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Football for health: getting strategic

Simon Lansley & Daniel Parnell

Abstract

Community foundations and charities operating within professional football clubs are being championed as a vehicle to deliver on the Public Health agenda. This personal commentary from the authors offers insight into the context of football for health drawing on the relevant research literature and their experiences working within the football industry in England. The football and health examples highlight under-resourced and under-evaluated interventions, whilst highlighting the importance of partnership working. The authors hope to support those in football and health in getting strategic through their interventions, evaluations and partnerships, in order to capitalize the potential of football in supporting the objectives of Public Health England.

Football has been the go to sport for not only the sport for development movement, but also for corporate enterprises wishing to deliver on a corporate social responsibility (CSR) agenda.1 Community foundations of professional football clubs have been ushered to the front of the queue by big brands, business and clubs alike to deliver on social welfare objectives, including physical activity and health.2 It is time for community foundations and charities operating within professional football clubs to step out of the shadows and start to shout about their impact and celebrate their value. This personal commentary from the authors offers insight into the context of football for health drawing on the relevant research literature and their experiences working within the football industry in England. The authors seek to offer those working within football for health a clarion call get strategic through their interventions, evaluations, and partnerships, in order to capitalize their potential and support the objectives of Public Health England.

The socio-political and economic context provides an interesting era of policy and in turn opportunity for community foundations to recruit additional resources to tackle the health agenda.3 For those who have got the money, CSR still does not feature high on the list of business priorities. Indeed, many CSR initiatives still unable to reconcile the incongruence between short-term business objectives and longerterm social welfare issues.4 Football clubs must of course focus on TV revenue, sponsorships deals or season ticket sales, while national governing bodies find their time taken up worrying about how to hit participation targets5 or managing one public relations crisis after another.6 Plus, at the top end of sport it's an intoxicating business; egos and reputations can grow so big they sometimes seem to have lost touch with the real world.7 Senior executives still talk about their organizations 'giving away' money to community projects, as if it they were born of altruism.8

It is this intersection between the commercially oriented glitz and glamour of professional football clubs and the never-ending quest for increased participation (amongst other social issues) that you will find the average football club community foundation. Most of these organizations are lucky to make the any other business on the agenda at the Board meeting often because the concept of SROI (Social Return on Investment) is still in its infancy within football and cost-effectiveness is either beyond either the evaluation skill base of practitioners or the budget constraints of community foundations [or both].9 Even if those working within a club's community foundation engage with the local populace more than anyone else at the club, it is just so damned

hard to measure this engagement in monetary terms to a CEO (chief executive officer) and broader stakeholders.10

Football club community foundations have been caught up in a period of exponential growth through increased resource availability and funding opportunities from the days of the then Labour government in 1997.11 Alongside this, project delivery has become more complex as delivery agendas have shifted from traditional football coaching in schools to new areas such as health improvement.12 Community foundations are now at a new juncture, were their departments, in many cases have grown in size, and directors have, and still are chasing funding resources to now sustain their organizations. Previously, it has been highlighted that in times of austerity, inflated promises – often through programme targets – can be made.13 This has been observed by the authors in a variety of football and health improvement contexts, which has prompted this personal insight article. The authors highlight and describe two personal experiences in the following section. Using these two examples, the authors illustrate some of the contextual and applied challenges faced by practitioners in this current era of football and health.

In the first example, funding has been provided to football club community foundation to deliver a new area of work in football health improvement. This involved the community foundation delivering a 10-month football programme for participants with mental health issues on a budget of £10,000 without consideration of process or impact evaluation. This was not only a new area of work for the community foundation [i.e. working with participants with mental health issues], but also an agenda the current staff had little or no experience or any requisite skill for delivering. The second example concerned the provision of funding totalling £20,000 to a community foundation, by a local Public Health commissioner. To receive the funding the community foundation had to agree to ensure 2000 men lose a clinically significant amount of weight (i.e. a 5% reduction in weight) within at 12 months. These are not isolated cases, just two examples to underline the authors growing concern within the industry. To the authors, both these cases (and projects) are under-resourced and supported. In order to approach a new avenue of work, you would expect project staff to require a new skill base and expertise.14 Further both cases highlight an absence of evaluation requirement beyond the measurement of participant weight pre-and post-programme in the latter case. Given that guidance supports evaluation costs at between 10 and 20% of programme budgets,15 it is clear that these examples lack appropriate support and funding and potentially place community foundation managers and practitioners into potentially unethical situations commissioners [and/or investors], whereby they are driven towards inflating programme targets. The authors have experienced similar cases on scaled up and scaled down versions of the two examples provided, and they believe such experiences will resonate with many reading this article from both health promotion and sport for health backgrounds. The authors hope those readers would agree that these programmes should not be funded through this approach. Further, the authors call for a strategic approach to programme funding and evaluation, which includes developing both delivery and evaluation partnerships, and the provision of adequate and relevant support, which includes committing to realistic resources and outcomes.16

