community and to the members of the club'* HCP Club Member  
*'We should be looking after the community and the players and the supporters in this way'* Executive Committee

Initially, clubs recognised that the HCP would help them to become more relevant and retain their sense of identity in their respective communities in the face of more competition from other sports and evolving community contexts. At follow up clubs were more forthcoming about the value to the club of taking part in the HCP identifying potential gains for the club as a result of this activity. This involved translating success from external activities, such as the HCP to the field of play, helping fundraising efforts, recruitment and changing the perception of the club in the community.

*'If you have a healthier community you'll want to kick on and do something on the field as well as off'*  
*'Health promotion is going to make the club stronger, and if the club is stronger it makes fundraising easier'*  
*'It was considered to be a very good way to make new members'*

*'It's about making it relevant in our community and as I said the ethos trying to make sure that people in our community have a better experience by getting involved in the local GAA club.'*

At the end of the HCP clubs were asked to indicate why promoting health and wellbeing was important in their club and community. Improving morale and engagement, and the club image as well as player safety and attracting and retaining members were deemed the main drivers for this type of activity across over 80% of clubs. Improving on pitch results rated lowest as a motive for health promotion.

### HOW DID IT WORK?

#### Support

There were several support networks apparent for clubs in the HCP including the Club HCP Committee, the Club Executive, and the GAA HCP network. The number of people involved in the Club Committee varied considerably, from up to nine in one club to four in another. There was a concerted attempt to recruit community representatives as well as active club members, which was encouraged to reflect the community ethos of the HCP.

*'The group that's come together have actually been a group that you know there's a couple of parents, a player, coaches, we have people who weren't doing very much else in the club which is great.'*

Support from the Club Executive was perceived differently across clubs but universally indicated as central to the roll out of the HCP. Some clubs had an EC member on the HCP team, which meant that 'the HCP is part of the committee's job' and that health



promotion activity was integrated into the core activity of the club so that ‘we are all the one.’ This was most clearly manifested in the inclusion of the HCP on the agenda at club meetings, which ensures that (club) people ‘take note’ and there is always a focus on HCP activity. Clubs that did not experience this level of engagement from their EC felt that ‘it had more of an impact on our effectiveness than anything else’. EC representatives from these clubs said that they were aware of HCP activity and had done ‘quite a bit to support it’. It appears that the HCP team and the EC in these instances perceive support differently. The EC views support as consent to run and attendance at initiatives while the HCP team are clear that integrating health promotion activity into the EC agenda is a more effective expression of support.

*‘If they have an event coming up they have to get permission from the executive, there’s never been any questions about that...I’d say we’ve attended everything they’ve ever done..and we promoted it’ Executive Committee*

*‘We were blessed in that we had people who were enthusiastic initially and pushed the creation of a committee to promote healthy living within the club and I think another thing that helped the status of the committee was the fact that the club chairperson and secretary became part and parcel of the committee so that meant it had a central position.’ HCP Club Member*

Regional operational group meetings were an important learning experience for participating clubs, both in terms of sharing ideas and negotiating challenges.

*‘I think the idea of going out to a club (for a meeting) was absolutely fantastic. We learned more in a hour in terms of what other people are actually doing, than you would do on your own very much so it was a very worthwhile exercise.’*

*‘They are going through the same as you are going through and they are having the same barriers so you don’t feel like you are on your own.’*

There was a concern that the operational meetings would cease and that subsequent learning that took place in these forums may be lost. Clubs suggested continuance of some engagement platform and were keen to be involved as mentors/advisers to new clubs recruited to Phase 2.

Similarly, support from the Community and Health Unit in Croke Park was welcome and impactful. This relationship was characterised as ‘approachable’, ‘helpful’ with ‘great correspondence’ and ‘good communication’ while visits from staff to clubs was considered an important reinforcement strategy for the HCP, helping to change the ‘mind-set of maybe two or three people.’

*‘For the rest of the club and the community to know this guy is coming from Croke Park and this is how serious they are taking it....they know this healthy club initiative is really important that they (Croke Park) are taking it serious and I think it has a knock on effect’.*

## Partnerships

In the initial evaluation report, the role of partnerships in the HCP was unclear for clubs. HSE and LSP representatives attended meetings but it was felt that they were there ‘to give their ideas but not to work’, which clubs appeared to struggle with. It was remarked that no one had given direction on how to engage with these entities, and that ‘down the line when this develops or whatever you’ll get more from it (partners)’. At that stage it was felt that partnerships were potentially a ‘step away from the doing stuff.’

In the interim, partnerships have progressed and for many clubs have become integral to the HCP to the extent that clubs recognised that ‘they wouldn’t be able to do it on their own’.

*‘We were very naive starting and I think we were nearly a year going when we got someone to come out from the sports partnership. They told us everything they were doing and what was there for us and how they would help us.’*

Clubs appreciated the value and credibility of a ‘fresh voice’ to relay important messages and acknowledged partners as a source of ideas that they ‘probably wouldn’t have come up with.’ These manifested as actual initiatives in a number of clubs.

*‘Just take the example of the farm safe talk that we are coming up with like. We were approached to do this like and that is a great example to see someone coming to us to look for us to do something’.*

*‘I found that that SELB youth project sort of came to us and that’s worked really well for us and the PSNI.’*

*‘Well I think the Action Cancer Big Bus particularly last year was brilliant for bringing people in through the gates that would never target our doors normally.’*

*‘You couldn’t do it (Operation TransFAUGHmation) without the partnerships that we have you know like every week somebody different comes in and holds class. The venue we used we get that free of charge as well so it is important to have relationships with people.’*

*‘The local butcher came on board and he was doing a pack of healthy meats. And he was saying if you are part of Colmcilles you get 10% discount. Similar in the summertime there was a project run with sunscreen. We got three local pharmacies that if you wore your Colmcilles jersey in you got 10% discount.’*

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Challenges remained for clubs particularly in relation to the lack of a template or map to follow. It was also apparent that the HSE and LSP were not clear around their role in the HCP and mentioned a lack of guidance and resource allocation from their management to be involved in the project. The other observation from clubs was the degree of work involved in establishing and actualising partnerships: *'It was very labour intensive....there were lots of obstacles'*. It was noted that greater links nationally between the GAA and LSP and HSE would assist the management and roll out of partnerships at a local level as well as clearer signposting for how to engage with service providers, as well as which ones to work with.

*'Rather than just saying you can contact your LSP..at national level a clear agreement and document communicated as to how to do this'*

Two interviews were also carried out with representatives of key service providers of health and wellbeing in Ireland; the HSE and LSP, as well as an interview with SOAR, an agency working with young people, to further understand the partnership experience in the HCP. For all, the opportunity to engage with the HCP represented an efficient way of working with Irish society due to the reach and cultural fabric of the GAA. The HSE representative noted that there was an overlap between the goals of the HCP and the HSE, so coming together allowed them to 'deliver into the fabric of a community.' Similarly, SOAR observed that 'the GAA is unique in the fact that it is such a cultural organisation embedded in the blood of our veins and by using that as a vehicle we can absolutely contribute to real change.' The partnerships worked well when there was a clear understanding of roles and willingness to pool resources and there was regular engagement between all parties. For the Cork Beats Stress initiative, the GAA club felt they were responsible for providing venues, promoting the project and other organisational issues while the HSE ensure there was clinical accountability and the delivery of an effective programme. This clarity was established at the outset of the partnership, something that was mentioned by the LSP interviewee as well. Funding was a clear benefit for clubs who engaged with partners, as the HSE funded resources and delivered programmes at little, if any cost. Partnership between clubs also proved worthwhile in Cork, allowing for further pooling of resources.

#### Community Link

The HCP process was very much characterised by the generation and maintenance of a strong community link. Reach into the community provided support for the actual roll out of HCP initiatives and was an important source of ideas:

*'There was always volunteers and if there was someone asked to do something they would do it'  
'A few people are willing to step up and come up with ideas and push them on themselves'*

As part of the planning phase of the HCP, clubs were advised to conduct a needs assessment in their community. The purpose of the needs analysis was twofold; to identify skill sets relevant to the project and also to identify key priority areas that could be tackled by the club. Clubs reported that the needs analysis helped to identify when people were available to take part in the initiative and also highlighted that, in relation to support 'people are just waiting to be asked and they had so many skills.....we just didn't know who they were.' Across 17 clubs, 1426 responses were collated. Data were primarily assessed and assimilated at club level but a combined analysis revealed interesting findings about the type, nature and level of engagement of clubs with their respective communities. Overall, 44% of respondents were female, and 52% were aged between 26 and 45 with similar proportions (24%) aged less than 25 and 46 or older. Levels of engagement with players and coaches were relatively low, at approximately 15%, although this reflects the intention of this particular undertaking to extend into the community. Despite this, only 5% of respondents indicated that they had no connection to the club. Further analysis showed that 49% of respondents were currently not active volunteers in their club/community and 72% stated that they would like to get more involved in their club, which indicates the potential for greater engagement with the community through the healthy club concept. Priority areas for clubs included physical activity, diet and nutrition, bullying, mental health and alcohol consumption. Importantly, one club remarked that the concept of a needs analysis and specifically, engagement with the community to plan healthy club initiatives must be sustained over time:

*'You have to keep going back and asking what they want next. The ideas really shouldn't come from us you know so to speak. If they (members) can keep coming up with something new we can keep it a bit fresher.'*

One club remarked that they were 'sceptical' about this exercise but in the interim have realised it was a 'bonus' when applying for funding. Other clubs maintained this practice, using feedback from events to guide the delivery of future projects, which was mutually beneficial for the club and community.

*'The feedback from the nights was good for us....we were able to plan the next event from the feedback you know which was great.'  
'We did a feedback questionnaire and organised workshops off that. They gave the feedback on what they wanted and they were delighted.'*

Clubs worked in different ways to communicate with the community through e-newsletters, advertising in the local clubhouse, and disseminating the HCP message at all club meetings.

Finally, for some clubs, engagement with other clubs in the local and neighbouring communities was integral to the HCP. One

club had two representatives from the four codes available in their club; hurling, football, camogie and ladies football while another smaller club invited two local clubs to their initiatives.

## EVOLUTION OF THE HCP

The club experience evolved in different ways (including partnerships) throughout the duration of the project. For one, the nature of evaluation changed. Clubs felt that they did not have to engage in as much administrative tasks, which was a source of discontent in the interim report, progressing to more what they perceived as effective face-to-face engagement.

*‘I think they thought the more they threw at us the more we were doing but we weren’t really doing anything we were just form filling you know again and again. Whereas the last 12 months it’s all about just the clubs doing the work and coming in and talking about what they’re doing and sharing their experiences and we have learned so much more from that.’*

The club culture around health promotion also appears to have progressed. At the outset it was remarked that ‘the GAA club is about performance’ and should be ‘concentrating on the on the field stuff’ but now clubs see that developing HCP activity can support the core activities of the club.

*‘It has made a major impact on the way the club is progressing.’*

Subsequently, initial challenges with the EC were overcome as some of EC members came on board, and the HCP got ‘more credibility.’ HCP team members indicated that over time, the club ‘look at it (HCP) more seriously...see the benefits of it.’

This progression was also expressed by an EC representative:

*‘At the end of the day your core focus has to be your football. But thankfully our club now as we stand I think everybody can see the wider picture and we are very lucky with the people we have involved at executive level and that nothing is a ‘no’. If somebody comes with a good enough idea and thinks they can run with it, it will be backed and we’ll give it a go.’*

## CHALLENGES OF THE HCP

### Funding

Financing initiatives was an obvious consideration for all participating clubs, with one noting that ‘money is the root of all living’. There was a sense of relief among those clubs who have managed to secure funding to support projects and others who receive financial support from the overall club executive. As was the case at the interim stage, much of the HCP work carried out is self-funded, which has limited its related scope and reach. This does appear limiting as clubs are interested and keen to do more to maximise the potential of the resources and goodwill surrounding the HCP.

