



HAL
open science

Health promotion expectations and perceptions of sport club participants

Benjamin Tézier, Maman Joyce Dogba, Valentin Beck, Inheldia Cossou Gbeto, Anne Vuillemin, Fabienne Lemonnier, Florence Rostan, Francis Guillemin, Aurélie van Hoyer

► To cite this version:

Benjamin Tézier, Maman Joyce Dogba, Valentin Beck, Inheldia Cossou Gbeto, Anne Vuillemin, et al.. Health promotion expectations and perceptions of sport club participants. *Health Promotion International*, 2024, 39 (4), 10.1093/heapro/daae075 . hal-04643609

HAL Id: hal-04643609

<https://univ-cotedazur.hal.science/hal-04643609v1>

Submitted on 21 Jan 2025

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial - NoDerivatives 4.0 International License

Article

Health promotion expectations and perceptions of sport club participants

Benjamin Tézier^{1,*}, Maman Joyce Dogba², Valentin Beck¹, Inheldia Cossou Gbeto², Anne Vuillemin³, Fabienne Lemonnier⁴, Florence Rostan⁴, Francis Guillemain¹, and Aurélie Van Hoye^{1,5}

¹APEMAC, Université de Lorraine, 9 avenue de la Forêt de Haye, Vandoeuvre les Nancy 54505, France

²VITAM, Université Laval, 2480 chemin de la Canardière, Québec (Québec) G1J 2G1, Canada

³LAMHESS, Université Côte d'Azur, 261 Boulevard du Mercantour, Nice 06205, France

⁴Health Promotion Department, Santé publique France, Saint Maurice, Paris 75000, France

⁵Physical Education and Sport Sciences Department, University of Limerick, Castletroy, Limerick V94T9PX, Ireland

*Corresponding author. E-mail: Benjamin.tezier@univ-lorraine.fr

Abstract

To develop health promotion (HP) in sports clubs (SCs), stakeholders need to know the HP expectations of sports participants. However, the literature does not provide information on these aspects, which exacerbates the difficulty for SCs to provide an environment, activities and organization that promote health and to play the role entrusted to them in the integration of vulnerable populations. To fill this gap, this study explores the HP expectations and perceptions of sports participants, with a particular focus on ethnocultural characteristics, and documents participants' understanding of HP. A descriptive qualitative study comprising semi-structured interviews was carried out with 22 French and Quebec sports participants. Because they have little experience with HP in their SC, participants do not seem to have many expectations of their SC in terms of HP. Nevertheless, they felt that SCs can play an important role in health and suggested several themes and types of action, such as seminars on nutrition, activities outside the SC to develop cohesion or health monitoring. Sports participants from ethnocultural minorities seem to appreciate the programs designed to integrate them. There is a predominantly physical conception of health and the contribution of SCs to health, and the relationship between the types of health determinants (economic, environmental, organizational and social) and health is not clear. This study shows that the idea of a health-promoting SC appeals to SC participants, but this approach has not yet taken root in this setting or in society as a whole.

Keywords: sports participants, health promotion expectations, sports clubs, qualitative study, cross-cultural study

Contribution to Health Promotion

- This article explains sports club participants' health expectations, reasons for sports involvement and how health is addressed in this setting.
- While researchers and political actors encourage acting on different levels and health determinants, this article offers insights into participants' understanding of health determinants in sports clubs, enabling better definition and alignment of actions with overall conceptions.
- This article highlights participants' desired health actions and themes, and offers recommendations for professionals, researchers and public health stakeholders.
- This article equips political actors with insights into on-the-ground needs, aiding policy guidance and support.

INTRODUCTION

Sports clubs (SCs) have recently been recognized as a health-promoting setting (Kokko *et al.*, 2014). Indeed, belonging to a SC can have numerous benefits for health-related behaviors, knowledge and skills (Geidne *et al.*, 2019). To achieve this, the SCs need to provide environment, resources, social relationships and organization that are

conducive to health (Van Hoye *et al.*, 2021a). The recently developed theoretical model of the health-promoting SC (HPSC) represents four levels within the SC (participants, coaches, managers and the club as a whole) that act on four types of health determinants (Van Hoye *et al.*, 2021a): organizational (policies, decision-making process, orientations), environmental (material and infrastructure), social (values,

norms and climate) and economic (human, material and financial resources). By adopting this holistic approach to health, SC could address the recent reduction of sport licensees who are moving towards more flexible sports activities (European Commission, 2017), meet their core objectives (e.g. improving athletes performance and number of licensee) or face less appealing realities such as heavy drinking, injury or even unhealthy competitive relationships (Emery, 2003; Moore and Chudley, 2005; Kelly et al., 2008). However, according to certain European authorities (Commission Européenne, 2007; Murray et al., 2019) and given the few HP interventions implemented around the world (McFadyen et al., 2018; Geidne et al., 2019), SCs are under-exploiting this HP potential.

