Piecing the puzzle together: case studies of international research in health-promoting sports clubs

PIECING THE PUZZLE TOGETHER: CASE STUDIES OF INTERNATIONAL RESEARCH IN HEALTH PROMOTING SPORTS CLUBS

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ABSTRACT

This paper seeks to review the current international Health Promoting Sports Club (HPSC) research, drawing together findings based on case studies from various countries to illustrate the status of HPSC. In addition, future challenges for HPSC research and implementation are considered. The review includes six case studies from five countries. In summary, there are two major research themes in this area, namely “research into HPSC activity” and “research into HPSC networks”. The first theme investigates the extent to which sports clubs and/or national sports organizations invest in HP – both in policy and practice. The latter theme is driven by an intention to widen the scope of HPSC to reach novel internal actors, like parents, siblings etc. and/or external non-sporting bodies, like communities, schools etc. The future challenges for HPSC research requires a better understanding of the motives, barriers and capacities of sports clubs and coaches. Sports organisations, clubs and coaches generally support the intent of the HPSC concept, but even with the best evidence- or theory-based HP programs/guidelines/standards, nothing will happen in practice, if the nature and capacities of sports clubs are not better acknowledged. Therefore, a call for embracing implementation science is finally made to enhance implementation.

INTRODUCTION

A settings approach to health promotion (HP) focuses HP actions on the settings in which people live, love, work or play to generate changes in the setting-based factors that influence the health behaviours of those involved (1, 2). The settings approach has been mainly studied and applied in traditional, institutional settings, like schools, cities and workplaces (1). Over the past decade, this approach has been developed in some non-institutional settings including sports clubs (2). Sports clubs are a potential setting for HP because sport is a large organised youth leisure-time activity in many countries. In some countries, like Australia, sport also attracts many adult participants. Further, because participation in sport is voluntary, the educational nature of sports clubs is informal. In this paper, a sports club is considered to be voluntary civil activity-based community organizations that organize sport-related activities for participants in a given sport(s). Naturally, there is a wide variation between clubs based on different national (developed vs. developing countries, sports system) and local characteristics (type of sport, size of the club).

Within sports clubs, at least three levels of HP activity are found (3): (i) the macro-level encompassing the overarching HP policies and orientation of club activities; (ii) the meso-level incorporating the activities of the people setting the club strategic direction; and (iii) the micro-level referring to the activities of the club coaches and participants. At the meso-level, the activities are designed to guide and support activities at the micro level. Alongside these internal actors, external actors, like the local community and public authorities, form a network surrounding the club, which influences club activities (4). Following socio-ecological principles, the wider national and international layers of the setting also influence how clubs operate (3). For example, the health-related policies of national and state governments or sports bodies will influence local club level activities. To date, the HP capacity (time, money, people, policies) and readiness of upper-level sports organizations seems to be limited (5, 6).

Within a single sports club, the key-question for HP is “what kind of preconditions and aims do the macro and meso levels set out for the micro level and its actors”? And further, to enhance impact, it is a question about how health messages are communicated and how different actors can be motivated to implement HP activities (7). In principle, HP should be acknowledged and actioned simultaneously at every level in order to achieve the greatest possible impact (3).

In the sports club context, it is important to recognize the core-business of the club, link the core-business and HP, and use the “language of sport” (2). The core-business of sports clubs is to organize sport participation opportunities and to develop athletes and/or enhance sports performance. Currently, sports clubs are generally positively orientated to HP (3), but do not necessarily actively pursue HP (7). Therefore, it is important to link the core-business of clubs to HP by associating the health and health behaviours of participants to sports participation, athlete development and/or sports performance. By using the “language of sport”, health-issues become more relevant and motivating. There is an increasing diversity of sports clubs within any country so some clubs might also recognise a sport-for-all type of ideology with low intensity physical activity groups, requiring a different approach to linking their core business to HP.

HP in the sports setting requires tailored interventions that reflect the specific characteristics of a given club and the people within it. ‘Context is king’ and the different factors that come into play in the whole systems approach make each club unique. It is important that any existing determinants for HP are acknowledged and understood including all the cultural, social, economic and environmental determinants at all levels (3).

