



ELSEVIER

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed

“Live, Learn and Play”: Building strategic alliances between professional sports and public health

Antronette Yancey^{a,*}, David Winfield^b, Judi Larsen^c, Michele Anderson^d, Portia Jackson^e, Jeff Overton^d, Shawn Wilson^{f,i}, Allen Rossum^{g,i}, Shiriki Kumanyika^h

^a Department of Health Services, Division of Cancer Prevention and Control Research, and Center to Eliminate Health Disparities, UCLA School of Public Health, Los Angeles, California, USA

^b MLB San Diego Padres and ESPN Baseball Tonight, San Diego, California, USA

^c The California Endowment, Los Angeles, California, USA

^d MLB San Diego Padres, San Diego, California, USA

^e Department of Health Services, UCLA School of Public Health, Los Angeles, California, USA

^f SWI Consulting and Usher's New Look, Atlanta, Georgia, USA

^g NFL San Francisco 49'ers, San Francisco, California, USA

^h Department of Biostatistics and Epidemiology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

ⁱ Professional Athletes Council, Atlanta, GA

ARTICLE INFO

Available online 9 July 2009

Keywords:

Physical activity
Social marketing
Ethnic minority
Health promotion
African American
Black
Latino
Hispanic

ABSTRACT

Public–private partnerships allow communities and corporate entities to pool resources to address a mission of relevance to their common constituency or consumer base. Collaborations between public health and professional sports may present unique opportunities to improve health outcomes related to physical activity since athletes are fitness icons, both for adults and children. There are many “win–win” opportunities, as sports venues regularly host huge numbers of spectators, offering food and entertainment, providing hours of exposure, and introducing new ideas for engaging fans in order to remain a competitive draw. In 2008, the San Diego Padres embarked on a communitywide fitness initiative, **FriarFit**, including incorporating 10-minute *Instant Recess™* breaks during their Sunday homestand pre-game shows. Many lessons have been learned that may be useful to others mounting such initiatives, such as: there is more at stake in cost-benefit and risk-benefit assessment for sports executives, requiring greater caution and circumspection than is typical for public health projects; the core business of the corporate entity must be accommodated without undermining the health objectives; and health aims must be addressed in a way that is financially viable and delivers tangible value for profit-making concerns, in terms of marketing, revenues or brand enhancement.

© 2009 Published by Elsevier Inc.

Introduction

Growing concern about the epidemic of childhood obesity and sedentary behavior has led to increasing efforts within the health sector to identify innovative solutions, including engaging in public–private partnerships. Public–private partnerships allow communities and corporate entities to pool resources to address a mission of relevance to their common constituency or consumer base. In recent years, corporate-sponsored programs focusing on health have gained increased popularity (Cochran, 2007). Cause-related marketing is undertaken by partnering with a community organization or by taking a stance on an issue of relevance to the target audience. In addition, sponsoring non-profit or charity events may enable corporations to improve their brand leverage at the community level.

Collaborations between public health and professional sports may present unique opportunities to improve health outcomes related to

physical activity, including childhood obesity. This commentary reviews considerations relevant to the success of such collaborations, drawing upon a current case example involving the partnership between a major league baseball team, a private health foundation, and academic public health researchers.

Case example: *Instant Recess™* and *FriarFit*

Instant Recess™ is an evidence-based, multi-media physical activity promotion approach strategically aligning the sports and health sectors, and focusing on three venues: schools, youth programs and sports arenas. *Instant Recess™* integrates brief structured bouts of music-driven group dance and calisthenics moves into regular organizational routine. Such bouts have been shown to improve individual health and organizational outcomes across a range of populations and settings (Physical Activity Guidelines Advisory Committee, 2008; UCLA Center to Eliminate Health Disparities, 2008; California Nutrition Network, 2004; Crawford et al., 2004; Institute of Medicine (U.S.), 2006; Lara et al., 2008; Pronk et al., 1995;

* Corresponding author.

E-mail address: ayancey@ucla.edu (A. Yancey).

