

# Critical processes for creating health-promoting sporting environments in Australia

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## SUMMARY

*The reach of sporting organizations into the community makes them an ideal vehicle through which to promote health to the general population. There are now a number of documented examples demonstrating that sponsorship can lead to improvements in the health of the sporting environment, but relatively little is known as to why some sponsorships are more successful in achieving these structural changes than others in ostensibly similar sports. The purpose of this study was to identify the processes required*

*for health promotion agencies and sporting organizations working in collaboration to implement structural changes in sporting settings such as smoke-free environments, provision of healthy food choices, responsible alcohol management and sun protection, along with the factors that facilitate and hinder this from being achieved. We conclude that such changes are difficult to achieve, especially in the absence of a programmatic approach to health promotion.*

*Key words:* health-promoting environments; sponsorship; sport; structural change

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## INTRODUCTION

In countries where involvement in organized sport, either as an active participant or as a spectator is widespread, sporting events can provide a myriad of opportunities for promoting concepts to communities. As many corporations have discovered, sponsorship can be a very cost-effective method of achieving commercial goals. For example, research undertaken by Visa found that the company increased its market share after its sponsorship involvement in the 1988 Olympics (Stotlar, 1993) and Volvo has reaped gains of six times its investment in its sports sponsorship programs (Irwin and Asimakopoulos, 1992). Similarly, in 1984, Puma sold only 15 000 tennis racquets, whereas following Boris Becker's first victory at Wimbledon (1985) and his backing of Puma's racquets, annual sales jumped to 150 000 (Jeannet and Hennessey, 1992).

One of the most successful tactics of the tobacco industry in creating economic allies has been to

associate the name of a tobacco product with a cultural or sports activity or event. In Australia, up until 1987, tobacco companies held a seeming monopoly on sponsorship of major sports and arts events. By the mid 1980s there was much pressure to ban tobacco sponsorship and advertising, which left many arts and sports organizations unsure of future funding sources. Health promotion sponsorships were initially developed to provide replacement funding for sports and arts organizations that were reliant on the tobacco industry (although the scope for eligibility has subsequently been widened beyond those receiving tobacco funding). In Victoria these arrangements were formalized in the 1987 Tobacco Act, which also provided for the establishment of the Victorian Health Promotion Foundation (VicHealth), which is the oldest and largest of the health promotion foundations in Australia. Similar foundations have also been created in

several other states and territories (Holman *et al.*, 1997b; Giles-Corti *et al.*, 2001).

Health promotion sponsorships have used many of the same tactics as commercial sponsorships, but to achieve social rather than commercial objectives. Consequently, health promotion sponsorships have involved the raising of awareness about health issues through the marketing of health messages in ways not dissimilar from commercial sponsorships, in which goods or services are promoted in return for funding (Dobbinson *et al.*, 1999). At its most visible level, this has involved sponsorship funds being provided to sporting organizations in return for marketing opportunities such as naming rights for events, wearing promotional clothing, programme advertisements and signage in order to influence the attitudes and behaviours of individuals who are involved in a sport. Role models perceived as being credible with the target community have also been used to promote the health message.

While social marketing has been an integral component for sponsorships of sporting organizations funded by Australian health promotion agencies, sponsorship funds have also been used as leverage to promote the establishment of healthy environments in sports settings. A study of process and outcome measures for more than 800 health promotion sponsorship projects funded by the Western Australian Health Promotion Foundation (Healthway) concluded that sporting venues offer useful opportunities for creating healthy environments (structural change), targeting priority population groups, and improving health-related awareness, attitudes and behaviour (Holman *et al.*, 1997a). There are relatively high population participation rates at these venues (Oddy *et al.*, 1995), and it has been noted that involvement in sport is no guarantee of engaging in healthy behaviours apart from physical activity. A study of sports participants has found that they are more likely to consume alcohol at unsafe levels, use inadequate forms of sun protection and are just as likely to eat insufficient fruit and vegetables as the general population. Spectators at sporting events are also more likely to be smokers than the general population (Holman *et al.*, 1997a).

