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Managing Sport-for-Development and Healthy Lifestyles: The Sport-for-Health Model

Abstract

With increased globalization and modernization of people's lives, lifestyle behavior has changed substantially in many countries around the world. This change has brought two key behavior modifications: a reduction in physical activity and an increase in unhealthy eating patterns. Consequently, non-communicable diseases have overtaken communicable diseases as a key health risk area. In response to this issue, healthy lifestyle initiatives and sport-for-development (SFD) programs are now implemented across the world, including projects in the heavily affected Pacific Islands region. In this paper, the authors critically reflect on our lived experiences and the underpinning management processes of the Wokabaot Jalens, a health-focused SFD initiative in Vanuatu. The authors propose the sport-for-health model as a flexible conceptual tool that establishes the nexus between sport management, health promotion, sociocultural development, policy, and sustainability. The authors provide practical and theoretical implications and suggest that the model can underpin and conceptually support other SFD initiatives—and specifically health-related development projects—in the Pacific region and beyond.

Keywords: sport-for-development; healthy lifestyles; Pacific Islands; health promotion; conceptual model

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1. Introduction

In recent decades, a remarkable shift in lifestyle¹ behavior has occurred around the world. Three changes stand out as key contributors to adjusted daily routines: (a) people have started to consume highly processed and less-nutritious convenience food at the expense of locally grown produce; (b) the level of sedentary behavior has increased while physical activity levels have decreased due to advances in technology and urbanization; and (c) the consumption of tobacco, alcohol and, other psychoactive drugs is consistently on the rise (World Health Organization [WHO], 2012). Such lifestyle behavior modifications have led to a shift in disease patterns: globally, lifestyle diseases—also known as chronic diseases or non-communicable diseases (NCDs)—are responsible for the death of 41 million people each year, equivalent to 71% of all deaths globally (WHO, 2018a). The World Health Organization defines these diseases as those of long duration and a result of a combination of genetic, physiological, environmental and behaviours factors (WHO, 2018a).

Four types of NCDs are the leading contributors to this global epidemic: (a) cardiovascular diseases, (b) cancers, (c) chronic respiratory diseases, and (d) diabetes (WHO, 2018a). As such, NCDs are the leading global cause of death and disproportionately affect people living in low-income and lower-middle-income country settings (Allen, 2017). In fact, against popular belief, more than three quarters of global NCD deaths occur in these settings, and people tend to develop these diseases at an earlier age, suffer longer, and die earlier than people in high-income countries (Strong et al., 2005; WHO, 2018a). Notably, approximately 44% of all deaths from NCDs occur before the age of 70, and according to the WHO (2018a), targeted initiatives that focus on reducing key risk factors could prevent up to 80% of

¹ *Lifestyle* is defined by Last (2007, p. 258) in his *Dictionary of Public Health* as “the behaviour pattern, customs, and habits of persons or groups, generally considered in the context of consequences for health, and including nature and amount of exercise; dietary habits; use of tobacco, alcohol, coffee, tea, stimulants, and sedative substances (licit or illicit); and recreational time”.

premature deaths and prolonged morbidity. Such initiatives are even more important when assessing the impact of NCDs on a population, given their impact on the workforce capacity and productivity of a population (Hamilton, Richards, & Foster, 2016). Thus, NCDs are not only a major public health burden, but they also have broader social and economic impacts on people and their communities (Nishtar, S, 2018, WHO, 2018b). In a recent endeavour towards addressing these alarming health trends, at the 70th session of the United Nations (UN) General Assembly, all UN member states committed to investing in health as a key element in the resolution, “Transforming our world: the 2030 Agenda for Sustainable Development (Sustainable Development Knowledge Platform, 2015).

While over the past two decades the number of NCD deaths has increased in almost every region of the world, the most alarming statistics are recorded in the Pacific island countries where NCD deaths have increased from 8.6 million in the year 2000 to a record 10.9 million in 2013 (WHO, 2014a, 2017). In fact, the Pacific region is the most troubled region with the highest NCD records in the world where NCDs contribute to 75% of all deaths (WHO, 2014a). Not surprisingly, the top 10 countries with the highest rates of diabetes in the world are located in the Pacific Island region (World Bank, 2014).

In this paper, we will look into the management processes and partnership arrangements of a local healthy lifestyle initiative for women in urban Vanuatu that was designed to reduce NCD risk factors. In particular, we will discuss the Vanuatu government’s Wokabaot Jalens project and apply findings to the newly proposed sport-for-health model (SFHM). The SFHM is a conceptual tool that aims to establish the nexus between sport management, health promotion, sociocultural development, policymaking, and sustainability. As such, the SFHM is intended to make a conceptual contribution to the SFD space and complement existing scholarship, including SFD theory (Lyras & Welty Peachey, 2011) and different SFD frameworks (see, e.g., Misener & Schulenkorf, 2014; Schulenkorf,

2012). In doing so, the SFHM puts an explicit focus on health promotion and discusses healthy lifestyle aspects—including regular physical activity and healthy diets—as central elements for community development in the Pacific region and beyond.

2. Literature review

Around the world, energy expenditure has fallen greatly with economic development, technical advancements, and increased urbanization, resulting in more sedentary occupations, increased screen-based leisure-time options, greater use of motorized transport, and less physical activity in daily chores (Bauman, Finegood, & Matsudo, 2009; Hughes & Marks, 2009; Strong, Mathers, Leeder, & Beaglehole, 2005; WHO, 2005, 2010). Such changes have clashed with human biology and created major impacts on body composition and the overall health status of affected people (Popkin, Adair, & Ng, 2012). In particular, Popkin et al. (2012) identified the three primary mismatches between human biology and modern society as (a) a preference for sweet and fatty food, (b) unlinked thirst/hunger satiety mechanisms, and (c) the preference to eliminate exertion (increased use of technology in all phases of movement).