Salmon et al., 2007; Yancey et al., 2004a,b) including the possibility of activity spill-over from one setting to another (Yancey et al., 2006; Donnelly et al., 2009). For example, injecting brief activity breaks into the school day has been shown to improve outcomes of interest to educators, e.g., on-task behavior, academic performance and disruptiveness, in addition to health (Donnelly et al., 2009; Honas et al., 2008; Mahar et al., 2006; Sibley et al., 2008). The impact of such minimal intensity intervention can be considerable given the inordinately low levels of physical activity in which most people actually participate (Troiano et al., 2008). New ways to increase physical activity across a wide range of settings must be identified, and sports organizations offer unique opportunities to expose people to these interventions and engage them in physical activity. This is especially true for communities with few active recreation facilities, little park acreage, neighborhood safety concerns, and sub-par physical education and recess.

Athletes are valuable *Instant Recess*TM messengers, garnering exposure among “captive” mass media and sports venue audiences, with potential for popularizing, accelerating dissemination and influencing socio-cultural norms. They are second only to family members as role models for adolescents (Yancey et al., 2002), and choosing to emulate athletes is associated with higher physical activity levels (Taveras et al., 2004). The original workplace-targeted intervention (*Lift Off!*) (Yancey et al., 2004b) was adapted for the Professional Athletes Council, in cooperation with the California Department of Health Services in 2006.

In 2008, the San Diego Padres, a southern California baseball team, embarked on a broad-based obesity prevention initiative, **FriarFit** (Fig. 1). The initiative is funded by the team's charitable arm, the Padres Foundation for Children. This project fits within the club's and the foundation's philanthropic focus of “live, learn and play.” Their charismatic Hall of Famer executive vice-president/senior advisor (DW) spearheaded development of this comprehensive mission-driven approach to improve the physical activity and nutrition environments in the ballpark, schools and larger community. Donations were re-directed from other causes to better leverage team assets and produce greater returns to the community and the team. The Padres became the first professional sports organization to adopt *Instant Recess*TM as a primary element of their initiative. Breaks were led by the club's Pad Squad (fan ambassadors and promotion team)—and on occasion by a celebrity or Padres player—during the pre-game shows of their Sunday homestands. Other elements are addition of tasty and competitively priced foods to the ballpark menu and interactive website-driven school outreach, including hosting teacher training at the ballpark. Informed by the **FriarFit** model, Major League Baseball is developing a fitness-focused initiative, with individual teams adopting and adapting various elements, e.g., the Dodgers' “follow-along exercises” on their DodgerVision jumbo-tron screens to get fans up and moving (Stein, 2009).

Analysis

Opportunities

Professional athletes and sports organizations are subsets of the private sector that are natural allies for public health in promoting active living. Players are fitness icons—highly visible “aspirational” role models, representing diversity in ethnic and economic background. A majority of residents of a particular community are familiar with local athletes and teams, and many attend games in its arenas and stadiums. Long seasons provide an opportunity for sustaining media interest and engagement. Helping children to be healthier connects the mission of the team's charitable work with athletics' cultural value on fitness. Developing a health promotion strategy for a sports franchise also presents great “photo-ops,” and builds brand loyalty that team and sports agency marketing

departments may use to expand their fan base, aligning marketing and social marketing aims. Sports venues regularly host huge numbers of spectators, offering food and entertainment, providing hours of exposure, and introducing new ideas for engaging fans in order to remain a competitive draw.

Challenges

Collaborations between professional sports and public health present substantial challenges. Some are general obstacles for public/non-profit vs. profit-making entities (e.g., differences in jargon and expertise), while others are specific to the type of collaboration, i.e. to the direct link between athletes or sports teams and physical activity. The sustainability of a strategic partnership to improve community health will ultimately rest on the compatibility of the project outcomes with the goals of each entity, weighed against the costs of their involvement.

