

## **Healthy Stadia: An Insight from Policy to Practice**

Daniel Parnell<sup>1</sup>, Kathryn Curran<sup>2</sup>, Matthew Philpott<sup>3</sup>.

<sup>1</sup>*Business School, Manchester Metropolitan University, Manchester, United Kingdom.*

<sup>2</sup>*Centre for Active Lifestyles, Carnegie Faculty, Leeds Beckett University, Leeds, LS6 3QS, UK. Email: [K.M.Curran@leedsbeckett.ac.uk](mailto:K.M.Curran@leedsbeckett.ac.uk)*

<sup>3</sup>*European Healthy Stadia Network CiC, Liverpool, UK. Email: [matthew.philpott@healthystadia.eu](mailto:matthew.philpott@healthystadia.eu)*

Corresponding author:

Dr Daniel Parnell

Business School

Manchester Metropolitan University

United Kingdom

M15 6BH

Email: [D.Parnell@mmu.ac.uk](mailto:D.Parnell@mmu.ac.uk)

# Healthy Stadia: An Insight from Policy to Practice

## Introduction

Public health is a key priority across developed and developing nations. It concerns a broad range of issues that can influence both physical health and mental well-being, and it focuses on populations of people rather than on individuals. The idea of utilising a ‘setting’ to promote health and reduce health inequalities has been applied to a number of everyday environments. The ‘settings approach’ developed after the World Health Organization’s (WHO) Ottawa Charter laid the foundations for much of modern health promotion, shifting the emphasis away from the individual and concentrating upon the living environment and organisational structures as a medium to promote health (WHO, 1986). This approach has already seen success in the contexts of schools, workplaces, hospitals and prisons, and has been used by public health agencies to deliver interventions aimed at tackling lifestyle issues such as smoking, poor diets and physical inactivity. As the international community and governments have turned towards business and sport for support through more ethical, sustainable or social engagement practices, the relationship between sport and its communities has come under increased scrutiny (Parnell and Richardson 2014). This special issue addresses the complex reality of the relationship between sport clubs, their stadia, and health.

In recent times, sport has seen a shift in pressure from government, fans, and other stakeholders towards the need for a greater contribution to social agendas (Anagnostopoulos and Shilbury 2013; Parnell et al 2013). One key area of this shift has been within the realm of stadium management, specifically, how sports stadia can provide a setting to deliver on public health outcomes. Over the last ten years in particular, the potential for using sporting stadia as health promoting settings has started to be realised, not only to the benefit of local communities, but also to help achieve the corporate objectives of the clubs and stadia involved (Drygas et al 2013). Sports stadia play iconic roles amongst fans and in the communities that they are located, capable of engaging large numbers of people both in the ground and surrounding area. In addition, the demographic and age-group of fans visiting stadia – largely middle aged, working class males – often exhibit high levels of chronic health problems such as obesity, cardiovascular disease, some types of cancer and poor mental health.. However, the ability of professional and amateur sports clubs to harness their badge/brand to engage

fans is almost unique (Parnell et al 2015), thereby having the potential to provide both an excellent physical setting and communications vehicle to positively influence the behaviour of fans, including their health-related behaviours (Witty and White 2011; Curran et al 2014).

During the early to mid-2000's, a number of pioneering sports stadia in the North West region of England hosting the sports of football, rugby league and horse racing, started to work with the cardiovascular disease prevention charity Heart Of Mersey, to trial a number of 'healthy stadia' type initiatives. This settings-based approach emphasised the potential for sports venues to develop policies and interventions promoting healthier lifestyles across three cross-cutting themes: (i) healthier stadium environments for fans and non-matchday visitors (e.g. smoke-free environments), (ii) healthier club workforces (e.g. bike to work schemes), and (iii) healthier populations in local communities (e.g. child obesity interventions). During this trial period, a working definition of a 'healthy stadium' was established in 2005, namely:

'Healthy Stadia are .....those which promote the health of visitors, fans, players, employees and the surrounding community... places where people can go to have a positive healthy experience playing or watching sport'