The Pacific island countries are particularly affected by the consequences of lifestyle changes and the resulting NCD crisis; for example, recent health surveys indicate that nations such as American Samoa, Tokelau, and Nauru have overweight and obesity rates of between 82 and 93.5% and diabetes rates of up to a staggering 47.3% (World Health Organization for the Western Pacific Region [WPRO], 2007a, b, c). Consequently, people are increasingly dependent on medical treatment, unable to work and support their families. In other words, a vicious cycle begins that results in a “loss of productivity that threatens household income and leads to productivity loss for individuals and their families . . . making NCDs a contributing factor to poverty and hunger” (WHO, 2014b, para 3).

It comes as no surprise, then, that at the 2011 Pacific Island Forum in Fiji—convened by the Secretariat of the Pacific Community (SPC) and the WHO Office of the South Pacific—delegates declared the region to be in a state of emergency, facing a human, social, and economic crisis (SPC, 2011). As a form of crisis response, the region has been in need of effective and cost-efficient initiatives that can significantly reduce premature mortality and economic losses in Pacific island countries (Kessaram et al., 2015). While we understand that a holistic approach and cross-sector action is essential to achieving wider development outcomes, we argue that specific sport and health-related initiatives form part of the wider puzzle that can make a big difference for Pacific Islanders and their communities. As such, we refer to the recently launched Global Action Plan on Physical Activity (WHO, 2018c), where it states that physical activity initiatives have the potential to not only help prevent and treat NCDs, but also to shape positive social norms and attitudes and a paradigm shift in all of society.

2.1 Healthy lifestyle development programs

Given the proven ability of sport and health interventions to address NCD morbidity and premature mortality, as well as adjacent psychosocial problems for those affected by NCDs, various types of sport-for-development (SFD) projects have been staged or supported by governments, health agencies, aid programs, sporting bodies, policymakers, and non-governmental organizations in the heavily affected South Pacific region (e.g., Khoo, Schulenkorf, & Adair, 2014; Kwauk, 2014, 2015; Sherry & Schulenkorf, 2016; Siefken, MacNiven, Schofield, Bauman, & Waqanivalu, 2012). In short, SFD represents the intentional “use of sport to exert a positive influence on public health, the socialization of children, youths and adults, the social inclusion of the disadvantaged, the economic development of regions and states, and on fostering intercultural exchange and conflict resolution” (Lyras & Welty Peachey, 2011, p. 311). From an SFD perspective, sport is a

conduit to achieving wider development outcomes rather than an end in itself, and the promotion of healthy lifestyles represents one key area in this regard (see Richards et al., 2013).

In 2011, Lyras and Welty Peachey presented an application of sport-for-development theory which highlights how sport interventions can best achieve desired social change across macro and micro levels. The theory is built on a number of interdisciplinary theoretical foundations; it has established five critical components that are intended to guide program evaluation and analysis, namely impact assessment, organizational, sport, educational, and cultural enrichment components. According to Lyras and Welty Peachey (2011), these components are critical in designing impactful SFD policy, program development, and implementation. For many SFD programs, these components have indeed been (knowingly or unknowingly) critical as a theoretical backdrop to design and management. Among these are SFD programs with a specific health focus—so called sport-for-health (SFH) initiatives—that have consistently grown across the world, including in the Pacific island countries (see Rowe & Siefken, 2016; Schulenkorf, Sherry, & Rowe, 2016).

For example, as part of the Australian Government's Pacific Sports Partnership initiative, the Hoops for Health program is a basketball development project which, in cooperation with the Australian Department of Foreign Affairs and Basketball Australia, has been implemented in Fiji, Vanuatu, Kiribati, and the Solomon Islands by their respective national basketball federations. The program uses basketball as a means to encourage healthy lifestyle choices in the Pacific and to improve related lifestyle behaviors of Pacific Islanders. Using the 3-on-3 version of the game, the Hoops for Health program enters schools and communities to promote and increase physical activity through basketball participation, while simultaneously educating people on the risk of NCDs in the Pacific. In Fiji, sport managers are running an adjacent health-education initiative as part of the Hoops for Health program.

Here, the “Mum’s A Hero” project is making a difference in local communities by using basketball sessions to equip mothers with the knowledge and tools to improve health behaviors, with a focus on physical activity and nutrition. Delivered with basketball as a vehicle for engagement, health experts come in to speak to the mothers about healthy eating, while also providing tips for regular physical exercise and aerobics.

Similarly, since 2014 the Volley4Change SFH project has aimed at helping adolescents across the Pacific islands to reduce their chances of developing NCDs by playing volleyball. A national volleyball association manages the Pacific sport partnership-supported program, and the Australian Volleyball Federation and the Oceania Zonal Volleyball Association offer additional support. Here, one of the key program goals is to empower women in local communities to be agents of change in decreasing the prevalence of NCDs through playing volleyball, exercising regularly, and attending nutritional awareness classes. To achieve these outcomes, Volley4Change has started to engage and cross-promote the initiative with key partners from outside the sport sector; for instance, in Vanuatu a close cooperation exists with nutritionists from the Northern District Hospital who provide training in nutritional awareness for community participants, while nurses from the district hospital provide health checks.

