TITLE

Professional football clubs' involvement in health promotion in Spain: An audit of current practices.

ABSTRACT

BACKGROUND: The implementation of effective community-based health interventions within Spanish football clubs has the potential to positively influence the public health agenda and enable the health care system in Spain to be more successful and sustainable. This paper aims to explore the involvement of Spanish football clubs in health promotion activities, their potential for future involvement and what that would require.

METHODS: A mixed methods explanatory sequential design, with a purposive sample of La Liga clubs. Data collection included online questionnaires and phone interviews. Quantitative methods enabled us to describe the number and types of programmes the clubs are currently involved in. Qualitative data was useful to further unpick the processes followed by the clubs in planning and developing health promotion programmes, while identifying any determinants to change.

RESULTS: Seventeen clubs completed questionnaires and 11 participated in interviews. Clubs generally support inclusive programmes that target disadvantaged groups. Health-related programmes focus on healthy eating, physical activity and blood donation. Thematic analysis of interviews with 11 representatives of La Liga clubs resulted in three key themes. These related to: (1) Diversity of programmes; (2) (Lack of) evidence-based approaches to intervention design and evaluation; and (3) Contrasting views about a club's role in health promotion interventions.

CONCLUSION: Spanish football clubs have potential to reach into communities that are currently underserved. However, there is limited infrastructure and understanding within the clubs to do this. Nevertheless, there is huge opportunity for organisations with public health responsibility in Spain to implement translational approaches within football-based settings.

KEYWORDS: La Liga, football, health promotion, intervention, Spain.

1. INTRODUCTION

Life expectancy at birth in Spain is the highest amongst all EU Member States. Notwithstanding, obesity rates in Spain are higher than the EU average, physical activity (PA) levels are the second lowest among EU countries, and the majority of deaths are due to cardiovascular disease (CVD) and cancer, some of which could be preventable (OECD/European Observatory on Health Systems and Policies, 2018). Whilst some Spanish public health policies have effectively tackled some unhealthy lifestyles that could lead to the above diseases, such as smoking and obesity amongst children, other dangerous behavioural risks such as alcohol abuse, unhealthy diets and physical inactivity in adults are yet to be specifically targeted by public health interventions (IHME, 2016).

There is also a critical need to tackle health inequalities in Spain. Socially disadvantaged groups such as the traveling community, people living in deprived neighbourhoods, women and immigrants from developing countries have poorer health outcomes compared to other population groups (Borrell et al., 2012). Likewise, Spanish people with the lowest level of education are twice more likely to be obese than the most educated (OECD/European Observatory on Health Systems and Policies, 2018). There are also distinct gender inequalities with regards to the use of health services, which are predominately used by females (Brotons, Björkelund and Bulc, 2005). Concomitantly, current predictions suggest that 80% of Spanish men, compared to 55% of Spanish women, will be obese by 2030 (Hernáez et al., 2018). Worse, obese Spanish men have an increased risk of cancer death and overall mortality (1.62, 95% CI: 1.03-2.54) compared to women (1.34, 95% CI: 1.01-1.76) (Barroso et al. 2018).

Therefore, reducing health inequalities, in particular with regards to inequitable access to health services, is currently a priority in Spain. To achieve this, and at the request of the Directorate General of Public Health of the Ministry of Health and Social Policy, the Commission to Reduce Social Inequalities in Health in Spain was established. In their report *Moving toward equity: A proposal for policies and interventions to reduce social inequalities in health in Spain,* the Commission proposed a number of intervention approaches to reduce health inequalities (Borrell et al., 2011). Amongst these, the significance of community settings in reducing health inequalities was acknowledged, as well as the importance of including and promoting health and equity in all policies.

According to WHO (1986, p.1), health promotion is "the process of enabling people to increase control over and to improve their health". Despite the Spanish Commission's emphasis on health promotion, these actions are not efficiently supported by key stakeholders, as 52.55% Spanish GPs are

reluctant to endorse prevention and health promotion activities (Brotons, Björkelund and Bulc, 2005). Worryingly, management of cardiovascular risk factors in Spanish primary care is less than optimal, with only ~50% of patients with hypertension, Type 2 Diabetes, and hypercholesterolemia being under control (Álvarez-Sala, Suárez and Mantilla, 2005). Moreover, public health policy and practice in Spain is still organised around a formal system of care designed primarily to deal with illness, not prevention. As a result, simple and cost-effective preventive interventions that focus on working in the community to improve health, quality of life and wellbeing are underutilised in Spain (Cofiño et al., 2016).

