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## Social and Organizational Value in Sport: A Shared Value Perspective of a Men's Health Initiative

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## Abstract

One of the primary criticisms of corporate social responsibility (CSR) is that any resources allocated to social programming may detract from an organization's economic returns. Porter and Kramer (2011) argue that social and organizational returns do not have to be mutually exclusive, and that a shared value approach can effectively improve the environment and social conditions in which a company operates, while simultaneously enhancing the firm's long-term business. The purpose of this dissertation was to examine a health initiative, aimed at male ice hockey fans and implemented within a Canadian Major Junior hockey context, through the lens of shared value. This dissertation follows the integrated article format, which consists of three separate, but related studies conducted in order to achieve this purpose. Specifically, the three studies examine: (a) how shared value can be created within a non-professional sport context, (b) the initiative's social impact, and (c) the various means of optimizing a program to meet stakeholder needs.

In Study 1, the purpose was to examine how shared value can be generated by incorporating social concerns into an organization's business operations and interaction with stakeholders. Those that participated in the men's health initiative were invited to take part in two focus groups following the completion of the program, of which 15 volunteered to participate (Site 1,  $n = 5$ ; Site 2,  $n = 10$ ). To enrich the data and further explore their perspectives, those who participated in the focus groups were also interviewed as well as an additional 13 program participants ( $n = 28$ ) and other stakeholders, including the program designer ( $n = 1$ ), session instructors ( $n = 4$ ), representatives from the associate hockey organizations ( $n = 3$ ), and a representative from the associated fitness facility ( $n = 1$ ). The qualitative data were analyzed using Porter and Kramer's (2011) concept of shared value and the

Shared Value Strategy and Measurement Process (SVSMP) (Porter, Hills, Pfitzer, Patscheke & Hawkins, 2012). The findings from Study 1 revealed themes that were related to the creation of shared value in sport, including: (a) the initiative's area of focus, (b) the initiative's goals, (c) motives for collaboration, (d) co-creation of an initiative, (e) shared value evaluation, (f) moral ownership, and (g) program outcomes.

A defining component of a shared value initiative is that, in addition to providing organizational benefits, it must also generate social returns. Therefore, the assessment of an initiative's social impact is warranted. The purpose of Study 2 was to examine the social impact of the men's health initiative and was guided using Inoue and Kent's (2013) integrative framework of CSR impact. Objective health measures and physical activity levels of the program's participants ( $n = 80$ ) were assessed at baseline, and follow-up assessments occurred at 12 weeks and 12 months to determine the intermediate and long-term impact. At 12 months, qualitative data were collected through one-on-one interviews with the program's participants ( $n = 28$ ). The findings revealed that the program had a positive social impact on those who participated in the program, as well as other members of the community who were not directly involved. Specifically, the intermediate impact on the program's participants included a reduction in their weight, body mass index, waist circumference, systolic blood pressure, and improvements in physical activity, diet, and self-rated health. The long-term impact at 12 months indicated that the participants maintained a reduction in their weight, waist circumference, blood pressure, and improvements in diet. The changes to the community were reported as improvements in family bonding time, diet, physical activity levels, and awareness of health programs and components.

Although many sport organizations offer social initiatives, few undertake any formal program evaluation to determine whether stakeholder needs are being met and whether resources are being used in a strategic manner. Thus, the purpose of Study 3 was to evaluate the design and implementation of the men's health initiative from the perspective of its stakeholders. One-on-one interviews were conducted with each stakeholder ( $n = 37$ ) and was guided using Chen's (2015) program theory. The findings identified several themes that either facilitated or impeded the design and delivery of the program including the managing of partnerships, psychological and social supports/barriers, delivery agents, hockey content, and capacity building.

Sport is often positioned as a vehicle for achieving social change. This dissertation supports this notion and reflects how organizations are capable of creating shared value by addressing social needs and developing business returns, benefiting both the organization and community alike. By understanding how shared value can be created, managers are able to rationalize current social programming to stakeholders and make the necessary adjustments to contribute to meaningful social change. Through the assessment of an initiative's social impact, we can examine whether programs are truly benefiting the constituents and communities for whom they were intended. Lastly, the use of program evaluation allows managers to ensure that stakeholder needs are being met and feedback can be used to optimize future programming.

*Keywords:* shared value, sport, social impact, corporate social responsibility, CSR, program evaluation

### **Co-Authorship Statement**

The information presented in this dissertation is my original work. However, I would like to acknowledge the important contribution of my supervisor, Dr. Karen Danylchuk. Her insight and guidance helped shape this dissertation and strengthen the final product.

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## Introduction

Corporations that operate within an increasingly competitive environment are constantly seeking new and innovative strategies that can help differentiate them from their competitors. Today, companies interact with their consumers in drastically different ways than they did years ago, forcing advertising and marketing strategies to evolve. This increase in global competition and declining product differentiation have led companies to go beyond the traditional marketing means and incorporate their organizational identity and goodwill into marketing initiatives (Sen, Bhattacharya, & Korschun, 2006). This can be accomplished by engaging in corporate social responsibility (CSR), a concept that refers to a company voluntarily integrating social, environmental, ethical, consumer, and human rights concerns into their business operations and interactions with stakeholders (European Commission, 2011). Additionally, managers of these organizations are often faced with conflicting needs as certain stakeholders call for greater organizational accountability, while others believe the only responsibility of an organization is to increase profits (Friedman, 2007). Porter and Kramer (2011) argue that a shared value approach can address competing stakeholder needs and differs from traditional CSR in that it can provide a competitive advantage and develop economic returns for an organization, while addressing social and environmental needs.

Sport has been identified as an advantageous industry for implementing social outreach, intervention, and prevention programs, and therefore is often positioned as a vehicle for social change (Babiak & Wolfe, 2006, 2009; Edwards & Rowe, n.d.). Furthermore, Slack and Parent (2006) argue that certain advantages exist when studying organizational phenomena, such as shared value, within a sport setting due to the number of unique features that are not often found within other industries. These features include the cachet, celebrity status, and media exposure

that sport organizations and athletes possess (Headlee, 2006), the connection that teams have to their local community, the level of affect displayed by consumers, and the ability to promote social ideas and behaviour to a vast number of people (Alexandar, Eavey, O'Brien, & Buendia, 2011; Chalip, 2006; Ioakimidis, 2007; Smith & Westerbeek, 2007). Moreover, Smith and Westerbeek (2007) identified seven features of sport that make it an effective vehicle for delivering social programming: the mass media distribution and communication power, youth appeal, positive health impacts, social interaction, sustainability awareness, cultural understanding and integration, and immediate gratification benefits.

Babiak and Wolfe (2009) argue that there are four factors unique to sport and relevant to a social program's design, implementation, and impact: passion, economics, transparency, and stakeholder management. It has been suggested that the sport industry inspires more passion and interest in a product among their fans than other industries do among their consumers (Cashman, 2004). The sport industry distinguishes itself in terms of economics as organizations often come close to having monopoly power, receive protection from various governments through antitrust laws (Noll, 2003), and frequently receive public funding for infrastructure (Swindell & Rosentraub, 1998). The sport industry is also more transparent than others, given the variety of information (e.g., salaries, team outcomes, contributions to social causes, and off the court/field behaviour) that is available through public domains (Armey, 2004). Finally, stakeholder management is critical within the sport industry as relations with stakeholders (e.g., media, players, government, sponsors, fans, and local communities) can be influenced through social activities (Wallace, 2004). In addition to being an advantageous industry for implementing social programs, researchers have proposed that organizations can improve their competitiveness by considering stakeholder needs and operating in a responsible manner (Burke & Logsdon, 1996).



Much of the CSR literature has been descriptive in nature and the assessment of initiatives, both within sport and non-sporting contexts, has typically examined whether they can impact an organization's bottom-line (Bhattacharya, Korschun, & Sen, 2009; Hanke & Stark, 2009; Walker & Kent, 2013). Companies that offer social programs often do so seeking the anticipated organizational benefits, such as improvements to their image and reputation, brand recognition, brand differentiation, and loyalty among employees and consumers (Bhattacharya & Sen, 2004; Du, Bhattacharya, & Sen, 2007; Fombrun, Gardberg, & Barnett, 2000; E. Gray & Balmer, 1998; Lewis, 2003; Sheikh & Beise-Zee, 2011). Additional pragmatic reasons for engaging in CSR are to build an emotional bond with consumers, provide a cushion for customer acceptance of price increases, instill willingness for consumers to pay premium prices, generate favorable publicity, generate goodwill among various stakeholders (e.g., employees, extant and potential customers, the local community), and/or to receive tax breaks and subsidies from government bodies (Babiak & Wolfe, 2006, 2009; Creyer & Ross, 1996; Porter & Kramer, 2002). Organizations may also choose to engage in CSR as a form of risk management or reduction by managing negative media coverage or consumer boycotts during scandal, repairing an organization's reputation, and providing insurance from future misdeeds (Godfrey, 2009; Hansen, 2004; Heal, 2005; Klein & Dawar, 2004; McWilliams & Siegel, 2000; Schaltegger & Burritt, 2005; Schaltegger & Figge, 2000; Werther Jr & Chandler, 2005). Operating in a socially responsible manner can also be used as a means for an organization to increase its legitimacy (Suchman, 1995) and can have a positive effect on attracting investors, and employee recruitment, commitment, retention, productivity, satisfaction, and motivation (Bertelsmann Foundation, 2005; Epstein & Roy, 2001; Glavas & Piderit, 2009; Hansen, 2004; Heal, 2005; Jones, 2010; Sen et al., 2006; Turban & Greening, 1997; Vogel, 2005). Furthermore, it can be a

cost savings technique whereby improvements in sustainability can lead to efficiency gains, or improved access to resources (Epstein & Roy, 2001).

Within the sport industry, social initiatives can lead to consumers feeling a sense of membership in the sport fan consumption community, which has been shown to lead to increases in future intentions to attend games, purchase merchandise, and the likelihood of recommending the team's games to others (Hedlund, 2014). Additionally, it can offer value to other stakeholders, such as team sponsors, who can move past traditional "logo placement" to endorsing social initiatives and strengthening the sponsor relationship (Castro-Martinez & Jackson, 2015; O'Keefe, Titlebaum, & Hill, 2009). Walker and Kent (2009) found a correlation in that sport organizations participating in social programs have positively influenced fans' assessment of team reputation and patronage intentions. Specifically, social responsibility was found to be a predictor of word-of-mouth intentions and merchandise consumption behaviour; however, team identification was found to be a moderating variable.

CSR can have a positive effect on consumers' attitudes towards the team when fans possess lower levels of team identification, and during times when the team is underperforming (Walker & Kent, 2009). When teams communicate their support for a social cause, 'die-hard fans', who report high levels of identification, are more likely to participate in the promoted activities or behaviours, but attitudes towards the team are affected to a lesser degree (Inoue & Kent, 2012; Madrigal & Dalakas, 2008). Furthermore, consumers are more likely to identify with an organization if their personal values coincide with that organization (Hogg & Terry, 2000). Thus, in the instance of CSR, fans who value social responsibility may identify more with a sport organization choosing to engage in socially responsible behaviour. This was supported by Zhang and Surujlal (2015) who found consumers' willingness to participate in professional sport CSR

programs were based on four attitudinal and cognitive variables: fan identification, perceived relevance of the program, attribution of motives by community members, and attitude towards social responsibility of sport. Lastly, it can influence a fan's identification, which has been shown to positively influence the fan's intentions of purchasing athlete-endorsed brands (Carlson & Donavan, 2008; Chang, Ko, Connaughton, & Kang, 2016). A moderating variable for these returns is consumer awareness and prior research suggests that stakeholders are generally unaware of an organization's CSR, therefore, many companies do not realize the full benefits (Du et al., 2010).