To address these limitations and to guide SC actors (Johnson, 2021) in the development of effective and sustainable HP actions, researchers and public health authorities highlight the importance of identifying the expectations of target populations (Nutbeam and Kickbusch, 1998; Poland et al., 1999). These knowledge would allow SC actors to develop adapted HP actions and to guide public health efforts that converge with the objectives and expectations of sports participants. However, there is a lack of precise knowledge about the expectations and perceptions of sports participants regarding the role that SC can play towards their health (Geidne and Quennerstedt, 2021). The few studies that focus on how sport participants feel about their SC's HP have principally been conducted in Australia, Sweden, France and Finland, and on general population (Kelly et al., 2013; Kokko et al., 2016; Hurley et al., 2017; Van Hoye et al., 2022). These studies point to an overrepresentation of unhealthy product sponsorship, unhealthy eating behaviors (Kelly et al., 2013) and an inability of SC to promote positive mental health (Hurley et al., 2017). In addition, recent studies show a discrepancy between what some coaches implement to improve the health of sports participants and what participants perceive (Kokko et al., 2015b; Van Hoye et al., 2022). Coaches tend to overestimate their HP activities in relation to participants perceptions (Kokko et al., 2015b), who view the SC as a whole as more active (Ooms et al., 2021; Van Hoye et al., 2022). In fact, recent studies have revealed that sport participants, coaches and managers have different understandings of how these health determinants are invested in SC (Van Hoye et al., 2022).

In addition, there are no studies on the HP expectations of SC participants from ethnocultural minorities, despite the fact that the political and public health authorities (Bailey et al., 2017) point to the role that SC should play in

the social integration and HP of these populations (Long et al., 2005; Doidge et al., 2020). Indeed, certain realities more experienced by these populations, such as racism, sexism or exclusion (Spracklen et al., 2015), have largely challenged the myth of healthism conveyed in the sporting world so far (Holman et al., 1997). By identifying the expectations and perceptions of these populations (Nutbeam and Kickbusch, 1998; Liu et al., 2012), it will be possible to improve the effectiveness, relevance and reach of HP interventions and enhance the development potential of social, cognitive and linguistic skills among these sports participants within the SC (Skinner et al., 2008; Michelini et al., 2018).

Thus, the misunderstanding of the health-promoting expectations and perceptions of sport participants, including those from ethnocultural minorities but also in general, exacerbates the difficulty for SC to provide a health-promoting environment, activities and organization (Van Hoye et al., 2021a). In view of these research, and because several studies propose that SCs invest HP by starting with actions that affect sport participants (Ooms et al., 2021; Van Hoye et al., 2021b), this study aims to:

- (1) Document participants' understanding of health and HP, including the health determinants.
- (2) Explore the HP expectations and perceptions of sport participants and the role of the SC in contributing to their health.
- (3) Compare the HP expectations and perceptions of sport participants with different ethnocultural characteristics.

METHODS

Design

A qualitative descriptive study (Sandelowski, 2000), including semi-structured interviews that enable the research questions to be answered by drawing on the experiences, understanding, values and meanings that people attribute to a phenomenon (Creswell and Poth, 2016), was conducted.

Participants

Twenty-two sports participants of Quebecers ($N = 8$) and French SCs ($N = 14$), representing 19 different SCs, were asked to take part to an interview between April 2022 and January 2023. In order to compare the HP expectations and perceptions of sports participants with different

Table 1: Details of participants' characteristics

	Sports participants of Quebecers SC ($N = 8$)	Sports participants of French SC ($N = 14$)
Number of racialized participants	8	3
Nationalities of racialized participants (possibility of dual nationality)	Benin, Brazil, Morocco, Mexico, Guinea Conakry, Rwanda and Senegal	Morocco, Senegal
Gender	3 women and 5 men	6 women and 8 men
Age (mean/SD)	29.3 (SD = 14.2)	29.5 (SD = 12.8)
Sports practiced	Athletics, basketball, dodgeball, karate, tennis, soccer	Athletics, basketball, boxing, hockey synchronized skating, soccer, swimming, tennis, volleyball, weight training
Number of years of practice in SC	9.1 (SD = 9.6)	14.5 (SD = 16.9)

ethnocultural characteristics, 11 racialized sports participants [the term ‘racialized’ refers to minorities who come from, or whose ancestors come from, formerly colonized societies or societies marked by slavery (Guillaumin, 1972; Ducharme and Eid, 2006)] have been interviewed (Table 1). The sample size was determined based on time and resource constraints. Participants were targeted to represent a wide range of types of sport (collective, racket, combat, artistic). Sport participants were contacted through university broadcasting networks, by soliciting SC managers and coaches or by contacting sport organizations such as regional leagues and sport committees.

Data collection

The interviews were conducted by videoconference ($M = 23.07$; $SD = 9.44$) for health reasons linked to the COVID-19 crisis and audio recorded. An interview guide was used to list the themes to be addressed and to provide key questions to open, guide or relaunch the discussion, while leaving room for free discussion. The interview guide (Supplementary Annex S1) entailed questions about (i) the choice of the SC and the reasons for practicing, (ii) the expectations and perceptions in terms of HP with regard to the SC and the experiences of HP and (iii) the understanding of the health, HP and health determinants in SC (Van Hoye *et al.*, 2021a). No information on the definition of key terms was given before the interview, as the aim was to inform their understanding of these terms. However, to simplify understanding, the terms health determinants were simplified when the question was formulated in French. For example, instead of saying ‘social determinant of health’, we said ‘social factor that influences health’. If participants were still stuck, examples were given to give them ideas (the fact that they remained stuck on a question was taken into account in the analysis).