In a national context where the health inequalities gradient is sharp, health promotion and prevention activities are not well endorsed by healthcare professionals, and preventable diseases are the leading causes of mortality, it makes sense to explore the potential of settings-based approaches for health promotion (WHO, 1986). According to Nutbeam (1998, p.19), a setting is "the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being". This approach is framed within a socio-ecological understanding about health (Dooris, 2004), which assumes that one's health is influenced by multiple factors (i.e. intrapersonal, interpersonal, institutional, community and policy) that are interactive and reinforcing (Golden and Earp, 2012).

Several authors have underlined the potential of sports clubs to become health promoting settings (Donaldson and Finch, 2012; Kokko et al., 2014). Following Kokko (2016, p.82), a health-promoting sports club is "a setting (which does not need to have physical boundaries) with sustained health promotion practices at the organization, club, and coach levels of the system". Recent evidence from northern Europe has shown that sports settings can attract groups who remain unreached in traditional healthcare (Lewis, Reeves and Roberts, 2016; Lozano-Sufrategui et al., 2018). For example, Trivedy et al. (2017) suggested that cricket stadia are a feasible setting for providing health interventions for Black and Minority Ethnic (BME) groups. Moreover, Hunt et al. (2014a) found that Football Fans In Training (FFIT) – a football-led weight loss and healthy living programme for overweight and obese Scottish men – reached high-risk men who were not attracted to other weight management programmes. FFIT preceded EuroFIT, a European programme delivered through professional football settings, which led to improvements in physical activity, diet, body weight, biomarkers of cardiometabolic health, well-being, vitality and self-esteem (Wyke et al., 2019). Further research has confirmed that community based football-led health improvement programmes can improve the psychosocial health and mental well-being

among unreached men (Lewis, Reeves and Roberts, 2016; Curran et al., 2014) and homeless people (Magee, 2011). Thus, sports-led health improvement interventions can lead to clinically significant health outcomes, may help tackle social inequalities in health, and are cost-effective (Masters et al., 2017). However, there is still limited understanding about how football clubs may contribute to public health in most southern Europe. To illustrate, in Geidne et al's. (2019) systematic review - which aimed to detail how the settings-based approach is applied through health promotion interventions in sports clubs - none of the 58 studies included in the review were based in Spain.

There is a need to explore the possibilities for La Liga clubs to contribute to public health. Since football continues to be a social space that allows men to "see, feel and recreate themesleves as men" (Llopis-Goig, 2008, p. 685), it is suggested that football-led health improvement interventions may be particularly suitable for Spanish men. Football offers spaces where men can possess, maintain, and develop their social identities through meaningful membership to a social group (Stevens et al., 2017). Drawing on sociological thought, football settings provide spaces that allow for group effervescence, which is "vital for the successful rehearsal and enactment of new practices" (Bunn et al,. 2016, p. 824), such as the adoption of healthy lifestyle behaviours. This means that football can give some men a social identity that is incorporated into their sense of self and, through this, group membership becomes a powerful determinant of health-related behaviour.

The current study aims to address the above gaps by exploring the potential for health promotion within La Liga football clubs. The objectives are: (1) to describe the types of programmes Spanish football clubs offer and/or support; (2) to understand the processes followed by the clubs for planning and developing public health programmes; (3) to identify the challenges that hinder the clubs' ability to adopt and sustain health promotion activities; and (4) to understand what motivates some clubs to become active agents for health promotion. In doing this, and in response to Geidne et al. (2019), we hope to add more diversity and provide a wider geographical reach to the current body of evidence in this area.

2. METHODS

A mixed methods explanatory sequential design was used (Cresswell, 2014). This involves a two phase design where the quantitative data is collected before the qualitative data. Quantitative data enabled us to describe the types and numbers of health promotion programmes offered by the clubs, an qualitative data helped explain quantitative results by further unpicking the processes followed by the clubs in planning

and developing programmes, as well as the beliefs, experiences, and attitudes of key representatives from Spanish football clubs towards the promotion of health-related activities as part of their agendas (Smith and Sparkes, 2016). This important knowledge can underpin the development of future interventions in Spain using sports clubs as settings for health promotion, in ways that are sensitive to the Spanish cluture, health policies and institutional practices of the clubs.