Several benefits associated with CSR have been presented; however, engaging and promoting a company's CSR is not always perceived positively by consumers. If consumers believe a program is implemented strategically and/or for extrinsic gain (i.e., to increase profits) it may negatively influence the consumers' attitude towards the company (Forehand & Grier, 2003; Walker, Heere, Parent, & Drane, 2010; Yoon, Gürhan-Canli, & Schwarz, 2006). While consumers state that they want to know about a company's CSR, they become skeptical if the efforts are aggressively promoted (Du et al., 2010). However, the negative attitude towards the company may resolve if the stakeholders also believe intrinsic motives exist (i.e., motivated by genuine concern for the issue) (Du et al., 2010). The purpose of this dissertation was to examine a social initiative implemented within a sport context to determine how organizations may create shared value (Study 1), to assess the social impact of a program (Study 2), and to evaluate and optimize an initiative's design and implementation (Study 3).

Although social initiatives can address a number of issues, the research context for this dissertation was a health promotion program developed by an educational institution called Hockey Fans in Training (Hockey FIT), which aimed to improve the health of overweight or

obese (i.e., a body mass index (BMI) > 28 kg/m<sup>2</sup>) male ice hockey fans (Gill et al., 2016). Hockey FIT was adapted from a previously implemented program, called Football Fans in Training (FFIT), which was implemented within the United Kingdom and was designed to attract men who were fans of professional soccer clubs, and at risk for chronic disease, to join a lifestyle program through a sports-related medium (C. Gray et al., 2013). The implementation of Hockey FIT required several cross-sector partnerships, including an educational institution, a non-profit charity organization that provided funding support, a for-profit fitness organization that provided access to its facilities, and two amateur hockey organizations. The educational institution first initiated the program by contacting the two hockey organizations and, subsequently, the teams agreed to collaborate on the program. The two organizations involved were located in a medium sized market (city population 366,151) and a smaller urban centre (city population 89,555). The teams compete in Canada's top-tiered amateur hockey league (i.e., the CHL), where each of the 60 member teams vary in average game attendance (1,420 – 13,738 fans) (Ontario Hockey League, 2012; Slawson, 2016).

In the Hockey FIT program, 80 male fans of two Major Junior (i.e., amateur) hockey organizations were recruited to participate in the 12-week program, which was hosted in the hockey organization's facilities or an affiliated private fitness facility. Forty of the men received the program immediately (i.e., the intervention group), while the remaining 40 received the program after a three-month delay (i.e., the wait-list comparator group). The program participants were recruited through the hockey team's social media, email blasts (to self-enrolled fans and season ticket holders), word-of-mouth, local recreational hockey leagues, informational pamphlets handed out at team games, and local media (i.e., newspapers, magazines, radio, and TV coverage).

The weekly sessions were led by trained instructors, who were graduate students with a background in coaching and hockey. The program incorporated off-ice hockey-related physical activity and an educational component that emphasized small but manageable lifestyle changes. Topics covered during the educational component included S.M.A.R.T. goal setting, getting support, stages of change, facts about physical activity, overcoming barriers, target heart rate, local resources, dietary information, and eHealth tools. The intensity of the physical activity component gradually increased throughout the program and included aerobic exercise, strength and muscular endurance activities, and flexibility exercises. The participants were asked to monitor the number of servings of each food group they consumed and to record their daily physical activity that was measured by a provided pedometer. The participants were then expected to maintain their lifestyle changes on their own accord following the completion of the program.

Today, CSR is prevalent among all professional sport organizations; however, researchers have called for a more strategic approach by identifying potential opportunities to align an organization's core business objectives with its social initiatives (Castro-Martinez & Jackson, 2015; Levermore, 2011; Porter & Kramer, 2011). As a firm's social and business objectives align, the concept of CSR has evolved from philanthropic efforts to one with the potential for creating shared value, which Porter and Kramer (2011) believe can be a vehicle for improving the environment where an organization operates, while simultaneously enhancing the company's long-term business (Breitbarth & Harris, 2008; Husted, Allen, & Kock, 2015; Sheth & Babiak, 2010). However, there has been minimal research conducted that examines how shared value can be created within a sport context. Through the examination of shared value in sport, managers can gain insights into the design and implementation of a social strategy that

benefits both the organization and its stakeholders and strategically uses resources and capacities to meet financial and social goals (Breitbarth & Harris, 2008; Castro-Martinez & Jackson, 2015; Husted et al., 2015; Michie & Oughton, 2005). Therefore, Study 1 sought to examine how shared value can be created in a sport context whereby an organization can benefit from incorporating social concerns into its business operations. The research was guided using Porter, Hills, Pfitzer, Patscheke and Hawkins' (2012) Shared Value Strategy and Measurement Process (SVSMP), which is a four-step process for designing, implementing, and evaluating a shared value initiative: (a) identify the social issues to target, (b) make the business case, (c) track progress, and (d) measure results and use insights to unlock new value. This study provides evidence of the potential organizational returns; however, an important aspect of any shared value initiative is also generating social returns. Therefore, Study 2 sought to examine the social impact of the Hockey FIT initiative.

Historically, much of the sport and non-sport CSR literature has examined the organizational benefits (e.g., Bhattacharya, Korschun, & Sen, 2009; Burke & Logsdon, 1996; Hanke & Stark, 2009; Inoue, Kent, & Lee, 2011; Peloza, 2006, 2009; Walker & Kent, 2013; Weber, 2008) and the relationship between CSR and corporate financial performance (e.g., Cochran & Wood, 1984; Margolis & Walsh, 2003; McGuire, Sundgren, & Schneeweis, 1988; Orlitzky, Schmidt, & Rynes, 2003; Van Beurden & Gössling, 2008). This has led to a state where prior research "has focused almost exclusively on the business returns (e.g., positive changes in consumers' attitudes, purchases, and word-of-mouth behaviours) of such activities rather than on the social returns" (Du, Sen, & Bhattacharya, 2008, p. 483). Therefore, researchers and sport practitioners have called for a greater emphasis to be placed on the impact of these initiatives on society, or social impact (Forester, 2009; Fuller, Percy, Bruening, & Cotrufo, 2013;

Godfrey, 2009; Inoue & Kent, 2012, 2013; Irwin, Irwin, Miller, Somes, & Richey, 2010; Kay, 2009; Kihl, Babiak, & Tainsky, 2014; Olushola, Jones, Dixon, & Green, 2012; Schulenkorf, 2012; Walker, Hills, & Heere, 2017). However, researchers attempting to address this need have faced substantial limitations and there has yet to be any evidence of significant social contributions (Coalter, 2010; Levermore, 2011; Walker, Kim, & Heere, 2013).

One such limitation that researchers have faced is an agreed upon methodological approach that is best suited for measuring social impact. Some researchers have argued for an experimental design, which compares participants of a social program to those in a control group (Lim, 2010), while others have called for a qualitative approach that can explain whether (and how) programs are (or are not) having a desirable effect (Walters & Anagnostopoulos, 2012). A second limitation is the issue of defining social impact and determining an appropriate unit of analysis. While some argue that it should be defined as the impact on the individual participants of a program (Du, Sen, & Bhattacharya, 2008), others have argued social impact is the benefit to the community in which a program is implemented (Burdge, 2003). A third limitation is defining the timing of a program's social impact. Previous research has tended to examine the impact of a program immediately following its conclusion; however, there is a dearth of research examining the long-term impact of a social program and whether any positive gains are sustainable.

To address these methodological limitations, Inoue and Kent (2013) developed an integrative framework of CSR impact. The framework, which is a two-by-two matrix, takes into consideration the impact a program has on the participating individuals and communities, and accounts for changes that occur both immediately following the program and long-term. The purpose of Study 2 was to examine the social impact of the Hockey FIT initiative and was guided by Inoue and Kent's (2013) CSR impact framework. Study 2 provides evidence of the

social value created from Hockey FIT; however, an important yet often overlooked task is the evaluation of social programs and its design and implementation processes. Therefore, Study 3 aimed to evaluate the design and implementation of a shared value initiative from the various stakeholders' perspectives.

The design of a social program can be a difficult and often daunting undertaking for managers, as there are many different factors that may influence its overall quality and effectiveness (Lund-Thomsen & Reed, 2009; Vurro, Dacin, & Perrini, 2010). Furthermore, several obstacles have been identified that managers must overcome for the successful implementation of social programs including insufficient funding (Jenkins & James, 2012), other resource constraints (e.g., capacities) (Walters & Tacon, 2011), and the establishment and maintenance of necessary partnerships (Seitanidi & Crane, 2009). Through program evaluation, managers can ensure resources are being utilized in a strategic manner, current and future social programming can be optimized and tailored to meet the needs of stakeholders, and insights can be gained related to the management of social programs (Green, 2009; Kihl et al., 2014; Seitanidi & Crane, 2009; Sherry, 2010; Thibault, 2009; Zappalà & Arli, 2010).

One such form of program evaluation is Chen's (2015) program theory, which provides the stakeholders' perspectives with respect to how a program is managed and identifies shortcomings in the process (Kihl et al., 2014). Chen (2015) argued that program theory can assist in understanding *how* and *why* an initiative is (un)successful by identifying critical components of the program, the necessary organizations or partnerships, those most qualified to implement the program, how the training of staff will occur, and how the program will reach a specific population. Therefore, the purpose of Study 3 was to examine the design and



implementation of the Hockey FIT program from the perspective of its stakeholders and was guided using Chen's (2015) program theory.

While the recent academic interest in CSR has grown at a prolific rate, the multidisciplinary nature of this work has resulted in the concept having received multiple definitions (Lockett, Moon, & Visser, 2006; Paramio-Salcines, Babiak, & Walters, 2013). Therefore, for the purposes of this dissertation, CSR will be used as an umbrella term for all voluntary social efforts made by an organization. One particular component of CSR is corporate community involvement (CCI), which is a concept that refers to the way in which an organization shares its resources within the community in which it operates (Uyan-Atay, 2013). The concept of shared value distinguishes itself from both CSR and CCI in that it integrates both social and business goals (Porter & Kramer, 2011). Therefore, it is possible for a CSR or CCI initiative to be designed in such a way that it offers no economic returns to the implementing organization. Conversely, it is also possible for a CSR or CCI initiative to be implemented with the sole purpose of generating organizational benefits and not improving social conditions. Thus, a shared value initiative can be a CCI or CSR program that successfully addresses both social and business needs.

This dissertation concludes with a summary of the key findings, the contributions made to the social responsibility in sport literature, and implications for sport practitioners. Areas for future research are then identified that can contribute to the field of sport management. This dissertation is presented in the integrated-article format; therefore, some content that has been discussed in this introductory chapter may be presented again throughout the following studies. The three studies in this dissertation examine how shared value can be created within a sport

context, beginning with the potential organizational returns of a program, its social impact, and means of optimizing a program to meet stakeholder needs.