Data analyses

After a full transcription, a deductive thematic analysis of the data was guided by the themes targeted by the interview guide (Patton, 2014). The HPSC model (Van Hoye *et al.*, 2021a) was used to compare participants’ answers to questions about the definition of HP and the health determinants with official definitions. To this end, two researchers individually read the interviews to immerse themselves in the discussions and then classified the responses into themes (e.g. actors responsible for HP in the SC). To ensure common understanding and interpretation, the researchers linked their coding and discussed differences and similarities. Conflicts were settled after agreement and common understanding of the analyzed element.

Ethical considerations

This study was approved by the Ethics Committee of the two host universities. All participants gave informed written and oral consent to take part in the study and to be registered. All personal data were anonymized. Quebec sport participants received a financial compensation of 50 Canadian dollars. This compensation was related to the usual practices in the country and considered acceptable so as not to bias the study and be considered as a ‘bribe’.

RESULTS

Participants’ understanding of health and HP, including the health determinants

In general, participants perceived health as an essential element of life: ‘*health is the most important thing*’ (Sport participants of a Quebecers SC: QSP7) and as a resource for carrying out daily tasks: ‘*you feel comfortable doing what you want to do*’ (Sport participants of a French SC: FSP4) and ‘*having the means to do things*’ (QSP6). Some considered it as a challenge for certain people: ‘*person who has health problems*’ (FSP2). Most of them focused on the physical and mental factors ‘*a healthy mind in a healthy body*’ (FSP9), few reported the influence of social relationships on our health.

While each participant appeared to be able to define health, the questioning concerning the definition of HP raised uncertainty. Several participants hesitated and did not know what to answer. Two main conceptions of HP emerged. The first one was based on what the individual puts in place to promote their health: ‘*promoting health means practicing a sport, moving around*’ (QSP2) and ‘*it’s going to be the means that we can [...] put in place [...] to maintain an optimal daily standard of living*’ (FSP14). The second conception, which was in the majority, concerns the means (e.g. education, information) implemented by society to enable people to improve their health: ‘*to put in place devices in order to bring people to have a state of health and a good level of health*’ (FSP3) and ‘*it’s like advertising to push people to be healthy*’ (QSP3).

The discussions around the health determinants generated a lot of misunderstanding and sometimes received no response. Nevertheless, we grouped the participants’ responses to summarize their understanding of each determinant. According to them, the organizational determinants concerned the organization and temporal and human management (by coaches, managers and participants) of training and the SC. Compared to the HPSC model definition, participants mentioned little about the link with health. They said little about health-related guidelines, rules and policies, and although the role of the SC and each individual in the organization was mentioned, they mentioned the role of the coach less. Social determinants, on the other hand, concerned the various social relationships that exist within the SC. These included the development of cohesion between participants, particularly outside the SC, a shared philosophy, diversity and a good atmosphere within the SC. Compared with the model definition, the role of the SC in transmitting values and philosophy was mentioned less often. The emphasis was on positive social relations. The economic determinants concerned the material and financial resources allocated by the SC, the price of the membership fee and the subsidies and financial resources made available to the SC and its coaches. Compared with the model’s definition, there is little mention of health, with the emphasis on the organization of sporting activities. Participants also rarely mentioned the resources available to coaches. The link was established mainly with financial resources and less with human resources. Finally, environmental determinants were related to the built environment provided by the SC, including infrastructure, green spaces and playing fields, supervision by environmental and infrastructure management to promote supportive and safe spaces, demand from coaches, use of supportive and safe practices, environment and infrastructure, and participants’ sense of safety around and within their SC infrastructure. In comparison with the definition of the

theoretical model, participants rarely mentioned the role of the coach. For more information on these results, please refer to [Supplementary Annex S2](#).

HP expectations and perceptions of sport participants and the role of the SC in contributing to their health

Sport participants generally agreed on the role that SC can play on physical health: *'to maintain your physical condition'* (FSP10) and mental health: *'you feel good about yourself'* (QSP1). Several of them extended its contribution to social aspects: *'you see other people [...], it does you good'* (QSP6). Some sports participants also mentioned the negative impact that SC can have on their health: *'But if you are in a bad club or you don't feel good in it, it can be less good'* (FSP2).

Although, in general, sports participants recognized the role that the SC can play on their health, most had no particular expectations in terms of HP: *'it's for leisure'* (QSP1), *'I don't have any expectations'* (FSP4), or they did not express them. The few expectations that were expressed were linked to the role entrusted to the SC in improving physical health and were therefore focused on the suitability of what the SC was proposing to their sporting objectives: *'I expect to get out of training and to be burnt out'* (FSP5) and *'to stay in shape'* (QSP7). Some participants made a link between having health expectations and sports performance: *'when I was in the national team, I had [HP] expectations'* (QSP2), *'at my age, at my level I would say no, I have fewer expectations'* (QSP5) and *'[HP] could be good, it would improve the performance of some people'* (FSP9). Some participants mentioned expectations concerning the organization of the SC: *'good management of the club so that it does not harm the health of the [managers] and coaches and therefore also of the athletes'* (FSP6); the environment of the SC: *'I expect it to provide me with the right equipment so that i can train'* (FSP11); injury prevention and postural education (QSP4), wellness and life skills: *'it wouldn't be bad if the league created follow-ups to see if people are feeling good'* (FSP7) or the follow-up of the state of health: *'to monitor the food [...], the healthy weight'* (QSP8). If few participants declared to have expectations in terms of HP towards the SC, the reasons for practicing a sport

were mostly related to health. Secondly, they were motivated by leisure and fun. Finally, several people practiced a sport for the performance and for the social relations: *'we have a good group'* (FSP13).