2.1. Selection of participants

An invitation email was sent to all 42 clubs within La Liga, with a brief introduction to the study. Participants willing to take part followed a link to a Google Forms that contained a participant information sheet and a consent form. Those who gave consent were directed to an online questionnaire. Participatns were also asked for consent to participate in a follow up phone interview after completion of the questionnaire. Only two clubs responded to the email. All the other clubs were then contacted via phone call and those who agreed to participate in the study were sent the email again. Ethical approval for the study was granted from the Research Ethics committee at ["name of university" - anonymised for blinded peer review, application reference number 33923].

2.2. Data collection

To identify the health policies and practices of La Liga clubs, researchers screened and reviewed the associated websites and an online questionnaire was developed. This was modelled on findings from the website review and previous work undertaken in the English Football League (Pringle and Zwolinsky, 2016). The online questionnaire included questions about the club and the participants (e.g. gender, job role and years in role). It also included questions about the types of programmes that were offered and the population groups these programmes were aimed at. Other questions related to programme design, development, implementation and evaluation. A preliminary analysis of the online questionnaire, together with the website review, informed the development of an interview guide. This included questions about the club, the health improvement programmes they offered, the approach used to evaluate programmes, and the use of public health guidance within the programmes.

In total, 17 participants completed the online questionnaire and 11 participated in follow up semi-structured phone interviews. This means that the quantitative findings represent the views of 40% of La Liga clubs, and qualitative data relate to 26% of all clubs. Interviews were conducted by a young male

Spanish research assistant, and lasted between 23 minutes and 1 hour 36 minutes . The interviews were digitally recorded, transcribed verbatim and translated into English by the lead author (LLS), who is a Spanish native speaker and fluent in English.

2.3. Data analysis

In total, 17 questionnaires and 240 pages of interview transcripts were collected. Descriptive statistics including frequencies and percentages were used to analyse questionnaire data using SPSS statistics version 24. To explore, manage and interpret interview qualitative data we used Braun, Clarke and Weate's (2016) six-phase approach to thematic analysis (TA). Our analysis applied a recursive, iterative and reflexive process through the phases of familiarisation and coding; theme development, refinement and naming; and writing up. Given the exploratory and descriptive nature of the aims within this study, we engaged with the data at the semantic level and our approach to analysis was broadly inductive (Terry et al., 2017). We analysed the data by hand, using a thematic map to illustrate key themes, examples of quotes within each theme, and the relationships within themes. After this phase, the lead author reviewed the themes by checking that they matched the codes. From this, candidate themes and examples of codes were identified. This phase was supported by the rest of the team, who questioned or reinforced the ways in which the themes related to the coded data, the data set, and the research question. TA was chosen because the results obtained through this form of analysis can be accessible to educated general public and used to inform policy development (Braun, Clarke and Weate, 2016). Given that we aim to share our findings with the participating clubs and inform the development of sports-led health-related policies which are currently missing in Spain, we thought this form of analysis was particularly suitable in this research..

3. RESULTS

Our data is organised in 3 key themes, including: (1) Diversity of programmes; (2) (Lack of) evidence-based approaches to intervention design and evaluation; and (3) Contrasting views about a club's role in health promotion interventions. In this section, these themes are supported by excerpts from the interviews and descriptive statistics have been presented when relevant. With the aim of providing the reader with appropriate context to make sense of the qualitative and quantitative findings, we have also included in this section information about the recruitment challenges we experienced at the beginning of the research, and information about participants.

3.1. Recruitment challenges

Given the challenges we experienced recruiting clubs, and in order to learn from the process of implementing research and throughout the recruitment process (January 2017 – June 2017), we kept a record of the initial reactions and responses we received from each participant. Our field notes reflected the challenges we experienced whilst conducting evaluation research in Spanish professional football clubs, which following TA (Braun, Clarke and Weate, 2016), included: (1) Not having or being able to identify the correct contact; (2) Lack of knowledge from the clubs about the existence of football-led health improvement interventions; (3) Clubs being evasive towards the request to participate; (4) Some clubs had competing priorities relegating the request to participate; and (5) Misconceptions of who could participate in the study. The impact these challenges might have had on this study are acknowledged in the discussion.