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## **Study 1:**

### **Better Health and Better Business:**

#### **The Shared Value of a Health Initiative for Sport Fans**

Recently, non-profit community organizations have sought cross-sector partnerships with the private sector to acquire competencies and resources necessary to address social needs. While private organizations may view their involvement as corporate social responsibility (CSR), they may be reluctant to participate, believing that they have a fiduciary responsibility to shareholders (Friedman, 2007). To overcome this challenge of competing stakeholder needs, Porter and Kramer (2011) have introduced the concept of shared value, which builds on instrumental stakeholder theory (Donaldson & Preston, 1995). Social responsibility is inherent within the concept of shared value; however, shared value differs from traditional CSR in that it aims to develop profitable business returns and can provide a competitive advantage, while addressing social and environmental needs (Porter & Kramer, 2011). The concept is often seen within the health sector; however, it can also be applied within the sport industry.

Today, a range of sport organizations, such as professional teams, leagues, events, and players, offer programs that aim to address social issues. The context for prior research on social programs in sport has primarily focused on the soccer industry within European markets (Anagnostopoulos, Byers, & Shilbury, 2014; Anagnostopoulos & Shilbury, 2013; Walters & Tacon, 2010) or North American professional sport (e.g., NFL, MLB, NBA, NHL) (Babiak & Wolfe, 2009). Furthermore, research has often focused on the sport team's independent charitable organizations, referred to as community sports trusts or foundations (Castro-Martinez & Jackson, 2015; Walters, 2009; Walters & Chadwick, 2009); however, there has been limited



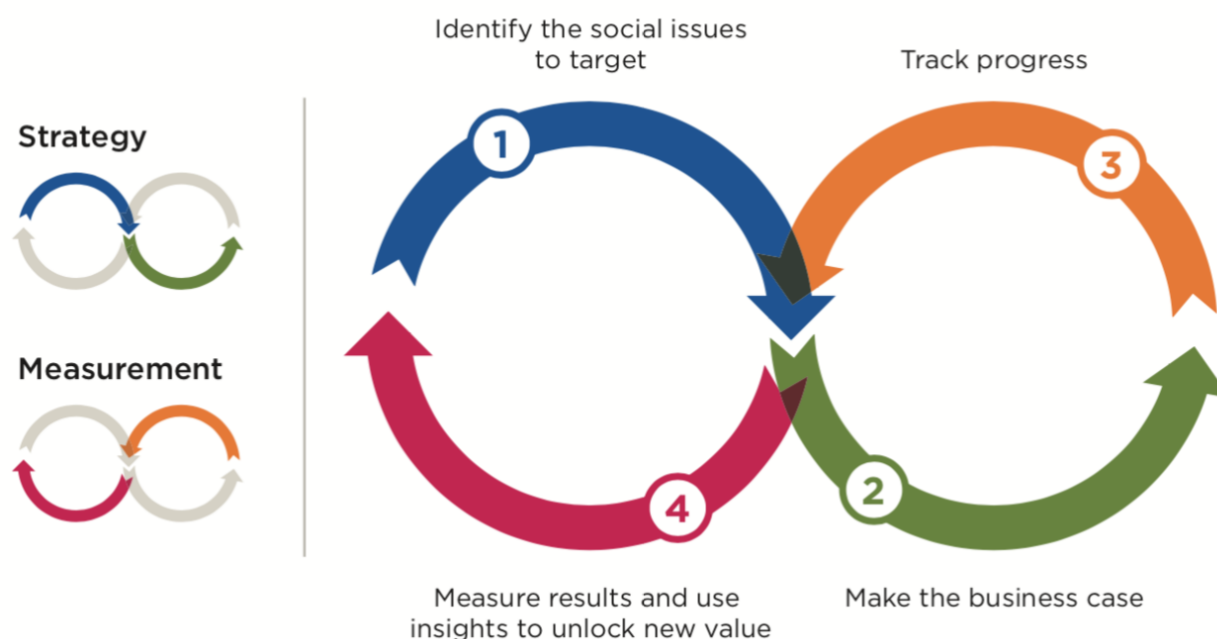
research on shared value in a non-professional setting, where the use of sport trusts and foundations are either minimal or non-existent.

As the implementation of social programs has become the norm within a professional sport setting, researchers have called for a more strategic approach, viewing social responsibility as an opportunity, rather than a problem-driven concept, with the potential to create shared value (Breitbarth & Harris, 2008; Husted, Allen, & Kock, 2015; Sheth & Babiak, 2010). This strategic approach can be accomplished by identifying potential social opportunities, having the competence and desire to engage with stakeholders, and aligning an organization's social initiatives with its core business objectives (Castro-Martinez & Jackson, 2015; Levermore, 2011; Porter & Kramer, 2006, 2011). Yet, there is a dearth of research on how a sport organization can create shared value and strategically incorporate social concerns into its business operations and interactions with stakeholders. The current study addresses this gap by focusing on how shared value can be created through the implementation of a health promotion program aimed at the fans of two sport organizations.

By understanding how shared value can be created, organizations will be able to implement a social strategy whereby their "resources and capabilities can meet both social objectives and financial performance objectives" (Husted et al., 2015, p.3), consequently benefiting both the organization and its stakeholders (Breitbarth & Harris, 2008; Castro-Martinez & Jackson, 2015; Michie & Oughton, 2005). However, the design, implementation, and evaluation of shared value can be an expensive and time-consuming process that is often difficult for organizations to conduct when operating under resource constraints. To help address these concerns, Porter, Hills, Pfitzer, Patscheke and Hawkins (2012) proposed the Shared Value Strategy and Measurement Process (SVSMP) as a four-step strategy that managers can use when

designing, implementing, and evaluating a shared value initiative: (a) identify the social issues to target, (b) make the business case, (c) track progress, and (d) measure results and use insights to unlock new value (see Figure 1). The purpose of the present study was to examine how shared value can be created within a sport context and was guided by Porter and Kramer's (2011) concept of shared value and Porter et al.'s (2012) SVSMP. The findings and implications from the current study are relevant to researchers and practitioners who can move the concept from theory to practice and open the door for a new way of implementing and evaluating social programs.

*Figure 1.* Shared Value Strategy and Measurement Process (Porter et al., 2012, p. 4)



Although shared value initiatives can address many types of social issues, the context for the current study is a health promotion program aimed at improving the health of overweight male ice hockey fans. The program, called Hockey Fans in Training (Hockey FIT), was developed in collaboration with a program originally implemented within the United Kingdom

(UK) called Football Fans in Training (FFIT) (C. Gray et al., 2013) and utilized several cross-sector partnerships including two ice hockey organizations, a for-profit fitness organization, a non-profit charity organization, and the educational institution involved in the current study. Hockey FIT's 12 weekly sessions were hosted in local hockey facilities or an affiliated private fitness facility and consisted of hockey-related physical activity and an educational component that included nutritional information and emphasized lifestyle changes. The program was implemented in two cities, one representing a medium sized market (city population 366,151) where the local hockey organization averaged an attendance of 9,003 (arena capacity 9,036) in the 2016-2017 season, and a second in a smaller urban centre (city population 89,555) where the local hockey organization averaged an average attendance of 3,087 (arena capacity 5,500) in the 2016-2017 season (HockeyDB, 2018).

## **Literature Review**

### **Shared Value**

Despite some form of CSR being prevalent among almost all organizations, the concept is not without its criticisms. One of the most pervasive arguments against CSR comes from Friedman (2007) who states that the only social responsibility of a corporation is to maximize its profits. The implicit assumption, however, is that economic and social benefits are distinct and a zero-sum game where any social gains come at the expense of economic returns. Porter and Kramer (2011) posit that *shared value* is the solution to conflicting stakeholder needs and define the concept as “the policies and practices that enhance the competitiveness of a company while improving the economic and social conditions in the communities in which it operates” (p. 6). Organizations that implement shared value initiatives and successfully contribute to positive social change may see benefits in organizational efficiency, serve new needs, expand markets,

and develop brand differentiation (Porter & Kramer, 2011). Porter and Kramer (2011) argue that shared value goes beyond corporate philanthropy and can be a new means for improving the environment where an organization operates, enhancing the company's long-term business, and aligning social and economic goals. In other words, it is a self-interest behaviour to achieve economic success through the creation of societal value. Although Porter and Kramer (2011) coined the term shared value, the principles of the concept were discussed by Etzioni (1991) who argues that conventional adversaries (e.g., business and social value) can in fact exist in a productive relationship. For instance, Etzioni (1991) describes how, to understand the operation of markets, one must consider the role of consumer trust and ongoing social relationships.

In recent years, stakeholders have been demanding greater accountability of companies that have often been viewed as contributing to environmental, social, and economic problems thereby improving their bottom-line at the expense of the communities (Porter & Kramer, 2011). Contributing to this problem is the fact that many companies view organizational value as any short-term economic gain, rather than incorporating stakeholder needs to influence their long-term success. These organizations tend to view any social programs as an unnecessary expense that can limit profitability (Porter & Kramer, 2011). This approach has been ineffective at addressing social needs because it considers organizational profits to be the primary purpose, and social benefits to be secondary, rather than the two being dependent on one another. The organizations that do recognize the importance of stakeholder consideration have typically viewed their efforts as CSR, often in response to external pressures, and use CSR as a means to protect their reputation (Fombrun, Gardberg, & Barnett, 2000; Lewis, 2003). Ironically, an organization's image can in fact be damaged when consumers perceive there to be a lack of commitment to an initiative or when their efforts are perceived to be insincere (Inoue, Funk, &

McDonald, 2017; Yoon, Gürhan-Canli, & Schwarz, 2006). Exemplary cases, where social efforts have backfired and harmed an organization's image, include agrochemical company Monsanto and oil corporation Exxon (Arnold, 2001).

To create and measure shared value, managers may be required to change their traditional approach in delivering goods or services, which can include collaborating with atypical partners such as non-profits, governments, foundations, and community organizations (Porter & Kramer, 2011). Social organizations recognize that private companies integrating social issues into their business operations can help in meeting their own organizational goals. Inter-organizational networks, which have been defined as “a set of organizations related through common affiliations or through exchange relations” (Kessler, 2013 p. 398), can facilitate the creation of shared value where social needs, challenges, and opportunities are addressed in ways that would otherwise be impossible (Asif & Palus, 2014). For instance, shared value creation can lead to innovative forms of inter-organizational networks whereby others benefit from the sharing of costs, or the acquisition of additional resources, insights, or skills that are only possible through cross-sector partnerships. This type of approach is also considered to be best practice within the community capacity building literature, which can be a means for “enhancing skills, reorienting organizational priorities, creating partnerships and structures, building leadership and community ownership, and finding the resources to promote [social change] in a healthy way” (Sanigorski, Bell, Kremer, Cuttler, & Swinburn, 2008, p. 1061).

Porter and Kramer (2011) argue that social organizations are often well-positioned for measuring and evaluating the social returns of an initiative, while private organizations may be capable of tracking the business returns. Additionally, private organizations are often more effective at motivating their customers through marketing, and therefore may be more effective

than governments and non-profits in creating positive social change (Porter & Kramer, 2011). Therefore, these inter-organizational networks can share the responsibility for evaluating the social and economic benefits from a shared value initiative.