Evidently, health experts and SFD managers rarely work in isolation when designing and implementing specific healthy lifestyle interventions. In fact, given that programs do not automatically result in the desired and sustainable outcomes, they must be strategically designed, implemented, and supported by key partners to achieve their intended goals and objectives (e.g., Gallant, Sherry, & Nicholson, 2015; Sugden, 2006). The organizational aspects of health-related development projects are what we refer to as sport management. Here, the combination of technical knowledge (provided by sport and health management experts) as well as the cultural knowledge (provided by local communities) plays a key role

in achieving relevant, meaningful, and sustainable development outcomes (e.g., Schulenkorf, 2012; Sherry, Schulenkorf, & Chalip, 2015). This argument is supported by sport for development theory, which highlights the need for an inclusive, collaborative environment to best manage the organizational and impact assessment aspects of SFD across time and space (Lyras & Welty Peachey, 2011). Previous researchers from the Pacific Islands confirm this argument, as they have shown that sport managers need to consider different managerial, social, and cultural aspects when designing targeted SFD and health promotion programs (e.g., Kwauk, 2014, 2015; Schulenkorf & Schlenker, 2017).

For example, Englberger, Halavatau, Yasuda, and Yamazaki (1999) concluded that in Tonga, social obligations to attend traditional feasts and social gatherings such as weddings and funerals represented a problem in diet control. Given the communal significance of these gatherings across the Pacific Islands and the great value placed on consuming (a lot of) food and drinks, the management team of any health promotion program must accommodate such factors in the program design and delivery to remain respectful of the local culture.

Communal aspects also play a key role in promoting and implementing SFH projects. For instance, Siefken et al. (2012) showed that team activities were a critical factor for health promotion and engagement in physical activities in the Pacific, as community members—particularly women—preferred to exercise with others in a comfortable and relaxing social environment. In line with this argument, Spaaij and Schulenkorf (2014) highlighted the importance of establishing safe spaces in SFD, where people are able and willing to participate without any physical, social, cultural, political, or environmental constraints. Here, the provision of safe spaces constitutes an important managerial consideration at the micro or meso levels. This argument is consistent with sport for development's theoretical assumptions of humanistic psychology and its impact assessment component, which argues for the consideration of SFD-related social, psychological and societal indicators in the

context of effective SFD policy, program development and implementation (Lyras & Welty Peachey, 2011). Overall, we suggest that together with supporting principles established on the wider macro level, key decision makers such as governments and policymakers play a key role in contributing to a supportive framework for the development of healthy communities overall. Such developments would also lead to accountable and measurable SFD management, as social change could be measured across all three levels of analysis – micro, meso and macro (see also Burnett and Uys, 2000).

2.2 Policies to support healthy lifestyles

To provide individuals and their communities with the opportunity to achieve lasting positive lifestyle change—and to realize the full potential of development programs such as Hoops for Health or Volley4Change—it is globally recognized that supportive policy environments are essential (Le Galès, 2010). While there is a longstanding recognition that public policies can assist in improving diets and tackling the problem of obesity (Thow et al., 2011), it should be acknowledged that policies in the health sector alone will not be able to reverse the growing NCD epidemic in the Pacific region. As Helen Clark, then Prime Minister of New Zealand, highlighted at the Pacific NCD Summit 2016 in Nuku A’Lofa, Tonga, the NCD crisis is also strongly linked to “patterns of trade, consumption, agricultural production, foreign direct investment, and unplanned urbanization” (para 19). In other words, significant changes to the status quo require whole-of-government approaches, as different factors and sources influence the development of NCDs, and their impacts are felt across various sectors of society.

Against this background, a number of Pacific island countries have started to implement policy interventions in areas outside of—but closely linked to—the health sector. For example, the Pacific Obesity Prevention in Communities food policy project examined policy initiatives in different Pacific island countries that either increase the cost of soft

drinks, or seek to control fatty meat imports through trade associations. Earlier research on the Pacific Obesity Prevention in Communities project demonstrated that the health-related policy approaches (a) improved diets in a cost-effective way, and (b) supported the prevention and control of NCDs in countries such as Fiji and Tonga (see Snowden, Lawrence, Schultz, Vivili, & Swinburn, 2010; Thow et al., 2011). The policy project therefore supports recent calls for a change in perspective regarding pricing and access of food items in the Pacific Islands region. For example, Siefken, Schofield, and Schulenkorf (2011) have shown that local produce, including fresh fruits and vegetables, is often more expensive than imported goods, clearly posing a significant challenge for local people and any healthy lifestyle intervention that aims to promote local produce and as such, healthy diets.

Meanwhile, an infrastructure policy from Tonga provides an intriguing example for promoting safe and active lifestyles on the island. Issued by the Tongan Ministry of Land, the policy requires the construction of safe footpaths alongside every new road that is built on the island. This policy links with other sport and physical activity initiatives that aim to create supportive environments, infrastructure, and programs to enable people to lead safe and active lives (Bellew et al., 2011). Similarly, between 2007 and 2011 the Vanuatu government implemented the Walk for Life policy in its capital, Port Vila, which aimed at increasing public service employees' physical activity levels, wellbeing, and productivity through weekly sporting activities and beyond. The policy was unique in releasing public servants from official duties across the whole of government at 3:00 p.m. on Wednesdays to engage in organized sport activities. Lamentably, the Walk for Life policy also serves as an example for the challenges experienced around such government initiatives. Namely, while the policy had started to lead to positive healthy lifestyle choices among the target population (Schofield & Siefken, 2009), it ceased to exist once a change in government occurred and

political support ended. In fact, many other SFD programs in the Pacific and beyond have experienced similar challenges, including limited political support, short-term funding, or a focus on immediate return on investment rather than sustainable development (e.g., Coalter, 2010; Schulenkorf & Adair, 2014).