In 2006 a successful proposal for a 'Sports Stadia and Community Health' project was made to the European Commission in the framework of its Public Health Programme. This project worked with an initial group of partner agencies in Finland, Greece, Italy, Latvia, Ireland, Poland, Spain and the UK, and was tasked with piloting the healthy stadia concept with stadia in a cross-section of European countries, and developing suitable guidance documentation to enhance the future roll out of healthy initiatives. One of the primary outcomes from this project was the founding of a 'European Healthy Stadia Network' to act as a facility for sharing good practice and emerging research amongst clubs, stadium operators, governing bodies of sport, public health practitioners and academic institutions. The European Healthy Stadia Network (hereon Healthy Stadia) is now established as a successful social enterprise based in the UK with over 300 members from a cross-section of European countries, and long term partnerships established with the World Heart Federation and the Union of European Football Associations (UEFA) (<http://www.healthystadia.eu/>).

Since the initial EU ‘Sport Stadia and Community Health’ project, Healthy Stadia has worked on another four EU funded health and sport programmes since 2010, including work with young people not in education, employment or training – NEETs (Health 25), a programme enhancing the health and wellbeing education of young performance level athletes (Fit 4 Health), a new programme on health enhancing physical activity advocacy (Active Voice), and a ground-breaking five year clinical research project entitled EuroFIT, improving levels of physical activity and reducing sedentary time in male football fans. Whilst Healthy Stadia may be considered a spearhead in advocating for sports stadia, clubs and governing bodies of sport to develop health promoting sports settings, it is especially pleasing to see the major groundswell in healthy stadia practices, policies and research over the last 10 years across a wide number of different sports and European settings. There is now a genuine recognition amongst clubs, governing bodies of sport and – perhaps most importantly – agencies commissioning health interventions, that sports settings offer a unique opportunity for both population level approaches to improving public health (e.g. smoke-free sports environments), and interventions attempting to change the individual behaviours of target groups (e.g. addressing low levels of physical activity and sedentary behaviour in male football fans).

There are a number of key issues that the Healthy Stadia network considers (Drygas et al 2013), which include healthier catering (Ireland and Watkins 2010), unhealthy sponsorship (Sherrif et al 2009), smoke-free policies (Philpott and Sagar 2014) and sport-club and foundation-led community physical activity and health engagement (Hunt et al 2014; Parnell and Richardson 2014; Curran et al 2015; Parnell et al 2015; Parnell and Pringle 2016). Part of Healthy Stadia’s role is to capture current good practices and to disseminate these case studies across its network of members and to decision makers with governing bodies of sport. In a number of cases, good practice examples are also accompanied by practical guidelines on the website and are intended to help sports organisations develop policies and practices that are part of the healthy stadia agenda. This includes guidelines on active travel to sports stadia (2014), on the development of smoke-free and tobacco-free sports venues (2016), and online healthier catering guidance (2016) (<http://www.healthystadia.eu/>). On the subject of tobacco control and sports stadia, this is an area that has been of considerable success in terms of advocacy and policy change, with Healthy Stadia and World Heart Federation working

closely with UEFA over the last six years to ensure tobacco-free environments at club competition finals, and the European football championships (EURO) in 2012 and 2016. In addition to this, and with the launch of its tobacco-free guidance and training documents in 2016, Healthy Stadia will be launching a major programme of work with governing bodies of sport and other key stakeholders in European sport and health advocating for all European sports venues to be completely smoke-free by the year 2020. This progressive movement from good practices, to advocacy campaigns and finally to policy change is not new to public health as a discipline, but is enhanced greatly through strong evaluation and the input of academic research.

There is a growing evidence base that recognises the role that professional sport clubs, and their stadia, can play in improving public health outcomes across local communities, including those who interact with the stadia and sport venues (i.e., Witty and White 2011; Drygas et al 2013; Bingham et al 2014; Curran et al 2014a; Curran et al 2014b; Hunt et al 2014; Parnell and Richardson 2014; Hulton et al 2015; Martin et al 2016; Parnell and Pringle 2016). In order for the healthy stadia agenda to begin to be fully realised, in particular amongst commissioning agencies within local and national governments, it is vital that this rigorous evidence base is developed. Research is needed that demonstrates the impact that both population level and individual behaviour change programmes developed through sports settings can have on public health outcomes. Whilst many ‘community’ or ‘social’ programmes attached to sports clubs have included process monitoring techniques as part of their health projects, there is often still a gap in providing evidence of a project’s impact that can be (sometimes at least) lacking in the internal reports produced by clubs that make up much of the grey literature in this field. It is therefore imperative that clubs, national governing bodies of sport and league operators look to work with academic partners to assist with both programme design and evaluation of projects. This will help address a common lack of ‘in house’ expertise within sports organisations to address the key issue of developing an evidence base that clearly demonstrates the value (or not in some cases) of using sports settings to delivery public health programmes.