Asif and Palus (2014) identify three steps that can assist managers when using inter-organizational networks to create a shared value initiative: identify the business case for shared value, explore the network of organizations that are working on societal challenges that affect your business, and build a leadership strategy for collaborating in inter-organizational networks. Organizations are forced to operate in relationship to many societal challenges that can either facilitate or impede their success. Asif and Palus (2014) argue that, when identifying the business case for shared value, organizations must consider what social issues interact with their operations before identifying an appropriate time for intervention and potential, realistic remedies. In the second step, once a social issue has been identified, the organization can seek out other organizations that are experts and familiar with the societal challenge. The third step is to build a leadership strategy for collaborating in inter-organizational networks. Organizations that are attempting to create shared value must have a network-savvy approach to their organizational leadership that is intentionally defined, developed, and practiced.

### **Shared Value in Sport**

There is a strong interdependency between an organization and its community, whereby the community relies on businesses to provide employment opportunities and the organization depends on the community to provide the demand for its product. This is even more prevalent with sport organizations, which rely on not only fan support (i.e., ticket sales), but must also engage their local community and develop stakeholder loyalty (e.g., local governments, non-profits, and local businesses; Babiak & Wolfe, 2009). Therefore, sport organizations face similar

pressures as commercial organizations in other industries to incorporate social concerns into their business operations. The relationship between sport organizations and their communities does not have to be a zero-sum game, and generating social returns does not need to be at the expense of profits, but rather involves how profits are made. For example, a socially responsible sport organization may be more attractive to a potential sponsor.

Various reasons have been identified for why sport organizations can be an effective vehicle for delivering CSR programming, such as their significance within the community, the passion that is associated with sport, and the public funding they receive (Babiak & Wolfe, 2009). They are also expected to meet diverse stakeholder needs, which among professional teams, has led to the community sport trust model in the UK and club foundations in North America that are responsible for delivering a range of initiatives each with different areas of focus. By offering these initiatives, managers can develop and maintain community relationships. Additionally, by integrating stakeholder concerns with the organization's best interest, managers can influence the relationship between the organization and their fans and create a sense of 'moral ownership', which reduces the likelihood of fans switching allegiances (Kennedy, 2012; Walters & Tacon, 2013).

Sport organizations that attempt to balance business and social needs often do so for two reasons. First, ethical misdeeds have caused stakeholders to question an organization's legitimacy and have led to a greater expectation of positive social impact (Aguinas & Glavas, 2012). The second reason is that, as the sport industry continues to increase profits among athletes, teams, and leagues, tension also increases among stakeholders to balance economic and social objectives (Senaux, 2011). Research by Aurelien and Emmanuel (2015) suggest that a determinant of shared value initiatives is isomorphic behaviour, whereby organizations begin

engaging in CSR because other successful sport (and non-sport) organizations are as well. Furthermore, Aurelien and Emmanuel (2015) argue that shared value can impact organizational governance as firms adopting enhanced social strategies can improve the organization's reputation and, indirectly, benefit its shareholders.

The early approach to social responsibility by sport organizations tended to be philanthropic efforts that are “enshrined by the institutional discourse in sport” (Aurélien & Emmanuel, 2015, p. 35), such as health, youth, and social cohesion (Sheth & Babiak, 2010). The motivation behind an organization's social efforts are often based on the history and narrative of the team, their foundational principles, changes within the environment (e.g., growing health needs), and/or opportunities for collaboration that complement their resources (e.g., implementing social programs with community partners; Castro-Martinez & Jackson, 2015). Porter and Kramer (2011) state that the greatest opportunities for shared value, where the company can benefit economically and sustain its efforts, are when a company identifies a cause that is congruent with its organizational purpose and areas that are related to the production of its own product. Doing so allows the organization to take advantage of its own resources or market presence to address a social issue. For example, Dow Chemical reduced their water consumption at one site by one billion gallons – a savings of \$4 million (Porter & Kramer, 2011).

Today, forming partnerships with community charities is still prevalent with many professional sport organizations creating their own foundations that partner with non-profits or community organizations (Babiak, 2010). Moreover, collaboration may be necessary to acquire the combination of resources that provides economic and social value (Lusch & Vargo, 2014), whereby cross-sector partnerships create a *collective agency*, which is the ability to “influence a host of relevant outcomes beyond what individual organizations could do on their own”



(Koschmann, Kuhn, & Pfarrer, 2012, p. 333). Sport organizations can be effective in attracting capital, such as economic, cultural, social, and symbolic; however, as with any successful collaboration, an understanding of goals and responsibilities must be determined at the onset (Babiak & Thibault, 2008). While the partnerships are an iterative process of creating social and economic value, they must also be flexible as joint tasks are performed (Castro-Martinez & Jackson, 2015).

Aurelien and Emmanuel (2015) investigated the common goals and means (i.e., resources, stakeholders, and management tools) found during the implementation of shared value initiatives in sport. The authors state that goals, most frequently, are to justify the support that teams receive through either financial subsidies or political support. Furthermore, shared value initiatives are often intended to counterbalance ethical problems that exist in professional sport (e.g., doping, corruption, etc.). The common means of implementing a shared value initiative include providing the necessary resources, whereby sport organizations may offer their brands to foundations or charities as a resource, or as a shared-revenue action through cause-related marketing (Aurelien & Emmanuel, 2015). Aurelien and Emmanuel (2015) indicate that stakeholders often require short-term actions with no long-term commitment, resulting in most sport organizations being limited to “stage managing”. In this situation, there is very little financial commitment (i.e., 0.1% of operating revenue) from the sport organization, but rather access to available resources such as facilities or team personnel. The teams primarily use non-profits and foundations as a management tool to communicate CSR to external stakeholders and, in return, the non-profits and foundations received donations to their respective causes.

A requirement prior to measuring shared value is a well-defined strategy for implementing a shared value initiative. Husted et al. (2015) argue that organizations should

engage in two processes when developing their social strategy: strategic social planning and strategic social positioning. During strategic social planning, the organization sets long-term goals, develops a plan for achieving those goals, and allocates the resources necessary for implementation. Husted and Allen (2007) indicate that organizations engage in this process depending on their agendas and how they define a program, the intensity of investment in the program, the commitment of employees, and how they measure the outcomes of said program. The second process of strategic social positioning is the extent to which an organization proactively responds to social issues compared to its competitors. This includes responding to changed expectations, going beyond the minimum required, and committing more to social projects than competitors (Husted et al., 2015).

### **Measuring Shared Value**

To date, the evaluation of shared value initiatives has been minimal and CSR evaluation tends to be limited to media coverage provided through newspaper articles, websites, or sponsorship reports. As shared value initiatives become more prevalent among organizations, the need for measurement will increase so that managers can use actionable data to make the business case for shared value, inform business decisions, and to optimize programs. The efficacy of these programs needs to be demonstrated through feedback, which should be given to all stakeholders to help refine the social strategy, and such measurements can prove the business and social value of initiatives, return on investment, and the extent to which shared value is created. Furthermore, measurement of shared value initiatives is necessary to understand the interdependency between social and business results and the opportunities for growth, innovation, and social impact. The few organizations that have begun to measure their environmental and social performance have yet to measure corporate financial performance

concurrently with social impact. Shared value measurement incorporates many of these approaches, but focuses on the intersection of social and business value creation (Porter, Hills, Pfitzer, Patscheke, & Hawkins, 2012).

While challenges exist in measuring shared value, Porter et al. (2012) make several recommendations for a pragmatic approach. One of the challenges of shared value initiatives is deciding which of the wide range of social issues to address and measure. Porter et al. (2012) suggest that organizations focus their efforts on the social issue that is deemed a high-priority with the greatest potential for social change. A second challenge is attempting to measure social outcomes for a large population. Managers can address this issue by identifying social outcomes that are measurable when designing shared value initiatives. A third challenge for managers is that value occurs at different times from business and social perspectives. This challenge can be addressed by measuring intermediate social outcomes, which can provide early insights into the social results. Porter et al. (2012) believe that by focusing measurement of social results on the company's contribution, organizations can avoid the challenge of determining attribution when shared value initiatives require several partnerships.

### **Theoretical Framework**

While managers may see the benefits of a shared value initiative, they may be uncertain as to what social needs to focus on and how to successfully design, measure, and execute an initiative. Additionally, organizations that do implement social programs, often attempt to measure the social and business returns of initiatives after they have already been designed or during the program's implementation, making any cost-effective assessment difficult. Therefore,

Porter et al. (2012) propose the Shared Value Strategy and Measurement Process (SVSMP)<sup>1</sup> as a strategy that managers can follow when creating a shared value initiative: (a) identify the social issues to target, (b) make the business case, (c) track progress, and (d) measure results and use insights to unlock new value.

The first step in the SVSMP is to identify social needs and behavioural or system barriers. By conducting a systematic assessment of current unmet social needs, managers can identify and prioritize the social issue(s) that affect their organization and allow them to recognize potential shared value opportunities. Organizations that do not have the resources or capacity to conduct such an assessment at this stage may rely on inter-organizational networks to acquire knowledge on the social issues affecting operations and potential opportunities. Furthermore, partnerships may assist in establishing a baseline of the social issue, which is a necessary component of the first step and allows for future comparison.

The second step is to make the business case for a shared value initiative and to set clear social and business goals, as well as an explicit plan for achieving them. During this stage, managers identify interventions that can assist in addressing current barriers and meeting social needs. Once a need has been identified, a link between the social issue and business success must be formed with a clear understanding of how improvements to society will directly result in improvements to the organization, so that a positive return on investment is generated. Specific stakeholders can then be identified with which partnerships and collaborations can be formed.

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<sup>1</sup> The SVSMP was developed during the 2011 Shared Value Summit in Cambridge, Massachusetts and included in the subsequent conference report. Contributing to the report was the sixty company representatives and co-authors of the Harvard Business Review article “Creating Shared Value” Michael E. Porter and Mark Kramer.

Any possible unintended effects from a shared value program should then be identified as well as ways that they can be mitigated.

In the third step of the SVSMP, managers move from outlining the logic of an initiative to designing a clear measurement strategy that will allow them to track the progress of the shared value program against their goals as an indicator of performance. Logic modelling is one method for tracking important measurement dimensions, such as business activities and inputs, outputs, revenues, and cost. The measurement strategy for a shared value initiative may also include defining more specific questions and determining an appropriate range of measurement that can provide valuable insights to the organization. During this step, decision-makers must also identify available data and prioritize certain measures that are essential to providing feedback and evidence of shared value.

The measurement strategy design must also be cost-effective; therefore, using core metrics and pre-existing public data to assist in measuring the innovation of a shared value initiative can help to avoid resource intense data collection. Measurement should include basic monitoring (did what the initiative set out to do actually happen?), measuring the innovation (did what happened change knowledge, behaviours, and actions?), and measuring the impact (did knowledge, behaviour, and action changes result in social and business outcome changes?). To successfully measure the innovation and impact, managers must anticipate the potential options for creating both business and social value in a systematic way so that linkages can be captured.