2.3 Snapshot of SFD-related concepts and theories

The review of current literature suggests that social, managerial, and policy-related factors all influence the areas of sport, health, development, and sustainability. However, there is still a need for conceptual and empirical research focusing on the nexus between sport and health management (see, e.g., Berg, Warner, & Das, 2015; Chalip, 2006; Edwards, 2015). In addressing this issue, we aim to propose a new conceptual model that serves as an inclusive and holistic tool for health-related development projects. Importantly, the new model will have an explicit focus on healthy lifestyles—including regular physical activity and healthy diet—that are seen as critical elements for community development in the Pacific region and beyond. This explicit focus makes the model distinct from previous conceptual and theoretical proposals in the SFD space where programs have tended to contribute implicitly to health through the staging of sport projects or events. For example, the previously introduced SFD Theory (see Lyras & Welty Peachey, 2011) centers around five critical components that potentially guide program evaluation and analysis: impact assessment, organizational, sport, educational, and cultural enrichment aspects. Researchers have applied the theory and demonstrated its utility to enhance SFD program design and delivery (see Marshall & Barry, 2015); however, in sport for development theory, health, and physical activity do not present core components and remain implicit by-products of the sport-related socio-cultural development activities. Similarly, Schulenkorf (2012), in his articulation of the S4D Framework, focused on sport projects as vehicles for overall community development; while positioned in a sport (event) context, healthy lifestyle aspects

(e.g. improved diet, nutrition, regular physical activity) are again not featuring as specifically intended program benefits.

From a conceptual perspective, another finding is intriguing. The S4D Framework and also Misener and Schulenkorf's (2016) Asset-Based Community Development (ABCD) model present process-oriented approaches to planning, managing, and leveraging SFD projects. In case of the latter, the focus is on developing a more action-oriented, community-based approach to realizing and maximizing the social assets of sporting events. In contrast, the sport-for-health model (SFHM) presented in this paper takes a 'big picture' perspective and provides a more flexible scaffolding (rather than process-driven) approach to SFD with healthy lifestyles at its core. Before we present the model in detail, we will briefly introduce the healthy lifestyle project Wokabaot Jalens that serves as the basis for our applied analysis.

3. Wokabaot Jalens in Context

The Pacific Island nation of Vanuatu has a population of just over 270,000 with inhabitants in 65 of its 83 islands. Due to its colonial past, the country has three official languages: English, French, and Bislama (creole language based on English). In addition, 113 indigenous languages are spoken across the culturally diverse country. Family life and local *kastom* are highly valued across Vanuatu, where a combination of the country's official legal system and the ruling of local chiefs govern local communities.

Overall, *ni-Vanuatu*, or the people of Vanuatu, have a strong cultural connection to sports and recreation activities, particularly to team sports including football, rugby, volleyball, beach volleyball, and netball. However, older age groups (above 40 years of age)—and women in urban settings in particular—are less engaged in sporting circles. On average, they enjoy very limited levels of regular physical activity (Siefken, Schofield, & Schulenkorf, 2014b). This is in part for social reasons including *kastom* and family commitments, but also for a lack of relevant offerings, resources, and infrastructure provided

(Siefken et al., 2014b). Against this background, the Wokabaot Jalens (Bislama for “walking challenge”) was developed to improve healthy lifestyle behavior in female civil servants in Port Vila, the capital of Vanuatu. Wokabaot Jalens was designed as a culturally-centered, research-based health development intervention and was implemented between 2011 and 2014; the program’s main aim was to reduce participants’ NCD risk factors, specifically by raising physical activity levels and improving healthy eating behaviors.

From a management and partnership perspective, in 2011 initial consultations took place between local Wokabaot Jalens program organizers, international health researchers, and the Vanuatu Ministry of Health to ensure relevant institutional support. In cooperation, we identified potential program barriers and facilitators for active lifestyles through a research engagement process with potential participants; initial focus group discussions provided information on possible limitations, opportunities, recommendations, and management issues that needed to be considered in the planning process (see Siefken, Schofield, & Schulenkorf, 2014a). Moreover, women from the target group (18–55 years of age) were more likely to choose walking for leisure time physical activity over any other sport or recreational activity. Finally, discussions also revealed that potential participants favored a team approach over individual exercise activities. Considering these preferences, the program team designed and launched a team-based, fun-centered walking program in April 2011. While we present the specific impacts on individual health outcomes elsewhere (see Siefken, Schofield, & Malcata, 2014), the focus of this paper is on the organizational aspects and management processes that underpinned the development and implementation of the Wokabaot Jalens.

4. Research Approach

For our applied reflections of the Wokabaot Jalens initiative, we drew upon our lived experiences and significant academic research around the project between 2010 and 2014. In

particular, we combined findings from previous research with a newly conducted analysis to ground our resulting model in multiple triangulated studies. As such, we had previously conducted different quantitative analyses around health indicators and program impact, as well as qualitative in-depth research using action-research, interpretive enquiry, program observations and process evaluations (for further details, see Siefken et al., 2014; Siefken et al., 2014a; Siefken et al., 2014b). For the purpose of this article, we have used all available qualitative data from previous interviews ($n = 22$) and focus groups ($n = 37$), along with observational field notes to re-analyze and re-conceptualize findings thematically (see Kay & Spaaij, 2012; Spaaij & Schlenker, 2014 for similar reflective research approaches). In other words, we used the transcribed discussions and observations, which resulted in an extensive database out of which grounded empirical and theoretical insights were garnered.