*‘Most of our projects are self funded but that has kept everything small. I think we need to scale up.’*

Clubs welcomed the Irish Life investment in the HCP but urged that it is translated into ‘practical resources’ for clubs. Suggestions included ‘hard resources as in money or a person coming down from Croke Park to give a talk..education.’ Another club called for a grant process from the GAA similar to those provided for facilities and games related initiatives.

### Club Capacity

As was the case in the interim evaluation, the recruitment of people to the HCP was the ‘biggest barrier’ to, and possibly the most crucial element of the roll out of the HCP. It was noted earlier that volunteers were readily available to help with initiatives and suggest ideas but securing commitment to the HCP team remained a challenge. This was manifested in different ways. Firstly, in some clubs, regardless of their size, there was a sense that the same people were expected to do all tasks in the club that as much as they tried they still ‘end up with the same cohort of people’.

*‘Getting the right people who are not coaching two teams and driving the bus and doing whatever you know it’s difficult to get somebody with the time to devote to it that it needs.’*

The outcome of an over reliance on the same people was that HCP team members were regularly ‘burnt out’ and ‘people were being stretched too thin.’ An over reliance on one individual to run programmes and engage with the formal evaluative elements of the initiative was a key factor in the disengagement of one club in the HCP during the roll out of the initiative. EC representatives also noted a lack of personnel as a considerable challenge to the HCP.

Secondly, other clubs were conscious of having a gender balance on their committee. In one instance a club did not have any women involved while in another the HCP team lacked male involvement. For this particular club, the HCP team felt it did hinder their acceptance in what they perceived was a ‘male dominated club’ and limited their activity to the female side of the club.

*'We needed men and boys from the bigger side of the club..we needed it but we didn't get it.'*

In light of these concerns, clubs recommended that 'time enthusiastic' people were required, young people with fresh ideas, more community representatives and possibly most important of all, 'people outside of the normal committees.'

It is important to note these challenges were not limited to, but perhaps more emphasised in smaller clubs. The latter noted that they simply 'don't have enough members for separate committees' and that they are often 'shuffling around the same people.' The size of the club impacted on the roll out of initiatives, as there was a constant concern that people wouldn't attend events and the HCP team 'were never sure if things were going to work out.' One particular club noted that they were initially intimidated by bigger clubs and 'were afraid of the fact that they were small and were going to do smaller things than bigger clubs.' There was a sense at the end though that clubs must work within their capacity and there is no one size fits all prescription for future clubs embarking on the HCP.

Critically, clubs linked sustainability of the HCP with support from the club and community. This included more support from the EC where it was lacking but also recruiting new members to the HCP team.

*'If there's no team we can't do it...is it sustainable to keep the same project together because they have worked hard for the last.'*

### Communication

There are many layers of communication in the HCP, between Croke Park and clubs, clubs and counties and within clubs themselves. The latter was problematic in one particular club between the HCP team and the HC, which likely emanated from the lack of overlap between both committees. Subsequent operational difficulties were attributed to poor communication.

*'The biggest barrier was communication....it was kind of disheartening.'*

Several other clubs anticipated communication difficulties between newly established County Health and Wellbeing Committees and Healthy Clubs and urged the GAA to direct this communication process.

### Workload

As mentioned earlier, the workload associated with the HCP was a considerable challenge at the initial evaluation stage. For one club who did not continue with the project, paperwork proved to be one of the main contributors to their disengagement.

*'The paperwork turned me off....to be honest that was the biggest challenge for us.'*

Of note is that this club continued with health promotion work in their club but could not invest in the required elements of the project, specifically around attendance at meetings and compiling reports for the central unit in the GAA.

At the last set of focus group sessions, participants were asked to summarise their experience of the HCP in three words. Figure 2 captures the community ethos of the HCP while also portraying it as a challenging yet enjoyable experience for clubs.

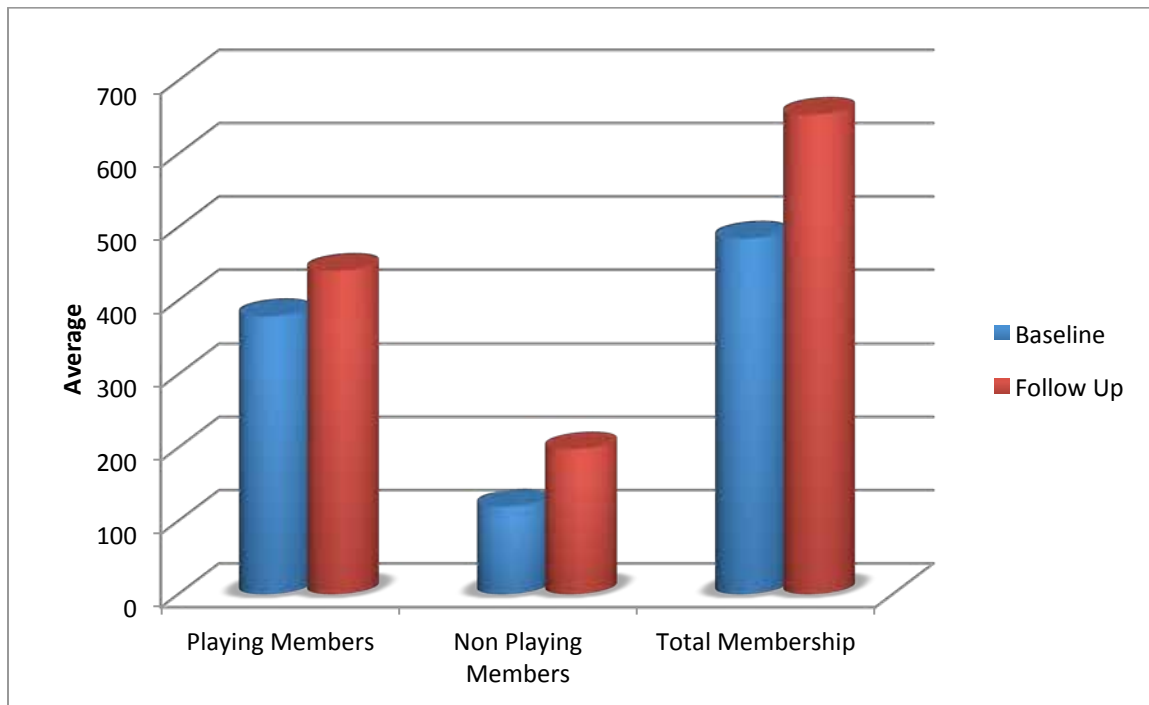
**FIGURE 2: Word Cloud of HCP Experience**



**WHAT WAS THE IMPACT OF THE HCP ON CLUB ACTIVITIES AND THE GENERAL COMMUNITY?**

Questionnaires, which included a healthy club index developed by Kokko et al., (2009) were administered at baseline and follow up. There was a 75% retention rate between both time points; four clubs did not complete the follow up assessment. Clubs submitted their membership numbers at both time points and there were increases noted for playing and non-playing members (Figure 3). It is difficult to attribute this to the HCP but it is still a notable benefit to participating clubs.

**FIGURE 3: Membership at Baseline and Follow Up**



Data below shows the scores across each element of the HCI. 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)'. There were substantial increases in the policy and practice domains with improvements also noted for both environmental factors. There was a marginal decrease in the ideology score, which was not meaningful in a statistical context. Overall, clubs HP score increased significantly across both time points. Clubs moved from low to moderate for the policy index, decreased into the moderate category from high for ideology and overall increased from medium to high in relation to health promotion characteristics.

**TABLE 3: Health Promotion Orientation of Participating Clubs (n=12)**

	Baseline Average (Min-Max)	Follow Up Average (Min-Max)
Policy Index (range 0-8.0)	3.65 (0.5-7)	5.38 (3.75-7.75)*
Ideology Index (range 0-2.0)	1.75 (0.75-2)	1.70 (1-2)
Practice Index (range 0-6.0)	3.17 (1.25-5)	4.06 (3-5.75)*
Environment Index (range 0-7.0)	4.31 (2.5-6)	5.04 (4-6.25)
Juvenile Environment Index (range 0-11.0)	7.00 (4-8.5)	7.67 (5.5-9)
Overall HP Index Score (range 0-34.0)	19.88 (13.75-27.75)	23.85 (18.5-29.95)*

Table 4 illustrates the scores for the individual factors assessed in the HCP 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 improved markedly over time, particularly in relation to evaluating club health promotion activities and engagement with other clubs and the health sector. Inclusion of health promotion in the regulations and constitution of the club were the lowest scores on the HCI at follow up (.41-.42). High scores were maintained for ideology indicators of the Go Games (.85) and Respect Initiatives (.85). Increases were apparent across all elements of the Practice domain, most notably in relation to

engagement with coaches and parents. Dealing with bullying and other conflicts was the highest scoring factor in the HCI at follow up (.91) while there were increases in relation to the good examples of coaches and behaviours towards referees. Indicators for an emphasis on health promotion beyond performance and providing healthy food options increased but remained among the lowest scores at follow up. Continued low scores at follow up for a focus on success at underage are positive. There were also improvements in the coach screening and selection process. In fact, all clubs at follow up stated that they ensured that coaches were accredited on the coach education framework, and that they engaged in continuous professional development.

**TABLE 4: Sub Components of Health Promotion Orientation (n=12)**

	Baseline Average (0-1)	Follow Up Average (0-1)
The clubs regulations include a written section on well being and / or health promotion / health education / healthy lifestyle	.27	.42
The clubs regulations include a written policy on substance misuse (ASAP policy)	.52	.71
Health and well being ideals are written in the clubs constitution and regulations	.23	.41
The club health promotion activities are evaluated in the Annual Report	.36	.84
The club collaborates with other sports clubs and / or health professionals on health issues	.55	.75
The club assures that its sub committees have agreed regulations and practices	.59	.73
Health promotion is part of the coaching practice	.61	.75
Training pitches and schedules are distributed fairly across all teams in the club	.83	.82
The club promotes the ‘Go Games’ principles	.89	.85
The club promotes the ‘Respect Initiative’	.83	.85
The clubs Executive Committee discusses its regulations with coaches and parents at regular intervals	.45	.63
The club pays particular attention to coaches/instructors interaction skills	.52	.73
The club provides education on health issues or makes provisions for its members to receive such education	.45	.58
The club promotes individual growth and development	.64	.75
Sports injuries are comprehensively dealt with (including the psychological effect of injury)	.57	.73
The club reviews and communicates treatment policies in the case of a sports injury	.61	.65
The club assumes its fair share of responsibility for a safe sports environment (eg: reviews the sports environment yearly)	.77	.77
The club provides a sports environment that is smoke free during juvenile activities	.73	.71
Coaches and other officials give a good example through their own behaviour	.77	.85
Respect for the referee is evident at all levels in the club (players, coaches, administrators)	.69	.77
Possible conflicts (eg bullying) are monitored and dealt with	.73	.91
In coaching, there is a health promoting element beyond sports performance	.50	.58
Healthy food options are made available following sports activities	.39	.52
All juvenile events are held in an alcohol free environment	.81	.88
The club promotes maximum participation adopting an ‘every child gets a game’ policy	.70	.84
The implementation of ‘everybody plays’ policy is dependant on the importance of the competition	.59	.32
The implementation of ‘everybody plays’ policy is hindered by parents expectations of success by winning	.36	.30
The implementation of ‘everybody plays’ policy is hindered by other clubs reluctance to adopt a similar approach	.52	.30
The club measurement of success is winning underage tournaments	.30	.32
The club perceives that success can only be achieved by having the best players on the pitch at all times	.28	.31



The club selects and approves coaches who have accredited coaching qualifications	.55	.73
The club specifically identifies suitable and qualified coaches for juvenile coaching positions	.69	.71
The club does not tolerate the use of bad language	.59	.79
The club enforces a fair play policy	.75	.83

The notable improvements in policy and practice are somewhat unsurprising given the degree of work undertaken by the HCP Committees. Furthermore, 83% of clubs (n=10) appointed a health and wellbeing officer and 50% (n=5) reported a full/partially implemented health and wellbeing policy at follow up. Three quarters, and 55% of clubs had an ASAP policy and Mental Health Charter ready for, or already implemented.