For football club community foundations to become financially viable and work towards sustainability, they need to become more focused, strategic and adopt sound business planning. That means defining a product (or service) and its value simply and clearly, ensuring there is a good, healthy market for that product. For football and health, this could be led by national, regional, and/or local needs. It might be for any group across the lifespan, from children through to older adults. Health or social issues, such as, inactivity, obesity, heart disease, smoking cessation, alcohol consumption or homelessness, could initiate this need. Indeed, Public Health England endorses a

national needs assessment, which provides a 'big picture' for health priorities, which must be dovetailed with local priorities and perspectives.17 Whatever the need, football club community foundations must focus on these strategic objectives. This will help them avoid getting side-tracked, often on programmes set up to fail by commissioners or investors seeking unrealistic targets. This will mean community foundations must be able and strategic enough to say 'no' to socalled opportunities, which fall outside this strategic need and subsequent focus. From the authors applied experiences, the community foundations that will prosper during this complex socio-economic and political time are those which are run on strict business grounds, focused on evidencing impact, using where feasible SROI and cost-effectiveness, whilst remaining mindful of their profit and loss. For community foundations, the message is clear: be strategic; strategic with their intervention and subsequent evaluation.

So what do we know about football and health? Football has been used to deliver health interventions18 across a range of groups across the lifespan (i.e. children to older people) whom exhibit a range of diseases and conditions.19 Football clubs can engage large numbers supporter and people within their local communities, as such interventions have attempted to capitalize on this link to improve people's health.20 Football club-based interventions have been shown to improve lifestyle behaviours, such as physical activity, diet, smoking and alcohol consumption in men and older men,21 the management of weight and BMI in men and women22 and improved mental well-being in men.23 Moreover, football has been found to be an important factor for engaging children in fun and enjoyable physical activity,24 for engaging families in positive lifestyle changes25 and supporting positive opportunities for older adults to engage in physical and social activities.26 Importantly, football clubs (through community foundations) are able to attract diverse groups from the community on to health improvement interventions.27

The growing evidence base supporting the role of football in health improvement is extremely valuable for community foundations. Yet, as Public Health England endeavour to protect and improve the nation's health and well-being, and reduce inequalities, they will seek effective interventions that can evidence value for money.28 One intervention, which has been, able to offer an exemplar evaluation to support the case of football health improvement is 'Football Fans in Training' (FFIT), a gender-sensitized, weight-management intervention delivered across 13 Scottish Premier League football clubs.29 This was a pragmatic randomized control trial of N = 747 men aged 35–65 years old with a BMI of 28 kg/m2 or higher. After one year, the mean difference in weight loss between the intervention and control groups – adjusted for baseline weight and club – was 4.94 kg, whilst percentage weight loss was 4.36%. Not only was FFIT efficacious, but also it was also cost-effective.

Quality-adjusted life year (QALYs) is a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a participant following an intervention and weighting each year with a quality of life score (on a 0 to 1 scale).This can be measured in terms of the person's ability to perform the activities of daily life, freedom from pain, and mental disturbance.30 Results from FFIT indicated that the cost per QALY gained fell below the threshold of £20,000 used by NICE, and in turn, the intervention was considered cost-effective. Overall, the FFIT programme enabled a substantial proportion of men to lose a clinically important amount of weight. FFIT is a powerful piece of research that should be used by other community foundations. However, given the costs of FFIT [in the region of £1 million], it is unlikely that community foundations could resource this level of

research. As such community foundations should seek to learn from this researchand develop workable programmes and evaluations in their setting.

During this period of economic austerity, it will be those who can evidence their impact that are able to develop and sustain their organization and impact.31 No matter the size of a football club community foundation's turnover, it is apparent that they must work towards being able to provide evidence of their impact, through the development and delivery of evidence-based interventions, alongside easy-to-define outcomes and precise M&E (monitoring and evaluation), which will be imperative to commissioners and investors. As such, this may also involve recruiting an independent project partner (such as a local university) to provide support and guidance for evidenced-based practice, project planning and research and evaluation.32 For the latter, it will be important for research and evaluations to be both strategic and aligned with the resources of the community foundations in the current economic climate.

In summary, the potential of health improvement delivered through community foundations has some evidence of effectiveness. This will be a potent resource for community foundations preparing to embark on football and health improvement to inform their interventions. It is critical to utilize this evidence into intervention planning and in turn to develop relevant evaluation measures, through partnerships and then share findings with potential commissioners and investors. Football offers a very attractive and potential powerful vehicle for health improvement. For us to truly value the role community foundations to support Public Health England, it is time for them to get strategic with their interventions, evaluations and partnerships.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes

1. Doane, 'The Myth of CSR'; Slack and Shrives, 'Beyond the Game. Perceptions and Practices of Corporate Social Responsibility in the Professional Sport Industry'; Coalter, 'Sport-in-Development: Development for and through Sport?' 48; Levermore, 'The Paucity of, and Dilemma in, Evaluating Corporate Social Responsibility for Development through Sport'.

2. Quazi, 'Identifying the Determinants of Corporate Managers' Perceived Social Obligations'; Smith and Westerbeek, 'Sport as a Vehicle for Deploying Corporate Social Responsibility'; Babiak and Wolfe, 'Determinants of Corporate Social Responsibility in Professional Sport: Internal and External Factors'; Hamil and Morrow, 'Corporate Social Responsibility in the Scottish Premier League. Context and Motivation'; Parnell et al., 'Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change'; Parnell and Richardson, 'Introduction: Football and Inclusivity'.