The few participants who said that they had participated in HP experiences in their SC mentioned discussions: *'we can be given advice about food, posture'* (FSP13); convivial events: *'like raffles... which can develop social links'* (FSP14); or medical interventions: *'we had a nurse'* (QSP6). However, when the participants were asked about the legitimacy of the SC to develop HP actions, all of them unanimously considered that it was normal and well-founded: *'yes, it could be good because [...] it would help improve the performance of some people'* (FSP9) and *'Yes, I would find it good because it gives information'* (QSP4). Some participants also said they would appreciate the implementation of specific programs: *'programs where we combine sports exercises and nutrition'* (FSP1); of posters related to health: *'add a little more posters'* (FSP14); of seminars and conferences on health topics: *'it is very important to have seminars'* (QSP2); of activities outside the practice to develop team cohesion: *'activities outside of practice between team to create cohesion'* (QSP5); the passing of a questionnaire or the implementation of health-related programs developed by sports federations: *'if we integrated the federations' programs already it would be good'* (FSP5). The main health themes targeted by the participants are nutrition, stretching, sleep, postural education, hydration, psychological well-being, disability and physical preparation ([Table 2](#)).

When questioning the participants about the people who should be concerned about their health within the SC, several profiles emerged. Some considered that it is the role of the managers, others the role of the coaches, both and/or their own responsibility. In addition, several participants underlined the importance of having people dedicated to health within the SC other than the coaches and managers: *'I suggest that the clubs try to integrate a health professional'* (QSP2) and *'a health sport referent in the office'* (FSP7). These proposals were justified by the attribution of other functions to the coach (e.g. sports programming) or by the lack of knowledge and skills held by these actors on specific health themes:

Table 2: Summary of HP topics and actions that sports participants would like to see in their SC

Health topics that sport participants in this study would like to see in their SC	Form that the actions of HP could take according to the sports participants in this study
<ul style="list-style-type: none"> • Disability • Healthy organizational management • Hydration • Injury prevention • Provision of adequate and health-promoting equipment • Postural education • Sleep • Social inclusion • Social cohesion • Stretching • Physical preparation • Psychological well-being • Nutrition and obesity 	<ul style="list-style-type: none"> • Coaches interventions • Display and communication • Distribution of documents and questionnaires • Extra sports activity outside the SC • Extra sports activity within the SC (tombola, general assembly with focus on health) • Intervention of health professionals • Seminars and conferences • Specific sessions

'if you are a coach who is not sufficiently trained in this field it will not necessarily [...] [be] positive' (QSP2). The majority of the participants declared nevertheless that their coach cares about their health by supporting them morally and by encouraging them: *'when there were harder moments, he supported me'* (QSP5); by avoiding injuries, by giving advice on diet, hydration and warm-up: *'that we eat well that we drink water well every time, warm up well'* (FSP8) or even simply through individualizing the training: *'the coach adapts according to the people in front'* (FSP13).

HP expectations and perceptions of sport participants based on ethnocultural characteristics

Some of the characteristics of practice and of expectations with regard to the SC seemed to be linked to the fact of being part of an ethnocultural minority. In fact, several racialized participants justified their desire to practice in a SC to meet people and to promote their integration process: *'it was a good way to socialize'* (QSP1). Their expectations with regard to the SC were thus oriented more towards the conditions of reception and the means used to welcome them. These motivations for practicing seemed logically linked to the fact that they have been in the country for a short time, since racialized participants who have been living in the country for several years did not mention this type of reason for practicing. It seemed that the choice of the SC by racialized sport participants who have just arrived in the country is favored by specific and targeted communication campaigns: *'it was written that it was a free session for immigrants'* (QSP1).

Apart from these few elements that characterize racialized and non-racialized sport participants, no differences were identified concerning the role given to the SC and the definitions given to health, HP or health determinants.

DISCUSSION

The results of this study show that not all SC participants express expectations in terms of the development of HP activities by their SC, which could justify the low development of HP programs by SC and political institutions (McFadyen *et al.*, 2018; Geidne *et al.*, 2019) constitute an incomplete answer. In fact, results of the present study suggest that sports participants give an important place to health and consider that the SCs can largely contribute to improving it. This is in line with previous work, showing that the development of HP by coaches and SC promotes enjoyment, perceived health or even subjective vitality (Van Hoye *et al.*, 2016).