We analyzed the qualitative data following a hybrid inductive/deductive approach (see Fereday & Muir-Cochrane, 2006). The interrogation of our data was supported by the NVivo 10 software package, which facilitated the storing, integrating, indexing, and coding of all data collected. As such, we engaged in a systematic data coding process (see Miles, Huberman, and Saldaña, 2014) that included a broad read through all interview transcripts, a search for recurring concepts and patterns, and then a clustering of these into themes that would contribute to the research aim of establishing a conceptual sport-for-health model. Specifically, we analyzed data in the first instance to categorize SFD-related foci and practices, which resulted in the establishment of four central aspects of the model, namely sport management, health promotion, sociocultural development and policymaking. Importantly, the authors also remained open to emerging patterns and trends throughout the ongoing analysis process, which—after critical discussion and reflection on their lived program experiences—led to the development of sustainability as the fifth critical aspect.

5. The sport-for-health model: Applied findings and discussion

From our long-term academic research in Vanuatu, we have learned that the interrelated aspects of sport management, health promotion (including physical activity and healthy diets), sociocultural context, policy, and sustainability all play a key role in understanding the concept of “healthy lifestyles.” Hence, we have combined these aspects into the newly designed sport-for-health model (SFHM) to clearly visualize and better understand how to approach a holistic health-focused development program. We argue that to be successful in achieving desired social and health-related benefits, we need to consider all aspects of the model across the program design, implementation, management, and evaluation of healthy lifestyle initiatives.

We are using the SFHM as a framework for presenting exemplary findings from previously conducted empirical research around the Wokabaot Jalens in Vanuatu. Given the interrelated nature of the SFHM’s five aspects of sport management, health promotion, sociocultural context, policy, and sustainability (see Figure 1), we will also highlight the connections between them and discuss opportunities and challenges that health providers and SFD organizations may encounter in each of them.

Insert Figure 1 about here.

5.1 Sociocultural context

The sociocultural context of any health-focused development program and its participating communities, groups, and people is critical for designing a specific, relevant, and meaningful development initiative (Kwauk, 2014; Schulenkorf & Sugden, 2011; Sherry, Schulenkorf, Seal, Nicholson, & Hoye, 2017). In other words, program managers need to take the (cultural) environment into consideration when choosing the focus, structure, and content of projects. As previously discussed, the Pacific Island region is extremely diverse

and culturally complex. It is therefore key to truly engage with the specific target population of a particular program, listen to local voices in the process, and be reflexive throughout (Kwauk, 2014; Sherry et al., 2017). For example, the lead-up phase of the Wokabaot Jalens included a community-based participatory research project that uncovered preferences and dislikes regarding program content. Herein, an external female researcher conducted focus groups with women only—a decision made deliberately in a cultural setting in which gender inequality continues to dominate everyday life (Tor & Toka, 2004). Moreover, the Wokabaot Jalens was inclusive and representative of female participants from all socioeconomic backgrounds and we conducted formative work with a large variety of participants; for instance, both higher (assistant directors) and lower job positions (cleaners) were involved in the focus group discussions. This approach led to the inclusion of relevant local voices and the development of a program that responded to a large variety of local needs.

As a direct outcome of the community-centered research process, the organizers of the Wokabaot Jalens included specific local customs and traditions in their program design. Firstly, at the official program opening, a local reverend said a prayer for all participants and organizers. Next, the Director of Public Health officially launched the program, with a speech in the local language, Bislama. His presence not only provided symbolic support and legitimacy, but it also underlined a high-level commitment by program organizers and the government. This presents an important element in a culture where chiefly support is essential for any new legislation, policy, and social initiative, and where external support mechanisms provide opportunities to leverage health initiatives to benefit the wider community. In particular, the Director's appearance attracted national media to the program launch; here, TV Vanuatu and Radio Vanuatu broadcasted an interview whereby the Director promoted the initiative to a wider audience. This has previously been described as a key element in the social advantage of sport programs and events (see Chalip, 2006; O'Brien,

2007; Schulenkorf & Edwards, 2012), albeit around projects with a different focus and greater reach when compared to the small island nation of Vanuatu.

The launch of the Wokabaot Jalens was accompanied by a large share of local food and drinks, available free for all participants. While at first this may appear contradictory to the idea of a healthy lifestyle initiative, it is of central importance in a culture where the sharing of food has great communal value. In line with the development of a culturally sensitive program, the organizers identified Vanuatu Water as a suitable sponsor for the Wokabaot Jalens. Here, they took the opportunity to portray water as a suitable and healthy drink not only for sporting participants, but also for community leaders in highly respected roles. The consumption of water by VIPs during official functions sent an important message to all participants and stakeholders.

For the scheduling of the regular program activities, organizers considered additional sociocultural factors. The program had to be in line with the needs of participating women, and their roles and responsibilities in their respective community. In particular, for many Christian denominations across the Pacific, sporting engagements on Sundays are not feasible due to religious commitments. Hence, the organizers conducted the walking during the week and on Saturdays—times that were more suitable and convenient for the target audience and its employer, the Vanuatu Prime Minister's Office.

Lastly, from an organizational perspective it is important to note that whenever possible, program managers used face-to-face communication with local staff during the project's preparatory and implementation phases. Organizers, participants, researchers, and supporting stakeholders alike—including local health professionals—felt a distinct reluctance toward electronic communication. While access to technology and e-mail is readily available for public servants in Vanuatu, this reluctance seemed culturally rooted in a country where direct face-to-face contact and communal engagement under a traditional authority system

influences human interaction and communication. This insight seems significant for future program planning and implementation; in short, we suggest that for an effective collaboration with local Pacific communities and health professionals to occur, face-to-face engagements should be considered wherever possible. This approach will also prevent misunderstandings and tensions around expectations of e-mail engagement, including questions around timing and the need for immediate responses (see also Sherry et al., 2017 for similar findings).