More specific studies of the outcomes of particular types of sponsorship in Australia have demonstrated also that health promotion sponsorship can be effective. For example, it has been demonstrated that long-term sponsorship of life saving associations in Victoria has positive

effects on environmental, cognitive and behavioural measures to prevent skin cancer (Dobbinson *et al.*, 1999). Similarly, it has been shown that the use of promotional clothing worn by sporting models is an effective health promotion strategy (Corti *et al.*, 1997).

More broadly, the National Health and Medical Research Council (NHMRC, 1996) reviewed the promotion of health in sports settings. This review concluded that strategically targeted sponsorship could effectively reach priority groups in combination with other community campaigns, and that there is widespread support for these initiatives. The findings also suggest that health promotion sponsorship can be used for effective structural (environmental) reform in sporting venues. Indeed, sponsorship of venues resulted in many sporting facilities becoming smoke-free environments (Holman *et al.*, 1997b; Pikora *et al.*, 1999).

Although there are now a number of documented Australian examples demonstrating that sponsorship can lead to improvements in healthy sporting environments, such as the creation of smoke-free areas, implementation of policies to promote responsible serving and consumption of alcohol, provision of healthy food options and a range of sun protection measures, relatively little is known about which critical factors result in some sponsorships being more successful in achieving these structural changes than others in ostensibly similar sports. This study sought to remedy this situation by identifying the processes required to implement structural changes in sporting settings, along with the factors that facilitate and hinder this from being achieved.

## METHODS

This study investigates the structural change outcomes associated with the VicHealth sponsorship programme for sporting organizations. VicHealth is a significant health promotion funding agency in the state of Victoria, and has been involved in sports sponsorships since its establishment in 1987. Approximately A\$8 million is distributed annually through a range of investment strategies, including sponsorship of high profile teams, individual events, venues and peak sporting organizations.

The requirement for structural change is most apparent in the funding stream for peak sporting

organizations, which may either be the state associations for individual sports or regional sports assemblies, which are involved in promoting and coordinating a range of sporting activities in their local regions. Sponsorship funds are provided to these peak sporting organizations on the understanding that they: (i) develop smoke-free environments; (ii) provide or sell healthy food options to participants; (iii) implement responsible alcohol management; and (iv) provide sun protection measures. It was the expectation that sponsored organizations implemented structural changes in all four of these areas. Ideally, for each area of change, this would involve sponsored organizations:

- developing a policy;
- documenting the process for implementing policy; and
- promoting the required structural change to member clubs/affiliates and documenting this process.

While VicHealth provides the sponsorship funds, sporting organizations are partnered with a health agency which is contracted to provide support to sporting organizations to enable them to fulfil their contract obligations.

A case study approach was utilized for this study. A purposive sample of organizations involved in the implementation of healthy sporting environments was identified and interviews were conducted with nominated public officials of these organizations. This sample included both sporting organizations that VicHealth staff considered to have been relatively successful at implementing structural changes and those who were less successful.

### Sample selection

The scope of the study was limited to peak sporting organizations whose contracts stipulated that they must implement structural change themselves and in their affiliated clubs. These sponsored agencies were receiving between A\$10 000 and A\$60 000 per annum from VicHealth, and ranged from having none to several professional staff who were primarily responsible for the day to day running of the organization. Interviews were subsequently arranged with the representatives from 13 sponsored organizations who were responsible for managing the sponsorship within their organization (either a paid staff member or, where none existed, the president or secretary of the organization).

For each sponsorship, the relevant staff member from VicHealth (three in total) and the health agency (seven in total) were also interviewed to gain their perspectives on the process. Respondents from the sponsored organizations were each asked to nominate contacts in two affiliated clubs: one club that the respondent considered had effectively implemented structural changes and one club that had not. As some sponsored organizations declined to provide details of affiliates, and some club contacts were unable to be contacted either due to incorrect information being provided or not answering repeated telephone calls, interviews were only obtained from 10 clubs. Overall, 33 interviews were conducted for this study in November and December 1999.