However, the SC's limited experience with HP could explain the few expectations expressed in terms of HP, limiting the representation of the type of HP actions that can be developed, as previous work has shown lack of HP policies and practice, beyond a HP ideology and environment (Kokko *et al.*, 2019). This observation could also be linked to the fact that, in the minds of individuals, the practice of sports in a SC is of a health-promoting nature (Van Hoye *et al.*, 2018), leading them to consider their own practice more than the way in which the SC offers social relations, an environment or a healthy organization.

At the same time, participants seem to be aware of the role that SC can have on their mental and social health (Eime *et al.*, 2013) without making it an expectation of their adherence to SC. In fact, expectations in terms of HP seem to be linked to a predominantly physical conception of health,

which for some still corresponds to a simple absence of disease. This reality could be both a mirror of the traditional biomedical approaches still widely anchored in our society (McQueen, 2011), a reflect of an overrepresentation of the role that SC can have on physical health in sports policies and organizations, without taking into account the role it has on mental and social health and evidence that HP is little experienced in this setting. In addition, the absence of knowledge of the concept of HP by sport participants reinforces the observation that HP is sometimes given secondary consideration in our society, relegated to the background by public health authorities, who tend to focus their policies on individual behaviors (e.g. diet, addictions, vaccination) rather than on the environment as a whole (Cambon *et al.*, 2022).

Results give indications on the type of actions and themes that participants would appreciate to see addressed by their SC, which are also underlined in other studies (social health, behavioral health and substance addictions) (Kokko *et al.*, 2015b; Van Hoye *et al.*, 2018), while providing more specific examples of actions desired by sports participants. It is interesting to link this work to the multi-level and multi-determinant strategies developed by researchers and stakeholders (Johnson *et al.*, 2020; Van Hoye *et al.*, 2021a), so that the HP goes beyond the idea of sporadic actions and embraces a systemic approach, bringing about organizational, social, economic and environmental changes in the SC [e.g. involve managers, coaches, participants to identify health needs at the SC (PARTICIPATORY APPROACH strategy), then develop a partnership with a company or a sports participants parent to work on this health need (PARTNERSHIP strategy) leading to the implementation of a seminar on a health theme (HP actions)].

Moreover, by taking these indications into account, SCs could take advantage of HP as an added value to their primary activities (Kokko *et al.*, 2015a). The SCs will thus be able to diversify their activity offers (Somerset and Hoare, 2018) in an appropriate manner. For this, it is necessary, for participants, that the coaches and managers take their share of responsibility. However, these results are not reflected in the understanding of the health determinants of the sports participants who do not mention the coach as an actor on the health determinants, but rather the SC. In parallel, to support the involvement and role of coaches, these actors must be have adequate training (Johnson *et al.*, 2020), and due to their voluntary nature, the most relevant way to undertake this challenge would be to integrate it into the traditional sports training offered by university and sports organizations.

Nevertheless, coaches and managers have been identified as pretty busy in their role to undertake HP, which could be a dedicated role, as already used by adapted physical activity programs (Bock *et al.*, 2014). To do this, it is necessary to increase the resources available to the SC and to support the major role of external actors (e.g. federations, public health actors) (Van Hoye *et al.*, 2021a) in providing human, material and financial support. To this end, inter-sectoral (sport and health) and multi-level coordination (from national to local actors) is essential to ensure the alignment of state HP politics with actions on the ground (Misener and Misener, 2016; Donaldson *et al.*, 2021). Moreover, it will be interesting in future work to study the way in which the different levels (Van Hoye *et al.*, 2021a) involved influence the understanding of health and HP, as well as expectations in terms of HP. For example, to study the influence of personal characteristics,

the activities of coaches or the fact of being in a SC that is highly developed in terms of HP. It would seem, in view of the enthusiasm they have demonstrated in this study, that the programs dedicated to racialized people promote integration and determine the adhesion of these populations to the SC. As other studies have shown, integration is not self-evident and depends on preconditions (Elling *et al.*, 2001), such as the need to be considered, to be welcomed and guided in the first moments of practice. Based on the presumed intrinsic values of sport (e.g. equity, racial equality, social integration) (Long *et al.*, 2005; Giulianotti *et al.*, 2019), the SC should better consider these populations expectations, by ensuring that their voice have been heard, as undertaken in present study (Nutbeam and Kickbusch, 1998). Finally, since the waves of migration linked to global warming and military conflicts will tend to increase in the coming years (Doidge *et al.*, 2020), it is essential that the SC take advantage of these existing assets and its societal anchorage to promote the social and cultural integration of these populations.

In light of the results, only racialized sport participants who had been in the country for a short time expressed different expectations from non-racialized sport participants. Programs and policies for inclusion through sport should therefore target this temporality and develop specific strategies for racialized sport participants who have recently arrived in the country.

Overall, other studies have highlighted the limited understanding of HP and its health determinants (Johnson *et al.*, 2022; Van Hoyer *et al.*, 2022). Sport participants do not necessarily make the link between each type of determinant and health. Indeed, social and environmental determinants are more easily linked to health. This finding is interesting because it is consistent with previous studies that have shown higher perception scores for these types of determinants (Van Hoyer *et al.*, 2022). This could be explained by the fact that sport participants more commonly confront environmental and social determinants of health, rather than economic and organizational ones, or at least have the impression of doing so. For example, the practice of sport implies a collective social dynamic (social determinant) and leads to evolve within infrastructures (environmental determinant) but the elements underlying the practice such as the resources available to the SC (economic determinant) and the hierarchical structure or role of the SC (organizational determinant) are less known.