5.2 Health promotion

In the context of SFD and the Wokabaot Jalens in particular, we understand health as a multi-dimensional concept. The WHO defined health in its broader sense in its 1948 constitution as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (p. 100). This definition highlights that in addition to one’s physical capacity, health also relates to a person’s mental well-being, the aptitude to interact with others, and the ability cope in daily life. Health promotion, therefore, represent a core function of advancing public health holistically. In short, health promotion is about giving people the power to achieve positive health and well-being outcomes in physical, mental, and sociocultural domains.

When considering the role of sport in health promotion, the provision of opportunities to exercise and interact with others are ways in which to achieve positive health outcomes. In line with sport for development theory (Lyras & Welty Peachey, 2011), SFD projects provide an augmented opportunity for people, as active participation in sport or physical activity is purposely combined with non-sporting development aspects, including (health) education, social engagement, and the advancement of livelihoods (see Schulenkorf & Adair, 2014). Applied to our example from Vanuatu, in addition to providing sporting opportunities for women, the Wokabaot Jalens engaged in health promotion activities directed at the wider family, including children and men as part of an inclusive SFD program. Health-related

awareness and education sessions were co-organized adjacent to the weekly sessions by relevant local stakeholders, including partners from the Ministry of Health, the Red Cross, local educators, and social workers. While the increase of physical activity levels was indeed the key purpose of the initiative, health education and health promotion materials (posters, pamphlets, t-shirts), workshops, and weekly electronic health newsletters also accompanied the program. Herein, organizers provided participants and their families with information on healthy lifestyle behavior, such as healthy eating strategies; in short, they were continuously encouraged to create a “healthy home” for themselves and their loved ones.

The Wokabaot Jalens also featured a number of workshops in which participants designed their own posters on healthy lifestyle behavior that organizers displayed at local churches and community halls. As a form of leverage, such proactive communication presents an important strategic approach in a culture where communal engagement plays a key role in people’s lives. For example, churches are often the central meeting point of communities in Vanuatu; they are places where people share knowledge and experiences and where social messages reach the wider community. Hence, partnerships with religious centers can play a central role for profound health promotion activities—not only in Vanuatu, but in the wider Pacific region (see also Schulenkorf & Schlenker, 2017; Sherry & Schulenkorf, 2016; Siefken et al., 2014b).

Finally, we acknowledge that from a health promotion perspective, sport-for-development projects hold a special role when compared to other “for-development” initiatives. While industries like the arts, events, music, and tourism may all contribute to different social, cultural, or economic development outcomes, sport-related activities have the intrinsic benefit of promoting physical activity and direct engagement for a variety of participants. Thus, they can make a particularly strong and explicit contribution to advancing

healthy lifestyles by “addressing the obese elephant in the room” (Schulenkorf & Schlenker, 2017, p. 229).

5.3 Sport management

Managerial aspects and processes underpin the organization of any SFD program (see also Organizational component of sport for development theory) and they link with all different elements of the SFHM. In the context of SFH projects, managers have the strategic responsibility of planning and designing culturally relevant programs, implementing and leveraging meaningful health promotion activities, and monitoring and evaluating program processes and outcomes. Organizers can hardly achieve these strategic goals in isolation; in fact, the Wokabaot Jalens team cooperated with important and influential stakeholders to attain valuable support. For instance, regarding key partnerships and managerial engagement, the WHO South Pacific Office and Ministry of Health Vanuatu officially endorsed the Wokabaot Jalens. The support of these two high-level institutions was essential in program planning and the strategic management of communication messages on radio, television, and local newspapers. Moreover, local health experts from these institutions provided significant credibility and legitimacy that organizers could leverage strategically. In particular, the Director of Public Health championed the idea of putting women at the center of all health promotion campaigns. In other words, the Director’s involvement provided the program and its focus on women with some extra gravity—something that organizers can and should use to widen program reach, i.e. attract and involve greater numbers of participants in future initiatives.

In this context, it is also important to reflect on some of the challenges related to SFD partnerships and the co-management of projects. Apart from the usual issues related to cooperation (e.g., different cultural and professional backgrounds and viewpoints), different power dynamics and priorities of local and international stakeholders can strongly influence

the implementation and continuous support of programs (e.g., Darnell, 2010; Darnell & Hayhurst, 2011). For instance, the Wokabaot Jalens was supported by a network of local and international partners, including government ministries, local communities, and international researchers. In such an environment, different people treat formalities and work processes related to office work in different ways; for example, program documentation and evaluation protocols were approached with unequal enthusiasm and attention to detail, which at times led to tensions and misunderstandings among partners. The expectation to compile reports in English is another factor that may contribute to uncomfortable feelings among local partners in a country like Vanuatu, where for some participants English is only the third language after French and Bislama (e.g., Sherry & Schulenkorf, 2016).

On the ground, battles over power and control of resources are additional managerial minefields for SFD organizations. This is especially the case for funded development projects, where power dynamics and the pressure to “show” development outcomes present significant factors that impact on the willingness and ability of local authorities to cooperate. In other words, organizations will often only contribute if they can claim and sell project outcomes as their own exclusive achievements (see Khoo et al., 2014; Schulenkorf & Edwards, 2012). Research around the Wokabaot Jalens further highlighted challenges related to political instability and (lack of) ongoing support. In this case, a change in government resulted in the loss of funding for the program. This occurred despite the strong support of the Director of Public Health and intentions for financial backing from the WHO South Pacific Office as a potential co-funder. This example not only provides evidence for the often uncertain funding context of SFD programs, but it also reinforces Misener’s (2015) argument for securing long-term funding under a supportive policy environment when aiming to establish, manage, sustain, and leverage sport initiatives for local communities.