From a business value creation perspective, measuring the *innovation* of a shared value initiative can occur by examining the direct profits/losses of a program and how it may influence the trust of stakeholders. For example, an organization's involvement in a shared value initiative may lead to an increase in sales or market share by removing barriers to reach new market

segments or to facilitate repeat purchasing behaviour. Measuring the business value creation *impact* of a shared value program can also be examined through direct profits/losses. An example of this is product differentiation versus alternatives where consumers may be willing to pay for a shared value program that demonstrates clear benefits compared to alternatives. The impact can also influence the trust of stakeholders by enhancing relationships with investors, governments, and society when an organization can demonstrate the social benefits of a shared value initiative with no major negative effects. A third type of business-related value can also be generated – new shared value opportunities, when new market segments are opened such as funding from governments or NGOs, access to additional external resources, and co-investing with local and international organizations. By acquiring funding and/or additional resources, these initiatives can ultimately improve a businesses' bottom line.

From a social value creation perspective, measuring the *innovation* of a shared value initiative is possible by examining the reach, effectiveness, and negative effects. A shared value program can generate social value by increasing its reach to targeted population groups and by increasing accessibility and promoting positive behaviour. Effectiveness can be improved by educating and delivering messages to the target group and promoting adherence. Furthermore, social value can be created by mitigating negative effects and developing corrective actions on any relevant component of the organization and shared value initiative.

Similar to the business value, social value creation can also measure the *impact* of a shared value initiative through increased reach and improved effectiveness. The impact of a program can be enhanced by increasing the reach beyond the initial target population, designing new initiatives based on feedback, and offering the shared value program in different contexts (e.g., geographical areas). Effectiveness can be improved through better management of the

social issue due to a stronger understanding of the issue and potential responses in various contexts, as well as optimizing current components of a shared value initiative.

The fourth step in the SVSMP aims to measure the results and to validate the link between business and social returns by executing the initiative and conducting the measurement. When making informed decisions on how to improve the initiative in the future, managers must reflect on the measurement results with both internal and external audiences. This can be done by analyzing the data, interpreting the findings, and evaluating the findings with stakeholders before recommendations are made and measurement can be turned into decision making.

## **Method**

### **Research Design**

The current study aimed to examine how shared value can be created within a non-professional sport context and was guided by Porter and Kramer's (2011) concept of shared value and Porter et al.'s (2012) four-step SVSMP. To understand each stakeholders' perspective, a qualitative approach was utilized whereby data were collected from three sources: (a) focus groups, (b) semi-structured one-on-one interviews, and (c) organizational documents. This ensured rich and in-depth responses from the participants while allowing for the triangulation of data. Focus groups were selected as an appropriate form of data collection, as Kitzinger (1995) stated they are "particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think but how they think and why they think that way" (p. 299). Furthermore, one-on-one interviews are considered a valuable technique as they "attempt to understand the world from the subjects' points of view, to unfold the meaning of people's experiences, and to uncover their lived world prior to scientific explanations" (Kvale, 2008, p. xvii).

## Participants

Middle-aged men (i.e., 35-65 years old) who cleared the Physical Activity Readiness Questionnaire and with a body mass index (BMI) of at least 28 kg/m<sup>2</sup> were eligible to participate in the Hockey FIT program. The majority were recruited through the hockey team's electronic mailing list, social media, and word-of-mouth. A total of 80 men participated in the program and were recruited from two cities, one representing a medium-sized market and one representing a smaller community (Site 1,  $n = 40$ ; Site 2,  $n = 40$ ). The majority of the program's participants were married/living common-law ( $n = 73$ ), employed ( $n = 72$ ), white ( $n = 76$ ), and had completed education greater than high school ( $n = 59$ ). Additional participants of the current study were the various stakeholders involved in designing and/or delivering the initiative, namely, the session instructors ( $n = 4$ ), program designer ( $n = 1$ ), representatives from the two associated hockey organizations (Site 1,  $n = 1$ ; Site 2,  $n = 2$ ), and a representative from the associated fitness facility ( $n = 1$ ). These stakeholders were selected based on their knowledge and experience of the Hockey FIT program and were invited to participate in the current study via email or telephone calls.

## Data Collection

Immediately following the 12-week program, the male fans involved in Hockey FIT were invited to take part in two focus groups, of which 15 agreed to participate (Site 1,  $n = 5$ ; Site 2,  $n = 10$ ). The focus groups averaged 57 minutes in length and questions asked pertained to the participants' overall experience with the program. To further explore their perspectives and examine whether Hockey FIT had influenced their perception of the community partners, the 15 Hockey FIT participants that attended the focus groups also participated in follow-up one-on-one semi-structured interviews and an additional 13 participants took part in only the one-on-one



interviews. These interviews occurred during the participants' 12-month assessments and averaged 15 minutes in length. Although 15 minutes may appear to be a short duration, the majority of the time spent during the interviews were allocated toward expanding on a theme that emerged following the focus groups (i.e., how the program influenced the participants' perception of the community partners).

The remaining stakeholders ( $n = 9$ ) took part in semi-structured one-on-one interviews that averaged 22 minutes in length. Questions focused on their motivation for participating in the Hockey FIT initiative, how they became involved, what (if anything) they hoped to gain from their involvement, what measures they used for evaluation, and whether they believed the program was successful in achieving their goals. The interviews and focus groups were then transcribed and any possible identifiers were removed. The transcripts from the session instructors, program designer, associated hockey organization representatives, and fitness facility representative were returned to each stakeholder for member checking (Lincoln & Guba, 1985).

Secondary data were also collected from organizational documents to further understand how Hockey FIT was designed and implemented. These documents included the program's website, session instructor handbooks, and the minutes from various Hockey FIT meetings. The use of documents allowed for triangulation whereby the researchers were able to verify responses from the stakeholders and were also used to provide background information.

### **Data Analysis**

The data were analyzed using both an inductive and deductive thematic analysis approach (Fereday & Muir-Cochrane, 2006). Daly, Kellehear, and Gliksman (1997) describe a thematic analysis approach as a search for themes that are related to the description of a phenomenon. This involves identifying themes through "careful reading and re-reading of data" (Rice & Ezzy,

1999, p. 258). As such, each interview and focus group was first transcribed verbatim and then read several times to familiarize the authors with the data. Initial memos were then made highlighting where opportunities existed to create shared value. We then used a data-driven inductive approach that allowed for themes to emerge naturally (Boyatzis, 1998). This included openly coding the transcripts line-by-line and identifying codes that were related to shared value (e.g., reciprocity, resources, benefits, feedback). Axial coding was then applied, and themes emerged related to how shared value is created in a sport setting.

A list of codes was then deductively created (Corbin & Strauss, 2008) from the shared value and CSR literature (e.g., social need, goals, measurement, outcomes). The transcripts were openly coded using this list and themes were identified to delineate how shared value was (not) created. The authors discussed each theme that emerged to ensure reliability and the validity was maintained by using multiple methods of data collection and through the use of triangulation (Maxwell, 2012).

### **Findings**

The findings from this study are presented as themes that are related to the design, implementation, and evaluation of shared value in a sport context. The themes that emerged as a result of the inductive analysis were the motives for collaboration, co-creation of an initiative, and moral ownership. A list of all emergent themes is presented in Table 1.

#### **Program's Area of Focus**

Managers creating a shared value initiative must decide on a social issue that they will attempt to address. This is recommended by Porter et al. (2012) as the first step whereby social needs and barriers are identified. In the case of Hockey FIT, this was primarily accomplished by the program designer.

Table 1

*Shared Value Emergent Themes*

<b>Porter et al. (2012) Step</b>	<b>Themes</b>
1. Identify the social issues to target	Program's Area of Focus
2. Make the business case	Goals Motives for Collaboration Co-creation of an Initiative
3. Track progress	Shared Value Evaluation
4. Measure results and use insights to unlock new value	Moral Ownership Program Outcomes

His experience as a family physician had led him to identify an unmet health need (i.e., the growing rate of obesity) among male sport fans. Furthermore, he found that a current barrier for addressing this need was the difficulty in attracting males to lifestyle intervention programs. This motivated the program designer to investigate other lifestyle intervention programs that were able to recruit males, where he found that programs based in a sporting culture had previously experienced success.

Although both hockey organizations do not actively search out social needs within the community, the representatives recognized that Hockey FIT targeted an important stakeholder of their organization (i.e., their fans) and understood the importance of community outreach in developing a relationship with their fan base and maintaining their brand's image. The second

hockey organization agreed to participate in the initiative because it was aware of the prevalence of obesity within their community:

We think it's imperative that we present a healthy lifestyle. Obviously, health is a major issue in Canada and most countries where the obesity rate is off the charts so we're ecstatic about addressing it. The biggest thing for us is projecting that image into the community and to actually get involved (Hockey Organization 2, Representative 1).

The community partners involved in Hockey FIT had their own criteria for selecting which social needs to address. Both hockey organizations stated that the direction that these initiatives focus on is up to the owners' discretion, but they have traditionally addressed issues related to youth, hockey, health, education, and local community organizations. Many of the social programs they were previously involved in focused on children and their "casual fans" whereas Hockey FIT focused on the team's more loyal fans and season ticket holders.

Furthermore, the organizations typically support requests from community organizations that: (a) support their own organization, (b) are able to demonstrate how the hockey organization can benefit, and (c) align within their brand strategy. Although the fitness facility involved in Hockey FIT does not actively scope social needs and barriers, it is also involved in community initiatives. The three primary areas that the fitness facility focuses on are research for autism, due to a personal connection with the organization's CEO, a children's foundation that focuses on promoting health and physical activity, and partnerships with community fitness events. The fitness facility representative explained that the community fitness events are opportunities to generate membership leads and therefore, from a business perspective, they look to support causes with the greatest opportunity to attract potential members and generate sales.

## Goals

Once social needs and/or barriers have been identified, managers can proceed to the second step of Porter et al.'s (2012) SVSMP, which entails making the business case for the initiative and specifying social and business goals. In the case of Hockey FIT, there was not a mutually determined collective focus as each partner reported different goals from the program. The program designer focused strictly on the social outcomes and stated that there were three primary goals: (a) to reduce the overall weight and body mass index of the recruited male sport fans, (b) to determine the acceptability of the program from the participants and the sport organizations' perspectives, and (c) to determine whether the program could be scaled up to other teams across the league. While not an explicit goal of Hockey FIT, the program designer believed the hockey organizations could benefit from their involvement through ticket and merchandise sales and improve their image within the community while minimizing the negative publicity often found in sport.

The goals for the community partner organization differed from that of the program designer and, while each partner reported altruistic reasons for participating, they were also cognizant of the potential organizational benefits as a result of their involvement. The first hockey organization emphasized the importance of generating business returns and, when asked what they hoped to gain from their involvement in Hockey FIT, the representative stated that their primary goal was to develop a relationship with their fans and instill loyalty for their brand. Furthermore, the organization had hoped, as a result of an enhanced relationship with their fan base, the program's participants would be motivated to attend more games and promote the team's brand through positive word-of-mouth marketing. By participating in Hockey FIT, the

organization also looked to benefit through positive media attention, which was different from the traditional media coverage they received consisting of game results and statistics.

A representative from the second hockey organization stated that its organizational goal was to develop stronger ties with the community, which it believed could lead to a larger and more loyal fan base. Although they did not believe the program would generate new ticket sales, they thought that it would build loyalty among their pre-existing customers, assist with season ticket holder retention, and provide additional value for their fans as an opportunity to improve their health. They also recognized their involvement as a component of their social responsibility, which they believed is important as they are perceived as a prominent figure within the community and as role models for youth:

It is your social responsibility here in [city 2] as well as being a [league] franchise, the kids look up to the players and were an important part of a community. It is not necessary just for ticket sales, but also for being a community partner (Hockey Organization 2 Representative 2).