The cultures of sports and public health contrast markedly. Sports is a “cut-throat” competitive arena, both individually and organizationally. Expectations of partners from these two domains and the potential risk exposure associated with participation differ greatly. On the corporate side, the volume of demand for their participation in community and charitable activities is high, so they must be selective to ensure a good fit with their resources and mission. Public expectations (fiscal exposure) must be contained without disappointing their fan base. Public health has the opposite challenge, that of working hard to generate demand for its products and services, and being met with less than that anticipated or desired. Public health professionals are unaccustomed to high levels of interest from stakeholders, and often receive fleeting attention to issues.

Favorable publicity and recognition accrue to all parties involved but the potential risks differ. The likelihood of criticism, should anything go wrong, falls disproportionately on the team. This presents a greater risk than is typical for community relations projects and uncertainty of greater gain from success. Corporate performance measures are generally explicit and measurable, continuously monitored and directly tied to job success and security. Thus, there is more at stake in cost-benefit and risk-benefit assessment for sports executives than for those in public health.

Building a model for collaboration

There are few examples of such partnerships in the literature. Initiatives involving public health entities and professional sports organizations may be viewed as a form of community-based participatory research (CBPR) in an early stage of development (see Yancey, in press for further details of the development and evolution of the partnership) (Yancey, in press). The community partner in this case is an empowered corporate entity with clearly defined needs, e.g., profitability, reputation or brand. In most CBPR, the community is an underserved, loosely defined entity for which needs are determined through surveys and coalition building. True partnering between these disparate sectors requires strategic re-alignment of assets and strengths, lessons embedded in a core set of “principles of engagement” (Table 1). Public health offers the content expertise (“coaching” or “game plan”), while the business of sports provides the dissemination infrastructure to get out the message, involve the targeted audiences and, hopefully, change behaviors. This capitalizes on the private sector's nimbleness and ability to speak to people's desires, vs. their needs as defined by health experts and often rejected by their intended targets.

Each sector has its core business. Only for public health agencies, however, is the focus on the development, implementation and evaluation of health promotion interventions. Sports organizations are judged on their won-loss records and financial bottom lines. Avoiding conflicting missions is a key concern. For example, ethical



Fig. 1. FRIARFIT launch event at PETCO Park on April 25, 2008.

issues may arise when partnering with fast-food or soda companies (Table 1) (Ludwig and Nestle, 2008).

A typical approach is for sports organizations to engage in community benefit work on a range of issues that may support their public relations objectives but dilutes the potential to strategically advance a public health cause. However, a much different model is required to derive the full benefit from such partnering—to effectively reduce health disparities and form a truly synergistic and sustainable partnership with mutual benefits and shared costs and decision-making, as reflected in the Padres' redirection of a portion of their philanthropic contributions to **FriarFit**. Academic partners can increase the likelihood that interventions are innovative, evidence-

based and rigorously evaluated, and that results are published in the scientific literature and disseminated to decision makers, e.g., elected and appointed officials. Measuring impact can help to encourage expansion of corporate-community health partnerships that address physical activity as a win-win for franchises seeking to be socially responsible and for public health agencies seeking to leverage resources to carry out their mission.

Public health aims must be addressed in a way that is financially viable and delivers tangible value for profit-making concerns—presumably an amalgam of enhanced or new product sales, ticket sales, public and community relations, and brand marketing. For example, “media impressions” are valuable to these

Table 1

Principles of engagement for long-term success.