5.4 Policy

In general, sport, physical activity and health-related policies are designed to support populations' well-being, and to provide inclusive opportunities for healthy lifestyles. For instance, the recently launched Bangkok Declaration on Physical Activity for Global Health and Sustainable Development identifies opportunities that support and promote the reduction in physical inactivity and contribute to achieving specific milestones of the 2030 Sustainable Development Goals. The Sustainable Development Goals themselves highlight policy actions that may use the potential of sports to contribute to healthy communities, and to nurture positive social values (e.g., respect, fairness, inclusion) through sport. In line with these global policy initiatives, it is important that local governments design and apply relevant and inclusive physical activity policy actions in specific contexts where there is an urgent need for healthy lifestyle developments.

In Vanuatu, the national government implemented the Walk for Life physical activity policy in 2007 with the aim of engaging public servants in regular physical activity. As a form of goodwill and support, the policy allowed public servants across government to be released from official duties at 3:00 p.m. every Wednesday afternoon. At that time, the government offered different physical activity programs and walking initiatives to its employees. This policy illustrates that high-level support has previously existed for healthy lifestyle initiatives in Vanuatu, which was not only important in itself, but also allowed for additional support and leverage. In fact, the Walk for Life policy formed the background for Wokabaot Jalens which activated and encouraged the Ministry of Health, Division of Noncommunicable Diseases, to also participate in their Wednesday afternoon physical activity sessions. This allowed for a greater participation base and the bundling of resources to facilitate the conceptualization and realization of the program.

With a change in the Vanuatu Government in 2012, the new government abandoned the Walk for Life policy, relinquishing further political support for Wokabaot Jalens and ending all related government-supported health education and health promotion efforts. Informally, the Wokabaot Jalens continued to exist for several months; however, it eventually folded, as did the collegiate spirit surrounding it. Upon reflection, this example illustrates the vital importance of (a) developing and implementing inclusive healthy lifestyle policies in the first place, (b) securing support from all political factions, and (c) developing workforce and management capabilities to deliver an effective and sustainable program that lasts beyond the initial period of funding. This final aspect is particularly important in the context of externally funded projects that rely on money from one particular government agency or one large private donor—a situation in which extreme dependencies are created that may negatively impact the program's mere existence.

On the macro-level, it should also be acknowledged that wider initiatives and partnerships from other sectors of society—especially the business world and politics—need to accompany community-based health initiatives. In fact, we propose the integration of health-related SFD projects into a larger agenda of social and political support to achieve lasting social and health-related outcomes beyond the programs' borders. For instance, any health or SFD-related project in the South Pacific region must consider that almost all countries in Oceania are heavily dependent on imported goods. Here, the Vanuatu Government's Ministry of Trade could follow examples from countries such as Fiji and Tonga and place a stronger policy emphasis on local food production and a reduction of salt, fat, and sugar content in imported items. Overall, to help improve food quality and people's overall quality of life, respective ministries must create new and innovative trade-related policies to allow for a less obesogenic food environment (Snowdon & Thow, 2013). Thus

far, opportunities for engagement and partnerships in policymaking have been missed, and more can and should be done to address “healthy lifestyle policymaking” more holistically.

Finally, from a research engagement perspective it is important to look at existing policies and their challenges in practice, too. This is particularly important, as the management of ethics approvals often provides a battlefield for SFD scholars and communities on the ground. For example, while our research in Vanuatu has shown that the measurement of waist circumferences with a simple elastic band was *d'accord* with local expectations and community protocols, such an approach would likely raise the eyebrows of so-called experts on the respective ethics committees of “Western” universities. Also, we have experienced that despite numerous attempts to explain the cultural inappropriateness of seeking written consent for studies conducted with people from remote Pacific islands, our alleged “partners” from the ethics committee still require signatures against written text—something that has proven to be uncomfortable or even intimidating to many local contributors, especially those with limited English literacy skills (see also Sherry et al., 2017).

5.5 Sustainability

An outcome evaluation of the Wokabaot Jalens provided evidence of the successful reduction of NCD risk factors among participants (see Siefken et al., 2014). However, the sustainability of the change in physical activity and eating habits remains to be seen. In other words, long-term research will have to assess if health-related development programs such as the Wokabaot Jalens can truly lead to healthier lifestyle behaviors and lower NCD risk factors. This is particularly relevant for initiatives that have a relatively short life cycle. Are these SFD or SFH programs really able to make a long-term difference? Moreover, do they encourage participants to stay engaged in sport or regular physical activity to keep the fire burning?

In the case of Wokabaot Jalens, some participants indeed sustained action. In particular, 14 months after program termination, a number of women reported participating in different global online pedometer challenges. For example, one particular group took action, formed a new walking team, and signed up to participate in different events, including the Walktober Online Corporate Walking Challenge in Australia (see <http://walktober.org.au>). While the team proved its independence and commitment to the cause, a supporting factor for their ongoing involvement in walking events post Wokabaot Jalens was an online engagement platform that the research team provided. This platform allowed people to ask questions around healthy lifestyles and seek support for future initiatives, including advice around the online registration processes and upcoming events.

At a separate visit to Vanuatu 15 months after the Wokabaot Jalens had terminated, the research team met up with some of the program participants. It became obvious that many of the women were still using their pedometers and the ambitious ones still aimed for 30,000 steps a day. Anecdotally, these stories indicate the success in sustained uptake of physical activity in some individuals; however, only a more rigorous long-term evaluation would be able to show the true extent of lifestyle changes that resulted from the Wokabaot Jalens. This finding has implications not only for practitioners on the ground, but also for researchers who engage in SFH initiatives. If we are serious about sustainability as a key element of successful projects, we should carefully consider ways of sustaining our involvement beyond a one-off assessment. In other words, the chances of influencing program management and continuous improvement will substantially increase if researchers commit to sustained cooperation that is ideally combined with a strong commitment for local (research) capacity building (see also Edwards, 2015; Misener & Schulenkorf, 2016; Sherry et al., 2017).