It is pleasing to see that a growing number of pioneering clubs in numerous European countries have now developed research partnerships with universities, integrating insight, design and evaluation techniques into their programmes. Indeed, a good number of the articles included in this special edition are testimony to the wider

understanding of sports organisations working closely with academic partners, and it is hoped that these examples will inspire readers from sports organisations, public health and academic institutions to work more closely together in order to move the healthy stadia agenda onto the next stage. This special issue examines the relationship between professional and amateur sport clubs, stadia and health promotion, through a collection of papers aligned to philosophical, political, environmental and practical health related interventions enabled through sport stadia settings.

The issue begins with an applied contribution from a number of practitioners from across Europe who are working on, or towards, the healthy stadia agenda. In this article, contributors share findings and highlight practical considerations from the field of practice. Following this article, a number of papers and commentaries which discuss applied, practical and empirical experiences of a range of authors are presented. There is a collection of five articles that specifically consider sport stadia as a setting for public health promotion. Each of these articles enhances our understanding of how health promoting policies and practices at sport stadia can contribute to improved levels of public health amongst fans, visitors, stadia workforces and local communities. Parry et al. discuss the satisfaction of fans regarding food and beverage offerings within Rugby Union stadiums in Australia; Ramshaw explores the relationship between sport heritage and the healthy stadia agenda and considers if they are potential partners in public health education; Trivedy and colleagues investigate the feasibility and user acceptability of offering free health checks to fans and venue staff attending cricket matches in England; Lane et al. present the health promotion orientation of Gaelic Athletic Association (GAA) clubs in Ireland and discuss the use of GAA stadia as a setting for health promotion for both its members and the wider community. Finally, May and Parnell examine the financial impact of a 3G Artificial Grass Football Pitch for a non-league football club and discuss the potential role that these pitches can play in supporting community public health objectives.

Research on the outcomes of a range of physical activity and health promotion programmes delivered by professional football clubs Football in the Community (FitC) schemes within stadia in England are also presented through two empirical studies and one research note included in this special issue. Lewis et al. examine the effectiveness of a physical activity intervention upon mental wellbeing, health perceptions, and lifestyle knowledge in men classed as hard-to-reach; Morgan et al. explore the

effectiveness of a Diabetes Education Programme by measuring changes to participants' physical condition, knowledge of diabetes, psychological well-being, activity level, diabetes self-management and participants rating of the programme. Lastly, Curran et al. offer insights into mental health interventions delivered within and by, professional football clubs and present the available evidence concerning their reach, effectiveness and impact.

Due to the power and pull of the professional football club brand, FitC schemes in the United Kingdom now operate a broad range of activities and services broadly housed within Primary Physical Education (PE) and school sport. Parnell and colleagues critically discuss the challenges of outsourcing Primary PE to coaches who work for professional football clubs FitC schemes and offer some evidence supporting the employment and development of sports coaches. The special issue concludes with two articles which outline key lessons from sport, PA and health promotion interventions with distinctive relevance to the Healthy Stadia agenda. Lozano et al. report the experiences of older men attending a community football-led weight management programme, and in doing so, investigate the use of sports settings to facilitate health promotion with older men; McKenna et al. discuss the role that professional sport clubs have played, and continue to play, in physical activity and public health promotion with hard-to-reach groups, and consider the challenges of integrating sport into PA and health promotion.

Each article offers practical implications which can assist those who commission, manage, or deliver physical activity and public health related interventions through amateur and professional sports clubs. We anticipate that the contributions contained within this special issue will be of interest to a range of stakeholders involved in research, policy and practice. We, the editors, would like to thank the contributors for the insight into their research and their effort in developing their submission for this call for papers. We would like to extend this appreciation to the many anonymous peer reviewers who have contributed to submissions and resubmissions, helping strengthen the quality of the individual articles and thus, the overall special issue.