The first research in HP in sports was conducted in Australia in the mid-1990s, when Healthways (the Western Australian HP Foundation), sponsored sports bodies to undertake HP activities using a taxation levy on the wholesale sales of tobacco products (8). The theoretical foundations of the health promoting sports club (HPSC) concept were laid in Finland in 2004, when Kokko et al. (9) developed the standards for HPSC. This empirical work continued in 2007 when the HPSC Index (HPSC-I) was developed to examine the HP orientation of Finnish youth clubs (10). Thereafter, club (11) and coach (12) HP activities have been investigated. There is

also a Healthy Stadia network in Europe (13) which, because of its specific focus on sports stadiums and spectators rather than community sports clubs, was not included in the case studies presented in this paper.

The various sports club-based HP projects that have been developed over the past decade worldwide each provide new pieces of the HPSC puzzle. This paper presents series of case studies, focusing on sport governing bodies and community sports clubs with mainly young club participants, in order to illustrate the current status of international HPSC research. In addition, the paper reflects upon future challenges in the field.

STUDY DESIGN

This is a reflective review of the current status of HPSC research. The need for this review arose as research on this topic has evolved over the past decade, with limited consolidation of international research. To the best of our knowledge, no systematic reviews have been undertaken in this field and a recent integrative review found 44 papers related to the topic, but only a few with a wider settings-based emphasis, highlighting the limited research in this field (4).

The selected case studies presented here focus on settings-based approaches to HPSC, whereby sporting clubs are encouraged to provide environments that promote healthy behaviours among their sport participants and members in order to achieve population health objectives. Studies focused on sport-for-development in low- and middle-income countries to assist sport-for-development (14), such as humanitarian relief or broad social development programs e.g. Kicking AIDS out, are not included; particularly as the organisational capacity, culture and context of this work is vastly different. Further, studies of individual health-based programs delivered in sport settings, like alcohol consumption and injury prevention are not included.

The authors of this review represent key HPSC researchers internationally. The Finnish HPSC research was adopted as the starting point and all authors reflected on their own research and its relationship to this initial work/concept. Each research group was asked to critically considered a) what their research/theoretical considerations adds to the earlier Finnish research, b) the key-points arising from their research, and c) the missing pieces/challenges for future HPSC research. The lead author (SK) invited those researchers who he considered to be significant in the field of HPSC research to contribute to this paper. The countries were selected based commonalities in their sports systems i.e. voluntary civil activity at local level clubs, which are governed by national or state level sporting organizations with relatively high emphasis on sport for all and/or social welfare policy.

After receiving the case studies from the invited contributors, authors SK and AD reviewed the contributions to identify similarities and differences between case studies. The results of this review were returned to the case study contributors for approval prior to submission to this journal. The results of this process are presented in *´Putting the pieces together´* section of this paper. For more in-depth information on each case study, readers are directed to access the original references cited in the text.

This paper has several limitations. Due to the limited amount of HPSC research that has been undertaken overall, only five developed countries are represented in the case studies included in the paper. Therefore, these case studies are only representative of the HPSC research conducted in Europe and Australia and there is a lack of information on the HPSC work done in North America (which has a different kind of sports system more focused on school and university-based sport than community sports clubs) and developing continents, like Africa and Asia. The case studies presented in this paper included various sports and different kinds of sports clubs, which should be kept in mind when considering the generalizability of the findings. More in-depth analysis of these case studies is warranted and there is also a need to widen the scope of any future reviews of the HPSC concept to include research from other countries and sports systems in order to cover the whole spectrum of HPSC research.

FINDINGS

Case Finland

Recently, a second-wave HPSC study has been conducted in Finland (15) covering a wider range of national representativeness and sports disciplines (the ten most popular disciplines in Finnish youth sport) than the original study. The current multidisciplinary HPSC study uses a cross-sectional design and is a partnership between the University of Jyväskylä, UKK Institute (Research Center for HP Research) and six national Sports and Exercise Medicine Centres of Excellence (15).

The Finnish HPSC study widens the focus of the setting-based factors at sports clubs, and coaching levels, to include health behavioural and health status factors of participating youth with comparisons to non-participants. Settings-based factors and health behaviours are examined using surveys, while physical activity is measured using accelerometers. Health status variables are measured using structured pre-participation screening with several tests.

In addition to club and coach HP activities, and participating youth health and health behaviours, the associations between club orientation and the HP activity of clubs and coaches, and health of the participants will be investigated. A protocol for pre-participation screening of young sports club participants and subsequent links to health care networks will also be developed.

Case Sweden

Swedish sports clubs are favourably positioned in terms of government funding and educational support (16). A sports club is a complex network of internal and external actors (17).The internal actors in a HPSC are the young athletes themselves, their coaches, parents, and siblings, and the club's board members (often including engaged parents and coaches). The external actors include other clubs, national and regional sports governing bodies, educational associations, municipalities and sponsors.