3.2. Participant demographics

Most participants who completed questionnaires were male (81.8%), and their job roles were heterogeneous, including: Club's Marketing and Corporate Identity (9.1%); Club's Social Area (18.2%); Club's External Relationships (18.2%); Club's Projects and Communications Department (9.1%); and the Club's Youth Academy (9.1%). Some worked as Directors of the Foundations (18.2%) and one was the Director of the Social Area within the Foundation (9.1%). The majority (54.5%) of participants had been working in their roles for more than 5 years.

3.3. Diversity of programmes

Descriptive statistics about the types of programmes provided by the clubs are available in Table 1. The most common programmes invovled sports-for-all activities. Health-related programmes focused on the promotion of healthy diets and physical activity. Health education programmes related to raising awareness about certain diseases, such as CVD. Blood donation programmes were common.

Table 1. Number and types of programmes per club

Club	Physical activity	Healthy eating	Social inclusion	Blood donation	Obesity	Disability sport	Disease awareness, prevention and treatment	Mental health	Smoking	Alcohol	TOTAL
1	✓	✓	✓	✓	✓	✓					6
2	✓	✓	✓	✓	✓	✓	✓				7
3											0
4		✓	✓	✓		✓	✓				5
5	✓	✓	✓			✓					4
6			✓	✓		✓					3
7	✓	✓	✓	✓		✓	✓	✓			7
8	✓	✓	✓	✓	✓	✓	✓				7
9	✓	✓	✓			✓	✓	✓			6
10				✓							1
11	✓	✓	✓		✓	✓	✓	✓			7
12	✓	✓		✓	✓						4
13	✓	✓	✓	✓		✓	✓	✓			7
14		✓	✓			✓	✓	✓	✓		6
15											0
16	✓	✓	✓	✓		✓	✓	✓		✓	8
17	✓	✓	✓		✓	✓	✓				6
TOTAL	11	13	13	10	6	13	10	6	1	1	84

3.1.1. Social inclusion through sport

Socially inclusive programmes were aimed at different key groups, including older people, drug users, children living in deprived communities, and people with disabilities. One of the clubs was also involved in a pioneering programme that aims to provide support to women who have become mothers at a young age. Some participants also talked about programmes to promote social diversity, equality and inclusion, as well as programme to prevent domestic violence, racism and xenophobia.

> *We started a programme last year, and it went really well, so we will continue to improve it this year. This programme consists of workshops to raise awareness of the diversity in sexual orientation in football. It's about challenging the assumption that there aren't any gay football players, which is impossible (Club 5 – Male, Director of the Foundation).*

The theme of disability sport featured strongly within our data, and most clubs participated in the project "La Liga Genuine", which is a pioneering league formed by teams of people with disabilities. This initiative is supported by the Spanish Professional Football League. Many participants were "proud" of having a team playing in La Liga Genuine, and for them, it was important to provide players with disabilities with the same resources, equipment and opportunities as any other team within their academies.

3.1.2. Education programmes

Many of the programmes involved the education of children and people with disabilities, who were common target groups. According to some participants, being a football club gave them the credibility they needed to generate a change in children's behaviours, suggesting that the channels for reaching people go beyond the traditional healthcare setting. For this reason, professional players often went to schools to teach children about healthy lifestyles:

> *Children listen to their idols more than they listen to their parents, don't they? So, in that sense, we use our players in a positive way, to become role models of those children (Club 4 - Female, Director of the Social Area of the Club)*

Teaching core values was also important. In the following excerpt, the participant made an interesting point about the value of undertaking needs assessment and using bottom-up approaches, suggesting that in some cases, being visited by professional players is not necessarily what the audience needs:

> *When we've gone to schools with the wheelchair hockey team, this was an eye opener for the children, a life lesson. The children were very grateful to the Paralympic athletes or the wheelchair hockey guys for showing them that there is another world, another life, and that you can be happy, regardless of how life treats you. It is something different from being visited by our professional players (Club 6 – Male, Director of the Social Area of the Foundation).*