The other representative from the second hockey organization was more concerned with the social benefits of Hockey FIT and stated that they had a goal of projecting a positive image into the community and encouraging their fans to develop a healthy lifestyle. He hoped their organization would benefit through word-of-mouth marketing and had an overall goal of trying to improve the health of their community by increasing the number of people participating in Hockey FIT:

I was in business for 35 years. I know word-of-mouth is the best form advertising you can get so if I have those 80 participants tell 80 other people then I know this will expand and then the demand for this will become even greater. That's our goal, to increase the

demand and hopefully instead of having 100 people we have 500 people involved (Hockey Organization 2 Representative 1).

The second hockey organization liked the idea that fans would receive the opportunity to train at the team's fitness facility and that the organization would be seen promoting fitness:

Just being tightly involved with our season ticket base is very important to us because that's what keeps our team going is having the fans be a part. I think having that interaction and providing them with an avenue to get healthy at the backs of our facility is great. I was looking to make sure people are aware that we're still trying to work with our fans and the community at large (Hockey Organization 2, Representative 1).

Similarities also existed between each organization's outcome goals resulting from the Hockey FIT program. For example, the representatives from both hockey organizations described Hockey FIT as a chance for their male fans to engage with their local team, develop a stronger relationship with the team, and provide the fans with healthy lifestyle information.

### **Partner Motives**

When creating a shared value initiative, managers may need to identify community partners that are necessary for the design and delivery of the program. A theme that emerged was related to the various motives for participation reported by each partner involved in Hockey FIT. The program designer was responsible for identifying the necessary community partners when designing Hockey FIT and relied on the use of prior interpersonal relationships to establish partnerships with the fitness facility and hockey organizations. Specifically, he identified the hockey organizations as a means of recruiting obese male fans to the program, the fitness facility as a means of delivering the majority of the weekly sessions, and the educational institution as a means of providing media support and human resources to help implement the program. While

he acknowledged that the hockey organizations already participate in several community programs, he believed their involvement in Hockey FIT could be an opportunity for them to participate in something new and innovative.

The first hockey organization stated that it was also motivated to generate goodwill within the community, particularly when approached by the local university, and was interested in whether the organization could benefit from their involvement. Furthermore, the representative stated that a second reason for participating was because a competitor had already agreed to participate in the program and, therefore, they thought it would be detrimental to their image if they did not also participate. The second hockey organization indicated that Hockey FIT was unique from other community requests because it was the first time that the team was involved in a fitness program for their fans, which they believed was congruent with their organizational purpose (i.e., sports-related fitness). They were also motivated to participate because they had the pre-existing facilities available for the program and the program was implemented during the team's off-season.

The fitness facility described Hockey FIT as a way of encouraging males to live a healthier life and stated that they were motivated to participate for the "goodwill of knowing that we supported something coming from [UNIVERSITY] and a program that had really good intentions" (Fitness Facility Representative). They also believed they could assist the program's participants in continuing to be physically active after the program had concluded. Furthermore, they were motivated to participate because they believed it was an innovative program being offered by a local educational institution and because it aligned with their organizational purpose of promoting a healthy lifestyle. This was supported by the program designer who stated that the



geographical proximity between the educational institution and the fitness facility's corporate office was advantageous in developing a partnership because they both operate in the same city.

### **Co-Creation of an Initiative**

An additional theme that emerged was the concept of co-creation and whether (and if so, at what point) to involve the associate organizations when designing a shared value initiative. The program designer described the challenge of establishing cross-sector partnerships between the educational institution and the private hockey and fitness organization(s) as one of the most difficult aspects when designing the program. He stated that it was difficult to make cold calls to the organizations "without any sense of why this is important to them." Ideally, he would have liked the organizations to be consulted when designing the initiative so that they could have been more involved and had input on its design. However, he did not believe that approach was pragmatic, as many private organizations do not have the time or interest to be involved at that stage and, therefore, Hockey FIT approached the organizations with a program that was already designed and would be of minimal cost to the organizations. Furthermore, the program designer believed that organizations in the private sector do not have the capacity for creating health programs and that bureaucracies exist within the organizational structure that prevent an external organization from making significant changes. For these reasons, the program designer thought that the organizations would only consider becoming involved in programs that are predeveloped:

Being pragmatic, (consulting them) doesn't always work. A lot of organizations don't have the time, or it may not be in their interest at that time, so the reality of the fact is that while we would like to involve them early on with a consultation and full participation in the design and the program development, that doesn't necessarily always work. I think we

came to them with a cookie cutter program that wasn't going to necessarily cost them anything and maybe it adds to the value of their organizations and to their fan base.

The fitness facility stated that, because of its resource constraint, they appreciated how Hockey FIT took on the majority of the responsibility in designing the initiative. By having the Hockey FIT program arrange the details of the program, it allowed them to focus on their day-to-day operations and made it as easy as possible for them to participate in the program. Similarly, the second hockey organization indicated that because they operate with limited human resources, they appreciated the fact that the program was easy to implement, and the design of the program did not require significant resources from their organization.

Although the program designer indicated that this approach was the most pragmatic, without the organization's involvement or an explicit partnership agreement there was uncertainty among the community partners regarding their expected goals and how they may benefit from their involvement in the program. This was illustrated by the program designer who felt that the program was innovative in addressing a health need, nevertheless, the program was a health intervention that merely operates within a sport setting and was not designed for organizational returns. He expressed that perhaps with further engagement from the associate hockey organizations, there could be an understanding of their goals and the program could be optimized to benefit both their organization and their fans. He acknowledged that changing organizational behaviour among several organizations would be difficult; however, the concept of a mutual benefit between health practitioners and the private sector is a promising idea that is worthy of exploring and one that requires further discussions with each organization.

## Shared Value Evaluation

Once a shared value initiative has been designed, Porter et al. (2012) suggested that a measurement strategy is selected, which is the third step in the SVSMP and will allow organizations to track their progress. The specific outcome measures are identified and prioritized, and a cost-effective design is selected for examining program outcomes. A theme emerged related to the evaluation of the shared value initiative.

The program designer of Hockey FIT was responsible for designing a strategy that measured the social benefits of the program regarding the participants' health and whether they were able to successfully maintain any changes. However, he was unsure of the community partners' program goals and whether they had a measurement strategy in place. The program designer identified the two hockey organizations and the fitness facility's minimal involvement during the design of the measurement strategy as one of the difficulties he faced when implementing the program:

I would like to ask (the hockey organizations) "what do you want out of this program?"

The want could be financial, or is it some kind of a social want? Is it some kind of competitive edge that they want? I want to know what they want because I think we went in without engaging them at the front end with the program at all. We just decided that this is going to work, and it did, but I'm not sure what it did for them.

The program designer thought that, with more involvement from the hockey organizations, a measurement strategy could have incorporated outcome measures that would be useful for the organizations. For example, the number of memberships to the fitness facility sold could have been incorporated into the measurement strategy as Hockey FIT brought in a group of potential customers to their facilities. The program designer explained:

Maybe there's a place that we both benefit in terms of the research what we're trying to achieve and also on their interests what they're trying to achieve with their platform, their gain, or their fan base. Having done all of that was certainly a challenge and I think we succeeded to some degree, but not completely. I would have liked to have had better dialogue ongoing with the (partners) that maybe they were seeing some benefit.

The design of the Hockey FIT initiative (i.e., pre- post-test of intervention and wait-list groups) allowed for business-related returns to be quantified; however, the two hockey organizations did not have a measurement strategy in place for evaluating such returns. The first hockey organization stated that it is difficult for them to design and conduct a measurement strategy that they believed would give them insights into whether Hockey FIT helped their bottom-line. Although the organization tracks certain measures, such as merchandise sales, ticket sales, season ticket waitlist length, and season ticket renewal rates, they view these measures as part of the “bigger picture” and do not track the impact of an individual program. The representative acknowledged that it is possible for the team to monitor individual spending by a fan, but it is not something the team has the resources to take on. Additionally, they indicated that the organization typically reports community initiatives in an annual report to sponsors; however, Hockey FIT was not included in this report. The representative explained that this was because, although they tied their name to the program, they did not initiate the program nor were they responsible for overseeing the results.

Representatives from the second hockey organization provided conflicting information regarding their measurement strategy. The first representative believed that, due to confidentiality reasons, they cannot receive information on who they have helped from the social organizations that they support. While they generally know the cause that they are supporting,

they lack specific information on what the social organization has done with the donation. This representative indicated that they rely on word-of-mouth as a measurement strategy and so the organization's goal is to try and increase awareness of the programs and the team's involvement, to reach as many people as possible.

The second representative offered a different opinion and indicated that they track the revenue of certain programs, such as ticket sales from their minor hockey initiatives and education programs. An additional measurement strategy mentioned by the second representative is feedback from the participants of the Hockey FIT program. This came in the form of questionnaires administered by Hockey FIT and completed by the program participants; however, if the program were to be offered again, the team would like to speak directly with the participants so that they could conduct their own evaluation of fans' satisfaction of the program. They suggested that this feedback be collected by sales representatives from the team, who speaks with the program participants frequently, and that this could help develop a stronger relationship between the team and its fans. This type of feedback did occur informally on a few occasions when sessions were being hosted at the team's facilities and several of the program participants spoke with an employee working at the team box office about how happy they were with the program and that it was being offered by the organization.

The community partners had several recommendations for changes to Hockey FIT's measurement strategy. The representative from the first hockey organization explained that it was initially difficult to convince the team's management to participate in Hockey FIT because they were unsure of how the organization would benefit from their involvement. Therefore, they suggested, when approaching an organization to participate, Hockey FIT include specific organizational goals that would benefit the sport organization and how they would be measured.

Furthermore, it was recommended that Hockey FIT attempt to measure fan loyalty and how the program may influence the fans, as that was a measure that the hockey organization did not currently track but had the potential to benefit the organization's bottom-line. The fitness facility echoed a similar statement of the first hockey organization in that they suggested having included a specific goal of increasing membership sales when originally designing the program.

### **Moral Ownership**

Although the community partners did not have a specific measurement strategy in place, there was the potential for shared value to be created based on the perceived influence that Hockey FIT had on the program participants and how they viewed each community partner. A theme that emerged was the moral ownership that many of the participants reported following the program and the positive influence on the fans' perception of the hockey organizations as a result of integrating stakeholder concerns.

Many of the fans who participated in Hockey FIT reported that they perceive the hockey organizations more positively following the program. One of the hockey organizations underwent significant organizational staff turnover prior to the program and therefore the fans of this site were particularly happy to see the renewed commitment to the community. The program participants recalled speaking to other members of the community (e.g., family, co-workers, friends) about how impressed they were with the program and recommending it to those they thought could also benefit. The fans reported that, if the program were to be run again, they would be willing to pay a fee to enroll in the program. Although almost all of them indicated that they were already highly identified fans, many now viewed the team in a more positive manner and reported feeling more loyal to their local team:

I am glad they took this on, that they were open to this type of partnership or relationship. I think that a club that has so much influence in a community is open to the type of ideas, is just excellent, a positive step. So yes, I think my perception of them improved in the sense of the (hockey organization) being more of a part of a community (Program Participant).

