# Sustaining health promotion programs within sport and recreation organisations

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## Introduction

In public health, many developed nations are investing resources in the sport and recreation sector as a new strategy to assist organisations and communities gain control over health issues related to obesity. For instance, the Netherlands' government identified sport as a means to achieve population health objectives and have allocated financial resources (approximately €74.8 million over 2005—2010) to increase the number of peo-

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ple participating in sport for health benefits.[1] In Australia, healthy policies and practices (e.g. smoke-free settings) have been introduced through the sponsorship of structural reform to create healthy environments and encourage healthy behaviours.[2] Considering the financial investment in these policies and programs, policy makers and funding bodies are concerned with the long-term sustainability of funded programs, particular as many programs are discontinued after initial funding ends.[3–6]

Whilst sustainability receives increased attention in public health, there is little consensus about the conceptual and operational definitions of sustainability.[7,8] Shediac-Rizkallah and Bone[7] highlight three perspectives about the concept of sustainability and these included: maintaining the health benefits achieved through an initial program; the continuation of a program, or program activities within an organisation; or building the capacity of the recipient community.[7] The continuation of a program, or program activities within an organisation is often referred to as institutionalisation, or the long-term survival of programs beyond an initial funding period.[4,9] Institutionalisation of a health promotion program is the focus of this research paper and is important for encouraging subsequent community mobilisation.[7]

Frameworks have been created to assist in the development of sustainable programs.[7,10] Community-based health promotion programs are more likely to be sustained when: an organisation's interests fit the goals of the program;[11] there is mutual respect between funding bodies and host organisations during the negotiation process;[12] and the program has shown itself to be effective.[4] There is limited research, however, on the sustainability of health promotion programs implemented within the sport and recreation sector as the majority have focused on school or community health settings.[4,5,13] Some research does exist on the long-term maintenance of organisational change in relation to government-funded programs in sporting organisations.[3] In this case, Sport Canada provided financial support to National Sport Organisations (NSOs) over the period 1983–1996 to transform the amateur sport system from one that was volunteer-controlled to a professional, bureaucratic organisational design. It was found that organisations that opposed the change conformed only in the short-term, and mainly in response to financial incentives; whereas, organisations that had members who held values consistent with the changes prescribed by Sport Canada were able to successfully engage in the change process.[3] These data lead to the proposition that if health promotion programs are to be sustained within the sport and recreation sector beyond initial funding, new structures, approaches and/or organisational values must be created or adopted to support the health promotion program.

The infrastructure of sport and recreation is well established in developed countries including the UK, Ireland, Australia, South Africa, New Zealand, and Germany; all of which have similar sport and recreation systems. In these countries, NSOs and where appropriate, State Sporting Associations (SSAs) govern their respective sport, organise National and State competitions, and provide support to community-level sporting clubs. At the local level, volunteers manage and deliver physical activity opportunities in local sports clubs. From a health promotion viewpoint, these National, State, and local sport and recreation organisations have the opportunity to promote health; particularly given the number of individuals engaged in organised sport and physical activity.[14] In order for these initiatives to be sustained, it is important to plan for and implement capacity building strategies, along with dissemination and diffusion strategies to ensure that health promotion is both encouraged in sport and recreation settings and the interventions are made widely available.[15]

The aim of this study, therefore, was to investigate the factors affecting the sustainability of a health promotion program located within sport and recreation organisations. This research sought to identify strategies for funding agencies and other organisations that seek to promote and sustain health promotion by sport and recreation organisations.

## Methods

The research was conducted in the Australian State of Victoria within the Participation in Community Sport and Active Recreation (PICSAR) scheme established as an initiative of the Victorian government funded, Victorian Health Promotion Foundation (VicHealth). The PICSAR scheme was implemented across regional Victoria by nine Regional Sports Assemblies (RSAs) under contract to VicHealth. RSAs are largely state government funded, independent, legally incorporated, not-for-profit organisations in which the day-to-day operations are managed by paid employees and they are governed by a voluntary board of management. They focus on assisting the development of the regional community-level sport and recreation sector and are similar in nature to the UK County Sports Partnerships.[16] One role of the RSAs is to

support the work of the National, State and local sporting organisations. All nine RSAs communicate regularly through a collective body known as Sports Assemblies Victoria.

VicHealth funded each RSA (AUS$ 90,000–97,683) annually during 2002–2006 and provided workforce development strategies, including a health promotion short-course and regular network meetings. The resource allocation and workforce development strategies were part of a capacity building strategy used by VicHealth to expand the RSAs' focus on sport to include health promotion practices in the delivery of their programs. The role of RSAs in the PICSAR scheme was to facilitate capacity building and partnership development strategies with a range of community and sporting organisations. The aim of this approach was to increase access to, or facilitate the development of sport and recreation programs within various community, sport and recreational settings.

Four of the nine RSAs were selected using a stratifying sampling method. All RSAs were stratified into two regions according to their proximity to the capital city, Melbourne. Three RSAs were excluded due to: a research member's previous association with one RSA; travel distance; and recent establishment. From the remaining six RSAs, the organisational infrastructure capacity was assessed and ranked by VicHealth. The highest ranking organisations were selected from each of the two regions. This was important considering the study was conducted over a 2-year period. The four selected RSAs agreed to participate in the study.