3.1.3. Health-related programmes

The majority of the participants talked about health-related programmes as part of their social responsibility provision. As shown in Table 1, key areas included physical activity and healthy eating. However, obesity, mental health, smoking and alcohol where less common. Often, health-related programmes were only rarely sustained over a long period of time. For example, one of our participants (Club 7 – Female, Responsible of External Relationships of the Club) said: "We undertake some one-off actions during the season.". This may be due to some participants' view that football clubs are "sports clubs, not public health institutions" (Club 10 – Male, Director of Communications and External Relationships of the Club). The view that doing anything beyond professional sport is beyond the clubs' scope was common. Participants that held this view often defined themselves as "reactive, not proactive" (Club 10 – Male, Director of Communications and External Relationships of the Club) in the provision of health programmes.

This suggests that there is little pressure on professional football clubs in Spain to be socially responsible and respond to a broader public health agenda. Despite the fact that some Spanish clubs were not proactive in the design and implementation of public health interventions, they often helped promote the health-related programmes of other organisations. They acknowledged that the "hook" of a professional football club can help get the message across many people who would not have been reached otherwise. This idea of the football club as a "hook" is not new, and it has been noted previously in the literature. For example, Hunt et al. (2014b) found that the "draw" of the football club setting attracted men to overcome anxiety about enrolling in a weight management programme.

3.4. (Lack of) evidence-based approaches to intervention design and evaluation

It is widely accepted that the use of theory and evidence should be the pillars for effectively intervening in health problems. However, our analysis suggests that the planning and development of the programmes was rarely evidence-based. Whilst quantitative data suggest that 53% (9/17) of the Clubs used some type of public health guidance to support the design of interventions, the appropriateness of the guidance used is questionable given the qualitative findings. For example, one participant talked about relying on the advice provided by health professionals to design health-related programmes, but it was unclear how this advice was applied in the different phases of intervention development: "We let the professionals guide us (...) but nobody has ever offered us any type of health guidance (...) so we are guided by common sense and by the advice provided by professionals" (Club 2 – Male, Director of the Foundation). Furthermore, when asked about the use of evidence to design programmes, none of the participants talked about using a theoretical framework to intervention design, such as the guidance provided by the National Institute of Health and Care Excellence or an equivalent guiding framework in Spain. For example, some participants talked about "putting something [intervention] together in place pretty quickly to see what happened" (Club 6 – Male, Director of the Social Area of the Foundation), without any clear aims and objectives. Similarly, the general view was that programmes are designed because "it makes sense":

> *Researcher: How do you know you need to provide a programme for a specific population?*
>
> *Because we know that, for example, cancer is a big killer. I don't think we need to do any sort of research to know this. We also know that blood is perishable, it's always needed, the more there is the more it will be used (...) We don't do anything that doesn't make sense, because that would be a waste of time and effort, wouldn't it? (Club 2 – Male, Director of the Foundation).*

Not having a guiding framework supporting intervention design, together with a lack of intervention aims and objectives, had - unsurprisingly - an impact on the evaluation of programmes, which was often also limited, in terms of both methods and outcomes. Despite the fact that 10/17 (58%) participants reported evaluating programmes in the questionnaires, interview data suggest that this evaluation was only based on anecdotal evidence, which lacked empirical value:

> *Researcher: Why do you think people attend the programmes?*

Because we've got the data (laughs). If we do something, for example, blood donation, and 10,000 people donate blood (...), and we give a t-shirt to everyone who donates blood, and we run out of t-shirts (Club 2 – Male, Director of the Foundation).

The limited evaluation of the implementation process and outcomes was often due to limited knowledge, poor methodological tools, lack of interest and/or an unwilling attitude towards it. Questionnaire data confirmed that the key areas the clubs neeeded support with to improve their approaches to evaluating programmes included training (5/17 clubs) and gaining more experience and skills to do so (4/17 clubs). Other areas included making it a requirement (3/17 clubs), having capacity (1/17 clubs) and having more time or resources for it (1/17 clubs). Some of these areas were also mentioned during the interview phase:

If I am completely honest with you, I don't really care about it (evaluation). Whenever I do something, I do it because I think it is the right thing to do, something good for society, something that helps make a difference, do you know what I mean? I don't need to do an evaluation of what I've done. If you know someone who does that, tell them to come and do that for us. We don't know how to do it, does it make sense? (Club 2 – Male, Director of the Foundation)

