Coaching Sport for Health: a review of the literature

Prepared for sports coach UK by
Dr L. Almond, Dr M. Almond, & Laura Saunders

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Introduction

The purpose of this review was to provide a deeper understanding of the nature of the activity and role of the coach in helping people go from being inactive (no activity) to active (even if this is minimal) for health purposes.

Review Processes

In reviewing “best-evidence”, a systematic methodology advocated by the Evidence for Policy and Practice (EPPI) Centre was adopted to guide the process. In the first phase a number of keywords were identified: health and well being, coached sport, sport, public health outcomes. The databases accessed included: SportDiscus, Web of Science, CINHO, PsychINFO, NICE, Google Scholar and Cochrane systematic review database. In addition, the ‘grey’ literature (e.g. professional journals, conference proceedings) was scrutinised to ascertain lines of development appropriate to the task.

The searches produced several hundred responses but most of them were seen as irrelevant texts and only 21 were accepted for this review of which 6 were systemic reviews. Overall, the quality of the evidence base was poor, the methodological quality was disappointing. Most of the texts were not relevant for this review. In addition, a number of key texts (e.g. CMO report, NICE and Department of Health documents) together with Sport England, World Health Organisation and United Nations were thoroughly scrutinised.

A review of the existing research literature

In their analysis of ‘The capacity of volunteer sport coaches as community assets in the Big Society: a scoping review’, Griffiths and Armour (2012) argue that community sport and sport coaching could be viewed as valuable ‘community assets’. The aim of their review is to locate and analyse existing evidence to support expectations about the role of volunteer coaches and community sport in community social action. The review demonstrates that although there is some existing research on volunteer sport coaches and their role in community engagement, it is fragmented and limited. They go on to argue that volunteer coach research lacks robust empirical evidence, rigour and a theoretical grounding because it is a young field and most of the existing studies are descriptive. In their final analysis they say that ‘there is some evidence to suggest that physical activity in a community setting leads to improved health benefits and social networking. There is no evidence however, that volunteer coaches are capable of prompting these outcomes.

There is now compelling scientific evidence that increased levels of physical activity can bring wide-ranging health benefits. The sport and recreation sector is viewed as a priority area for increasing rates of physical activity. It is important, therefore, to determine the most effective interventions that sporting organisations can use to increase people's participation. Priest et al (2008a) updated a previous Cochrane review (2005) of all controlled studies evaluating interventions implemented through sporting organisations to increase participation.

Despite a thorough review of the published and unpublished literature, Priest et al (2008a) found an absence of high quality evidence to support interventions designed and delivered by sporting organisations to increase participation in sport. They were able to identify many and varied initiatives from a wide range of settings aiming to increase participation in sport in the initial literature search. However, they were reluctant to identify or highlight the particular programmes or strategies utilised because of the absence of high quality and rigorous data regarding the effectiveness of interventions.
They sought to assess the effects of various approaches to increasing physical activity but they propose that questions remain about the role of sporting organisations in attracting and maintaining active and non-active participants as well as potential health benefits. They propose that this may be due to a number of reasons: ‘the difficulties of developing a sensitive search strategy, the likelihood that the only available evidence to answer this question is located in uncontrolled case studies held by the bodies that typically carry out such intervention but very few evaluations are carried out on these interventions’.

Interventions funded and conducted in this area need to be linked to a rigorous evaluation strategy in order to examine overall effectiveness, socio-demographic differentials in participation and cost-effectiveness of these strategies.

In addition to the above review to a related Cochrane systematic review of policy interventions implemented through sporting organisations for promoting healthy behaviour change (Priest 2008b) has been undertaken. They found no rigorous studies evaluating the effectiveness of policy interventions organised through sporting organisations to increase healthy behaviours, attitudes, knowledge or the inclusion of health-orientated policies within the organisations.

Conn et al (2011) conducted a meta-analysis summarising the effects of interventions designed to increase physical activity among healthy adults. Their findings indicated that interventions designed to increase physical activity were modestly effective. Regular physical activity that meet current guidelines is linked with important health outcomes, including reductions in cardiovascular disease, type 2 diabetes, some cancers, falls, osteoporotic fractures, and depression, and improvements in physical function, weight management, cognitive function and quality of life. However, despite this compelling evidence for the benefits of physical activity, they point out that healthy adults commonly get an inadequate amount of physical activity. They go on to suggest that interventions to increase activity should emphasise behavioral strategies over cognitive strategies.