### Procedure

Face to face interviews were conducted with the VicHealth staff, and with respondents from six of the health agencies and 11 of the sponsored organizations. Due to distance, interviews with respondents from one health agency and two sponsored organizations were conducted over the telephone. All interviews were conducted on the basis of anonymity and confidentiality being preserved. The interviews with VicHealth and health agency staff and respondents from sponsored organizations were semi-structured, lasted approximately 30 m to 1 h, and sought to ascertain:

- steps taken by the respondent's own organization to achieve structural changes in the sports setting;
- factors that respondents believe have facilitated and/or hindered the implementation of these changes; and
- whether respondents considered the expectations of structural change to be realistic.

At the conclusion of interviews with sponsored organizations, respondents were asked if they could nominate representatives from affiliated clubs who could be interviewed concerning the implementation of structural changes at the club level. Interviews with the officers of the clubs who could be contacted were conducted over the telephone, were typically of 15–30 min duration, and covered similar questions to those asked of other respondents.

In addition to conducting interviews, all programme documentation, including VicHealth's

contracts with the sponsored organizations, was obtained and reviewed.

### Data analysis

The size and scope of the sponsorship programme suggested a programmatic approach to promoting structural changes in the sporting environment (Swerissen *et al.*, 2001). As such there are several distinct programme elements, from programme development through to implementation and evaluation, which one might anticipate would need to be integrated to best facilitate the achievement of the desired outcomes. Therefore, an analysis framework which examined the key processes was adopted from Goodman *et al.* (Goodman *et al.*, 1993). The process of structural change was conceptualized as a continuum with key elements including contract specification, support provided to implement change, implementation strategies, monitoring and evaluation, and outcomes. Data collected as part of this study were analysed according to each of these dimensions.

## RESULTS

### Contract specification

For programmes that involve collaborations between organizations (in this case a funding body, a health agency and a sporting organization), having some form of contract between the parties outlining respective expectations and responsibilities is normal practice and fundamental for a programmatic approach to health promotion. Such a document should also provide the framework for monitoring and evaluation. However, the contracts we examined typically included only a paragraph regarding structural change, which stated only the outcomes to be achieved with few, if any, details as to how structural changes were to be implemented. Furthermore, although sponsorship funds could be tied to specific aspects of a contract, we found only a couple of examples in which an incentive was paid if the structural change was achieved.

The process of contract specification was also problematic in that the requirements of structural change were not tailored to fit the varying capacity and structure of sponsored organizations. In many sports, the sponsored organization only had the power to recommend rather than enforce

changes by clubs. This raised the question as to whether it is realistic to stipulate in contracts the extent to which structural changes should be implemented by affiliated clubs who are neither a party to the contract nor in receipt of funds (in most cases) to meet costs associated with the implementation of these changes. Furthermore, the capacity of many sporting organizations to implement all four aspects of structural change specified in contracts at one time may be limited, especially when those who must implement changes at the club level are volunteers, and for whom playing sport rather than creating healthy environments is their 'core business'.

Another issue that may impinge on the ability of sporting organizations to implement structural changes is the length of contracts, with the majority of sporting organizations in the study having 1 year contracts. Additional time may be required, especially if there is an expectation that these changes be implemented by all affiliated clubs, which in some sports numbered >1000.

### Support

Health agencies were contracted by the funding body to provide support and advice to sporting organizations to enable them to fulfil the terms of the sponsorship agreement. Sponsored organizations in turn were supposed to provide support to their affiliates to implement structural changes. However, in the absence of clearly defined expectations, what emerged was considerable differences with respect to the extent that sponsored organizations and their affiliates were offered and able to access support.

Crucial supports for the implementation of structural change were reportedly the development of model policies, provision of training, advocacy and facilitating access to consultants. Access to professional expertise was most required by sporting organizations seeking to implement healthy catering options. Whereas understanding what was required was often straightforward with respect to the other structural changes (e.g. ban smoking, ensure alcohol consumption was controlled in line with alcohol licencing requirements, provide shade and sunscreen), some health agencies had communicated very complicated expectations around healthy catering that sporting organizations would find almost impossible to comply with without the expert advice of a dietician. Practical rather than abstract advice was more highly valued and can be reinforced by

the promotion of 'model healthy clubs', which have managed to achieve structural changes. A more practical form of support provided by some sponsored organizations was the provision of funds to affiliated clubs to assist them in implementing structural changes. However, interviews with respondents from several of the clubs suggested that information provided to sponsored organizations as to how structural changes can be achieved often fails to filter down to the club level.