Whilst some participants relied on anecdotal quantitative data to evaluate the effectiveness of their programmes, others understood the inherent constraints relying only on this type of information can have. For example, for participant representing Club 5, it is important to understand not only how many people are using their programmes, but also how and why their programmes work:

For me, this [evaluation] is the most complicated part of everything we do [...], having appropriate methodological tools to evaluate the impact of what we do [...]. Quantitative results are fine, for example, we can say "last year we did so many programmes, this year we do 30 more. We are doing well". But we have to go deeper, and this means being able to say "yes, we are meeting our goals". This is something I have got a lot of questions about, because it is where we have the least tools to see if we are really meeting our goals. So the evaluation of the programmes is our biggest area for improvement (Club 5 – Male, Director of the Foundation).

The above excerpts suggest two different approaches to evaluation amongst the Directors of the Foundations of Spanish football clubs. Those who engage in 'surface' evaluation, by counting how many people are using their programmes; and others who are working towards understanding why their

programmes work, for whom, and under what circumstances. Whilst the lack of knowledge and methodolgoical tools were common reasons that prevented most participants from undertaking an in-depth evaluation, we can tentatively conclude that the Director's attitudes towards evaluation is fundamental if programmes are to be improved in the future.

Additioanlly, whilst most participants did not identify any appropriate guiding frameworks to support programme design and evaluation, some respondents highlighted the importance of providing programmes that are in line with the culture, folklore and ethos of the surrounding communities.

> *Our club represents the cultural model of [name of region]. As a cultural model, it goes beyond just football. We need to act in line with such cultural model. We are delighted to be the ones who have to respond when [name of region] demands something. Our mission is to be the best, inside the playing field, but also outside the playing field (...) We want to portray a way of being, a way of behaving, the values that represent our society. What is our society like? Our society is humble - but proud in the inside, our society is solidary, it cares about the environment, it cares about its cultural identity, it cares about equity and it cares about health. And we have to address those priorities, so that's why we are doing these programmes (Club 5 – Male, Director of the Foundation).*

The above excerpt shows a strong affiliation between the foundation and its surrounding community, and it is clear that the programmes they offered help materialise this bond. Such a strong tie between the club and the community was common amongst clubs that were located in cultural regions with distinctive cultures, such as those Spanish regions that have their own language, customs, festivals, cuisine and music. Furthermore, some participants also acknowledged that not only the club can have an impact on the community, but also the community can help enhance the club's reputation through reciprocal determinism: "*We are driven by generosity. We try to help those people who are vulnerable or socially disadvantaged (...) And we also get recognition for this. Society sees that we are a business that supports this type of initiatives" (Club 3 – Male, Director of the Club's Marketing and Corporate Identity).*

3.5. Contrasting positions about a club's role in health promotion activities

Participants portrayed two types of positions with regards to a club's role in health promotion activities: those that were proactively engaged in health promotion activities, in an attempt to "give something

back" to the community, and those who were not. Respondents within the latter group did not talk about health-related programmes as something they chose to do or were actively involved in, because for them, the core business of a football club is sport performance. In this context, health was not contemplated as part of their sporting responsibilities.

> *We are a football club, do you understand? Sport is what we do. Preventative activities and health and all that stuff is part of the football academy. We are a football club, where health, prevention and education are important, but only as much as is necessary (…) We are not a non-for-profit organization, we are not a public health institution, nothing like that. Our job is to win games, if we can [laughs], if they let us. And that's it!* (Club 10 – Male, Director of Communications and External Relationships of the Club).

In some cases, these performance-focused clubs did support programmes not directly related to sport. As discussed in section 3.3.3., these clubs were reactive to the requests of other organisations, and the programmes seemed to have been "given" to them by some external force: "If we get given a project and it fits within our aims, then we develop it" (Club 7 – Female, Responsible of External Relationships of the Club). As opposed to other participants who emphasised their will to "give something back" to the community through their programmes, performance-focused clubs only supported programmes when these benefited them as a club in some capacity, as stated by the participant representing club 7.