### IMPACT OF THE HCP ON THE CLUB MEMBERS AND THE COMMUNITY

At the outset of, and during the HCP, clubs were aware of the potential tangible benefits of the project to the club. Much of this was as presented above was assessed quantitatively, but focus group discussions suggested gains in relation to the core business and activity of participating clubs.

#### New Perception of the Club

A changing perception of the GAA club was apparent in the interim report, when clubs focused on the ‘community aspect’ of the healthy club ideal and worked to ‘dispel the myth’ that the club was just about playing sport. At the end of the HCP, for clubs who exist in growing, changing communities, the HCP ‘got them right back into the community’ and helped them to remain relevant:

*‘You have to build a sense identity for your club and this has helped greatly.’*

Other stakeholders in the club, including parents were visibly impressed with HCP work, which extended to visiting teams.

*‘People are impressed...parents of the children in the club and also visiting teams and their parents.’*

It was acknowledged that the HCP had ‘improved the overall look of the club’. Furthermore, one club showed the progression of the club from ‘being criticised for not being linked to the community to winning community organisation of the year.’

#### Footfall

HCP activity very definitely led to an increase in footfall to the club, in relation to new membership of playing and retired members. For the latter, the HCP helped them to become attached to the club again.

*‘As a club and community it has helped us and certainly brought people to the club that had left it.’*

*‘A few more kids have come in and started playing since they’ve heard about it....parents were more inclined to send them.’*

In addition, the HCP extended the reach of the club to people in the community who had not previously been involved in the GAA.

*‘People came to Suicide and Survive who wouldn’t be involved in the club or actually didn’t even know how near they were to the club.’*

*‘There were a lot of attenders who had no attachment to any GAA club.’*

#### Health Impact

While largely anecdotal, analysis did indicate that HCP activity did have a positive impact on the health of club and community members. Clubs made their grounds non-smoking, they noticed ‘young people eating oranges’, and ‘members were more active.’

*‘You are seeing that they never exercised before all of a sudden they started playing football, then they were doing exercise classes and yoga.’*

This was very important to the HCP team, as ultimately this particular unit of the club are concerned with helping people to be healthier.

*‘I always say that through this healthy club project if I could save one life in some way then that is enough for me. That is what it is about.’*

#### A Place for Health Promotion

At the start of the HCP, clubs experienced challenges in relation to ‘selling’ their ideas to the wider club. Throughout the HCP process, considerable strides were made in relation to integration of health promotion into the club ethos. It was observed that ‘it

(health) is part of the conversation now’, and as noted earlier, can be included into the core business of the club.

*‘It is a football club at the end of the day but it can do so much more as well. When people are seeing all the different things that you do they are kind of opening their eyes a bit more and seeing what is on offer within the local area you know of what a club can provide.’*

There was a sense that club attitudes to health promotion has changed, that health ‘should be a part of the club.’ Even for some clubs who still have challenges to overcome in this space, there was a belief that ‘if we keep going, it will become a big component of the club.’ It was also apparent that clubs have finished their involvement in this pilot HCP but have retained a commitment to continue with health promotion work. Clubs stated that they ‘were always trying to achieve other goals’, and will continue to be ‘proactive rather than reactive’ working to do ‘more and do it better.’

### Sense of Achievement

Quite understandably, there was a notable sense of achievement among club HCP teams about what they have accomplished throughout the HCP, even going ‘beyond what they thought they could achieve’.

*‘We’re happy with what we have done...a lot of them are small things but to us in a small club they are actually big things.’*

*‘It was just endless at the start. We have touched on things we would never have dreamt of.’*

There was also a visible growth in confidence among HCP representatives about the value of their work.

*‘We have more knowledge now than we had before so if you cant help somebody you can point them in the right direction and it’s having more confidence to do that and help others.’*

A community questionnaire was also carried out at the end of the evaluation period. There were only 77 respondents to this element of the evaluation so it does not present an accurate representation of the communities involved in the HCP. There was a relatively even distribution of males and females and 79% were club members. Only 8% had not heard about the HCP while 38% were aware if their club had appointed a health and wellbeing officer, which was mandated by the GAA at national level in early 2015. The majority of respondents learned about the HCP through social media (39%), club advertising (45.5%) and word of mouth (31.2%). Of note was that only 13% indicated advertising in the community as their gateway to the project. Subsequently, it is not surprising that a lower proportion (66%) felt the HCP was well advertised in the community compared to the club (83%). Despite this, the majority (95%) were aware of projects being run in the club and 65% recognised the branding associated with the HCP. Almost two thirds (63%) of respondents had attended some HCP initiative with 23% indicating this had a big impact on their health and a further 65% noting some impact. Barriers to engagement with the HCP were mostly related to choice of programmes and timing (33%). It was difficult to compare across members/non members but analysis did show that advertising and recognition of the HCP was higher among club members.

Finally, at the completion of the project, clubs were asked to reflect on the impact of their involvement in the HCP on the club. Table 5 shows that on most indicators, clubs agreed that they had benefited substantially. Respondents to the follow up community questionnaire were asked many of these same questions. Marginally lower proportions agreed that health was more of priority in the club (83%), attitudes to health had changed (81%), all areas of the club were addressed in the project (83%), and that support would be maintained (81%).

**TABLE 5: Overall Impact of the HCP**

	% Agree (n)
Health has become more of a priority in the club	91 (10)
People’s attitudes to health have changed	91 (10)
Our club is better as a result of being involved in the project	100 (11)
The profile of the club/community has been raised	91 (10)
The project has addressed all sections of the club	91 (10)
Involvement in the project has helped our club focus on health issues in ways we could not have done otherwise	100 (11)
More people are joining/becoming involved in club activities	70 (7)
Knowing what we know now, would we sign up again	82 (9)
The culture of the club has changed for the better	82 (9)
There will be support for this project if it continues	91 (10)



### IMPACT OF THE HCP ON PARTNERSHIP ACTIVITY

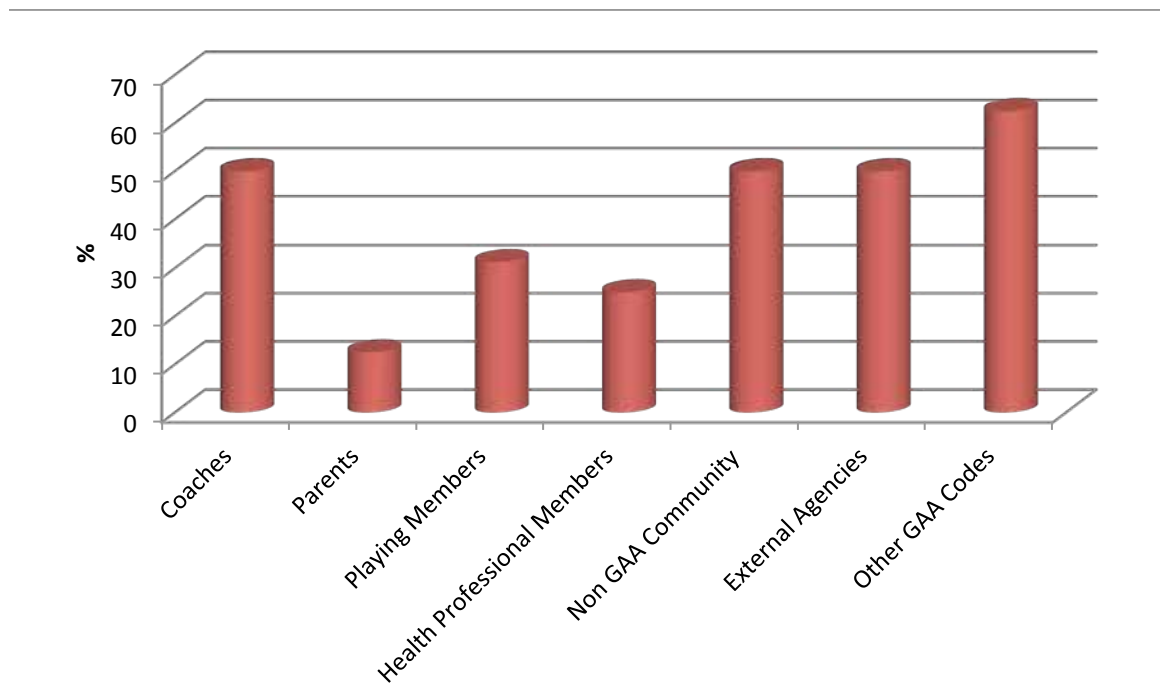
Focus group data revealed a greater appreciation and requirement for partnerships at follow up and this was also apparent in data collected in the HCP questionnaire particularly in relation to the importance of partners in the club, the need to formalise the partnership process and the nature of contact with partners (Table 6). Despite this, partners do not appear to yet be formally integrated into club meetings and committees and there does not appear to be a consistent, clear relationship between the club and outside agencies.

**TABLE 6: Perceptions of Partnership in GAA Context**

	Baseline % Agree (n)	Follow Up % Agree (n)
Partners have always been an important part of the club	75 (9)	75 (9)
Roles, responsibilities and expectations are agreed with partners	33 (4)	41.7 (5)
Regular meetings are held with partners	33.3 (4)	33.3 (4)
Partners sit on committees in the club	8.3 (1)	8.3 (1)
Contact with partners is mostly informal	41.3 (5)	25 (3)
There is no need to formalise the partnership process	16.7 (2)	41.6 (5)
Formalising the partnership process takes too much time	16.7 (2)	25 (3)
Club members actively seek new partners	33.3 (4)	33.3 (4)

Figure 4 shows that engagement with partners through discussion or collaboration is somewhat low overall in relation to external partners; approximately 30% have collaborated with health professionals and less than 50% with external agencies and the non GAA community but also notably with coaches, parents and playing members.

**FIGURE 4: Engagement with Partners**



As at baseline, active engagement was most common with schools with up to nine clubs providing coaching and recruiting through local schools. All clubs indicated they helped to deliver community events while although engagement with older adults and minority groups remained low at approximately 45%, this had increased from baseline.

**WHAT INITIATIVES WERE IMPLEMENTED AS PART OF THE HCP?**

A complete overview of planned initiatives is presented in the Appendix. A list of initiatives planned by 15 of 16 remaining clubs (from baseline) covering 7 target areas (physical activity, diet/nutrition, health awareness, emotional well-being, social inclusion, anti-bullying, smoking/alcohol) was compiled using action plans submitted by clubs and information gained during regional operational group meetings. 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 Governance, 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), Programmes and Partnerships (defined as engagements with entities external to the club). Clubs earned a rating of high impact if their initiative encompassed all four elements of the framework in its implementation. A rating a 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. In total, 72 initiatives were planned across 15 clubs. Initiatives were funded by many sources including the club executive, sponsorship, through grants and from the participants themselves while all clubs at follow up indicated that they evaluate all of their activity.