Recently, Donaldson and Finch (2012) have presented an argument for the idea of ‘health promoting sports clubs’. In their review of the evidence they examined approaches in Scandinavia and Australia where the first main focus was using sports clubs to promote health messages. More recently, the focus has shifted to using health promotion messages as a mechanism for increasing participation in sport. The settings approach (workplaces, schools, prisons, Universities and Colleges and local community hubs) to health promotion is widely recognised and has been successful therefore there is no reason why a sports club as a setting cannot be an effective vehicle.

They make reference to Allez Hop project in Switzerland to promote physical activity through sport and the work of Kokko et al (2006) who compiled a frame of reference for the health promoting sports club. Kokko and colleagues attempted to develop standards for the concept and provide tools for evaluating sports clubs as a setting to improve health. They argue that sports clubs are a new setting for health promotion with much potential. In 2009 Kokko and colleagues (Kokko et al, 2009) produced a health promotion profile of youth sports clubs in Finland using these standard in order to examine their current health promotion orientation. These findings indicate that a minority of the youth sports clubs have been able to implement health promotion comprehensively. The variation between clubs was wide. The clubs that had been recognised as exemplary and hence certified by the Young Finland Association were more likely to recognise health promotion than non-certified clubs. Kokko et al (2009) propose that there is a need for considerable development, especially in the area of health promotion policies and practices.
In a further study Kokko et al (2011) attempted to clarify the extent to which youth sports clubs guide their coaches to recognise health promotion as a part of the coaching practice. However, most sports clubs are relatively passive in guiding their coaches in health promotion.

In Australia a survey reported by (Eime 2008) found that 97.2% of State Sporting Association Executive Officers in Victoria, Australia, believed that creating healthy and welcoming environments within sporting clubs would facilitate increased participation but that limited capacity within clubs and limited statewide support meant that developing such environments was difficult. An analysis of the many factors that influence the ability of sport coaches as health promoters to deliver such activities need to be considered. The construction and delivery of such activity needs to be built around the skills of the sports coach and the associated expectations.

Donaldson and Finch (2012) make the point that most of the studies were conducted by health promotion researchers wanting to work in the sports settings. In addition, population health gains need to be sustained over a long period. This raises a key issue that without a commitment by sport with full co-operation from its officers with long term plans in mind, the development of a sport settings approach to promoting important health outcomes needs careful deliberation. There will be a need for investment (funding as well as time), resources, enthusiasm and a capable workforce to deliver. New innovative approaches need to be developed to ensure that informed practice can guide coaches. At the same time, this work needs to be underpinned by a thorough understanding of what is required for this kind of work.

Casey and her team (2009) make the point that the engagement of sport and recreation organisations has potential to facilitate health promotion and public health. To enhance organisational capacity and achieve programme sustainability, it is important that organisational processes, structures, and resources that support long-term health promotion practice are effectively and efficiently planned and managed.

Sporting clubs are seen as an ideal setting to promote community-wide participation in physical activity. Using the principles of the Ottawa Charter as a guide, this study explored the factors affecting the development of supportive environments as a mechanism to increase participation in club sport.

Antikainen and Ellis (2011) undertook a literature review to evaluate the external validity of 57 theory-based physical activity interventions using the RE-AIM framework. From their analysis they argue that the translation of many interventions into practice would be difficult or impossible and because most studies included motivated, healthy participants, this reduces the generalizability of the interventions to real-world settings that provide services to more diverse populations. They propose that future research needs to focus on external validity and address organisational level components. This is an important point that needs to be addressed.

Discussion

Following the Olympics there will be substantial changes in both the landscape and key players in promoting more physical activity to improve health and wellbeing. The legacy of the Olympic games is likely to be focused on young people and schools whereas the focus for adults will be local authorities. The non-statutory status of physical activity and sport within local authorities makes it vulnerable to cuts, reorganisation and consequently a low priority in the context of economic austerity. However, with the movement of Public Health into local authorities there is a hope that physical activity and sport organisations can make specific cases for funding to increase the level of participation in purposeful physical activity such as sport with specific groups under a
prevention agenda. The Chief Medical Officer’s report (Start Active, Stay Active) in July 2011 represents the key working document that Public Health staff will use together with NICE recommendations for appropriate interventions that will be cost effective.