Sports clubs need to reach out to the surrounding community (for example schools) and should not operate solely within their own setting (18). Van Hoye and colleagues (19) similarly emphasized the importance of partnerships, but revealed that this is the least implemented dimension in French clubs. Moreover, Fraser-Thomas and Côte (20) conclude that if researchers and practitioners work together, young people will more likely experience numerous positive outcomes through participation in sport, not least in relation to health. A prerequisite for this type of practice-based research is a respectful partnership (21).

Creating and implementing local policies, for example concerning alcohol, is one part of working as a HPSC. Based on five elite and five mid-size soccer clubs, all with youth activities, Geidne and colleagues (18) have developed an adapted version of Durlak & DuPre's (22) recommendations for successful implementation, specifically for sports clubs. Briefly, they recommend: delivering an explicit message; ensuring that policies fit the club; acknowledging the importance of internal policy dissemination; having internal and external support; and involving different actors within the club in the process (16). In addition, well implemented policy is more likely to have positive outcomes for the club environment and day-to-day activities (22).

Sports clubs need to take a comprehensive approach to their activities, aims, and purposes and it is important that the participants and their activities are at the centre (4). Clubs need to think about how their particular activities are designed; are activities adapted to the participants or participants to the activities? Are some adolescent participants over- or under-represented, and are clubs actively encouraging under-represented groups to participate in their activities? How, for example, can clubs include children and adolescents with disabilities (23)? A Swedish evaluation emphasized how to incorporate a children's rights perspective into sports activities (24). A sports-for-all vision demands that sport is open for everyone regardless of ambition, sex, ethnicity or disabilities.

Case Australia I

In Australia, most HP is driven by external health promoting agencies that fund sport, rather than a bottom-up, sport-led approach (5, 25). HP agencies have funded sport governing bodies to develop and implement healthy sporting environments. Outcomes of these initiatives for sporting organisations include increased HP capacity and the development and implementation of sport-related HP policies and practices (5). This case study draws on research primarily from a wide range of sport governing bodies (i.e. Victorian Sporting Organisations) (5, 25, 26), as well as sport and recreation programs that involved partnerships between community-based organisations such as sports clubs, local government, regional sports organisations and schools (26).

The core-business of Australian sports clubs is participation (i.e. more people playing sport) (25). As such, HP has a low operational priority for both the community clubs and state governing bodies (26, 27). However, with financial support, sports organisations have adopted health promoting principles, primarily because they believe it will attract more participants to their sport, thereby increasing club membership, which is important to their core-business (25). The impact of HP activities on Australian sporting clubs, however, has not been evaluated.

Whilst sports organisations may be willing to adopt HP, they often have limited grassroots implementation capacity due to the volunteer nature of club-based sport (25). Some sport governing bodies use financial resources to establish mechanisms to support grassroots implementation such as club development programs to implement and sustain HP activities throughout their organisational systems (26). This involved developing policy templates and practice guidelines along with accreditation schemes to encourage and support HP activity implementation within clubs (26). Deliberate strategies to implement and sustain organisational change are required for sporting organisations to implement HP such as the design of pragmatic programs that build on the core-business of sporting organisations (26, 27). This is important as the delivery of sport is often considered a more immediate responsibility than HP.

To sustain change and encourage further HP activities in sporting organisations, research is needed to understand how volunteers can be better supported to implement HP and what organisational and community partnerships and resources could be deployed to reduce the burden on the sport-volunteer sector. The impact of HP on sport club participation and public health outcomes needs to be determined to understand the efficacy of HPSC initiatives.

Case Australia II

Concern about childhood obesity and the marketing of unhealthy food has stimulated research into the current patterns of food/beverage sponsorship of children's sport in Australia. Contradictory nutrition messages via these sponsorship promotions undermine HPSC efforts and encourage poor dietary practices among club participants, particularly children. This research, which assessed the nine most popular sports for Australian children, has identified widespread sponsorship of children's sports clubs by unhealthy food/beverage companies, and extensive opportunities for these sponsors to promote their brand including through uniform signage and vouchers to participants (28). Children's high frequency of participation in organized sport and time spent engaging in these activities lead to huge cumulative person-time exposures to this unhealthy food sponsorship. For example, children in New South Wales, Australia are cumulatively exposed to food/beverage sponsorship messages at rugby league clubs for 63,662 person-hours per week (29). Health compromising food sponsorships are also seen at higher levels of sport, including national and elite teams and competitions, and may influence community sport through sponsored sports development programs or by indicating sponsors' acceptability (30).