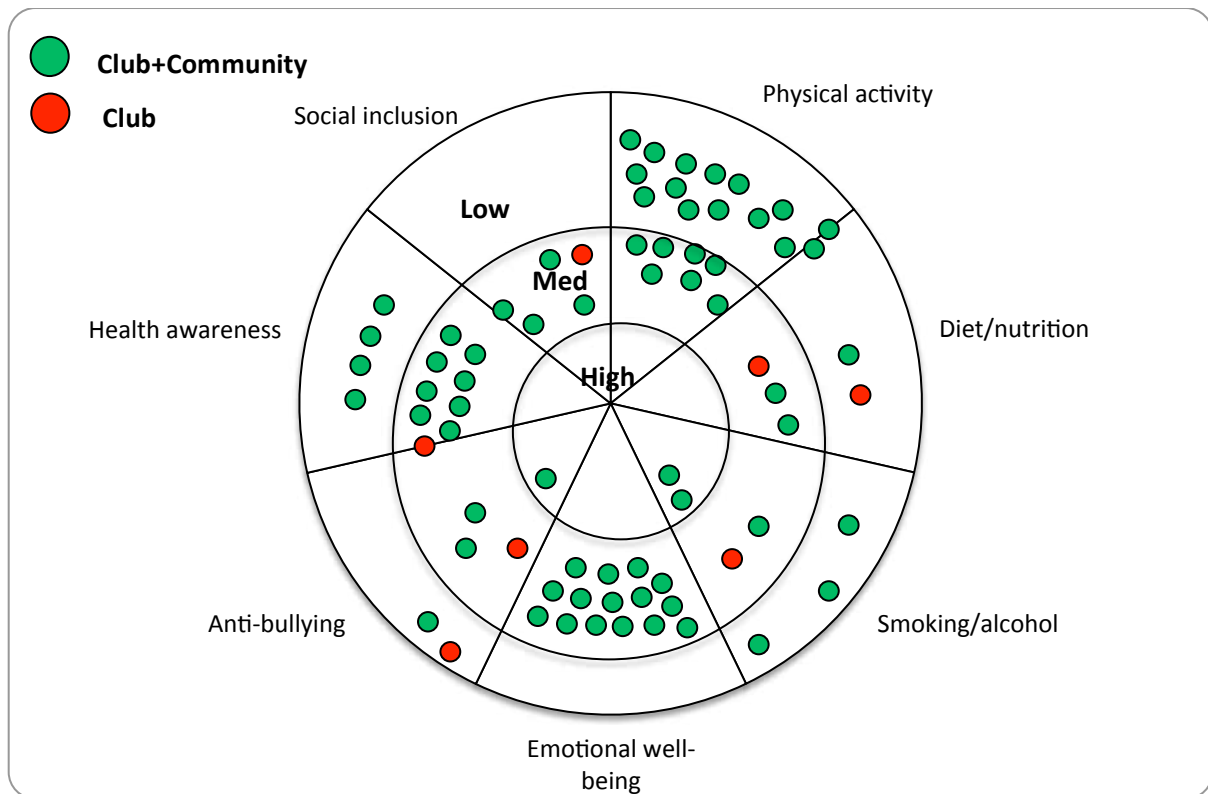
Table 7 shows that planned initiatives were highest in the area of physical activity followed by emotional well-being and health awareness. Taking the impact rating scale into consideration we notice that while 22 initiatives focused on physical activity the majority of these, 68.2% were of low impact typically due to the fact that partnerships did not play a significant role in rolling out the initiative. Improving levels of impact were seen for health awareness campaigns with nearly 70% of initiatives reaching an impact level of medium and 100% of emotional well-being initiatives achieved a medium impact level. Bullying and alcohol/smoking awareness initiatives were pursued by a smaller proportion of clubs 8.3% and 9.7% respectively. However, on review we can see that in relation to impact both these areas attained an impact level of high. One of the six (16.7) anti-bullying initiatives and 2 of 7 (28.6) alcohol/smoking related were deemed to be or high impact due to the inclusion of all 4 elements of the HCP implementation framework as outlined above. Overall, 4.2% of initiatives were rated as high impact, with the majority (59.7%) rated as medium impact and the remainder (36.1%) low impact.

**TABLE 7: Planned and Perceived Impact of Initiatives**

	Planned Initiatives % (n)	High Impact % (n)	Medium Impact % (n)	Low Impact % (n)
Physical Activity	30.6 (22)	0	31.8 (7)	68.2 (15)
Emotional wellbeing	19.4 (14)	0	100 (14)	0
Health Awareness/ first aid	18.1 (13)	0	69.2 (9)	30.8 (4)
Anti- bullying	8.3 (6)	16.7 (1)	50 (3)	33.3 (2)
Diet and Nutrition	6.9 (5)	0	60(3)	40 (2)
Social Inclusion	6.9 (5)	0	100 (5)	0
Alcohol/Smoking	9.7 (7)	28. 6 (2)	28.6 (2)	42.9 (3)
Total	72	4.2 (3)	59.7 (43)	36.1 (26)

A schematic of the impact rating for each of the initiatives across the seven target areas is presented in Figure 5 below. Also visible on the schematic is the distinction between club, community and both club and community as target groups. The strong sociocultural environment adopted by clubs in the initiatives they developed and delivered is evidenced in the fact the vast majority (90%) were not exclusive to either club or community but incorporated both parties. Seven initiatives targeted club members only with three of those initiatives focusing on coaches/mentors or officials. Of the 79 initiatives 11 were aimed at young people in the club and community, three focused on getting elderly members of the club and community involved and two initiatives were specifically run for men.

FIGURE 5: Impact of HCP Initiatives



The HCP included 45 initiatives that combined three elements of the HCP Framework (partnership, programme and environment), 20 initiatives that combined programmes and environment, and smaller numbers of initiatives targeting governance and environment (4). In total three initiatives covered all four elements of governance, environment, programme and partnership. The range of partners included entities such as schools, Local Sports Partnerships, the HSE, Foróige, and local health professionals.

Additionally in the HCP questionnaire, clubs were asked to self-rate the impact of initiatives on different topic areas. Table 8 shows that change was observed across many health domains, but was most notable for physical activity and emotional wellbeing.

TABLE 8: Club Self Rated Impact of Initiatives

	Some/Large/Great Deal of Change % (n)		Some/Large/Great Deal of Change % (n)
Physical Activity	100 (12)	Inclusion	72 (9)
Emotional Wellbeing	83 (10)	Smoking	66 (8)
Alcohol + Drug Abuse	75 (9)	Health + Safety	58 (7)
Diet + Nutrition	75 (9)		

## CASE STUDIES

### 1. HEALTHY FOOD MADE EASY (HFME) – THOMAS DAVIS GAA CLUB, DUBLIN

Thomas Davis GAA Club is situated in Tallaght, Dublin, an area of high population density, parts of which have been included under the government's RAPID programme (Revitalising Areas by Planning, Investment and Development programme aimed at improving the quality of life and the opportunity available to residents of the most disadvantaged communities in Irish cities and towns). The club offers hurling, camogie, gaelic football and ladies football to members from the age of five upwards and has delivered several health promotion related initiatives including a walking group and healthy lunches at juvenile camps. The HFME programme, which aims to provide nutrition knowledge and practical cooking skills, was delivered in partnership with the South Dublin County Partnership and the HSE. Overall, 28 people signed up to the course; only two dropped out representing a participation rate of 93%. A total of 16 people (3 males and 13 females) took part in the evaluation of the programme; ranging in age from 37 to 90 years. The majority were members of Thomas Davis Club (75%, n=12); the remaining four were non-members. The evaluation strategy was developed by the WIT team in consultation with the club and programme facilitator through phone and email interaction. Quantitative and qualitative methods were developed, reviewed, and agreed upon with the club and a date was scheduled for a visit to the club to conduct the evaluation.

#### Changing Perceptions of the Club

Of note was that all participants felt that the initiative changed their perception of their clubs attitude to health and that 92% (n=11) of participants felt their perception of their club had changed. Specifically, participants indicated that what changed for them 'was the health aspect. I wouldn't have felt healthy enough to come up and join the GAA'; it was felt that 'the GAA club like you had to be fit and you had to be playing sport you know' and this prevented them from being involved in the club. Now, there was a perception that 'there's something for everyone in it (the club)'. It was interesting to note that participants felt this view was apparent across all GAA clubs:

*'We're just like anywhere else like. Some people do have that perception that's it's a click so to speak you know that kind of a way.'*

Participants indicated that the club seemed to embrace a new philosophy, where 'sport was once a priority', it was now apparent that 'people are the priority.' Almost two thirds of respondents (63.9%, n=7) experienced social benefits from taking part in the HFME programme. There appeared to be a disconnect between the aforementioned perception of the club as a sport only entity and one that has something to offer the wider community, including a social outlet.

*'See the club is about family and enjoyment and sport actually is important but what people don't realise is it's also a social outlet and people back away from it thinking that's a club I can't go up there but that's an Irish thing.'*

#### Gateway to Involvement

It was apparent in this evaluation that children are a gateway for adults to become involved in their local club. A number of participants commented on this:

*'Yeah it was for my son and now I feel very happy to come down and really enjoy getting to know a lot of the girls.'*

*'That's how we met is through our girls playing.'*

*'People who aren't in it yet still have that fear of coming in and they don't know anyone. The best way to get to know people is the kids.'*

*'And then I got to meet other mummies through that (Easter Camp) and we had great times and a great laugh and then constantly through the walking that you get more friends, you get to know more people even if it's only a face and then the next time you come up to the club you say 'how are you?', 'how are you keeping?' that you feel more welcome and you're not just running in and out.'*

It was apparent that for many participants as a result of connections made through their children they can 'come in now and know a lot more people so you're more relaxed.' What was also notable was that this initial gateway to becoming involved in the club was sustained over time:

*'You'll find in time as I have is that your kids will move they get older and all that and you're still coming.'*

It also appeared that healthy club initiatives were an effective recruitment opportunity for the club. The club previously ran a walking group and it was noted that 'the walking in the club is especially welcoming it's non-threatening to everyone coming', 'that it was a great ice breaker for anyone new coming into the club' and participants were very thankful of being part of the group:

*'It was you who really brought me into the club for that walking and so thanks so much.'*

There was very much an understanding that the Healthy Club Initiative was about community, about getting people involved, and the group were pleased to see it up and working in their club.

*‘It’s getting to know people, it’s getting people involved having a chat going around and getting more people involved in the club. Because it’s a huge club that’s from my end and we haven’t got half enough people so hopefully we can hang onto as many people as possible.’*

### Impact of the HFME Programme

The HFME programme was very well received by participants, with all respondents to the evaluation indicating that it was very good or excellent and that they had learned about healthy eating. This was reflected in the focus group when participants stated that they now had ‘the knowledge to read food labels’, that they ‘know what they’re looking at and understand it’, they realised you ‘don’t need to add salt when cooking’ and noted that they ‘stop and think before you cook now.’ The majority (93%, n=13) of participants felt their cooking skills had improved and had applied these skills in their home environment while 83.3% (n=10) felt confident in following a recipe. Participants practiced four specific recipes in class; over 80% were confident in their ability to carry out three of the four dishes they practiced.

On a broad scale, the impact of the HCP was considered, and as indicated in the previous comment, there were requests and support for more activities; specifically more walking, a healthy heart programme and healthy food sponsorship for summer camps. Participants were vocal and confident about their belief that the initiative overall could have a long term impact; remarking that the current batch of young people in the club would ‘be a healthier generation’ and that ‘it (healthy club concept) will always be there.’

Specifically, the HFME programme, walking group and Healthy Club concept had an impact on the awareness, perceptions and behaviours of the participants in relation to health. One participant remarked ‘how many of us throw sweets into their kids to shut them up’ but now due to the knowledge they have accrued ‘because you know what are the bad fats and what are the good fats and stuff like that you’re going to be like nah have that instead.’ While weight loss was not achieved by most participants, there was a new understanding about the importance of being fit that ‘you don’t have to be stick thin to be fit you can be comfortable in your own weight and still be fit.’ Some of the group also commented on being more active:

*‘Well I’ve actually started running now. I’m running the last 5 weeks now which I was never even thought of doing. I started running now because of this. I’m fitter now.’*  
*I find when I’m working now I’ll leave the car and walk.’*

Also, the club have worked to address alcohol consumption in the club by banning the sale of shots and generating promotional posters, which were deemed ‘absolutely fantastic’ of ‘a fella sitting in the dugout with a hangover’, which ‘an awful lot of visiting clubs especially the mentors have looked at.’