Limitations

The interviews were conducted by individuals who were not racialized. Although the questions did not have explicit racial content, limiting the effect of race on the interview (Liu and Wang, 2016) and the interviewers demonstrated reflexivity to ensure personal views/beliefs are understood, the fact that the interviewer did not share the same ethno-cultural background as participants which likely shaped what participants shared during interviews (Davis and Silver, 2003; Hearn *et al.*, 2022). In addition, the use of a convenience sample to avoid stigmatizing the participants may have led to the omission of a proportion of sports participants less accustomed to and able to take part in the studies (potentially with specific characteristics), and therefore to the omission of certain realities. This must be taken into account when interpreting the results. A language bias can also be highlighted in this study since some of the terms used

(e.g. HP, health determinants) are complicated and generally little understood/used by the population. In addition, it might be interesting to collect additional data on socio-economic (e.g. income, education) and demographic (e.g. parental practice) characteristics to see their impact on the reasons for practice, HP expectations and HP perceptions of participants. A quantitative study could also clarify these results, for example, on the fact that certain sports are perhaps more conducive to HP or that the resources of a SC influence the possibilities of promoting health. Finally, it would be interesting in future work to focus the analysis on the participants' discourse and on the natural responses that would emerge from a discussion on the theme of HP in SC rather than guiding the discussion, in particular, by relying on a predominantly inductive rather than deductive analysis (Johnstone and Andrus, 2024).

CONCLUSION

Despite the fact that sports participants have little experience with HP activities (other than the provision of sports activities), which reduces their expectations, the majority of motivations for participating in sports remain health-related and all individuals agree on the role that the SC can play in HP. Study findings provide guidance on HP activities that could be implemented by SC or external actors to satisfy sport participants. In its quest for equity and social inclusion, the SC community also has an interest in developing inclusion programs tailored to racialized sport participants.

SUPPLEMENTARY MATERIAL

Supplementary material is available at *Health Promotion International* online.

AUTHOR CONTRIBUTIONS

All authors contributed to the conception and design of the study. The preparation of the material, and the collection and analysis of the data were performed by B.T. and A.V.H. The first draft of the manuscript was written by B.T. All the authors have commented on previous versions of the manuscript. All authors read and approved the final manuscript.

ACKNOWLEDGEMENTS

We would like to thank the sports participants who took part in the interviews.

FUNDING

This work was supported by funding for the PROSCeSS project through a partnership between Santé publique France, Université Côte d'Azur, the Ministry of Sports and the Université de Lorraine and through a doctoral scholarship grant from the Grand-Est Region and the Université de Lorraine. A partnership between the project team and researchers at Laval University was set up following the award of a grant for a research stay obtained as part of the doctoral network of the Ecole des Hautes Etudes de Santé Publique.

ETHICS APPROVAL

All procedures performed in studies involving human participants were in accordance with the ethical standards of the Data Protection Office of the University of Lorraine (n°2021/180), of the Université Laval (CERUL 022-446/19-12-2022) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

CONSENT TO PARTICIPATE

Informed consent was obtained from all individual participants included in the study. All personal data were anonymized. Quebec sport participants received a financial compensation of 50 Canadian dollars. This compensation was related to the usual practices in the country and considered acceptable so as not to bias the study and be considered as a 'bribe'.

CONSENT FOR PUBLICATION

All participants and authors gave informed consent.

DATA AVAILABILITY

The data that support the findings of this study are available from B.T. (Benjamin.tezier@univ-lorraine.fr) but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are, however, available from the authors upon reasonable request and with permission of the Data Protection Office of the University of Lorraine and of the University Laval.

