Organisational readiness and capacity building strategies of sporting organisations to promote health

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A R T I C L E   I N F O

A B S T R A C T

This paper explored the readiness of Victorian State Sporting Organisations (SSOs) in Australia to implement health promotion (HP) programs and sought to understand how they implemented capacity building strategies to promote health. Ten SSOs that received funding to develop and implement HP were recruited for the study. Interviews were conducted with key staff from SSOs and focus groups were undertaken with their Boards of Management. Factors analysed were SSO organisational readiness and capacity building strategies to implement change in organisational processes, organisation and resources, and systems and controls. SSOs made a concerted effort to create and support sport and recreation contexts that promote healthy behaviours. A number of SSOs achieved changes in their culture and systems by implementing formalised and systematic programs such as the club development program. The club development program supported the implementation and sustainability of HP throughout the organisational system of the SSO. These changes, however, were dependent upon organisational readiness; particularly climate and capacity, whereby financially "well off" SSOs had the capacity to engage in HP in a significant way. This paper highlights opportunities and challenges for policy makers to fund HP within sporting organisations; especially when the delivery of sport is a more immediate responsibility than HP.

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1. Introduction

The primary goal of sport and recreation organisations is to provide individuals and communities with opportunities to participate in sport, recreation and physical activity. At the community level, these organisations often provide a combination of structured, unstructured, competitive and non-competitive programs that are delivered by volunteers in sporting clubs. Most community-based sports clubs are supported and potentially governed by National and/or State Sporting Organisations (NSOs and SSOs, respectively) who manage national and state competitions, focus upon coach, official, and player development, promote diligent management in community-based sports clubs, provide insurance coverage for players, assist in facility development, and seek to increase and maintain participation in their sport (Hoye, Smith, Nicholson, Stewart, & Westerbeek, 2009).

In Australia and other parts of the world such as Finland and the US, sport and recreation organisations have been encouraged to provide healthy environments such as smoke-free environments, sun protection, and safe alcohol practices; particularly through legislative and policy approaches (Bormann & Stone, 2001; Corti et al., 1995; Eime, Payne, & Harvey,

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2008). The use of sport and recreation organisations to achieve non-sporting objectives is not new among policy makers. Sport and recreation organisations have long been perceived as a vehicle to achieve a range of non-sporting objectives including nationalism, social rights of citizenship, and a wide range of health objectives. For example, in 1956 the South African policy of apartheid drew international attention to the institutionalised racism of the Nationalist party and opponents of the South African government called for other nations to sever economic and sporting contacts (Polley, 1998). More recently, sport and recreation organisations have been required to address a wide range of policy issues including social capital, improving health, job creation, economic regeneration and the stimulation of tourism (Coalter, 2007; Houlihan, 2008). For instance, sport policies from Australia, Canada, England, and New Zealand during the period 1999–2006 have included reference to social capital, whereby governments implicitly believe that participation in sport generates increased social cohesion, social connectedness, and increased community wellbeing (Hoye & Nicholson, 2008). Similarly, participation in sport and physical activity is promoted internationally to ease the financial and social impact of a range of chronic diseases associated with physical inactivity (Priest, Armstrong, Doyle, & Waters, 2008; Sparling, Owen, Lambert, & Haskell, 2000).

Whilst the use of sport and recreation organisations to achieve non-sporting objectives is not new among public policy makers, the way in which sport has been touted to improve health has progressed from a passive and symbolic settings approach to one that is more ambitious, active and programmatic; particularly in Australia. The settings-based approach is contemporary to health promotion (HP) theory and is built on the principle that change is not solely focused on individuals and their health problems, but that changes are generated in organisations and communities to ensure the development of environments that support population-wide changes in health-related behaviour (Whitelaw et al., 2001). Setting-based approaches have ranged from the more conservative and passive model where settings provide communication channels and access to participants to deliver individually focused HP messages and activities; to the more ambitious and comprehensive model that seeks to develop policies and bring about structural and cultural changes within organisations and communities (Whitelaw et al., 2001).

In Australia in the late 1980s, many sport and recreation organisations were sponsored via schemes designed to facilitate the replacement of tobacco industry sponsorship of sport with health-focused sponsorship. This was consistent with the more conservative and passive settings approach; whereby, the setting was a vehicle to deliver health messages. More recently, health-focused sponsorship of sport and recreation organisations has facilitated a more 'active' model through sponsorship to develop and implement HP policies including smoking free areas, healthy food choices, and safe alcohol practices (Corti et al., 1995; Dobbinson, Hayman, & Livingston, 2006; Swerissen & Crisp, 2004). This approach focused upon tightly defined topic areas and assumed that policy changes in the setting would influence individual behaviour by making the 'healthier choice, the easier choice'. To date, there is limited evidence that policy changes within sport settings result in individual behaviour change; although it has been reported that a policy banning alcohol in American college-sporting stadiums reduced arrests and assaults at the venue (Bormann & Stone, 2001).

Whilst sport and recreation organisations might be less focused on overtly achieving public health objectives; there is an acknowledgement by key stakeholders in these organisations that the implementation of health-related policies and practices positively impacts on sport participation, club membership, and hence the viability of sport (Eime et al., 2008). The active use of sport and recreation organisations to achieve broad public health objectives is a relatively new strategy by governments and health organisations, and hence requires sports organisations to implement changes to the planning and delivery of their sport. Considering the differing organisational values and goals across sectors (e.g., health vs sport) and the varying capacity of sporting organisations this is a challenging initiative. To date, research has not explored the organisational readiness and capacity building strategies of sporting organisations to achieve a range of social and health outcomes, despite their increasing involvement in health-related programs. Understanding the organisational readiness and capacity building strategies of sport and recreation organisations is important for assisting policy makers, practitioners and funding bodies from both the health and sport sectors to make decisions about the promotion of health through sport, and is useful for gaining stakeholder support, empowering others to implement change and institutionalising change (Kotter, 1995; Oakland & Tanner, 2007).

The purpose of this study, therefore, was to explore the readiness and capacity building strategies of SSOs to implement HP activities that encourage healthy behaviours and contribute to public health objectives. The study was set in Victoria, Australia; and specifically SSOs that had been sponsored to develop and implement HP policies and practices by the Victorian Health Promotion Foundation (VicHealth). VicHealth is an agency that was established by the Victorian Parliament as part of the Tobacco Act of 1987 to promote good health and prevent ill-health.

A description of sport policy in Australia, along with a review of organisational change in sport is outlined below to contextualise the study. This is followed by the theoretical framework, results and discussion. The results of the study are presented within the key themes of the theoretical framework (i.e., organisational readiness for change and implementing change) and the discussion highlights the opportunities and challenges for policy makers to fund HP within sporting organisations.

1.1. Sport policy in Australia

The evolution of sport policy in Australia has been heavily influenced by government policy. Prior to World War II, government involvement in sport was limited and mostly focused on elite participation and facility development (Hoye &