An interview was also conducted with the programme facilitator. Interestingly the participants noted that he had also become more engaged in the club due to his involvement in the project, having previously never been in the club before. The facilitator remarked on the reach of the GAA club, its role in social inclusion and the fantastic ‘health promotion opportunity’ the GAA club presents. The ethos of the HCP in the club and the nature of interaction and engagement appeared to have a profound impact on the facilitator:

*‘It’s been a huge turning point for me... the people and getting a bit more insight into the organisation of the GAA and to realise how its project could be potentially far reaching in terms of health promotion, could be unbelievable. It has done something for me in a very good way.’*

## 2. ANTI-SMOKING POLICY – ST. JOHN’S VOLUNTEERS GAA CLUB (WEXFORD)

St. John’s Volunteers GAA club is located in Wexford town and offers the codes of men’s football, ladies football and hurling across its membership from under 6s right through to the adult ranks. Working off the results of their community survey, the club have already delivered health promotion related education programmes around nutrition in sport, Sudden Adult Death Syndrome (SADS), drug awareness and adolescent bullying to club and community members. Anti-smoking was another priority area identified by the survey which the club decided to address through the development and implementation of an anti-smoking policy. An interview conducted with the leader of the HCP committee in St. John’s Volunteers GAA club explained that ‘...we got the feedback and identified our priorities. And the no smoking policy was one of the priorities’. A policy was the chosen approach as the committee believed that ‘we have to regulate what we are trying to do so we needed to be clear on what we were trying to achieve’. The policy aimed to create a smoke free pitch and dressing room area to encourage a healthier club culture and positively impact upon smoking behaviour.

*‘I’m also a firm believer that a policy doesn’t sit on a shelf it has to be disseminated throughout the club.’*

## 'Opening Gates, Breaking Stigmas'

### An Evaluation of the GAA Healthy Club Project (Phase 1)

Overall, 41 participants took part in the evaluation process, 62% of questionnaire respondents stated they were a member of St. John Volunteers GAA club. The majority (83%) identified as non-smokers with 17% identifying as smokers.

#### Impact of the Initiative

The questionnaires revealed that the majority of respondents were aware of the anti-smoking policy with only 20% (n=8) not aware of the policy. Of those who were aware of the policy the most popular channel of awareness was through receiving club texts on the issue followed by word of mouth. The club had also placed five no smoking signs and two explanation signs around the club grounds with more signage planned to raise awareness.

To ensure the message was clearly received and interpreted at all levels '...the chairperson has sat and spoken with all of the adult selectors and the chairperson of the coiste na nog has spoken with all the trainers of the underage. So that is how the information has been disseminated down'.

Despite this, questionnaire responses indicated that 29% of participants had not seen any signage relating to the anti-smoking policy but 76% were able to correctly identify the content of the clubs new policy.

As with any GAA club one of the biggest challenges to enforcing a policy '...is people coming from outside, teams coming from another district who aren't aware of it'. With regard to enforcing the policy the committee feel '...it's essential we push this, that we approach people in a courteous and respectful manner, non-confrontational, appealing to their better sense of judgement and we haven't had a problem.'

The policy aimed to have a positive impact on the smoking behaviour of people attending St. John Volunteers GAA grounds. Encouragingly, the questionnaires reveal that of the 17% of those who do smoke 86% (n=6) said the policy has had a positive effect on their smoking behaviour at St. John's Volunteers GAA grounds with the majority of those going on to say it has had a positive effect on their smoking in general.

The implementation of the anti-smoking policy and the efforts to raise its awareness has meant 73% of questionnaire respondents felt their perception of the clubs attitude to health had very much changed. The HCP Committee is also hoping their efforts to create a healthy club culture '...will attract new under players because there is so much more awareness now around smoking and parents of young kids will be attracted to the fact it is a smoke free environment'.

When asked if they were in favour of the policy the overwhelming majority (90%) of respondents specified they were very much in favour of the policy with 88% highlighting they would be very much in favour of a no smoking policy on all GAA grounds.

### 3. 'HOW ARE YOU FEELING TODAY?' - ST. COLMCILLE'S GAA CLUB (MEATH)

St. Colmcille's is a GAA club situated in the Bettystown/Laytown area of County Meath. With a membership of over 700 the club offers hurling, ladies football and men's football right from under 6s up to senior level. The area has seen a rapid influx of people over the last number of years, increasing 'from 3,000 to 20,000 in the last 10 years and still going' according to a HCP member. However the infrastructure needed to accommodate such a growth in population has lagged behind and the community has become disjointed with no 'central point'. The HCP Committee felt '...that within the community we felt we weren't as much of a factor as we would like to be'. The club subsequently developed their 'How are you feeling today?' programme, with the help of the Genio Trust, to give their community a focal point again while at the same time providing personal development skills through initiatives such as mindfulness classes, health and nutrition classes, dance classes, card games and facilitating a men's shed on their grounds.

*'We all knew somebody that needed help and as a club the club felt they could reach out and help these people that weren't involved in the club but were part of our community thus giving the club more focus within the community not just from a football base but from a community development base'.*

The classes are open to everyone in the community and are generally run on weekday mornings 10-12am with the exception of the cards which is held in the evening. The mindfulness class has over 120 people 'on the books' with 30-40 people attending the weekly class. Fourteen participants (5 males and 9 females) from different 'How are you feeling today?' classes took part in a focus group and completed a questionnaire. A focus group was also carried out with the St. Colmcille's HCP Committee.

#### Changing Perceptions of the Club

Focus group members ranged in age between 32 and 71 while one committee member remarked '...there are people in their 20s coming on a Tuesday morning. So there is a big age spread, not just as you might think for the older generation there are younger people and there are a few men coming'. Club members were notified of the programme over text while having children in the club also provided awareness of the programme. The majority (n=10) of the questionnaire respondents were not members of the Colmcille's club. For these people with no previous connection to the club word of mouth proved to be most powerful factor in recruiting participants to the programmes, which they themselves have continued.

*'That's what happened really people were telling each other and it just filtered through'.*

The fact the programme was aimed at community development meant that ‘the club opened up not just to GAA people but opened up to everyone’. As one member of the HCP Committee explained ‘The objective is that the people of the community see the club as their community. That we are St. Colmcille’s community GAA football club right but we are not just about football we are about the community. We are part of community and we want the community to be part of us’. This evidently translated back to participants:

*‘...once I heard it was for the community and for people I thought it was a wonderful thing’.*  
*‘...you didn’t have to be a full GAA player. I joined the photographic club at the start here and then I started to play cards’.*

It is subsequently unsurprising that 75% of respondents agreed the programme changed their perception of the clubs attitude to health for the better and had an excellent impact on changing their view of the GAA in general. The effort the Committee put into opening up the club to wider community, some of which were ‘never inside the gates’ before, was welcomed and appreciated by participants.

‘In the early stages of the programme I used to stand outside the front door and welcome everybody just to make them feel part and feel welcome and that meant a lot to them you know that this is a strange place to us and to be welcomed into it and several of the women spoke to me afterwards about it that it just changed their perception of the place’.

### Impact of the Initiative

The overall perception of the initiative was positive with 93% indicating that they really enjoyed their sessions and 86% stating that the content was excellent. Furthermore, at least 80% of all participants felt that the initiative had a good/excellent impact on their awareness, knowledge and skills around maintaining health and wellbeing. This was reflected in the focus group when participants stated that ‘...it’s changed my life. It really has’, and ‘I’m retired I had a lot of problems with depression so to get involved helped me enormously’, and ‘it just changed my life for the better it gave me a different outlook’.

Benefits of the programme extended to impacts on physical and mental health. For some participants it was practical things like ‘I can now lift my arm for instance. That’s from coming to the mobility classes. And I had a brain haemorrhage shortly after my husband died a few years ago and my balance was affected and it has really improved. I can put my pants on now standing on one leg I’m not wobbling all over the place’ which have improved their standard of living.

Not alone do the classes have a direct impact on the participants but the information and knowledge they receive is being passed onto family and friends ‘...the nutrition it trickles out as well because you go home you have more information and about nutrition you have learned new things. You will cook better food for your family’.  
‘And the more parents you get doing the courses they will see that and bring home the information’.

### Increasing Involvement

Interesting, as well as the many benefits the programme has brought to the participants and the wider community, the club is also seeing benefits as the participants noted that they had become more engaged in club activities due to their involvement in the project. The questionnaire revealed that since taking part in the ‘How are you feeling today?’ programme 92% of participants had joined in social activities in the club and 82% had continued or increased support for club fundraising. This is backed up by the focus groups where it was remarked that ‘I would like to get more involved (in the GAA club) and I would like the kids well my youngest daughter more involved as well’.

*‘...I just asked for information on the summer camp because I wasn’t really involved in the GAA but I just think it is fantastic that it has spread more into the community’.*

It was very much apparent among focus group participants that this initiative showed that the ‘GAA were opening their gates to the community’ and that this new endeavour instigated a ‘transformation to the parish.’

### Cost

One factor that did arise numerous times during the focus group discussion was the issue of cost. As the programme was funded it was free for participants to attend and this may have been one of the critical factors in getting the programme off the ground as ‘... the fact it was free I thought well I don’t have to feel guilty as a housewife about spending money on myself’.

*‘I don’t feel comfortable about spending money so I won’t do that class so that got me out I said ok I’ll do it, it’s free brilliant I’ll try it. That was a great incentive and I can say as well it changed my life.*

*‘There was a bus put on then, a free bus, so that helped the people. So when I heard it was free I said here we go...’*

It is something to keep in mind when planning other programmes and as one participant says ‘but just the fact that it initially brought everybody out because we thought there is nothing to lose, then it might continue even if it was initially free’.



#### 4. SOAR – ST. MARY’S RASHARKIN GAA CLUB (ANTRIM)

St. Mary’s GAA clubs is one of the Ulster clubs involved in the HCP. Based in Rasharkin, Co. Antrim the clubs caters for over 300 members involved in hurling, men’s football, ladies football, camogie and handball. The HCP Committee in St. Mary’s GAA club partnered with SOAR and local schools to deliver workshops around emotional wellbeing to local children. SOAR is a foundation which delivers early intervention wellness workshops to young people aiming to empower young people to thrive, believe in themselves and fulfil their true potential within a safe and supportive environment.

The Committee explained that ‘everybody has been affected by suicide in some way shape or form and unfortunately it is happening more and more. We wanted to do something about it...we were looking for something for the young ones and it was prevention, to give them the tools to not get into that situation in the first place. Talk to someone before it goes too far, before it gets out of your control’.

Fourteen of the 230 participants who took part in the workshop in St. Mary’s were present for the evaluation. The evaluation included a questionnaire and a focus group with participants as well as a focus group with the HCP Committee in St. Mary’s. An interview was also conducted with the facilitator of the workshop from the SOAR foundation. The average age of participants was 13 years ranging from 11 to 17 years. Females made up 79% of the group, males 21%. Participants were also asked if they were juvenile members of the club, 79% responded yes they were a juvenile member of the club, 21% said no they were not a member of the club. When asked to rate their enjoyment of the workshop 10 participants said the workshop was either good or very good with 4 participants indicating they found the workshop excellent.

#### Changing the Perception of the Club

The HCP Committee acknowledged that linking with schools helped to get people, especially parents, talking about the GAA club in a positive manner. ‘It definitely raised the profile of the club you know it was in all the papers and people were asking us about it’. The committee felt getting schools involved would mean a broader section of the community could be reached and more people would benefit. ‘If you want to pull everyone along with you, if you want to have a better community you have to try and pull in every section of the community. So that’s why we felt the schools needed to be included’.

One member of the HCP committee honestly explained how the ‘...healthy club to me used to mean we didn’t win the championship but were still in with a chance of winning the league’ but having been involved projects such as the SOAR initiative and seeing the positive impact it had on the young participants and the community at large their ‘view on the healthy club has kind of changed you know’.

#### Impact of the Initiative

The student focus group revealed that the workshop impacted positively on the confidence of participants with nine out of 14 participants specifically alluding to this. Improvements in confidence manifested in different ways, including assurances that ‘everybody feels the same, has the same fears and not to worry’, the confidence to ‘express yourself’, ‘be nicer to people’, ‘respect everyone because you never know what they are going through’, ‘set goals’ and ‘try new things’. This experience also generated a greater sense of community among the participants, with respondents suggesting that it ‘brings everyone together’ and makes for a ‘better community’.

*‘I think it will help in the future because you will be more confident and get more involved in the community’.*

The HCP Committee themselves felt ‘...yeah a few people definitely got a lot a lot out of it and others obviously just the positivity and the manner and the chat and the answers and all rest and really enjoyed it. Definitely there were a couple who were benefited extremely from it’.