Semi-structured interviews were conducted with four Executive Officers (EOs), along with four focus group discussions with the members of their Boards of Management. This process provided an opportunity to corroborate evidence from different people; thereby, assisting to verify the findings and establish trustworthiness in this qualitative study.[17] A topic list based on the sustainability checklist developed by Hawe et al.[10] was used to guide the data collection and analysis. The interview questions were framed on the pre-specified dimensions of the checklist which included the: (1) organisational setting; (2) broader community environment; and (3) program design and implementation.

The interviews were recorded, transcribed and then managed using QRS NVivo 2.0™ software analysis package which helped to develop and manage the coding scheme. A content analysis method was used to identify the presence of relevant concepts within a text.[18] The study was approved by the University Human Research Ethics Committee.

## Results

### What is working to sustain the health promotion program?

#### The organisational setting

There were a range of organisational and managerial structures and processes that supported the institutionalisation of the PICSAR scheme by RSAs. Firstly, the PICSAR scheme aligned with the RSAs' organisational values and focus areas, such as ''*capacity building*'', ''*partnership development*'' and ''*participation in physical activity*''. Secondly, the PICSAR scheme complemented other RSA funded programs and was integrated within existing programs. For example, the PICSAR scheme funding enabled the RSAs to expand their existing role from supporting the infrastructure and management of local sport, to engaging new organisations and individuals in the development of physical activity programs. The compatibility of the PICSAR scheme with the core values and operations of the RSAs influenced the integration of the program within the organisation.

The third factor that supported the institutionalisation of the PICSAR scheme was the development of program ''champions''. Program champions are influential individuals within the organisation that act as advocates.[7] In the case of an RSA, the organisation was relatively small with minimal hierarchy that includes an EO and Project Officers. Some RSAs may also have an intermediate level of a Program Manager. The EOs fulfilled the role of a program champion and were responsible for gaining the support of the Board of Management to adopt the scheme. Some Board Members were also identified as advocates for the PICSAR scheme as they were consumers or beneficiaries of the scheme, and worked in partnership with the RSA to facilitate sport and recreation programs.

#### The broader community environment

In the absence of on-going funding, EOs reported several factors in the broader community environment that may support the institutionalisation of the PICSAR scheme. Initially, the PICSAR scheme aligned with community opinion as the scheme promoted participation in physical activity for health benefits. This was important as there were an increasing number of people who were interested in other ways of engaging in physical activity rather than just through organised competitive sport. The community's opinion was then reflected in the way that organisations were responding to the delivery of sport and recreation programs. For instance, sport and recreation organisations ''*were talking*

*about physical health and wellbeing*'' (RSA 2) in the planning and delivery of their programs. Likewise, EOs noticed changes in the health sector, where health-focused organisations were adopting physical activity strategies as a means to prevent disease and illness.

Finally, the EOs believed that Primary Care Partnerships (PCPs) were a network of organisations that would advocate for the PICSAR scheme should the funding be threatened. A PCP is a Victorian government-funded organisation that seeks to facilitate the establishment of partnerships between local primary health care providers such as medical doctors, community health centres, and community groups to promote an integrated approach to health care and health promotion.[19] This network was identified as a potentially strong advocate for RSAs because of the support RSA staff members provided to PCPs, particularly with respect to facilitating cross-sectoral partnerships between the health, sport, and recreation sectors. These linkages were important since physical inactivity had been identified within the health sector as a risk factor for poor health outcomes.[20]

**Program design and implementation**

There were certain program design and implementation factors identified in the sustainability checklist of Hawe et al.[10] that supported the institutionalisation of the PICSAR scheme in the absence of on-going funding. These factors include stakeholders being aware of the program and being involved in its development, and the formal and informal training of staff in the program. The EOs and Board Members within RSAs were key stakeholders in the program and had a sophisticated level of understanding of the PICSAR scheme. However, VicHealth's relationship with Board Members did not appear as strong. Some Board Members described their relationship with VicHealth as a one-way relationship, using words and terms such as; ''*funding agreement*''; ''*obligation*''; ''*They pull the strings*''. In addition, two RSA Boards of Management suggested that VicHealth needed to further develop their relationship with RSA Board Members by implementing professional development opportunities specifically for Board Members and/or providing strategic advice in Board meetings.

The provision of financial resources for RSAs to undertake a community needs assessment supported the implementation of the PICSAR scheme as it allowed RSAs to assess how they could best serve their community. Whilst this financial support was beneficial, this support was ''once-off'', and regular surveillance needs to be conducted to ensure RSAs maintain support for their services, or ''fit'' with the community and policy environment.

Finally, the workforce development opportunities provided RSA staff members with new skills in health promotion and partnership development so that their focus was no longer limited to sport. Despite undertaking the training, some RSA staff members were not retained in the PICSAR scheme due to staff turn-over. Project Officers resigned because other organisations offered higher salaries, more career options, or job security.