3. Parnell, Millward, and Spracklen, 'Sport and Austerity in the UK: An Insight into Liverpool 2014'.

4. Newell, 'Citizenship, Accountability and Community. The Limits of CSR Agenda'.

5. SkySports, Sport England Slash Netball Funding; Gibson, Sport England's £1.6 m Cut to the FA 'a Warning over Grassroots Failure'.

6. BBC, Greg Dyke: FA Chairman Says Grassroots Football 'in Crisis'.

7. Parnell et al., ‘Implementing “Monitoring and Evaluation” Techniques within a Premier League Football in the Community Scheme’.

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9. King, Local Authority Sport and Recreation Services in England: Where Next? The Association for Public Service Excellence; Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’; Hunt et al., ‘A Gender-sensitised Weight Loss and Healthy Living Programme for Overweight and Obese Men Delivered by Scottish Premier League Football Clubs (FFIT): A Pragmatic Randomised Controlled Trial’.

10. McGuire and Fenoglio, ‘Football in the Community: Resources and Opportunities’; Karnani, ‘The Case Against Corporate Social Responsibility’; Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’.

11. Coalter, A Wider Social Role for Sport: Who’s Keeping the Score?

12. Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’.

13. Weiss, ‘Where Politics and Evaluation Research Meet’.

14. Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’.

15. Dugdill and Stratton, Evaluating Sport and Physical Activity Interventions: A Guide for Practitioners.

16. Pringle et al., ‘Assessing the Impact of Football-based Health Improvement Programmes: Stay Onside, Avoid Own Goals and Score with the Evaluation!’.

17. Public Health England, Our Priorities for 2013/14.

18. Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’.

19. The Premier League, ‘Premier League Investing to Support PE and Sports in Primary School’; Parnell and Richardson, ‘Introduction: Football and Inclusivity’.

20. Pringle and Sayer, ‘It’s a Goal!: Basing a Community Psychiatric Nursing Service in a Local Football Stadium’; Brady et al., ‘Sustained Benefits of a Health Project for Middle Aged Football Supporters at Glasgow Celtic and Rangers Football Clubs’; Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’; Pringle et al., ‘Effect of a Health-improvement Pilot Programme for Older Adults Delivered by a Professional Football Club: The Burton Albion Case Study’.

21. Pringle et al., ‘Health Improvement for Men and Hard-to-engage-men Delivered in English Premier League Football Clubs’; Bingham et al., ‘Fit Fans: Perspectives of a Practitioner and Understanding Participant Health Needs within a Health Promotion Programme for Older Men Delivered within an English Premier League Football Club’.

22. Hunt et al., ‘A Gender-sensitised Weight Loss and Healthy Living Programme for Overweight and Obese Men Delivered by Scottish Premier League Football Clubs (FFIT): A Pragmatic Randomised Controlled Trial’; Rutherford et al., ‘“Motivate”: The Effect of a Football in the Community Delivered Weight Loss Programme on over 35-year old Men and Women’s Cardiovascular Risk Factors’.

23. Pringle and Sayer, ‘It’s a Goal!: Basing a Community Psychiatric Nursing Service in a Local Football Stadium’.

24. Parnell et al., ‘Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Positive Healthful Behaviour Change’.

25. Curran et al., ‘Ethnographic Engagement from within a Football in the Community Programme at an English Premier League Football Club’.

26. Parnell et al., ‘Reaching Older People with Physical Activity Delivered in Football Clubs: The Reach, Adoption and Implementation Characteristics of the Extra Time Programme’.

27. Parnell and Richardson, ‘Introduction: Football and Inclusivity’; Zwolinsky et al., ‘Re: World Cup 2014: Festival of Football or Alcohol?’

28. Public Health England, Our Priorities for 2013/14.

29. Hunt et al., ‘A Gender-sensitised Weight Loss and Healthy Living Programme for Overweight and Obese Men Delivered by Scottish Premier League Football Clubs (FFIT): A Pragmatic Randomised Controlled Trial’.

30. NICE, Measuring Effectiveness and Cost Effectiveness: The QALY.

31. Zwolinsky, S., ‘Re: World Cup 2014: Festival of Football or Alcohol?’; Parnell et al., ‘Comments on Bruun, D.M. et al. Community-Based Recreational Football: A Novel Approach to Promote Physical Activity and Quality of Life in Prostate Cancer Survivors. Int. J. Environ. Res. Public Health 2014, 11, 5557–5585—Time to Raise Our Game’.

32. Pringle et al., ‘Assessing the Impact of Football-based Health Improvement Programmes: Stay Onside, Avoid Own Goals and Score with the Evaluation!’; Parnell et al., ‘Understanding Football as a Vehicle for Enhancing Social Inclusion: Using an Intervention Mapping Framework’; Parnell et al., ‘Implementing “Monitoring and Evaluation” Techniques within a Premier League Football in the Community Scheme’.

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