#### 5. OPERATION TRANSFAUGHMATION – CASTLEBLAYNEY FAUGHS GAA CLUB (MONAGHAN)

Castleblayney Faughs GAA club is situated in the heart of Castleblayney town in Co. Monaghan. With a membership of close to 550 the club offers both men’s and ladies football. The club were reevaluating their position after having ‘kind of stopped winning’ and realising that ‘yes football is our core but in order to be a good club there had to be a whole lot of other things going on. And we kind of made a development plan and part of the development plan was getting into the community’. This new focus was supported and shared by the club executive:

*‘...you realise as a club you have more of a responsibility to your members than just on the playing field. You know there is so many other things going on in their life and I think that members spend more time in their club that they do anywhere else. So as an executive if we can kind of do anything to help people if they are struggling or just the likes of the fitness programme just to give another avenue for the people that it’s not just playing football there is other stuff going on and we are here to help and everybody is welcome’.*

Operation TransFAUGHmation is a 12 week physical activity/fitness initiative aimed at increasing health awareness and helping the community to become a healthier place. ‘A fun way to a healthier lifestyle’ is Operation TransFAUGHmations tag line. This is now



the clubs fourth year running the initiative having first run it on a trial basis in 2011. Starting out with 115 participants in 2011 the initiative has grown in popularity year on year with 238 people taking part in the event in 2014. Of those 238 participants 191 were women and 47 men. The initiative is open to everyone with club members only accounting for 25% (n=60) of participants. Fitness classes are run 3 times a week for the duration culminating in a 5k charity fun run/walk. This year 755 people lined out to take part in this event. Whilst weight loss is not an emphasis of Operation TransFAUGHmation there is an option to be weighed in each week for anyone who wishes to track their weight. The largest weight loss for men was 8lbs and 17lbs for women.

An evaluation of the programme was carried out and involved a questionnaire (n=20) and a focus group. The focus group was carried out with 5 participants from the initiative, 2 male and 3 female. A member of the HCP Committee was also interviewed. Although the average age of participants who completed the questionnaire was 39 years the initiative involves people from 16 years of age right up to 70. The majority (75%) of respondents agreed that the initiative involved both club and community members and was well advertised with the most popular form of advertising being word of mouth. Two of the participants in the focus group also revealed ‘...we are from a different club and we travel about 40 minutes to get here. And now we have got buddies’.

### Changing Perception of the Club

Three quarters of respondents said the initiative had very much changed their perception. The focus group found that participants were of the impression that ‘the GAA club here seem very progressive and that fitness is on the agenda and they want to keep it going’.

*‘I think they are doing it to help other people. That is they type of people they are, they are always out there to help others they don’t be thinking of themselves they really don’t’.*

Participants were also impressed that Castleblayney Faughs GAA clubs ‘are leading by example anyway because you know no other clubs are doing it....I would love to hear of other counties taking it on it would be brilliant’.

From the outset part of Castleblayney Faughs development plan aimed to get the club ‘into the community’ and become more relevant within their membership. This objective has begun to be realised as the Healthy Club Committee have found that operation TransFAUGHmation ‘has established us firmly within the town’.

### Impact of the Initiative

Eighty percent of respondents rated the initiative as excellent with 55% claiming the initiative increased their awareness around health. The focus group analysis found the initiative was a great way of exposing people to new exercises they mightn’t have tried before ‘like on the Friday night it could range from Irish dancing to kickboxing you know you try all different things that you would never do otherwise’.

The questionnaire also highlighted that compared to 12 weeks ago 45% of respondents think they are more active and 55% think they are much more active. The focus group backs this up pointing out that ‘I couldn’t run and now I can do the 5k like. As you said we have never run before and now like running not a bother’. Questionnaire data also revealed There was a sense also that the initiative was a building block to more enhanced participation in physical activity:

‘To be able to get to do longer marathons would be our aim. Doing a 5k, the next one will probably be 10k and keep moving up a bit. You start off at the bottom kind of just to see how much you put yourself to and be able to do’.

### The success of Operation TransFAUGHmation has also led to many spin off groups:

*‘In January Jazza one of the instructors starts a 30 day challenge. So it is 30 minutes for 30 days for €30 and that money all goes to charity. And then it finishes in January and there is another 12 weeks programme which was a spin off from the walking club, it’s called the Mucknomovers and they do 12 weeks of sort of running and walking and they finish with a pyjama 5k around the black island which is the local park and it is usually great craic. And that brings us right back to September when we start all over again’.*

People also had personal goals and targets they wanted to achieve identifying it as ‘something for yourself really.’

*‘So I came that first year and I lost 29 pounds and maintained it. Then this year I’ve come back and I have lost 25 and a half pounds so far. Yeah I’ve 9 stone 10 and a half pound so far. I have gone down 3 dress sized since I started the programme this year’.*

*‘I would never have even dreamt it only for Operation TransFAUGHmation, losing all the weight and they do they boost your confidence. They boost your self-esteem. I walk down the town now with my head held high, I’m so happy with myself you know what I mean’.*

The social aspect to the initiative was also a very important element for people. ‘You make loads of friends, it is a very very friendly environment. The craic is 90 all the time. This is my social outing, you see when it stops tonight I’m going to be crying. But it is great you meet loads of friends’.

*‘...we came up here and we didn’t know anybody and now everybody knows our names’.*

Like you make so many new friends, like there are a lot of new faces there this year and I have made so many new friends. You see them on the street and you wouldn't even know them so say hello to but now we are all friends on Facebook'.

## **6. CORK BEATS STRESS – MIDDLETON GAA AND ST FINBARR'S NATIONAL HURLING & FOOTBALL CLUB (CORK)**

Located in the town of Middleton in County Cork, Middleton GAA club serves a large community with close to 900 members involved in hurling, men's football and ladies football. Middleton GAA club partnered up with the HSE south and St. Finbarr's GAA club, another HCP club in Cork, to deliver a programme called 'Cork Beats Stress'. The programme consisted of a workshop one night a week for six weeks. Facilitated by a qualified HSE psychologist the programme equipped participants with the skills needed to cope with stress and provided participants with take home booklets on stress management. Over the six weeks the average nightly attendance was 161 people; 25% of programme participants were male. An evaluation of the programme was carried out by the HSE while further engagements took place with HCP members from Middleton GAA club as well as an interview with the programme facilitator. This initiative represented a relatively novel engagement in the HCP as the programme was designed and facilitated entirely by the HSE.

### **Partnership Development**

As one of many urban areas that suffered heavily during the recession 'a lot of people are unemployed and stuff and mental well-being is hugely important'. For Middleton GAA club it was 'an opportunity and something that they could give to benefit the community so it made perfect sense for them'.

Realising there was a need to become more proactive in the community, the partnership with the HSE south actually came about by accident. Using signage on the club grounds to create awareness around the HCP, the HCP Committee attracted the attention of a psychologist working within the HSE. 'Well I suppose I am from Middleton myself and I was in Middleton GAA club on day and I saw a sign about their healthy club so that is what kicked the whole thing off basically'.

From the HSE's perspective they also felt a need 'to try and think about how we deliver our services and try to come up with a new way of doing this'.

*'we were finding basically was that we were waiting lists backed up out the door couldn't not enough staff to cope so we knew we needed kind of a new way of doing things'.*

Given the GAA's background and membership, the HSE also felt that partnering with such a trusted sporting organisation would help them to engage more with a male representative.

*'I suppose there is a massive male membership and we find it very hard to deliver our services in such a way that it allows men to engage with us'.*

The partnership therefore 'met a lot of the goals of the healthy club at the same time so both our goals were being met we'll say by coming together'. Importantly, it was also the first time 'nationally or internationally as far as we are aware where like a public mental health service like a psychological intervention has been delivered through a major sporting organisation so that is something important like something new and it is something that's ground breaking'.

Tackling any uncharted waters can bring numerous challenges given there is no template to follow and both organisations had to bear this in mind.

*'Yeah, well I suppose like anything kind of breaking new ground was kind of hard and we didn't have a master plan to follow, we didn't have a template that we could follow so we were kind of creating it as we went along'.*

### **Terms of Reference**

It was paramount that 'that the clinical accountability rested with the HSE' while Middleton GAA club managed the operational side of things.

'There was a massive load of work done in terms of promotion and GAA headquarters were hugely helpful with that as well but especially on the ground that was a massive piece. So it was about the venue, providing venues, providing promotion, getting word out about it that was the key pieces I suppose for the GAA and the kind of organisational issues'.

In terms of advertising the programme the HCP Committee found 'word of mouth is nearly better than that's what it's all about'. The club, especially the club PRO, also put a lot of effort into raising awareness of the programme. 'Our PRO put a lot of work into papering it, we got on to Red FM the local radio station all those things.' There was also an effort to engage high profile figures to launch the initiative and get some publicity through media.

### **Changing Perceptions of the Club**

Not alone has the success of the programme given 'the profile of the GAA club in the community a huge boost...' the programme also

impacted upon local community members ‘And I mean there were so many kind of stories of like afterwards like anecdotally in a way of like club members who benefited or local people who you know really benefited as a result’. The club were seen to be taking an interest in the community as a whole and showcasing that health promotion was an important part of the clubs culture alongside on the pitch activities.

*‘It is great to be able to be seen that you’re giving back something’.*

### Impact of the Initiative

There is still a stigma associated with mental health, and it can be difficult for people to engage with this topic. In this instance, the fact that the programme was backed by the GAA meant ‘people had the confidence to go to it because it was linked to the GAA and I’d say if it was just a HSE run thing on its own they wouldn’t be’. This sentiment was echoed by the HSE in their evaluation of the initiative, which revealed a number of key ‘GAA factors’ relating to the model of service delivery. Firstly they found delivering the programme in a community setting backed by the local GAA club ‘broke down stigma for people so and a lot of that was to do with the GAA’. The fact the programme ‘was local was massive, the fact that you know that people recognised other people from their own parish, from their own’. Finally the evaluation found ‘that people assumed it was more geared towards men because it was being delivered to the GAA so we more than doubled our male our rate of male attendees’. Finally, actual behaviour change was evident as the HSE evaluation reported that ‘not only did people’s mental health improve, not only did rates of anxiety go down, rates of depression go down, stress go down, their perceived quality of life went up significantly’. Having a six week programme meant people got used to the routine of giving an hour or two up on Wednesday night, so upon completion of the programme, Middleton GAA club ‘organised a walking group at the same time on a Wednesday night. People that were on the stress course were able to go walking for an hour or so on a Wednesday night’.

## 7. ANTI-BULLYING - ORAN GAA CLUB (ROSCOMMON)

Oran GAA club is located in County Roscommon and provides the codes of hurling, football, ladies football and camogie to its membership of approximately 479 men, women and children. Highlighted as an area worth addressing from the community survey, Oran GAA club set about tackling the issue of bullying. Alongside developing and launching an anti-bullying policy, the club also ran an anti-bullying workshop ‘GAA Tackling Bullying programme’ for coaches and club officials. The workshop was facilitated by a qualified anti-bullying GAA tutor and aimed to create awareness among officials and empower them with skills and knowledge do effectively deal with an issue of bullying should one arise. An evaluation of the workshop was carried out involving distributing a questionnaire to all participants (n=21).

### Changing Perceptions of the Club

14 participants commented the workshop had positively changed their perception of the club. Some participants chose not to answer this question justifying their choice by generally commenting ‘No it didn’t change. The clubs attitude to health is fantastic’.

*‘No, it’s brilliant but I am very proud even more now of it after tonight’.*

*‘Would have felt club had an excellent attitude to health’.*

Oran GAA club used the HCP to combine each of the four codes in their community. Accordingly, the anti-bullying initiative recruited participants from each playing code. Overall, the club indicated that this approach ‘worked well’ mainly because they had ‘good people’ from each code. Previously there had been conflict between codes in the club but now with this project ‘everybody is on board.’

### Impact of the Initiative

Data gathered from the questionnaire showed that of the 21 participants 9 were male and 12 were female with 100% of attendees being full members of the club. The average age was 42 years and ranged from 23 years to 59 years. All the four sections of the club, hurling, football, camogie and ladies football were represented at workshop by either a club official (24%), coach (14%), parent (10%), player (5%) or those with a dual role (47%) e.g. a parent who also coaches. The club officials who attended included the football chairperson, camogie club development officer, club PRO, treasurer of the hurling club, minor football secretary and a member of the club executive alongside a number of underage coaches.