## Statement on intellectual property

The Healthy Stadia© word mark and logo mark are registered as official trademarks to the European Healthy Stadia Network CIC Ltd at EU level. Healthy Stadia CIC has granted permission for the word mark 'healthy stadia' to be used by contributing authors, editors and the journal's publication house for this special edition only.

## References

- Anagnostopoulos, C. and D. Shilbury. 2013. "Implementing Corporate Social Responsibility in English Football: Towards Multi-Theoretical Integration." *Sport, Business and Management: An International Journal* 3 (4): 268-284.
- Bingham, D., D. Richardson, K. Curran and D. Parnell. 2014. "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." *Soccer and Society*, 15 (6), 883-901.
- Curran, K., D. Bingham, D. Richardson and D. Parnell. (2014) "Ethnographic engagement from within a Football in the Community programme at an English Premier League football club." *Soccer and Society*, 15 (6), 934-950.
- Curran, K., B. Drust, and D. Richardson. 2014. "I just want to watch the match': a practitioner's reflective account of men's health themed match day events at an English Premier League football club." *Soccer & Society* 15 (6):919-933.
- Drygas, W., J. Ruszkowska, M. Philpott, O. Björkström, M. Parker, R. Ireland, and M. Tenconi. 2013. "Good Practices and Health Policy Analysis in European Sports Stadia: Results from the "Healthy Stadia" Project." *Health Promotion International* 28 (2):157-65.
- Hulton, A., B. Drust, D. Flower, D. Richardson and K. Curran. 2015. "Effectiveness of a Community Football Programme on Improving Physiological Markers of Health in a HTR Male Population." *Soccer and Society* 17 (2): 196-208.
- Hunt, K., S. Wyke, C. M. Gray, A. S. Anderson, A. Brady, C. Bunn, P.T. Donnan. 2014. "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." *The Lancet* 383 (9924): 1211-21. doi: 10.1016/S0140-6736(13)62420-4.
- Ireland, R. and F. Watkins. 2010. "Football Fans and Food: a Case Study of a Football Club in the English Premier League." *Public Health Nutrition* 13 (05): 682-687.
- Martin, A., S. Morgan, D. Parnell, M. Philpott, A. Pringle, M. Rigby, A. Taylor, and J. Topham. 2016. "Editorial: A perspective from Key Stakeholders on Football and Health Improvement." *Soccer & Society* 17(2): 175-182.
- Parnell, D., G. Stratton, B. Drust, and D. Richardson. 2013. "Football in the Community Schemes: Exploring the Effectiveness of an Intervention in Promoting Healthful Behaviour Change." *Soccer and Society* 14: 35-51.
- Parnell, D., A. Pringle, J. McKenna, S. Zwolinsky, Z. Rutherford, J. Hargreaves, L. Trotter, M. Rigby, and D. Richardson. 2015. "Reaching Older People with PA



- Delivered in Football Clubs: the Reach, Adoption and Implementation Characteristics of the Extra Time Programme.” *BMC Public Health* 15, 220. doi: [10.1186/s12889-015-1560-5](http://www.biomedcentral.com/1471-2458/15/220). <http://www.biomedcentral.com/1471-2458/15/220>
- Parnell, D., and D. Richardson. 2014. “Introduction.” *Soccer and Society* 15 (6): 823-827.
- Parnell, D. and A. Pringle. 2016. “Football and Health Improvement: An Emerging Field.” *Soccer and Society* 17 (2): 171-174.
- Sherriff J., D. Griffiths and M. Daube. 2009. “Cricket: Notching up Runs for Food and Alcohol Companies? *Australian and New Zealand Journal of Public Health* 34:19-23.
- Witty, K. and A. White. 2011. “Tackling Men's Health: Implementation of a Male Health Service in a Rugby Stadium Setting.” *Community practitioner* 84(4), 29-33.
- World Health Organization. 1986. Ottawa charter for health promotion. *Canadian Journal of Public Health* 77: 425-426.