CAPACITY OF COMMUNITY SPORT CLUBS TO PROVIDE HEALTHY **EATING ENVIRONMENTS**

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Synopsis:

This aim of this study was to identify the capacity of Australian Rules football clubs to implement a healthy eating initiative for their members. The attitudes of football club committees, club members and canteen administrators towards healthy eating initiatives were explored, and the barriers within the clubs in relation to the implementation of healthy eating initiatives were identified.

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AIM

This aim of this study was to identify the capacity of Australian Rules football clubs to implement a healthy eating initiative for their members. The attitudes of football club committees, club members and canteen administrators towards healthy eating initiatives were explored, and the barriers within the clubs in relation to the implementation of healthy eating initiatives were identified. THEORETICAL BACKGROUND

The settings-based approach to health promotion has been advocated for its potential to deliver messages and create healthier environments in a variety of settings where people live, work and play (Priest et al., 2008). Community sport clubs have been identified as one such potential setting. It is hoped that by developing healthier sport club environments and delivering health messages through this forum, those actively participating in sport and others involved with sport clubs such as volunteers and spectators, would make positive health behaviour changes. The capacity of community sport clubs to implement such initiatives has not been explicitly explored. Given their central role in delivering sport participation opportunities and their direct management and oversight of the provision of food and beverages in the club environment, this is a logical extension of this line of research.

METHODOLOGY, RESEARCH DESIGN AND DATA ANALYSIS

Ten community football clubs with home ground food and beverage serving facilities were randomly selected from the Northern Football League in Victoria, Australia. A menu audit recorded all food and beverages available at the club.

All data was then entered into FoodWorks7 software (Xyris, Brisbane, 2014) and analysed for nutritional composition. Food and beverage choices were rated as red, yellow or green. Red were those that would be considered unhealthy discretionary foods by the Australian Dietary Guidelines (e.g. hot dogs); yellow were healthier options of these foods (e.g. steamed dim sims); and green healthy food and drink options as those aligned with the five food groups and the healthy eating plate recommended by the Australian Guide to Healthy Eating such as a salad roll or water. A healthy food score was then calculated for each club where red foods/drinks received a score of 0, yellow foods/drinks received a score of 1, and green foods received a score of 2... Fifteen semi-structured in-depth interviews were conducted with club administrators to assess each club's current behaviour, club capacity, and management attitude toward healthy eating initiatives. Four focus groups were then held with 30 club members, discussing current eating behaviour and consumer's attitude toward healthy eating initiatives. Interview and focus group data was thematically coded for common themes identified from the literature review and those that merged from the data.

RESULTS. DISCUSSION AND IMPLICATIONS

The total club average for the number of food and beverage options sold was 47 (excluding alcohol), with an average of 36 unhealthy options and four healthy options. The average Healthy Food Score was 15 out of a possible 94, indicating that the large majority of food and beverage options available at clubs were still those considered to be discretionary foods. Further to this, no club in this study had a healthy eating policy, no club was aware if their respective State Sport Association (SSA) had a healthy eating policy, and no club was aware of any healthy eating initiatives in their sport. This indicated that current state initiatives were unsuccessful in being translated to community-club level and supported previous conclusions that better SSA communication and support for community based clubs, which includes capacity building, are necessary for creating and implementing healthy eating initiatives (Dobbinson et al., 2008).

Attitudes of club members toward healthy eating were not found to be a barrier to the successful implementation of a healthy eating initiative within this study. Club officials and members were, however, realistic about the ability and capacity of a community football club to firstly implement a healthy eating initiative given they are managed by volunteers with limited time and resources, and secondly what realistic long-term behaviour change could be expected given consumers attended football for a limited time.

This research has several implications for future attempts to implement healthy eating initiatives within community football clubs. To be successful, these initiatives should consider and address: the knowledge of healthy eating issues by club committee members as key decision makers; knowledge and understanding of club staff and volunteers responsible for menu design and food ordering; existing consumer preferences; storage facilities for fresh foods; sourcing suitable suppliers; and the tension evident for clubs seeking to maximise profits from the sale of food and beverage operations to support the club.

References:

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