Restricting sponsorship by unhealthy food/beverage companies was a priority HPSC issue for HP and sports management professionals for these most popular children's sports, as well as responsible alcohol practices, smoke-free club facilities, and availability of healthy food and drinks at club canteens (31). While the sporting community and parents generally support restricting unhealthy food/beverage sponsorship of children's sport (32, 33), concerns about replacement sponsorship exist. Health-aligned club sponsorship is an integral

component of the meso-level of HPSC. However, mandating health-aligned sponsors may introduce financial complexities for clubs, highlighting the need for both information and financial support for clubs in achieving HPSC objectives.

Case Ireland

In Ireland, the Gaelic Athletic Association (GAA) is the national governing body for a network of over 2500 clubs that are embedded into communities throughout the country. Building on the community ethos and reach of the organization, and previous work undertaken nationally and at club level, a GAA Healthy Club Project was developed in 2012, in partnership with a national health agency (Health Service Executive). The framework underpinning the project, which suggested action across four pillars of Governance, Environment, Partnerships and Programmes, was adapted from international HPSC work (8-10).

The model was piloted across GAA 18 clubs who manage the support of and participation in two indigenous Irish games (hurling and Gaelic football) to males and females across the lifespan. Baseline assessment using the HPSC-I (10) showed that participating clubs scored low on HPSC-I specific policy and coaching activities and higher for ideology and respect indicators. Clubs subsequently surveyed their communities to identify particular health needs that could be prioritized through the HPSC. Following this, 79 initiatives were planned across participating clubs. Community engagement through partnerships with schools, youth groups, health professionals and sport development networks were developed in over half of these activities. Health areas addressed included physical activity, diet, emotional health and wellbeing, bullying, inclusion and alcohol awareness, which reflect the diversity and potential of the HPSC concept. Funding has been secured to support a second roll out across a further 50 clubs in 2016.

Pilot phase evaluation is nearly complete with initial results showing support for the process of delivering HP through the sport club setting (34). Participating clubs indicated that this work is a natural progression of their role in their community with the project helping them to re-establish their identity in changing community contexts. Furthermore, clubs indicated increased and more diverse membership, greater volunteering levels and more support for their work and activity at the playing level. This community oriented approach has resulted in less engagement with the primary agents identified by Kokko and colleagues (3), such as coaches and managers, thus limiting the potential impact on players at youth and adult level.

Finally, to advance the HPSC concept, the GAA at national level have mandated the appointment of a Health and Wellbeing Officer in all clubs and the development of national and regional Workgroups. It is hoped this will help embed HPSC activity in the constitution and daily workings of sports clubs.

Case Flanders, Belgium

The HPSC-I was used in Flanders (the northern, Dutch speaking part of Belgium) to investigate the HP orientation of 154 youth sports clubs (with members <19 years old) (35). Drawn from all the sports clubs in a representative sample of local communities, they cover the wide variety of sports offered in Flanders, from soccer and gymnastics, to rope skipping and diving. Results confirmed that Flemish clubs have a long way to go to live up to their potential as a health promoting setting. In anticipation of this result, items exploring the board members perceived motives and barriers of the sports clubs were included in the questionnaire. The four items of the Perceived Motives Index reflected the differentiation between intrinsic (e.g. “our club wants to take up its responsibility in the community”) and extrinsic (e.g. “healthy athletes perform better”) motives for HP (36). However, subsequent principal component analysis (PCA) identified only one factor (Cronbach’s alpha: .84). The Perceived Barriers Index adapted the three main barriers to HP practice (37) to the sports club setting. It covered nine items, with PCA revealing three factors: (i) lack of internal support (e.g. “lack of interest from board members”) (four items, Cronbach’s alpha: .89), (ii) lack of external support (e.g. “inadequate support from the government”) (two items, Cronbach’s alpha: .91), and (iii) lack of resources (e.g. “lack of time”) (three items, Cronbach’s alpha: .81).