Contrary to this, other participants were sensitive to the positive impact investing in community programmes can have on their fans and society. Clubs that portrayed these attitudes and beliefs also showed a committment to invest in their communities to create a positive change. In this context, such involvement was bolstered by a sense of feeling indebted to the community:

> *I always say: "You won't win just because your team is the best. You will win when you achieve the highest number of boys and girls playing sports and wearing the team's badge". I think that we need to give back to society what society gives us, which is a lot, isn't it? (Club 6 – Male, Director of the Social Area of the Foundation)*

These clubs were willing to help those most in need through their programmes, or by supporting the programmes of other organisations, regardless of whether these fitted within the club's sporting aims or not. For example, the following participant highlighted the importance of responding to the needs of the community:

> *It's always about responding to… we are not a proactive club in this type of campaigns, we are reactive. When someone asks for help, then we throw ourselves into helping them as much as we can, of course* (Club 10 – Male, Director of Communications and External Relationships of the Club).

The focus of these programmes was often beyond sports, and prioritised the needs of the population they were aimed at. These involved a range of activities (as shown in 3.3), such as blood donations, rare diseases awareness days, a radio programme focused on healthy habits, and children and health activities. Instead of using these programmes to benefit the club's reputation, the programmes were designed with the aim of making a positive contribution to the surrounding community:

> *We started with a project where we partnered with [a local association for children with cancer] to get funding for a research project, so that children who had radiotherapy or chemotherapy could have their sperm frozen, in case they wanted to have a family in the future (Club 7 – Female, External Relationships of the Club)*

Only a very limited number of clubs proactively provided health improvement programmes. This meant that the club was responsible of the planning and development of these programmes and, in some limited cases, its evaluation. Despite they 'owned' the programme, these clubs highlighted the importance and need of being supported and guided by other, specialist health organisations and sectors. For example, with regards to the sustainability and impact of their programmes, which was already identified as an area of improvement during the questionnaire phase, one participant said:

> *I think sometimes we need support from other institutions […] sometimes we forget that public institutions should also support or become allies with the clubs, as they can give shape and push our projects forward, to increase their impact. And I don't think they are aware of this* (Club 4 - Female, Director of the Social Area of the Club).

Participants also demonstrated an aspiration to improve practice, by highlighting the potential of community assets to make real and lasting differences to the health and wellbeing of the population in the community:

> *Researcher: How do you think your programmes can be improved?*
> *By working alongside the people who are responsible of the social institutions, such as education, public health, and so on. This should be part of their responsibilities. Sometimes they*

only give us a pat on the back, but they should be fully involved in this. Having their support would help us grow, so much. (Club 6 - Male, Director of the Social Area of the Foundation)

The above quotes suggest that the potential impact sports-led health improvement interventions can have is often materialised when two factors are met: (1) When the club is proactively engaged in health promotion; and (2) When other, relevant institutions or sectors, support the clubs in their endeavour to have a positive impact on the surrounding community. These working relationships were key to ensure the success of the programmes provided by the clubs:

We need to have partners in each of the fields in which we work, we need to work with experts in each field […] Our field is professional sport, so if we are going to do anything in the field of disability, then we need to get support from organisations that know and work in this field, so that they can guide us along the way (Club 5 – Male, Director of the Foundation).

4. DISCUSSION

In response to Geidne et al's. (2019) recent call for more diversity and geographical reach in the literature regarding sports-led health promotion, this pioneering study details the types of programmes currently endorsed by professional football clubs in Spain; the processes followed by the clubs to develop programmes; and the challenges and motivations in undertaking such endeavours.

Our findings indicate that Spanish football clubs have latent potential to provide effective interventions for groups, including those currently unreached by public health opportunities, such as obese men. This latent potential the clubs have to respond to a borader public health agenda was captured by some of our respondents, who acknowledged that the "hook" a professional football club has can help get "the message" across many people who would not have been reached otherwise. This suggests that using football clubs to attract hard-to-reach groups in health improvement interventions – a model that has been used in other European countries (e.g. Hunt et al., 2014a) – can also be an effective approach in Spain. Furthermore, given that the current formal system of care in Spain focuses on treatment of disease, it makes sense to find alternative ways such as the use of settings to endorse health prevention and promotion activities.