At the same time the plans that Sport England have been considering for addressing the inactive population and exploring the role of sport have not been released. Nevertheless, at the Chief Medical Officer’s invited Physical Activity Workshop on May 1st 2012 there was a clear indication that this agenda is recognised as important. This was a pilot for a planned series bringing together a few expert academics in a field with Department policy teams. Focusing on physical activity, this workshop provided an opportunity for some creative thinking on a vision for five to ten years time and what are the current and future major challenges. However, it would appear that the way forward is hazy and the CMO’s office is looking for guidance with clear recommendations about steps that will lead to real change. They are open to ideas. This represents a real opportunity to demonstrate both a vision of what could be achieved but also a realistic pathway with potential.

There is a need to use sport as a vehicle for promoting health and wellbeing through increased participation (in appropriate physical activities) of those adults who are not reaching the minimum recommendations in the UK Physical Activity Guidelines. These adults could be sedentary and inactive as well adults who are just below the threshold.

Sport as a vehicle for promoting health and wellbeing can be interpreted in a number of ways:

- Sport venues and sporting occasions can be used to raise awareness of health and wellbeing messages.
- Sports festivals can be used to stimulate interest in specific sports and provide a pathway that opens up the opportunity to engage in a sport.
- The Olympic Games may provide a participation legacy for young people that stimulates interest but there is little evidence that this has a lasting effect.
- Sports provide an opportunity to get valuable exercise on a regular basis. In some sports this form of exercise can generate major health benefits.
- Sport as a form of aerobic exercise can be used as a therapy for some people with medical conditions. So long as they are in a stable condition, this form of regular exercise can have a positive impact on their condition.
- Participation in a sport with other people can have positive impacts on mental health and wellbeing.
- Sport in open spaces can be important as a tool for promoting health but it can also improve wellbeing by providing opportunities to enrich one’s daily life. By enriching daily life sports enable people to enjoy challenges, meet friends and enlarge one’s social network and simply enjoy being active. This benefit should not be overlooked.

However, the sports world would have to reconsider how such benefits can be generated. The traditional sports model of competition, training and participation in a club structure would have to be enlarged. In order to meet a health and wellbeing agenda, the participants need to be attracted to an offer that promised to enrich their lives, enable them to feel more energised and addressed their needs. The primary goal would be to increase levels of participation in appropriate exercise that enhanced their
health and this would be supported by providing a culture that made the sport welcoming, a good experience that was worth repeating amongst people they liked.

By attracting inactive population groups and helping them to develop a commitment so that they maintained their involvement, sport would be seen as a useful tool to meet health outcomes. In addition, if sport was able to reach out to communities that were seen as difficult to reach or hard to communicate with and be successful, this would be an added advantage to Public Health.

In this context, a sporting organisation could develop one phase of its core business to market their sport to the inactive and those just falling short of the 150 minutes target in the UK Guidelines. By making available an attractive package that addresses this group, they could add to the package by promoting key lifestyle health messages (very attractive to Public Health) and at different times of the year have mini festivals that promoted the organisation and what they had to offer.

Charity events have attracted many people to try a sport but to really enjoy it they need to prepare appropriately and receive sound advice from people they trust. They need a base to be associated with. By addressing this population of interested would-be participants, sport would build up a major cohort that would add up significantly and demonstrate that specific groups of people are considerably more active.

**Summary**

There is compelling evidence that physical activity can generate significant health benefits. Now that the UK Physical Activity Guidelines endorse the value of vigorous exercise which is associated with many sporting activities. There is an opportunity for sport organisations to make provision for attracting sedentary individuals into sport and to demonstrate that they can provide enjoyable and challenging opportunities that convince them to undertake regular physical activity through sport. There will be clear health gains.

The research evidence does not provide much guidance in how this can be achieved because there are so few robust studies that reach acceptable academic standards. However, these studies have indicated that more research is needed. This advice is sound but it places the responsibility onto the sport organisations to monitor their work more thoroughly and provide results that meet higher standards than case studies.

There is an increase in good studies that address the role of sport organisations in promoting health and wellbeing outcomes. A number of academics with real sport interests are emerging and there is clearly a new field of study emerging that will generate quality research to support this work.

**References and Sources**


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