6. Final remarks

At the beginning of this paper, we set out to critically reflect on our lived experiences and the underpinning management processes of the health-focused development initiative Wokabaot Jalens in Vanuatu. In doing so, we highlighted some of the program's key achievements and challenges and discussed strategies and tactics that both facilitated and hindered its design, management, and leverage processes. We linked our discussions to the five key aspects of the newly proposed SFHM, namely: (a) sport management, (b) health promotion, (c) sociocultural development, (d) policymaking, and (e) sustainability.

From a practical perspective, we suggest that these five aspects require specific consideration when designing, managing and evaluating holistic and inclusive healthy lifestyle initiatives. In particular, SFD managers should consider the potential health benefits of their programs more distinctly, and decide about an implicit or explicit focus on health promotion. For too long, SFD programs have ignored the “obese elephant in the room” (Schulenkorf & Schlenker, 2017, p. 227) in their design of initiatives—something that deserves to be changed if we are serious about any special role sport and physical activity may have in contributing to overall community wellbeing. At the same time, health professionals should engage with the managerial aspects of program planning and development and go beyond merely assessing outcomes or measuring impacts, and consider the often process-related managerial functions and socio-cultural makeup that determine program success (or otherwise). We therefore call for more cross-disciplinary engagement, cooperation and collaboration to achieve the best practical outcomes.

From a theoretical perspective, we propose that the SFHM makes a conceptual contribution to the wider SFD space and complements existing scholarship, including SFD theory (Lyras & Welty Peachey, 2011) and established SFD-related frameworks and models (see, e.g., Misener & Schulenkorf, 2014; Schulenkorf, 2012; Sugden, 2006). In particular, it is the SFHM's explicit focus on health promotion and healthy lifestyle behavior—including

habitual and regular physical activity as well as healthy eating practices—that is seen as a critical contribution in the context of community development in the Pacific region and elsewhere in the world. As such, we encourage scholars in SFD and beyond to use the SFHM for their applied and holistic analyses of different healthy lifestyle initiatives. Here, multi-disciplinary research teams that feature experts from relevant areas including public health, health promotion, sport management, sport science, sociology, cultural studies, anthropology, strategic management, and policymaking are likely to generate the most inclusive and nuanced outcomes. Moreover, such multi-disciplinary teams will be able to a) best determine the usefulness of the SFHM as a conceptual tool guiding empirical evaluations, and b) further amend or refine the model based on their practical experiences and theoretical critique.

Overall, our reflections from Vanuatu suggest that strategic management and inclusive partnerships on the micro, meso, and macro levels can make a significant difference to any SFD program that aims to promote healthy lifestyles. In other words, partnerships with key stakeholders help to get programs approved and activities designed in a culturally relevant and meaningful way—a particularly important consideration for SFH projects in the Pacific region, given the unique value and belief systems of Pacific peoples. Moreover, strong partnerships between organizers, local communities, and external partners will further increase the likelihood of implementing, managing, communicating, and sustaining programs in an efficient and effective way.

We believe that SFH programs are a prime example for a strong and explicit connection between two fields of study that have previously struggled to come together in a meaningful way: health promotion and sport management. Against a background of rising NCD rates and associated health, social, and economic struggles, it is critical to organize and implement convincing sport and physical activity programs to improve the lamentable status quo. For this to happen, solid health promotion and sport management principles need to

underpin programs, as well as inclusive partnerships with key stakeholders. Here, it seems evident that the key ingredient for flourishing partnerships is a resourceful group of people; for SFD projects on healthy lifestyles, this includes experts from all areas of the previously introduced SFHM. In short, we argue that the right people and their supporting organizations will create a holistic and inclusive socio-managerial environment that allows for further growth and leverage of programs to maximize community benefits.

Acknowledgements

The authors would like to acknowledge Professor Reginald J. Alston from the University of Illinois at Urbana-Champaign for his valuable comments and contribution to strengthening this paper.

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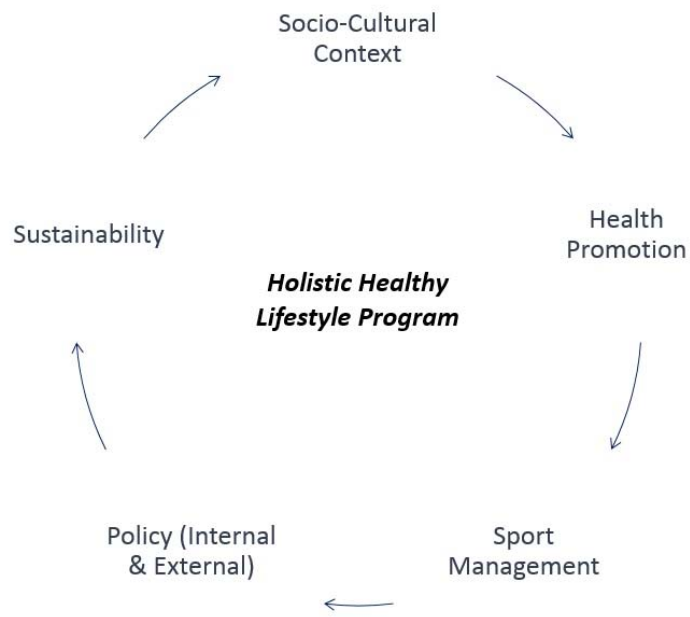


Figure 1. The sport-for-health model.