REFERENCES

- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N. and Bassett, M. T. (2017) Structural racism and health inequities in the USA: evidence and interventions. *Lancet (London, England)*, **389**, 1453–1463.
- Bock, C., Jarczok, M. N. and Litaker, D. (2014) Community-based efforts to promote physical activity: a systematic review of interventions considering mode of delivery, study quality and population subgroups. *Journal of Science and Medicine in Sport*, **17**, 276–282.
- Cambon, L., Castel, P., Couteron, J.-P., El Ghazi, L., Gerbaud, L., Girard, V. et al. (2022) Passer d'une politique de santé publique à une santé publique politique: Proposition du groupe miroir pour un virage paradigmatique. *Sante Publique*, **34**, 5–8.
- Commission Européenne. (2007) White Paper on Sport. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0391>.
- Creswell, J. W. and Poth, C. N. (2016) *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. Sage Publications, Lincoln, Nebraska, USA.
- Davis, D. W. and Silver, B. D. (2003) Stereotype threat and race of interviewer effects in a survey on political knowledge. *American Journal of Political Science*, **47**, 33–45.
- Doidge, M., Keech, M. and Sandri, E. (2020) 'Active integration': sport clubs taking an active role in the integration of refugees. *International Journal of Sport Policy and Politics*, **12**, 305–319.
- Donaldson, A., Staley, K., Cameron, M., Dowling, S., Randle, E., O'Halloran, P. et al. (2021) The challenges of partnering to promote health through sport. *International Journal of Environmental Research and Public Health*, **18**, 7193.
- Ducharme, D. and Eid, P. (2006) *La notion de race dans les sciences et l'imaginaire raciste: La rupture est-elle consommée?* Commission des droits de la personne et des droits de la jeunesse Québec, Montreal, Quebec, Canada.
- Eime, R. M., Young, J. A., Harvey, J. T., Charity, M. J. and Payne, W. R. (2013) A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity*, **10**, 98–21.
- Elling, A., De Knop, P. and Knoppers, A. (2001) The social integrative meaning of sport: a critical and comparative analysis of policy and practice in the Netherlands. *Sociology of Sport Journal*, **18**, 414–434.
- Emery, C. A. (2003) Risk factors for injury in child and adolescent sport: a systematic review of the literature. *Clinical Journal of Sport Medicine*, **13**, 256–268.
- European Commission. (2017) *Eurobarometer sport and physical activity (Special No. 472; p. 85)*. <http://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Survey/getSurveyDetail/search/physical%20activity/surveyKy/2164> (last accessed 2018).
- Geidne, S., Kokko, S., Lane, A., Ooms, L., Vuillemin, A., Seghers, J. et al. (2019) Health promotion interventions in sports clubs: can we talk about a setting-based approach? A systematic mapping review. *Health Education & Behavior*, **46**, 592–601.
- Geidne, S. and Quennerstedt, M. (2021) Youth perspectives on what makes a sports club a health-promoting setting—viewed through a salutogenic settings-based lens. *International Journal of Environmental Research and Public Health*, **18**, 7704.
- Giulianotti, R., Coalter, F., Collison, H. and Darnell, S. C. (2019) Rethinking sportland: a new research agenda for the sport for development and peace sector. *Journal of Sport and Social Issues*, **43**, 411–437.
- Guillaumin, C. (1972) *L'idéologie raciste. Genèse et langage actuel*, Volume 2. Persée-Portail des revues scientifiques en SHS, Paris, France.
- Hearn, F., Biggs, L., Brown, S., Tran, L., Shwe, S., Noe, T. M. P. et al. (2022) Having a say in research directions: the role of community researchers in participatory research with communities of refugee and migrant background. *International Journal of Environmental Research and Public Health*, **19**, 4844.
- Holman, C. D., Donovan, R. J., Corti, B., Jalleh, G., Frizzell, S. K. and Carroll, A. M. (1997) Banning tobacco sponsorship: replacing tobacco with health messages and creating health-promoting environments. *Tobacco Control*, **6**, 115–121.
- Hurley, D., Swann, C., Allen, M. S., Okely, A. D. and Vella, S. A. (2017) The role of community sports clubs in adolescent mental health: the perspectives of adolescent males' parents. *Qualitative Research in Sport, Exercise and Health*, **9**, 372–388.
- Johnson, S. (2021) *Promouvoir la santé au sein des clubs de sport (PROSCeSS): Du développement de la théorie à l'intervention*. PhD thesis. Université Côte d'Azur, France.
- Johnson, S., Van Hoyer, A., Donaldson, A., Lemonnier, F., Rostan, F. and Vuillemin, A. (2020) Building health-promoting sports clubs: a participative concept mapping approach. *Public Health*, **188**, 8–17.
- Johnson, S., Vuillemin, A., Epstein, J., Geidne, S., Donaldson, A., Tezier, B. et al. (2022) French validation of the e-PROSCeSS questionnaire: stakeholder perceptions of the health promoting sports club. *Health Promotion International*, **38**(3), doi: [10.1093/heapro/daab213](https://doi.org/10.1093/heapro/daab213)
- Johnstone, B. and Andrus, J. (2024) *Discourse Analysis*. John Wiley & Sons, Hoboken, New Jersey, USA. <https://books.google.com/books?hl=fr&lr=&id=ppTuEAAAQBAJ&oi=fnd&pg=PR11&cdq=discourse+analysis&ots=WBez7QenPE&sig=ijUNmY0AvwrSpQYDmj9w4FZiQf4>
- Kelly, B., Baur, L. A., Bauman, A. E., King, L., Chapman, K. and Smith, B. J. (2013) Views of children and parents on limiting unhealthy food, drink and alcohol sponsorship of elite and children's sports. *Public Health Nutrition*, **16**, 130–135.
- Kelly, B., Chapman, K., King, L., Hardy, L. and Farrell, L. (2008) Double standards for community sports: promoting active lifestyles but unhealthy diets. *Health Promotion Journal of Australia*, **19**, 226–228.
- Kokko, S., Donaldson, A., Geidne, S., Seghers, J., Scheerder, J., Meganck, J. et al. (2016) Piecing the puzzle together: case studies