This study has also shown that whilst there are different levels of readiness across clubs with regards to promoting health, some of the areas that are currently being addressed through their

programmes are aligned with the main health needs in Spain. These include physical inactivity and unhealthy diets, which are also related to the development of other lifestyle related diseases such as some types of cancers and CVDs. However, most of the interventions aiming at these priorities are often short-term, fail to be underpinned by public health guidance, and are not being appropritately evaluated. The clubs' opportunities to realise their significant potential for health improvement may be hindered due to limited infrastructure and understanding within the clubs. In this context, it would be important to endorse the proposal of the Spanish Commission to Reduce Social Inequalities in Health in Spain (Borrell et al., 2011), which states the need of including and promoting health and equity in all policies. This includes the policies of professional football clubs which, as profitable organisations, have an obligation to conduct their business in a way that is ethical and has a positive impact on local communities. Given the current national context, positively impacting the health profiles of the local communities should be an ethical priority for the clubs.

Echoing Geidne et al's. (2019) findings, none of the participants in this research reported using a specific theory in the design, implementation and evaluation of their programmes. Similarly, programmes that had a community-level component often involved cross-sector partnerships. Through this study, we have learned that whilst these approaches are promising, they are not sustainable in the longer term. Our findings suggest that the sustainability of interventions occurs when: (1) the clubs have a clear policy in terms of community involvement and health promotion activities; (2) the clubs "own" the interventions; and (3) specialist organisations (e.g. charities) and other appropriate intitutions (e.g. hospitals, public health departments) support the clubs in the design, implementation and evaluation of health interventions. To achieve this "ideal" scenario, it is cornerstone that each club takes responsibility for health promotion by having exclusive capacity, resources and funding allocated for the development of health improvement interventions.

Our study has also emphasized the importance of cultural sensitivity when designing health improvement interventions. This finding is innovative, as it illustrates how cultures and sport systems affect health promotion, and the elements of the Spanish folklore that should be taken into account when using sports as settings for health promotion. Therefore, and echoing Geidne et al's. (2019) findings, for Spanish football clubs to become health-promoting spaces, three conditions are key: (1) organizational readiness; (2) the culture of the club and the community has to be taken into account; and (3) any health improvement interventions have to be related to the sports clubs' identity.

Limitations of this research include the challenges in accessing clubs, the heterogeneous nature of our sample, and the surface-level nature of some of the data included in this study – which may be due to the lack of involvement of some Clubs in activities that contribute to non-sport policy objectives. This study also has a number of strengths. First, this is the first study to explore the nature of health improvement in La Liga clubs, which form one of Europe's leading football leagues. This helps to inform the debate and agenda for future developmental work on health improvement going forward. Second, despite the recruitment challenges, we managed to successfully recruit 40% of all clubs within La Liga in the questionnaire phase. We believe that having native Spanish speakers who were able to understand the local context was useful to build trust and rapport with participants. Finally, the use of a mixed methods design has enabled us to achieve a level of breadth and depth of understanding that would not have been possible using qualitative or quantitative approaches only.

4.1. Conclusion

Using a mixed methods approach, our study has explored the potential for health promotion within La Liga football clubs. In particular, the findings show the types and number of programmes 40% of Spanish football clubs offer and/or support. Currently, these programmes mainly target children and people with disabilities, and focus on the promotion of healthy eating, social inclusion, and disability sport. This study has also explored the processes followed by the clubs in planning and developing public health programmes. Whilst these processes seem to be culturally sensitive, there is limited use of public health guidance in the design, implementation and evaluation of programmes. There are a number of challenges that hinder the clubs' ability to adopt and sustain health promotion activities, such as the lack of resources, capacity, funding, and institutional support. However, some clubs have shown high levels of motivation towards having a positive impact on their local communities. Yet, the level of preparedness or willingness to deliver on such promise was mixed across clubs. Based on these findings, there are a number of recommendations that can be made to help Spanish football clubs promote health in a more efficient and sustainable way. First of all, future programmes should more efficiently tackle physical inactivity, sedentary behaviours and obesity. These are important public health needs in Spain that are yet to be addressed, in particular amongst men. Second, it is important that future interventions are developed with an explicit theoretical foundation. According to Golden and Earp (2012), theoretically informed

interventions are more effective than those lacking a theory base. And third, clubs need to concentrate on creating feasible, effective, and long-lasting interventions, instead of several "one-off" events.

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent: Informed consent was obtained from all individual participants included in the study.

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