1. Develop collaborations in the resource identification and project implementation phases that are based on solid relationships that mutually benefit key partners. Continue to build these relationships and expand projects over time.
2. Emphasize “push” versus “pull” strategies for behavior change by making physical activity the easy or default choice and sedentary behavior the difficult or inaccessible choice. Require “opting out” vs. “opting in” to maximize participation by those least likely to engage in exercise, thereby reducing rather than further widening activity disparities (e.g., restricted nearby parking and employee or student drop-off locations, restricted elevator access, brief group exercise breaks in meetings or events and at designated times of the work or school day, walking meetings, scheduling meetings a short walk from workspaces).
3. Create self-sustaining efforts by building upon existing infrastructure (stadium spaces, product sales, IT capacity, website, PR, etc.). Outsource management where possible to public partners who are charged with responsibility for the public's health (e.g., departments of public health or parks and recreation).
4. Encourage private partners (in this case, athletes and sports franchises) to leverage their role as organizational leaders and models by requesting a similar show of leadership and involvement by colleagues, employees, partners, vendors, sub-contractors, sponsors, grantees, and community benefit recipients.
5. Commit to thorough evaluation, both process and outcome, from the perspectives of both the public health and private partner.
6. Work to achieve congruency and synergy between public health aims and the private partner's corporate, foundation and/or community investment mission by directly communicating aims, expectations and desired outcomes from the outset.
7. Where possible, develop multi-sector (e.g., professional sports, schools, business/corporations, public health), multi-level (e.g., regulatory and legislative policy, organizational policy and practice, coalitions and networks, interpersonal), and multi-platform efforts (e.g., CDs/DVDs, interactive website, sports venue routine).
8. The “bottom lines” of corporate sponsors displaying logos on collaborative project materials or products must be favorably impacted by project success, e.g., health clubs, managed care orgs, groceries, sporting goods manufacturers, distributors or retail stores; or at least cost-neutral, e.g., banks, law firms. In the case of corporations whose main line products undermine project aims, only logos or brand names of health-promoting products may be displayed, e.g., the water line of a beverage manufacturer or fruit/salad item offered by a fast-food company.
9. The focus of all external or community-directed communications must be on healthy behaviors (healthy foods, physical activity) rather than obesity, even though reducing childhood obesity and obesity disparities are overarching goals. The aim is to avoid further stigmatizing or “turning off” heavy individuals or groups with high rates of obesity, deterring their participation or even escalating sedentary behavior.
10. Build and maintain a consistent stance that is “for” (positive), not “against” (negative), to maintain consistency with the spectator sports industry business model (e.g., highly profitable beer and soda sales), and to avoid charges of hypocrisy when players or franchises involved in the partnership also endorse fitness-compromising options, e.g., cars, fast food, sedentary video games. For example, athletes featured in Instant Recess™ DVDs and PSAs promote fruits, vegetables and water, but do not specifically discourage consumption of burgers or sodas.
11. Focus collectively on the organization (e.g., Professional Athletes' Council or sports team), to mitigate the effects of such potentially damaging occurrences as player turnover or players tarnishing campaigns by “falling from grace” through ethics, morality or criminal violations.

corporations, and represent added value. Ultimately, a *successful public health effort must favorably influence the corporate “bottom line” to be fiscally sustainable*. Near-term seed money—grant funding through foundations (even those of the teams themselves) or health care community benefit dollars must be supplemented and supplanted by long-term private sector support—corporate sponsorships, annual fundraising events, sales and other revenues.

Conflict of interest statement

No non-TCE financial support has been received for this work. We have no conflicts of interest to report. All authors have contributed substantively to this work, and the manuscript has been read and approved by all authors.