- of international research in health-promoting sports clubs. *Global Health Promotion*, **23**, 75–84.
- Kokko, S., Green, L. W. and Kannas, L. (2014) A review of settings-based health promotion with applications to sports clubs. *Health Promotion International*, **29**, 494–509.
- Kokko, S., Martin, L., Geidne, S., Van Hoya, A., Lane, A., Meganck, J. et al. (2019) Does sports club participation contribute to physical activity among children and adolescents? A comparison across six European countries. *Scandinavian Journal of Public Health*, **47**, 851–858.
- Kokko, S., Selänne, H., Alanko, L., Heinonen, O. J., Korpelainen, R., Savonen, K. et al. (2015a) Health promotion activities of sports clubs and coaches, and health and health behaviours in youth participating in sports clubs: the Health Promoting Sports Club study. *BMJ Open Sport & Exercise Medicine*, **1**, e000034.
- Kokko, S., Villberg, J. and Kannas, L. (2015b) Health promotion in sport coaching: coaches and young male athletes' evaluations on the health promotion activity of coaches. *International Journal of Sports Science & Coaching*, **10**, 339–352.
- Liu, J., Davidson, E., Bhopal, R., White, M., Johnson, M., Netto, G. et al. (2012) Adapting health promotion interventions to meet the needs of ethnic minority groups: mixed-methods evidence synthesis. *Health Technology Assessment (Winchester, England)*, **16**, 1–469.
- Liu, M. and Wang, Y. (2016) Race-of-interviewer effect in the computer-assisted self-interview module in a face-to-face survey. *International Journal of Public Opinion Research*, **28**, 292–305.
- Long, J., Robinson, P. and Spracklen, K. (2005) Promoting racial equality within sports organizations. *Journal of Sport and Social Issues*, **29**, 41–59.
- McFadyen, T., Chai, L. K., Wyse, R., Kingsland, M., Yoong, S. L., Clinton-McHarg, T. et al. (2018) Strategies to improve the implementation of policies, practices or programmes in sporting organisations targeting poor diet, physical inactivity, obesity, risky alcohol use or tobacco use: a systematic review. *BMJ Open*, **8**, e019151.
- McQueen, D. V. (2011) Un défi pour la promotion de la santé. *Global Health Promotion*, Volume 18, Numéro 2. SAGE Publications, London, UK, pp. 65–67.
- Michelini, E., Burmann, U., Nobis, T., Tüchel, J. and Schlesinger, T. (2018) Sport offers for refugees in Germany: promoting and hindering conditions in voluntary sport clubs. *Society Register*, **2**, 19–38.
- Misener, L. and Misener, K. E. (2016) Examining the integration of sport and health promotion: partnership or paradox? *International Journal of Sport Policy and Politics*, **8**, 695–712.
- Moore, M. J. and Chudley, E. (2005) Sport and physical activity participation and substance use among adolescents. *Journal of Adolescent Health*, **36**, 486–493.
- Murray, A., Foster, C. and Stamatakis, E. (2019) Let's share, help deliver and sustain the WHO global action plan on physical activity. *British Journal of Sports Medicine*, **53**, 794–796.
- Nutbeam, D. and Kickbusch, I. (1998) Health promotion glossary. *Health Promotion International*, **13**, 349–364.
- Ooms, L., Kruijsbergen, M. V. and Collard, D. (2021) Can health-enhancing sporting programs in sports clubs lead to a settings-based approach? An exploratory qualitative study. *International Journal of Environmental Research and Public Health*, **18**, 6082.
- Patton, M. Q. (2014) *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. Sage Publications, Cincinnati, Ohio, USA.
- Poland, B. D., Green, L. W. and Rootman, I. (1999) *Settings for Health Promotion: Linking Theory and Practice*. Sage Publications, Toronto, Ontario, Canada.
- Sandelowski, M. (2000) Whatever happened to qualitative description? *Research in Nursing & Health*, **23**, 334–340.
- Skinner, J., Zakus, D. H. and Cowell, J. (2008) Development through sport: building social capital in disadvantaged communities. *Sport Management Review*, **11**, 253–275.
- Somerset, S. and Hoare, D. J. (2018) Barriers to voluntary participation in sport for children: a systematic review. *BMC Pediatrics*, **18**, 1–19.
- Spracklen, K., Long, J. and Hylton, K. (2015) Leisure opportunities and new migrant communities: challenging the contribution of sport. *Leisure Studies*, **34**, 114–129.
- Van Hoya, A., Heuzé, J.-P., Meganck, J., Seghers, J. and Sarrazin, P. (2018) Coaches' and players' perceptions of health promotion activities in sport clubs. *Health Education Journal*, **77**, 169–178.
- Van Hoya, A., Heuzé, J.-P., Van den Broucke, S. and Sarrazin, P. (2016) Are coaches' health promotion activities beneficial for sport participants? A multilevel analysis. *Journal of Science and Medicine in Sport*, **19**, 1028–1032.
- Van Hoya, A., Johnson, S., Geidne, S., Donaldson, A., Rostan, F., Lemonnier, F. et al. (2021a) The health promoting sports club model: an intervention planning framework. *Health Promotion International*, **36**, 811–823.
- Van Hoya, A., Johnson, S., Lemonnier, F., Rostan, F., Crochet, L., Tezier, B. et al. (2021b) Capitalization of health promotion initiatives within French sports clubs. *International Journal of Environmental Research and Public Health*, **18**, 888.
- Van Hoya, A., Johnson, S., Lemonnier, F., Crochet, L., Maso, F., Lecoarer, T. et al. (2022) Manager, coach and sports club participant perceptions of health promotion. *Health Education Journal*, **81**, 745–758.