### Implementation strategies

Implementation of structural changes happens at both the level of the sponsored organization and affiliated clubs, and while some changes can be effected at both levels, others can only be made at one of these levels, e.g. individual clubs cannot modify competition rules. A range of strategies effective in facilitating structural changes were reported, and as the following case example demonstrates, several strategies may be adopted concurrently.

#### *Case study 1: successful implementation of sun protection measures by a sponsored organization*

'Sunsmart' measures are now part of the venue selection criteria for one outdoor sport. Shade is provided at all competitions and spectators are also encouraged to bring their own shade structures. Clubs are encouraged to adopt competition uniforms that have long sleeves, and at junior levels a 'no hat no start' rule is enforced. Wearing of sun glasses and sunscreen is also encouraged. Education campaigns conducted alongside some events have encouraged participants to realise that preparing themselves for competition includes taking appropriate heat and sun protection measures.

At the level of the sponsored organization, implementing structural change involves more than just communicating to affiliated clubs their need to implement these changes. The following case example demonstrates some of the steps taken by one sponsored organization that have resulted in widespread implementation of smoke-free environments by its member clubs.

#### *Case study 2: successful implementation of smoke-free environments by a sponsored organization*

In 1997 only 8% of clubs were smoke-free. At the beginning of 1998 a seminar was held for

all clubs, during which they were provided with information about going smoke-free. It was felt that it was important to give the information to club delegates and explain the issues rather than just mailing out the *Going Smokefree* materials. At the beginning of 1999, the 35% of clubs that had not gone smoke-free were targeted and the issues were worked through individually with many of them. At the beginning of 2000 the sponsored organization was again planning to address the issues with the remaining 15% of clubs that had yet to become smoke-free.

The support of key individuals within sporting organizations is crucial in facilitating structural changes in the sporting setting. Changes for which there is widespread support within the sport are also more easily implemented irrespective of whether individuals support the changes because: (i) of concerns for their own health or that of others; or (ii) the changes are viewed as an investment in the future of the sport. Both types of concerns underpin the responsible serving of alcohol policy implemented by the sporting club in the following example.

#### *Case study 3: successful implementation of a responsible serving of alcohol policy by a local sporting club*

A local sporting club, which is reportedly concerned about its reputation, has been keen to implement a range of healthy practices including responsible serving of alcohol. No players are allowed to drink in uniform, no drinking in front of children is allowed except at the Junior Presentation night, and low-alcohol beer is sold for less than full-strength beer. Food is always available when alcohol is served and cheap A\$3 meals are provided quickly after games to encourage people to eat before they start drinking. Anyone who is seen to have consumed too much alcohol is not permitted to remain on the premises, and the clubrooms close at 9 pm as another strategy to limit alcohol consumption.

Factors that hindered the implementation of structural changes by sporting organizations included: (i) other more pressing issues to be addressed than health promotion; (ii) perceived costs; and (iii) structural impediments (e.g. catering contracts with venues or not having exclusive access to facilities).

### Monitoring and evaluation

The monitoring and evaluation of structural changes was very crude, ascertaining only the extent to which changes have been implemented at the level of the sponsored organization rather than whether sponsored organizations have undertaken critical processes such as: (i) development and implementation of association policies; (ii) development of an effective strategy to communicate to clubs about the requirements to implement structural changes; and (iii) provision of training and support for clubs to facilitate them implementing structural changes. A further difficulty with the evaluation of structural changes was that affiliated clubs were often the setting in which these changes were implemented. However, because they are not signatories to the sponsorship contracts, data was rarely sought from clubs concerning the changes that they had implemented.

### Outcomes

Sponsored sporting organizations varied extensively with respect to the extent to which they reported implementing structural changes to improve the health of the sporting environment. However, like Corti *et al.* (Corti *et al.*, 1995) we could not attribute success to the size of the sponsorship. Nor was there any evidence that specific organizational structures, the existence or absence of paid staff, the age and gender of those participating in the sport or the health message being promoted was necessarily associated with the achievement of structural change.