References

- California Nutrition Network, 2004. California Department of Health Service: workplace nutrition and physical activity. Issue Brief 1 (1), 1–8.
- Cochran, P., 2007. The Evolution of Corporate Social Responsibility. *Business Horizons* 50, 449–454.
- Crawford, P.B., Gosliner, W., Strode, P., et al., 2004. Walking the talk: Fit Wic wellness programs improve self-efficacy in pediatric obesity prevention counseling. *Am. J. Public Health* 94 (9), 1480–1485.
- Donnelly, J.E., Greene, J.L., Gibson, C.A., Smith, B.K., Washburn, R.A., Sullivan, D.K., et al., 2009. Physical Activity Across the Curriculum (PAAC): A randomized controlled trial to promote physical activity and diminish overweight and obesity in elementary school children. *Prev. Med.* 49 (4), 336–341.
- Honas, J.J., Washburn, R.A., Smith, B.K., Greene, J.L., Donnelly, J.E., 2008. Energy expenditure of the physical activity across the curriculum intervention. *Med. Sci. Sports Exerc.* 40 (8), 1501–1505.
- Institute of Medicine (U.S.), 2006. *Progress in Preventing Childhood Obesity: How Do We Measure Up?* National Academies of Sciences, Washington, D.C.
- Lara, A., Yancey, A.K., Tapia-Conye, R., et al., 2008. Pausa Para Tu Salud: reduction of weight and waistlines by integrating exercise breaks into workplace organizational routine. *Prev. Chronic Dis.* 5 (1), A12.
- Ludwig, D.S., Nestle, M., 2008. Can the food industry play a constructive role in the obesity epidemic? *JAMA* 300 (15), 1808–1811.
- Mahar, M.T., Murphy, S.K., Rowe, D.A., Golden, J., Shields, A.T., Raedeke, T.D., 2006. Effects of a classroom-based program on physical activity and on-task behavior. *Med. Sci. Sports Exerc.* 38 (12), 2086–2094.
- Pronk, S.J., Pronk, N.P., Sisco, A., Ingalls, D.S., Ochoa, C., 1995. Impact of a daily 10-minute strength and flexibility program in a manufacturing plant. *Am. J. Health Promot.* 9 (3), 175–178.
- Salmon, J., Booth, M.L., Phongsavan, P., Murphy, N., Timperio, A., 2007. Promoting physical activity participation among children and adolescents. *Epidemiol. Rev.* 29, 144–159.
- Sibley, B.A., Ward, R.M., Yazvac, T.S., Zullig, K., Potteiger, J.A., 2008. Making the grade with diet and exercise. *AASA Journal of Scholarship and Practice* 5 (2), 38–45.
- Stein, J., 2009. Dodger stadium food takes a healthful turn. *Los Angeles Times* A-1 April 12.
- Taveras, E.M., Rifas-Shiman, S.L., Field, A.E., Frazier, A.L., Colditz, G.A., Gillman, M.W., 2004. The influence of wanting to look like media figures on adolescent physical activity. *J. Adolesc. Health* 35 (1), 41–50.
- Troiano, R.P., Berrigan, D., Dodd, K.W., Masse, L.C., Tilert, T., McDowell, M., 2008. Physical activity in the United States measured by accelerometer. *Med. Sci. Sports Exerc.* 40 (1), 181–188.
- Yancey, A.K., in press. The San Diego Padres' Friarfit Initiative: Lessons Learned and Unlearned in Developing Strategic Alliances between Professional Sports and Public Health. Available From: [Http://www.Calendow.Org](http://www.Calendow.Org). Los Angeles, CA: The California Endowment, 2009.
- Yancey, A.K., Siegel, J.M., McDaniel, K.L., 2002. Role models, ethnic identity, and health-risk behaviors in urban adolescents. *Arch. Pediatr. Adolesc. Med.* 156 (1), 55–61.
- Yancey, A.K., Lewis, L.B., Sloane, D.C., et al., 2004a. Leading by example: a local health department–community collaboration to incorporate physical activity into organizational practice. *J. Public Health Manag. Pract.* 10 (2), 116–123.
- Yancey, A.K., McCarthy, W.J., Taylor, W.C., et al., 2004b. The Los Angeles Lift Off: a sociocultural environmental change intervention to integrate physical activity into the workplace. *Prev. Med.* 38 (6), 848–856.
- Yancey, A.K., Lewis, L.B., Guinyard, J.J., et al., 2006. Putting promotion into practice: the African Americans building a legacy of health organizational wellness program. *Health Promot. Pract.* 7 (3 Suppl), 233S–246S.
- Physical Activity Guidelines Advisory Committee, 2008. *Physical Activity Guidelines Advisory Committee Report*. Available at [Http://www.Health.Gov/Paguidelines/Committeereport.aspx](http://www.Health.Gov/Paguidelines/Committeereport.aspx). Accessed October 7, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008.
- UCLA Center to Eliminate Health Disparities, 2008. *Lift offs work!: the rapidly growing evidence base*. Available From: [Http://www.Ph.Ucla.Edu/Cehd/Documents/Alr_Lift_Off_Evidence.Pdf](http://www.Ph.Ucla.Edu/Cehd/Documents/Alr_Lift_Off_Evidence.Pdf). Accessed January 8, 2009. Los Angeles, CA: UCLA Center to Eliminate Health Disparities.