## Factors that inhibit the sustainability of the health promotion program

Continued funding is a primary factor affecting the institutionalisation of the PICSAR scheme by RSAs. The EOs and Board Members felt that the organisation ''*relies very heavily on the funding*'' to support the delivery of the PICSAR scheme. Any reduction in the current level of funding was thought to ''*make it almost impossible to sustain*'' the program. Whilst the interviewees were adamant that decreased funding levels would reduce the organisation's capacity to deliver the program, it was evident that the health promotion principles of the PICSAR scheme were valued. For instance, one EO commented that they were committed to health promotion and ensured that all staff participated in health promotion professional development opportunities. Another felt that the PICSAR scheme had built up community expectations for the RSA to be involved in health promotion planning and therefore had an obligation to the health sector. It was even more evident that the RSAs were committed to health promotion when three EOs commented that in the case of reduced funding levels from VicHealth, funds from the health sector could potentially be sought from other government agencies.

Despite the fact that the PICSAR scheme was valued by RSAs and there were potential funding avenues, the RSAs' capacity to access new revenue was limited since they were ''*flat strapped trying to do what we have to do at the moment* [*in the PICSAR scheme and in other RSA funded programs*] . . .'' (RSA 4). Most Board Members were also pessimistic regarding the ability of RSAs to generate new resources. This was primarily since they believed there was a lack of public resources available in regional areas, and most funding bodies restrict how grant funds can be spent. A comment was also made by a Board Member that finding and maintaining funding could potentially distract staff from their immediate job; ''*promoting active participation*'' (RSA 4).

## Discussion

It was a promising sign that a sporting and recreational organisation accepted the principles of a health promotion program and it was apparent that the program was integrated within existing programs operated by the organisation. This was achieved through organisational capacity building strategies; specifically resource allocation and workforce development. The findings from this study support and extend the results of others who found that programs that are integrated within existing programs or systems, involve stakeholders in the development of programs, and provide formal training opportunities are more likely to be sustained in the long-term.[4,12] Steckler and Goodman,[4] who illustrate how to institutionalise health promotion programs, provide some insights to the results obtained in this study. It was observed that the PICSAR scheme progressed well as it cultivated a program champion, and fitted the organisation's values and focus areas. Like many other funded programs,[3–5,7] however, there was limited capacity to continue its delivery in the absence of on-going funding. It was evident that the PICSAR scheme did not provide RSAs with support to generate new funds, which were factors inhibiting program institutionalisation.[4]

Government departments across the globe are moving towards improving population health through physical activity and the sport and recreation sector has an overt role to play in achieving this goal. This study sought to identify strategies to sustain health promotion in the sport and recreation sector. One limitation of this study was the small sample size and given its qualitative nature, the findings cannot be generalised to all sport and recreation organisations; particularly as the organisational structure and interplay of organisations may influence the findings. Secondly, this study addressed the early signs of change among the organisations and it is not yet known whether the changes will be sustained in the absence of on-going funding. Further research in this area is required to examine organisational change in general, as well as exploring any tension between opportunities to secure new resources and mount new programs, and existing long standing obligations to the community. In particular, it is important to understand how the resolution of this tension affects the organisation's goals and long-term program sustainability.

In a broad context, several key learnings are evident regarding how health promotion organisations fund sport and recreation organisations to sustain the delivery of health promotion programs. In order to implement and sustain programs, program developers should not only consider capacity building strategies that focus on the provision of financial resources and workforce development; change strategies directed at the organisation must also be planned and implemented to secure the long-term commitment of the organisation in health promotion.[21] The use of the sport and recreation sector as a setting for health promotion is a relatively new strategy, and presents challenges to program success; particularly considering the differing organisational values and focus areas between the various sectors. In order to facilitate organisational changes it has been suggested that organisational processes (e.g. health policies), structures (e.g. job descriptions), and resources (e.g. financial and human resources) that support the change are planned and implemented to assist the organisation meet the new and on-going strategic and operational challenges of a program.[22] It is also suggested that the responsibility to access new funds is a shared responsibility between the funding agency and the funded organisation, as collaborative planning supports organisational changes.[23] Addressing these underlying factors is important for encouraging long-term change in the way organisations address and respond to public health objectives such as those associated with obesity. Ultimately, strategies that manage planned organisational change would help funding bodies and their recipients plan for long-term sustainability in the absence of the on-going funding. Additionally, longer and larger funding awards, contingent on a program's progress, may result in greater ''pay-offs'' in the long-term as strategies to sustain programs can be carefully mapped and monitored during this time—including organisational change strategies.[4] This is particular relevant to health promotion programs developed in new settings and which reorient the way organisations respond to health issues.

### Practical implications

- Sport and recreation organisations can successfully adopt health promotion principles and practices.
- Capacity building strategies that focus on developing and managing organisational changes are very important for developing organisational processes, structures, and resources that support long-term health promotion practice.

- Implementing health promotion programs within new settings will take several cycles of problem solving and program development before capacity is built within organisations to work on particular health issues.

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