In the absence of a programmatic approach, implementation of structural changes was largely dependent on individual members of sporting organizations. The key difference between those organizations that had been more successful in implementing structural changes from those that had been less successful was that the former tended to have a 'can do' attitude to the required changes, such as the respondent who said that there was 'no problem' advocating changes to affiliated clubs as 'people are generally thinking that way and it's a matter of getting them to think about doing it as a club'. At the other extreme were respondents from sponsored organizations who believed that implementing structural changes was beyond the capabilities of their affiliates.

It is also important to distinguish between sporting organizations and the individual clubs

that may make up a sport. Sponsored organizations may have little power to require affiliated clubs to implement changes that have been agreed to at an association level. Furthermore, the perceptions of respondents from sponsored organizations as to the extent of change being achieved at the club level did not necessarily concur with the reports of club officials.

Clubs varied considerably with respect to awareness of the need for structural changes and the extent to which they have implemented these changes, and club members often reported unwritten codes of conduct (e.g. not smoking in front of children), which may be adhered to despite the absence of formal policies. Moreover, the implementation of structural changes by affiliated clubs was often seemingly independent of any sponsorship requirements. Sun protection and smoke-free venues were easiest to implement by clubs, followed by responsible serving of alcohol. Healthy catering was achieved far less often and was considered far more difficult to implement.

### DISCUSSION

This study has demonstrated that sponsorship programmes can lead to health and sporting organizations successfully collaborating to improve the health of the sporting environment, especially when adequate supports are provided to sporting organizations. However, in the main, structural changes are not equally easily achieved. While smoke-free venues and sun protection measures are widespread, responsible serving of alcohol and in particular healthy catering options are more difficult to achieve in the sporting context. Furthermore, rather than the implementation of healthy practices, some sponsorships resulted only in policy development.

That some areas of change are more easily achieved is not unexpected given that sporting organizations funded by the Western Australian Health Promotion Foundation (Healthway) also report being less likely to have policies about healthy food choices than for smoke-free areas and sun protection (Corti *et al.*, 1997). While widespread implementation of smoke-free areas is supported by strong public support (Borland and Hill, 1991; McArdle *et al.*, 1993; Pikora *et al.*, 1999), it may be that sporting organizations have underestimated the public's desire for the availability of healthy food choices (Schmid *et al.*,

1989). On the other hand, the expectations communicated to sponsored organizations about healthy food choices may deter even those who believe it is an issue they should address. Simple guidelines such as recommending that fruit and sandwiches be made available may be more effective than some very detailed guidelines we encountered that supposedly delineated between high- and low-fat brands of certain types of cakes and biscuits.

While this study, and others cited above, involving sports sponsorships to promote health are all Australian, a passion for sport is not limited to Australia, and there are potential applications of these findings beyond our shores. To achieve structural change, it is important to adopt a programmatic approach in which there are clear expectations, realistic time frames, strong supports, a focus on implementation rather than policy development, and realistic monitoring and evaluation of outcomes.

Others have previously recognized the need to provide ongoing support to community organizations who become involved in health promotion and not to diffuse efforts by trying to tackle more than one or two health issues at a time (Goodman *et al.*, 1993). Our findings concur with both of these earlier recommendations. Furthermore, we believe it to be imperative that funding bodies continue to (i) explore how they might best help community organizations such as sporting associations implement potentially difficult health promotion programmes, and (ii) ensure that their own processes do not diminish the potential for structural changes to be achieved.

The findings presented in this paper also have implications for the evaluation of structural change. Any evaluation should not privilege policy development over implementation of structural change nor assume that sponsored organizations that have developed policies actually implement these changes. Furthermore, although some sponsored organizations host sporting events for their members, the more common practice is that these are hosted by affiliated clubs. This delineation of roles suggests that while sponsored associations can be asked about the processes they have undertaken to facilitate structural changes in their sports, it is the clubs who are responsible for the outcomes achieved. We therefore recommend that sponsored organizations report on the process of implementing structural change for which they have been responsible. Information about structural change

at the club level should be obtained directly from clubs rather than from the sponsored organization.

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