These results indicate that Flemish youth sports clubs tend to classify the motives as “rather strong”. Clubs with a moderate or high classification on the HPSC-I scored these motives higher than clubs with a low classification (3.72 out of 5), approaching the maximum of the scale (up to 4.60 out of 5). The three barrier indices, in turn, were supported to a lesser extent, with mean scores dipping below the neutral midpoint of the scale (ranging from 2.63 to 2.95 out of 5). Both lack of internal support and lack of resources were more important barriers for clubs with a low HPSC-I classification than for clubs with a high HPSC-I classification. On the other hand, no differences were found for lack of external support. From a policy perspective, the most important barriers identified by the board members were ‘health promotion is not a priority’ (33%), ‘lack of knowledge/expertise’ (18%) and ‘lack of time’ (16%). Interestingly, ‘lack of money’ ranked only fifth (7%). Clearly, any attempt to enhance the HP orientation of sports clubs should take these motives and barriers into account when formulating policy suggestions.

Putting the pieces together

Two major research themes emerge from the international HPSC research described above. First, there is the investigation of the extent to which sports clubs and/or national sports organizations invest in HP policy and practice. We have labelled this research theme “research into HPSC activity”. Second, the scope of HPSC is being widened to reach novel internal actors, like parents, siblings etc. and/or external out-side-of-sport bodies, like communities and schools. We have labelled this research theme “research into HPSC networks”.

Research into HPSC activity is grounded in the initial Finnish work (Figure 1), which, as outlined in the case study above, is currently widening the scope to include the health and health behaviours of sports club participants. HP activity of clubs has also been explored in Ireland and Belgium using an adapted HPSC-I. Irish research has identified that sports clubs gained positive results by investing in HP but there is a need is to better reach the coaches and managers. In Belgium, an additional club motives and barriers index revealed that clubs are positive about both taking responsibility for HP and enhancing sports performance. However, Flemish clubs also perceived a lack of support within club and resources, as the main barriers to HP action. HP policies and capacities have been studied in Australia (case I) at national and regional level and the results indicate a lack of readiness and capacity of these organizations to take HP action, which, in turn, leads to limited support for local clubs.

Research into HPSC networks has identified several bodies that sports clubs can cooperate with (Figure 1). The Swedish case study introduces novel internal actors, like parents and siblings, but also external partnerships with communities, schools and homes. Irish results support this with clubs engaging in and identifying a need for more of this networking. Australian (case II) research has focused specifically on issues around healthy eating. Alongside the HP actions of sports organizations and clubs, there is a need to address unhealthy food and beverage sponsorship and advertisement in sport settings. New partners and sponsors need to be found to replace unhealthy ones. Both Australian cases highlight the importance of the community in terms of community engagement for HP to create healthy and welcoming clubs for new people.