The workshop was well advertised through the HCP Committee with the majority (67%) of participants finding the initiative very useful. Respondents of the questionnaire rated the workshop as either excellent (n=11) or very good (n=10) and while all participants indicated that they at least moderately (n=3), if not a lot (n=7) or very much so (n=11) were equipped with the skills to deal with an issue of bullying should the situation arise. Again the majority (71%) of respondents agreed that the workshop had very much raised their awareness of bullying and increased their knowledge of anti-bullying (67%) with participants now clearly understanding the different types of bullying. Asked to identify one key message they took away from the workshop respondents remarked ‘bullying is not acceptable’ and it should be ‘taken seriously’ not ignored but rather ‘nipped in the bud’. To ‘use the phrase bullying behaviour rather than label someone a bully’ and keep in mind ‘one incidence doesn’t constitute bullying’ but that ‘bullying can be dealt with if proper steps taken’.

## LEARNINGS AND RECOMMENDATIONS FROM THE EVALUATION

The following learnings and recommendations have been observed through the course of the evaluation of Phase 1 of the Healthy Club Project. The 'Learnings' are grouped under the headings of the Healthy Club framework (based on the Settings Approach to health promotion). The 'Recommendations' are itemised under headings that reflect the most pertinent observations that arose during the evaluation process.

### Key HCP Framework learnings

#### Governance

- Healthy Ireland (Republic of Ireland) and Making Lives Better (Northern Ireland) are the new framework policies for health and wellbeing on the island of Ireland. Among their key themes are partnerships and cross sectoral work, community empowerment and research and evidence. The GAA HCP is a joint partnership between GAA, HSE and DOH and as noted by the Minister for Health, is 'healthy Ireland in action' and reflects many of the core tenets of the national framework. The intention is to seek greater collaboration with the PHA in Northern Ireland for Phase II. The HCP clearly indicates that the GAA club unit represents a connection to communities across the island of Ireland and a familiar, trusted, respected conduit for health related messaging and activity.
- The HCP is a relatively unique undertaking in that it was developed and managed by a national governing body of sport in partnership with the HSE. Parallel to the roll out of the HCP, the GAA has proposed and adopted a governance framework for health promotion related activity. In 2015, counties and clubs have been mandated to appoint a Health and Wellbeing Committee and Healthy Club Officer respectively while a Provincial network is also being positioned to mimic the traditional operating structure that exists in the GAA. The HCP exists in this framework as a flagship project that will over time become the focus of Club Officers throughout the country. In this respect, the club unit will be the primary mode of delivery of health promotion as it currently is for games promotion.
- One of the most notable outcomes of the evaluation process is that the healthy club ideal needs to be embraced by the club executive to ensure its integration into the club agenda. Currently, healthy club ideals are not included in club constitutions and for some this activity is viewed as separate to the 'core business' of the GAA club. This will present challenges particularly among clubs who do not self-select to engage in this type of work.
- Good governance requires a management, organisational and support structure that stretches across levels of implementation. National and regional structures in health and wellbeing are being refined by the GAA but the ultimate responsibility for the delivery of health promotion, as it is for games development, rests with club members. In this respect, it is important that role profiles are established, training is provided, suitable skill sets are recruited to deliver the HCP, and key partnerships are identified and established to roll out specific health promotion initiatives.

#### Environment (social, physical and cultural):

- Not unsurprisingly progress relating to the socio-cultural environment in the HCP was evidenced. Active engagement with the wider community underpinned involvement and action in the project, something that is quite unique in the wider context of research and practice around sports club for health. There is a move towards the alignment of policies, facilities and activities with health promotion ideals but further progress still required. Improvement was noted in the policy domain of the HCI but overall, this aspect of the healthy club was rated as moderate. Furthermore, engagement with older adult groups, ethnic minorities and local community development groups could be greater; there appeared a tendency to engage with the wider general community rather than specific target groups, however, appropriate partnering with the likes of the LSPs, an entity with direct responsibility for engaging hard to reach minority groups in sport, could prove beneficial to both. Overall though, the perception of the club in the community did appear to change for the better and at the end of the project health was deemed a priority for the club.
- In the context of facilities, disability access is still less than optimal and while there is availability of dressing rooms, consideration of how inclusive they are in design and use is needed. There was very little action around the physical environment, potentially due to financial restrictions but there was a clear intent to make better use of existing facilities.

#### Partnerships:

- All clubs participating in Phase I self selected to take part, and thus were positively disposed to health promotion, and likely quite eager to lead and deliver this activity. It was never assumed that clubs would be the sole providers of health promotion activity in a community but rather that they would link with specialists in service provision. Initial lack of clarity and resistance to collaborate was overcome by the realisation among clubs that they needed support to role out the HCP. As the HCP evolved, clubs became more aware and comfortable with partners from the sport and health sector.
- Funding remains a challenge for clubs, which may be overcome on occasion through partnership work. The HSE and LSP in particular will cover many of the costs associated with programmes delivered through appropriate partnership in return for the club publicising initiatives and recruiting participants. These relationships are mutually beneficial therefore need to be clarified and expanded in Phase II.

### Programmes:

- 】 Provision of programmes was apparent across seven target areas but most prominent for physical activity, general health awareness and emotional wellbeing. The majority were targeted to the club and community to good effect with evidence that membership, support and perception of the club improved due to its involvement in the HCP. Data from the follow up community survey, albeit collected on a small sample of participants, indicated that recruitment of participants to the HCP occurred mainly through the club so it could be that there remains potential to further expand into the community through the HCP.
- 】 There was considerable variation in the delivery of programmes within and between topic areas. Furthermore, there was some disagreement between the stated provision of programmes at meetings and in club action plans and those reported in the follow up questionnaire. This may be due to the division of larger programmes into smaller components in the latter but it does overall suggest the challenges involved in managing and recording the activity carried out by clubs in the HCP. All clubs at follow up stated that they evaluated their initiatives so there is an opportunity to streamline evaluation to ensure it is captured accurately.

### Recommendations

These recommendations are intended to help address some of the challenges observed and reported by the Phase 1 clubs during the evaluation process. It is hoped that addressing them will help to further refine the HCP model thereby maximising the experience and impact potential of the additional clubs that are to be recruited for Phase 2 of the Healthy Club Project.

#### 1. Governance

- 】 Develop a healthy club policy to position health on the working agenda of clubs. This policy will help to ensure that health promotion activity is embedded into the core business of the GAA club unit.
- 】 Ensure representation of the healthy club team on the Club Executive Committee and reciprocal engagement of the latter with the HCP.
- 】 Extend the national steering group to include representatives from clubs involved in Phase I and the Phase II research assistant.
- 】 Develop an operational structure for the HCP to illustrate how health promotion is manifested in the club but also across the GAA, including an outline of the policy and organisational structure of health promotion and in the GAA, training opportunities, partnership networks, key target groups and programme options.
- 】 The HCP is an excellent opportunity for the health service to achieve their stated aims north and south of the border. It is one of the flagship projects of Healthy Ireland. This, however, requires support at a policy level but also practically through funding, resources, and programme delivery.

#### 2. Partnership and Collaboration

- 】 A communication network within the GAA setting across club, county and provincial units should be established. The HCP is equally a flagship project for health and wellbeing in the GAA and clubs who took part in Phase I and who are recruited to Phase II are an important resource for all GAA units, but particularly for each other.
- 】 Engagement with external stakeholder groups must be enhanced through integration of community representatives and interest groups, as well as key partners such as the HSE/PHA from the outset of project work. This requires:
  - ❑ Detailed skill sets for the club HCP committee to ensure the project is managed and implemented by a well rounded, representative team
  - ❑ Support and resources from the Department of Health, the HSE/PHA and LSP network that confirms their commitment to the project
  - ❑ Clarity around the role and expectations of LSP and HSE/PHA representatives that is discussed and agreed with representatives from these organisations.

#### 3. Funding

- 】 Examples of good practice around funding in Phase I must be communicated but it is important also that some guidance is given to clubs about how best to tap into funding opportunities. For example, applications with a cultural or social focus that engage external partners may yield greater financial return for clubs.
- 】 There have also been suggestions that the GAA could have a grant support system that reflects those available for capital projects. This is worth exploring and would be a good incentive for clubs to submit proposals that reflect best practice and involve key elements specified by the national steering committee.
- 】 There may also be potential in identifying community social responsibility partnership opportunities at a local level. Nationally, Irish Life have committed to the HCP so there is a precedent for this type of engagement.

#### 4. Building Capacity

- 】 Links with third level or other agencies that may support community engagement, evaluation and funding applications should be explored in Phase II.
- 】 The GAA and HSE must be cognisant of the need to identify, recruit, and train personnel, and how important this is to the roll out

of Phase II and eventual wider dissemination. Training for officers is developed and priority must be given to clubs participating in Phase II.

### **5. Measuring Impact and Evaluation**

- ▶ Continued evaluation of the evolving governance model for health and wellbeing in the GAA should be supported, particularly how the HCP grows and exists across layers of health and wellbeing activity.
- ▶ Notwithstanding positive outcomes observed in case studies, club membership, the perception of the club and learning around the HCP process, at this stage, it is not possible to identify an isolated impact of the HCP on behaviour change or population health. This should be considered in Phase II, possibly through the specific targeting of certain lifestyle behaviours; a more controlled evaluation of programmes and more comprehensive community surveys.
- ▶ Coordinated and integrated evaluation activity. A more streamlined evaluation approach coordinated by a research assistant, which includes integrated activity such as self-reflective checklists and mandatory reporting, is recommended for Phase II
- ▶ Expectations for clubs taking part in Phase II and required outcomes should be established by the steering committee, which will help to identify exactly what constitutes a healthy club at the outset of this next Phase.

### **6. Programmes**

- ▶ Using a basic rubric, only four of the initiatives delivered by clubs were deemed high impact, 60% medium and 36% low. There are two considerations here in relation to increasing the likelihood of delivering and recording impact on health due to the HCP; firstly, there needs to be consistency and adherence to best practice in the content of initiatives and secondly, this needs to be led at national level by proposing a suite of initiatives for clubs to implement.
- ▶ If health promotion is to be integrated into the club agenda it is important that it reaches the current core activity of the club, which is coaching and games. Coaches and officials are the main conduit for messages to playing members so future HCP activity must consider development and roll out of initiatives specific to upskilling these individuals around promoting health among players. This needs to be integrated into coaching courses and requires collaboration between relevant departments in the GAA.
- ▶ In a juvenile context, it is also important to engage further with parents to ensure the health initiatives are implemented and sustained beyond the playing environment.

### **7. Resources**

- ▶ A complete toolkit that will help to ensure transparency and initial informed commitment must be provided and will include the following:
  - ❑ A step by step guide to each element of the operational structure for a healthy club,
  - ❑ A selection of initiative options for clubs
  - ❑ Funding opportunities for clubs
  - ❑ A role profile of key partner groups that can be accessed by the HCP team
  - ❑ An overview of the evaluation process including required evaluation activity

The GAA HCP represents a novel way of carrying out health promotion in Ireland, and strikes a natural balance between the health agenda of the HSE and the core business of the GAA club. It reflects a meeting point between the ‘push of health’ and ‘pull of the club’. This pilot evaluation has provided support for this type of initiative in terms of the positive impact on the health orientation and practice of participating clubs. There is a clear commitment from the various layers in the GAA to support this work, which is fundamental to wider dissemination and integration into the daily workings of the organisation.