Specifically, the program participants appreciated the involvement of the hockey organization's personnel and the resources they provided to the program such as access to their facilities and merchandise: "[Hockey organization 1]'s definitely supportive. I would give them 4 stars in terms of support. They even brought their trainer in to talk to us" (Program Participant). However, certain program participants were critical of the partnership, suggesting that the program was too disconnected from their favorite team and that they could have had a stronger affiliation with the Hockey FIT program. "I didn't think it was about the team, I thought it was about their fans and the program that [session instructor] was putting on. I never really brought them in to my thought pattern at all" (Program Participant).

When asked how the hockey organization's affiliation could be improved, it was recommended that they be further integrated into the program's curriculum. For example, the participants suggested that they skate or work out with the hockey organization's players: "Maybe if those guys worked out with you at some point, I think that might help. Yea, because the [team] really had nothing to do with us, at all" (Program Participant). One aspect that the program participants enjoyed was the promotion and recognition that occurred during a hockey game they attended following the completion of the program, even indicating that they would be willing to pay for similar events:

Event promotions would be kind of cool, for those that have already been through the program or that are in the program, having some sort of special promotional code or something like that. The 9-month reunion was cool because they actually announced it over the PA. Having stuff like that, even if I had to pay for it, I would go to the game more regularly or at a discounted rate for something like that (Program Participant).

Although the participants enjoyed the promotion, they were expecting it to be more frequent and suggested the hockey organizations promote their progress throughout the program:

It was a really good thing that they were involved, but even that, it was nothing, I didn't see anything advertised or said anywhere that they were involved with the group of men. I don't even know if there was a follow-up at the arena like there was supposed to be, whether there were supposed to say, "here's the people that were involved" because I was never asked or spoken to about that and I thought that was going to be part of it (Program Participant).

### **Program Outcomes**

The fourth and final step in the SVSMP is to execute the shared value initiative, conduct ongoing measurement, and use the insights to unlock new value (Porter et al., 2012). The program designer indicated Hockey FIT was successful in achieving the physical outcomes that it was attempting to improve (i.e., a positive change in the participants' health), the approach was feasible from each stakeholders' perspective, the recruitment of fans was successful, and the feedback was very supportive. Overall, he believed Hockey FIT was successful based on the social outcomes of the program and attributed the 'success' to the program and its design, and not because of the community partners.



Although neither of the hockey organizations conducted their own program evaluation, the first hockey organization believed that it benefited from its involvement in Hockey FIT due to the loyalty among fans that was generated. The representative stated that the fans who participated in Hockey FIT got an experience of working out at the team's rink and dressing room and believed that their participation strengthens their loyalty. When asked if they would participate again, the first hockey organization reported that they would because of the reach of the program and the demographic that it engages. However, it was suggested that the program was not the most effective program for improving their bottom-line, as the participants were already regular fans and season ticket holders. The organization thought that the program could be improved if it targeted fans who were not already highly identified with the team and allowed the organization to create loyalty among new fans.

The second hockey organization reported that they benefited through word-of-mouth among the participants of Hockey FIT. Additionally, they indicated that they benefited by being able to offer something to their fans that improved their health. They also believed they benefited due to the popularity of the program and because it was appreciated among the fans. Although they saw the organizational value in participating, when asked what they would change about Hockey FIT, the representative thought that they would have liked to have seen a stronger benefit to the team and believed that could be achieved if the content was offered to all of their fans, and not restricted to just those who enrolled in the 12-week program. The organization believed that, by increasing the accessibility of the program, a greater number of people can benefit, and the community would be more aware of the organization's involvement thereby benefiting the organization and enhancing fan loyalty. The representative indicated that the value of Hockey FIT lies in building loyalty among fans and providing them with the opportunity to

participate, therefore they would like to increase the number of fans that are able enjoy the program:

I mean at the end of the day the value of this program is building loyalty and having those fans appreciate that we're providing them with this opportunity, so the more the merrier is the thought there (Hockey Organization, Representative 2).

While they were happy to be involved in the program, the fitness facility representative indicated that Hockey FIT was not successful in attracting new members to their organization and identified several changes they would make as an organization if the program is offered again feeling that their approach was “not the right way”. While prior interpersonal relationships and the corporate office proximity assisted in establishing a partnership, the program designer indicated that a lack of capacity among the fitness facility limited the potential for business-related returns. For example, he believed that they could have benefited as an organization had upper-level management individuals been more involved:

The COO was very supportive, but quick to push off to someone else to take this on and to see if it will work. Then we were quickly shuttled off to someone else who is in membership (sales) and is probably just as good at selling me a refrigerator as they are investing in a health research program. It was a bit of a frustrating chat because it was very bottom-line oriented, and this individual didn't have the capacity to think very big and beyond. I think that's probably why it didn't get very far, or as far, for what they could have gotten out of the program.

The program designer, session instructors, and fitness facility representative stated that the fitness facility could have been more involved in the delivery of Hockey FIT, which was a contributing factor to why participants were reluctant to purchase memberships after the program

had concluded. The fitness facility representative also believed their approach was “slimy” by only interacting with the participants at the end of the program, as their involvement was perceived a marketing tactic that was ultimately trying to sell memberships:

We thought “oh well we'll just do this, we'll have a sales guy come in and talk to them” which probably, in hindsight, wasn't great. If we had more time to devote to it, we would have but the end result was reflective of the fact that we didn't devote a lot of time to the program.

While the associated fitness facility was essential for delivering Hockey FIT, the program participants did not think their involvement provided any support or value to the program. Specifically, the participants did not feel the fitness facility was actively involved in the initiative and, therefore, their perception of the organization was unchanged:

Given the various vendors out there who might have helped us out, I would put (the hockey organization) way over (the fitness facility) in terms of support (Program Participant).

The program participants indicated that they would be more inclined to join the fitness facility if a membership was offered at a discounted rate following the completion of the program:

I felt that if we had partnered up with [FITNESS FACILITY] they could have offered us something, even a discounted gym membership or something, or during those 12 weeks access to a gym for either low cost or no cost, one or two nights a week, that would have helped because I would have gone and used it for sure (Program Participant).

A major barrier that prevented them from being able to benefit from their involvement was the lack of time that they were willing to devote to the program when it was being developed. The representative believed that, if senior sales leaders had made time and been

involved during the initial meetings when the program was being designed, they could have generated more value for their firm by developing a strategy to successfully convert Hockey FIT participants into paying members of their organization. The fitness facility reported that they would participate again if the details were worked out with the organization's operations and marketing departments to benefit the organization's bottom-line:

What would have helped if I think back was there could have been an opportunity for the (fitness) organization to propose how (they could benefit) and what we were hoping to get out of it, and then propose different options or methods that might be successful.

(Fitness Facility Representative)

### **Discussion**

As organizations continue to face increasing stakeholder pressure to operate in a socially responsible manner, managers are faced with the difficult task of addressing social concerns, while simultaneously generating profitable returns. By developing and implementing shared value initiatives, organizations can help balance these conflicting stakeholder demands and improve the competitiveness of the firm while enhancing economic and social conditions within the community in which it operates. The current study demonstrates the value of Porter et al.'s (2012) four-step SVSMP for managers seeking to understand how a shared value initiative can be created within a sport context.

Porter and Kramer (2011) and Porter et al. (2012) urged that successful shared value collaborations require clear and measurable social and business goals to be determined when initially designing the shared value initiative. Additionally, Husted et al. (2015) stated that organizations must engage in strategic social planning by identifying an initiative's long-term goals, a plan for achieving the goals, and by allocating the necessary resources for its successful

implementation. Furthermore, Babiak and Thibault (2008) found that successful collaborations require an understanding of partners' goals and responsibilities (e.g., who will measure what) to be determined prior to entering into a partnership. The Hockey FIT example highlights the potential for missed shared value opportunities when an organization does not engage in strategic social planning (i.e., when there are misconceptions regarding each partner's role and when business goals and strategies are determined retrospectively or not clearly identified). Although the hockey organizations and fitness facility believed that some organizational benefits existed, their goals were not integrated into the design of Hockey FIT nor did they conduct an evaluation to determine how, specifically, they benefited. The stakeholders indicated that, had there been a clearer understanding of their role in delivering the program, there were several opportunities for organizational benefits, such as an increase in membership sales for the fitness facility.

This highlights the importance of Porter et al.'s (2012) third step, which is establishing a measurement strategy prior to the program's implementation. For shared value initiatives to become commonplace and sustainable, measurement that directly links the economic returns to the social efforts is necessary (Porter et al., 2012). In the case of Hockey FIT, the educational institution succeeded in measuring and evaluating the social outcomes; however, the private organizations did not have a clear strategy for measuring the business returns. This was highlighted by the program designer who believed that the program was successful because it positively improved the health of the program participants, but was unsure whether the community partners benefited from their participation. While the first hockey organization tracks certain business measures, these outcomes were not specifically attributed to Hockey FIT and the representative was doubtful that they had the capacity to conduct that type of evaluation. This may be explained by the motives for participation reported by the organizations (i.e., for

altruistic reasons and to generate goodwill) as representatives from both hockey organizations described Hockey FIT as a chance for their male fans to engage with their local team, develop a stronger relationship with the team, and provide the fans with healthy lifestyle information. A pre-established partnership agreement can be beneficial in addressing both goals and measurement strategies as it can be used to determine the appropriate criteria in evaluating program outcomes.

A component that distinguishes shared value from CSR is that a shared value initiative must also benefit the participating organization, in addition to addressing a social issue. A number of organizational benefits were identified by the stakeholders including improvement to fan patronage intentions, a sense of membership in the sport fan consumption community, fan loyalty, positive word-of-mouth, and fan relationship development. Additionally, the program designer believed the program could repair the community partners' image after any negative publicity, the first hockey organization indicated the program protected their image, and the participating fans saw Hockey FIT as a way of managing the team's image during organizational turnover. These findings support the prior instrumental stakeholder theory and CSR literature (Bhattacharya & Sen, 2004; Donaldson & Preston, 1995; Du, Bhattacharya, & Sen, 2007; E. Gray & Balmer, 1998; Hedlund, 2014; Sheikh & Beise-Zee, 2011; Walker & Kent, 2009; Wallace, 2004).

The positive influence that Hockey FIT had on participating fans and the increase in fan loyalty was attributed to the interaction with team personnel and getting a behind-the-scenes look at the team's facilities, which appear to be critical components when designing a shared value initiative within a sport context. Conversely, the participating fans did not believe that the fitness facility actively participated in the program and, consequently, their perception of the

organization was unchanged. This could have been addressed had the decision-making representatives from each community partner devoted sufficient time during the design of the initiative. Therefore, the findings support prior literature in that a significant moderator of improvements to an organization's image or reputation may be the perceived level of commitment and sincerity to the program (Inoue et al., 2017; Yoon et al., 2006). While shared value does not aim to increase costs for an organization, it is of importance to note that the fans who stated the team could have been more involved felt cynical about the organization's motives and sincerity, perceiving there to be a lack of organizational commitment to the program. This represents a difficult challenge for sport organizations implementing shared value – to keep the costs for a program to a minimum while still being committed and perceived as an important contributor. The difference in the fans' perception among organizations may also be explained by the passion that fans feel towards their favourite team, compared to an organization operating within another industry (e.g., a fitness facility; Babiak & Wolfe, 2009).