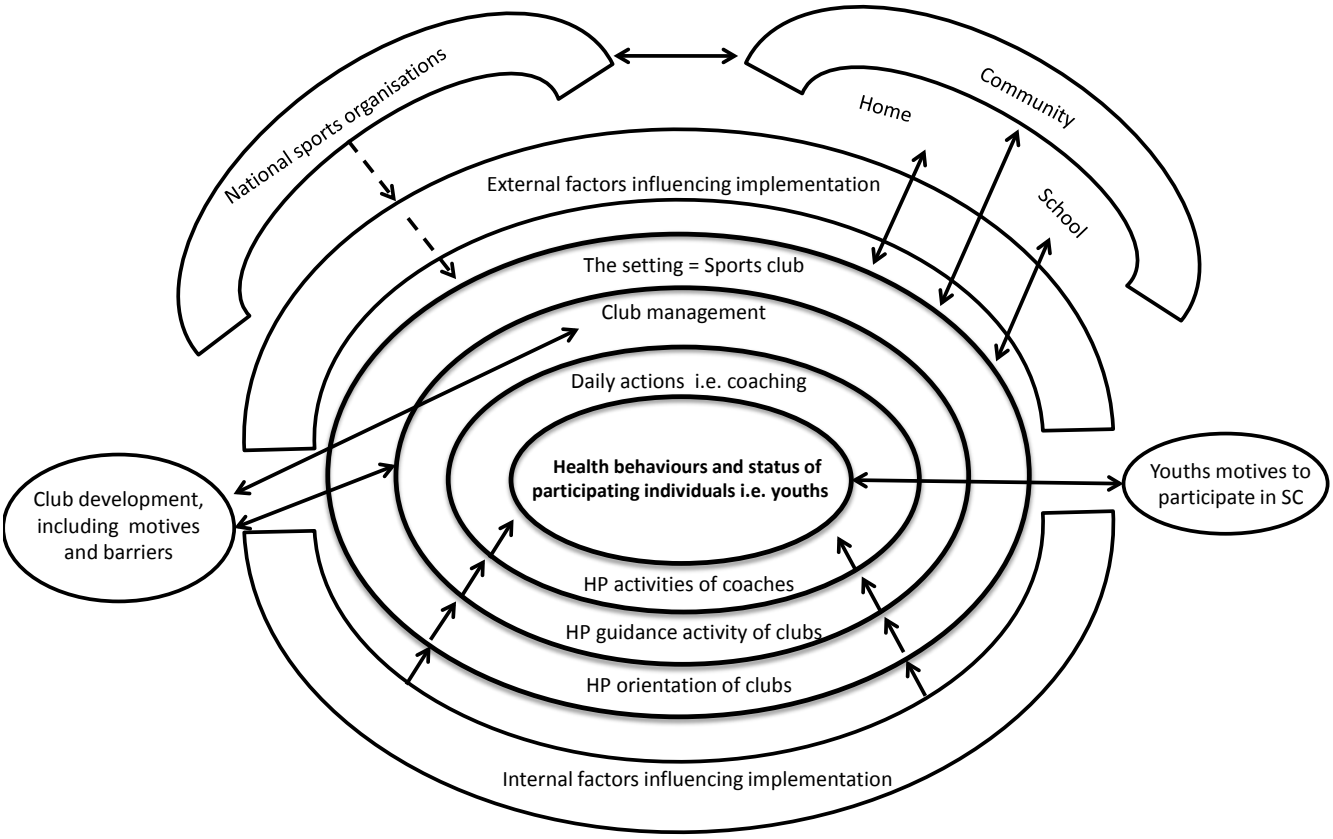

Figure 1 Current status of Health Promoting Sports Club.

DISCUSSION AND CONCLUSION

Current research provides important and consistent pieces of the international HPSC puzzle. There are the standards (9) and the HPSC-I (10) that underpin the HPSC concept and there is an overview of the current HP activity and capacity across a range of sports systems at the state/national level (5, 6, 26, 30, 34) and the macro-, meso-, and micro-level with clubs (3, 19, 31, 38). This shows a trend towards acknowledging the importance and potential for HPSC, and identifies a common challenge in translating research, policy and intention into sustained HP practices at the organisation, club and coach levels of the system.

It is generally acknowledged that sports clubs and coaches identify their primary responsibility as providing sporting activities for their members. Most find it difficult to undertake activities that they do not perceive as directly related to this primary responsibility. Thus, the link between HP and the core-business of sports clubs should be better emphasised and aligned. In fact, the role of sports clubs in promoting physical activity and providing sport-for-all type activities is being discussed in some countries (23, 25).

The outcomes of this review suggest that sports organisations, clubs and coaches generally support the intent of the HPSC concept. However, clubs and coaches often view the implementation of HP policies and programmes through a 'context and capacity lens' which significantly impedes their HP adoption and implementation practices. It is also clear that the path from national/club policy development to club/coach implementation is long and complex. The current research suggests that the HP policy and program developers

need a better understanding of the implementation context, including issues of capacity and motivations, which should then be recognised during HP policy and program development. Conversely, sports clubs and coaches require the flexibility to interpret and modify the centrally developed policies and programs to suit their particular context.

Emerging research (27, 34, 35) has identified some mediating factors that influence the implementation of theory-based and often a-contextual HP policies and programs targeted at clubs or sports coaches, such as the HPSC standards or HPSC-I. This provides insight into the interaction of HP policies and programs with the implementation context and suggests ways in which potential barriers to implementation could be avoided or overcome. On the flip side of this, successful and widespread implementation depends on a club's ability to overcome the inherent challenges associated with the volunteer intensive nature of community sport and the context, structure and organization of local-level sport and clubs.

It is clear that having evidence- or theory-informed HP programs/guidelines/standards is not enough to generate significant change in the sports setting. Although implementation science is still an emerging and rapidly developing field, a number of its underpinning concepts are specifically relevant to the implementation of HP initiatives and the translation of evidence to practice in the sports club settings (18). Identifying key implementation drivers and using evidence- or theory informed implementation strategies to build capacity in competency, system support and leadership will also likely enhance HPSC policy and program implementation success.

Overall, the current status of HPSC development and research shows a transition from a generic HP in settings approach to a more specific to sports club-based HP – via settings-based HP. This reflects that the nature and characteristics of sports clubs and context of a single club are better identified, acknowledged and studied.

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