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## APPENDICES

### Healthy Club Project Phase 1 Participating Clubs

- Annacurra GAA Club, Co Wicklow
- Beaufort GAA Club, Co Kerry
- Castleblaney Faughs GAA Club, Co Monaghan
- Culloville Blues GAA Club, Co Armagh
- Eastern Harps GAA Club, Co Sligo
- Liam Mellows GAA Club, Co Galway\*
- Middleton GAA Club, Co Cork
- Mungret St Pauls GAA Club, Co Limerick
- Nenagh Éire Óg GAA Club, Co Tipperary
- Oran GAA Club, Co Roscommon
- Sean O’Heslin’s Ballinamore GAA Club, Co Leitrim\*\*
- St Colmcilles GAA Club, Co Meath
- St Finbarr’s National Hurling and Football Club, Co Cork\*\*\*
- St Johns Drumnaquoile GAA Club, Co Down
- St John’s Volunteers GAA Club, Co Wexford
- St Mary’s Rasharkin GAA Club, Co Antrim
- St Peter’s Warrenpoint GAA Club, Co Down\*\*\*
- Thomas Davis GAA Club, Co Dublin

*\* The Liam Mellows Club was forced to withdraw from Phase 1 following approximately 12 months due to a change in club executive priorities during the process.*

*\*\* The Sean O’Heslin’s Ballinamore club was unable to commit to the evaluation requirements of Phase 1 due to a lack of capacity at present but continues to work as a Healthy Club in its community.*

*\*\*\* The two mentoring clubs, St. Finbarr’s and St. Peter’s, were selected due to the high quality of their expression of interests and were selected to highlight what can be achieved at club level while supporting those starting out on the journey.*



**Health Promotion Classification Matrix**

	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

Overview of Initiatives

Physical Activity (n=22 initiatives, n=14 clubs)

Club (Province)	Content	Target Group(Club, Community, both club and community)	Governance (G), Partnership (PA), Programme (PR), Environment (E)	Impact (High, Medium, Low)
Annacurra (L)	Operation Transformation event	Both	PR, PA (Wicklow LSP), E	Medium
Annacurra (L)	Walking/Running club	Both	PR, E	Low
St.Colmcille's (L)	Walking Club/Running group – meet 3 evenings a week at the club grounds	Both	PR, E	Low
Thomas Davis (L)	5 week Fit walk programme	Both	PR, PA (SDCC), E	Medium
Midleton (M)	Weekly walking/running Group	Both	PR, E	Low
St.Finbarr's (M)	Weekly fitness Classes	Both	PR, E	Low
Beaufort (M)	Exercises classes (4 nights + 1 morning)	Both	PR, E	Low
Nenagh Éire Óg (M)	5 and 10k Run	Both	PR, E	Low
Nenagh Éire Óg (M)	Walking Group	Both	PR, PA (Get Ireland walking), E	Medium
Mungret St. Pauls (M)	10k Run – HC will run warm up session and training plan. HC logo on all material	Both	PR, E	Low
Mungret St. Pauls (M)	24hr fitness challenge	Both	PR (in aid of Pieta house), E	Low
St. Mary's Rasharkin (U)	Walking Club	Both	PR, E	Low
St. Mary's Rasharkin (U)	Biggest Loser Challenge	Both	PR, E	Low
Castleblayney Faughs (U)	Operation TransFAUGHS- mation 12 week programme, 2 exercise classes per week.  1 morning run/walk/cycle.  5k Run/Walk to complete programme	Both	PR, PA (Orla Duffy, Senior HSE Community Dietician, Gillian Oliver, BSC Physiotherapy, local businesses), E	Medium
Castleblayney Faughs (U)	Walking/ Jogging group	Both	PR, E	Low
Castleblayney Faughs (U)	30 Day Challenge (30 mins exercise for 30 days raising money for charity)	Both	PR (in aid of charity), E	Low
St. Peters Warrenpoint (U)	Extension of the 'little black dress challenge' into the new year. 5 wk intensive physical training	Both (Women)	PR, E	Low

St. Peter’s Warrenpoint (U)	10k run	Both	PR, E	Low
Oran (C)	PA and healthy eating programme. Marking out a one wall handball court at local primary school.	Both (Youth)	PR,PA (schools & Coman’s Handball club), E	Medium
Oran (C)	6 wk fitness classes and advice/info on nutrition	Both	PR, PA (Club member who works for LSP), E	Medium
Oran (C)	Yoga classes	Both	PR, E	Low
Eastern Harps (C)	Operation Transformation	Both	PR, PR (Sligo LSP), E	Medium

**Emotional well-being (n=14 initiatives, n=10 clubs)**

Club (Province)	Content	Target Group	Governance(G), Partnership(PA) Programme(PR), Environment (E)	Impact (High, Medium, Low)
Annacurra (L)	Sport not stigma programme	Both	PR, PA (Wicklow LSP), E	Medium
St.Colmcille’s (L)	‘How are you feeling today’ programme. Developed a local care services directory booklet.	Both	PR, PA (Genio Trust - Funding), E	Medium
St. Colmcille’s (L)	Relaxation classes in schools	Both (Youth)	PR, PA (Schools), E	Medium
Thomas Davis (L)	Mental Health information talks	Both (Parents)	PR, PA (Local Mental Health services), E	Medium
Midleton (M)	6 wk Stress control programme	Both	PR, PA (HSE), E	Medium
St. Finbarr’s (M)	6 wk stress control programme	Both	PR, PA (HSE), E	Medium
St. Finbarr’s (M)	HSE Safe Talk programme	Both	PR, PA (HSE & Middleton GAA club), E	Medium
Beaufort (M)	Promoting Lifeline Programme (Suicide prevention, counselling and support)	Both	PR, PA (Kerry Lifeline), E	Medium
Nenagh Éire Óg (M)	Mental Health and well-being night x2 (Conor Cusack and local speakers)	Both	PR, PA (speakers), E	Medium
St. Mary’s (U)	SOAR.ie Resilience and mental well-being for kids after school	Both (Youth)	PR, PA (SOAR.ie, Funded by public Health Agency), E	Medium
St. Peter’s Warrenpoint (U)	B+ positive programme	Both (Youth)	PR, PA (MENSANA, P.I.P.S), E	Medium
Oran (C)	Mental Health talk	Both	PR, PA (Local Psychologist), E	Medium

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Oran (C)	HSE Safe Talk	Both	PR, PA (HSE), E	Medium
Oran (C)	Stress management class	Both	PR, PA (OPAL Centre-Opportunities for Personal Advancement in Life), E	Medium

#### Health Awareness/First Aid (n=13 initiatives, n=9 clubs)

Club (Province)	Content	Target Group	Governance(G), Partnership(PA), Programme(PR), Environment (E)	Impact (High, Medium, Low)
St. John's Volunteers (L)	Programme of education and awareness (series of talk on e.g. nutrition, drug, suicide etc.). Health and well-being policy	Both (Youth)	PR, PA(Local cardiologist, Garda, Psychiatrist, Dietician, Wexford community drug project worker), E	Medium
Midleton (M)	Cardiac Screening	Both	PR, PA (Health Screening Ireland), E	Medium
Beaufort (M)	Health Screening	Both	PR, PA (Heart aid, LAYA, local Athletics club), E	Medium
Nenagh (M)	Health Screening	Both	PR, PA (local Pharmacy), E	Medium
Mungret St. Paul's (M)	Movember	Both	PR, PA, E	Medium
Mungret St. Paul's (M)	Health Screening and information day	Both	PR, PA (Local nurse), E	Medium
Mungret St. Paul's (M)	Family Fun Day	Both	PR, E	Low
St. Johns Drumnaquoile (U)	Men's Health check (Action cancer Big Bus)	Both (Men)	PR, PA (Action Cancer), E	Medium
St. Johns Drumnaquoile (U)	Action Cancer Big Bus – health screening and promotion	Both	PR, PA (Action Cancer), E	Low
Oran (C)	Developed Healthy and well-being policy	Both	G, E	Low
Eastern Harps (C)	Weekly bingo Garland Sunday Family Fun Day	Both (Elderly)	PR, PA (Garland Sunday Committee), E	Medium
Annacurra (L)	First Aid training	Club (Coaches)	PR, PA (Camogie Club), E	Medium
St. John's Volunteers (L)	Purchase and training in using a defibrillator	Both	PR, E	Low

**ANTI-BULLYING (N=6 INITIATIVES, N=6 CLUBS)**

Club (Province)	Content	Target Group	Governance (G), Partnership (PA), Programme (PR), Environment (E)	Impact (High, Medium, Low)
St. Colmcille’s (L)	Anti-Bullying Workshop	Club (Compulsory for all coaches/mentors/ officers and open to all members)	PR, E	Low
Midleton (M)	2 night course	Club (Youth)	PR, PA (Feroige), E	Medium
Nenagh Éire Óg (M)	Anti-bullying poster campaign. Liaise with schools/community groups on Cyber bullying. Target u10/12 & U14/16 teams through team building, social activities and talks throughout the year.	Both (Youth)	PR, PA (Schools), E	Medium
Mungret St. Paul’s (M)	Blue Shield Anti-Bullying poster campaign	Both (Youth)	PR, PA (ISPCC Blue Shield), E	Medium
Eastern Harps (C)	Anti-bullying. Review Code Of Conduct. Ensure that Executive, Players, Coaches and Parents have access to/ read/ understand the code.	Both	G, E	Low
Oran (C)	Anti bullying policy and campaign	Both	G, PR, PA (schools), E	High

**Diet/Nutrition (n=5 initiatives, n=5 clubs)**

Club (Province)	Content	Target Group	Governance (G), Partnership (PA), Programme (PR), Environment (E)	Impact (High, Medium, Low)
Annacurra (L)	School based Programme	Both	PR, PA (schools), E	Medium
Thomas Davis (L)	Healthy Food made easy. 6wk talks and demos	Both	PR, PA (SDLSP), E	Medium
Thomas Davis (L)	Healthy Food/ Fruit at summer camps. Potential Link with Feroige Food choices Programme End of 2014	Club (youth)	PR, E	Low
Midleton (M)	Food map on website	Both	PR, PA (Nutritionist), E	Medium
St. Finbarr’s (M)	Fruit at underage training	Club (Youth)	PR, PA (Funding from local councillor), E	Medium

**Social Inclusion (n=5 initiatives, n=5 clubs)**

Club (Province)	Content	Target Group	Governance (G), Partnership (PA), Programme (PR), Environment (E)	Impact (High, Medium, Low)
St. Colmcille's (L)	Men's Shed – supporting the development of men's shed for east Meath using the club grounds.	Both (Men)	PA, PR (Men's shed), E	Medium
Beaufort (M)	Elderly Exercise classes	Both (Elderly)	PR, PA (Age and Opportunity grant), E	Medium
Nenagh Éire Óg (M)	Transport scheme to help get elderly/ isolated to matches	Both (Elderly)	PR, PA (Local transport), E	Medium
St. Mary's Rasharkin (U)	Cross Community - Yoga classes for the whole community using the Presbyterian church hall.	Both	PR, PA (Presbyterian community), E	Medium
Nenagh Éire Óg (M)	Disability awareness in sport	Club (Coaches/Officers)	PR, PA(North Tipp Sports Partnership), E	Medium

**Alcohol Awareness and Anti-Smoking (n=7 initiatives, n=6 clubs)**

Club (Province)	Content	Target Group	Governance (G), Partnership (PA), Programme (PR), Environment (E)	Impact (High, Medium, Low)
Annacurra (L)	Talk/ Workshop, ASAP Policy	Both (Youth)	PR, PA (Foroige/other clubs), E, G	High
Thomas Davis (L)	New policy to reduce the selling of shots in the club	Both	G, E	Low
St. Finbarr's (M)	6 wk alcohol and drug abuse programme	Club (Youth)	PR, PA (Foroige), E	Medium
St. Finbarr's (M)	Link with ASAP to train in committee member	Both	G, E	Low
Eastern Harps (C)	Information session under guidance of ASAP Officer on the dangers of drugs & alcohol with keynote speakers. ASAP policy	Both	PR, PA (speakers), E, G	High
St. John's Volunteers (L)	Development of a 'no smoking policy' and ASAP policy	Both	G, E (Erection of supportive signage)	Low
St. John's Drumnaquoile (U)	Run smoking cessation class(es), erect appropriate signage in support of our Smoke-Free Policy	Both	PR, E, PA (Action Cancer)	Medium