The findings from the current study suggest that the hockey organizations were partially motivated to participate in the program as a means of improving patronage intentions; however, a moderating variable may be for whom the social program is intended, as in the case of Hockey FIT, many of the participants were already season ticket holders or highly self-identified fans who attend games regardless of social strategy. This would appear to support Walker and Kent (2009) in their findings that patronage intentions for highly identified fans are less reliant on a team's social efforts than lowly identified fans. Furthermore, the first hockey organization suggested the program could be improved by targeting fans who were not already highly identified, as this would assist in creating loyalty among new consumers. This could be achieved by introducing the program as an organizational promotion whereby the fitness facility offers

new members discounted tickets to the sport organization's games and the sport organizations offer ticket purchasers a price incentive for joining the fitness facility.

The case of Hockey FIT also suggests that an organization can benefit through positive word-of-mouth, as participating fans reported telling co-workers, friends, and family about how happy they were with the program and the hockey organization (Walker & Kent, 2009).

Although the current study did not attempt to measure risk management, it is possible that value was created for the participating organizations through the buffer that social programs can provide for an organization's image in protecting from future misdeeds (Werther Jr & Chandler, 2005).

Prior research has examined the benefits of incorporating social concerns into business operations that are specific to sport organizations. The current study found support for Hedlund's (2014) research indicating that a sport organization's social responsibility can lead to fans feeling a sense of membership within the fan consumption community. This represents organizational value for the participating teams, as improvements to the fans' sense of membership has been found to lead to increases in merchandise purchasing and intentions to attend games or recommend the team's games to others (Hedlund, 2014). Additional value for the two hockey organizations provided from the Hockey FIT program could be in the decision for managers to integrate stakeholder concerns into operations (Burke & Logsdon, 1996). Kennedy (2012) and Walters and Tacon (2013) found that this approach has been shown to create a sense of moral ownership and reduce the likelihood of fans switching allegiances. By providing access to the team's facilities and offering team personnel appearances, the managers have demonstrated their commitment to the community and the importance that they place on incorporating stakeholder needs.



The findings from the current study demonstrate the efficacy of establishing inter-organizational networks to address social needs (Asif & Palus, 2014). This occurred during Hockey FIT as organizations lacking resources or capacities to conduct a social needs assessment (i.e., the hockey organizations) can rely on inter-organizational networks (i.e., with an educational institution) to determine social issues and identify potential opportunities. Without the support of the two hockey organizations, Hockey FIT would have been unable to utilize the unique and intangible aspects that are inherent within sport organizations to attract the at-risk and hard-to-reach male sport fans to the program. Furthermore, the partnership with the affiliated fitness facility was necessary to acquire access to the facilities and deliver a portion of the weekly sessions. Without the knowledge and expertise of delivering lifestyle interventions provided by the educational institution, the program would have been ineffective at changing the participants' behaviour and effectively addressing the health needs. These cross-sector partnerships were utilized to achieve various organizational and social benefits while ensuring that Hockey FIT was not resource intensive on any one organization, as the community partners were not responsible for delivering the weekly sessions or designing the program allowing them to focus on their daily operations. The case of Hockey FIT reflects the fact that partners will often have different goals and expectations of a cross-sector collaboration; however, these partnerships are most likely to succeed when each partner is aware of one another's goals and the necessary steps required to achieve those goals.

The findings from Hockey FIT also reflect the difficulty in establishing cross-sector partnerships, as noted by the program designer; however, several aspects can facilitate this process including prior interpersonal relationships, geographic proximity of partners, and involvement of key decision makers. Prior interpersonal relationships may assist in facilitating

the establishment of cross-sector partnerships, as in the case of Hockey FIT these relationships were necessary to partner with the second hockey organization and fitness facility (Babiak, 2007). Geographic proximity between the educational institution, fitness facility's corporate office, and the first hockey organization was a factor when establishing an inter-organizational network of partners. This suggests that both for-profit and non-profit organizations interested in developing a shared value initiative should first look 'in their own backyard' for potential cross-sector partners. Approaching the right personnel from an organization is important when establishing partnerships, as the program designer expressed frustration with the lack of capacity among certain individuals to understand the value of Hockey FIT. This was acknowledged by the fitness facility as well, who thought that the lack of resources and key personnel attributed to the program on their end were barriers for achieving business returns from Hockey FIT.

Managers must decide when to involve community partners in the design of a shared value initiative that requires cross-sector partnerships. Asif and Palus (2014) believed a shared value approach would engage each partner at the front end; however, in the case of Hockey FIT, the program designer believed that it was most pragmatic designing the program prior to approaching the community partners, as private organizations typically do not have the capacity for creating health programs and are more likely to partner by adopting a pre-existing program. While this assisted in establishing the partnerships, the findings from the current study suggest that a shared value initiative cannot be created with "a cookie cutter approach", thus organizations must collaborate during the design process. This co-creation approach allows each partner to provide their own various expertise, provides a clear understanding of their expected roles, and may assist in overcoming the participants' perception of a lack of organizational sincerity toward the program. Furthermore, a co-creation approach allows managers to follow the

recommendations put forth by Husted et al. (2015) ensuring that each partner receives the opportunity to establish their social and business-related goals, specific actions to achieve them, and a measurement strategy to evaluate outcomes.

An important finding from this research is that, while Porter and Kramer (2011) suggested that private organizations design and implement shared value initiatives, programs may be more successful if a social organization approaches the private organization and the shared value initiative is co-created. Such a sociological approach can assist problem solving within both a community and an organization thereby facilitating the process of community capacity building and producing positive social change in a much more sustainable way (Etzioni, 1991; Sanigorski et al., 2008). Asif and Palus (2014) recommended identifying the social issues affecting an organization and developing remedies before seeking cross-sector partnerships with other organizations. The example of Hockey FIT would suggest that, when operating under resource constraints, the private organizations may not have the capacity to undertake this task and, therefore, it may be more likely that shared value initiatives are created by the social organization, that then approach private firms to establish partnerships. Social organizations should attempt to link a proposed initiative to the private organization's business returns, as both hockey organizations and the fitness facility indicated that they tend to support community programs that can benefit their organization and suggested that a proposal be made on how the organization may benefit in the first meeting. The challenge of demonstrating business returns will likely be most difficult when first designing the initiative, as specific information on the organizational returns may not be available until after the program has been offered.

Support for Aurelien and Emmanuel's (2015) findings comes from the "stage managing" that occurred by the sport organizations and fitness facility, whereby there was very little

financial commitment, but access to resources such as personnel, facilities, and established brands. This poses a potential solution to cash-strapped organizations that are unable to allocate financial resources to social programming, but are interested in creating shared value. Porter and Kramer (2011) believed that this scenario may present the greatest opportunity for shared value, when an organization addresses a social issue that is congruent with their organizational purpose and related to the production of their product. The organizations' representatives recognized the fact that Hockey FIT aligned with their own goals by promoting health and focusing on the team's fans. This aspect was identified as an important determinant by the community partners of Hockey FIT and was a motive for their participation, aligning with Aurelien and Emmanuel's (2015) findings that shared value initiatives focus on attributes inherent within sport (e.g., health).

Further support for Aurelien and Emmanuel's (2015) findings was isomorphic behaviour as a determinant for participating in social programs. The first hockey organization indicated that one of the reasons they participated was because a nearby competitor had already agreed to offer the Hockey FIT program, and they were concerned with how that would impact their image in the community. This is also consistent with Babiak and Wolfe's (2009) research who found that a determinant of socially responsible programs implemented within professional sport was control. The authors argue that, as the practice of CSR becomes common throughout a field, the validity of these programs is established and their use unquestioned. Husted et al. (2015) suggested that an important process when developing a social strategy is strategic social positioning, a reference to the extent in which an organization is proactive in responding to social issues compared to their competitors. The findings from the current study suggest that social organizations that are seeking to gain support from private organizations may be able to leverage

pre-existing partnerships to receive commitment from competitors. For example, the first hockey organization decided to participate to remain competitive with their community efforts.

Additional motives reported by the two hockey organizations could be attributable to the differences in market size and ticket sales. The second hockey organization, which is based in a smaller city with a lower average attendance relative to their capacity, was less reluctant to participate believing that Hockey FIT is an important cause to support and emphasized the importance of developing community relations. Conversely, the first hockey organization is based in a larger city and achieve near sellout crowds on a consistent basis, but found it difficult to convince management to participate in the program due to the uncertainty of how the organization would benefit. Therefore, sport organizations based in a smaller market size may be more motivated to participate in shared value initiatives that promote fan attendance, while organizations with a strong fan following are more reluctant given that it may not influence their attendance rates.

While certain areas of organizational value resulting from Hockey FIT have been identified, several opportunities to generate further value were missed. For example, Castro-Martinez and Jackson (2015) discussed the organizational value that incorporating social concerns into business operations can provide to other stakeholders (e.g., sponsors) of a sport organization. Prior research on sponsorship activation suggests that sponsors should incorporate more than just “logo placement” and can strengthen the sponsor relationship by endorsing social initiatives (Castro-Martinez & Jackson, 2015; O’Keefe, Titlebaum, & Hill, 2009). This represents a missed opportunity to create further shared value through the Hockey FIT program as sponsors of both hockey organizations could have been incorporated into the initiative. These potential sponsors could have created shared value by providing additional resources for the

program while benefiting from the demonstration of their own social responsibility and effectively activating their team sponsorship.

Consistent with many non-professional sport organizations, neither of the teams involved in Hockey FIT had a sport trust or foundation, which could assist in acquiring resources for social programming (e.g., through non-profit status, tax exemptions, etc.; Walters, 2009). This could have assisted in creating shared value as Porter and Kramer (2011) stated that a type of business-related value from shared value initiatives may come from reconceiving products and market segments, such as funding from NGOs or governments. This would be possible with the introduction of a sport trust or foundation for a non-professional team such as the two involved in the current study. Furthermore, the fans indicated that they would be willing to pay a fee to enroll in Hockey FIT and, therefore, the sport organizations could reconceive the products that they produce through such additional revenue streams.

A common form of reporting an organization's social commitment is often through newspaper articles, websites, and sponsorship reports (Aurelien & Emmanuel, 2015). While the representatives from each organization indicated that they received value through several positive newspaper articles, the hockey organizations and fitness facility could have maximized their value by reporting their involvement through social media, websites, and sponsorship reports. Specifically, the first hockey organization indicated that Hockey FIT was not included in their annual report to sponsors as the organization thought that they were not the ones that initiated the program and only tied their name to it. This highlights the importance of engaging partners in the goal setting stage and identifying areas that may be of benefit to the organization.

Porter et al. (2012) developed the SVSMP for industry managers who are interested in creating shared value. The findings from the current study extend to managers of non-profit and

social organizations interested in establishing partnerships with organizations from within the private sector as a means of creating shared value. The theoretical implications from this would be observed in the second step of Porter et al.'s (2014) SVSMP in that these non-profit and social organizations would "make the business case" for companies from within the private sector. Furthermore, the framework appears to be lacking consideration of such cross-sector partnerships as, in the case of Hockey FIT, the use of interorganizational relationships were instrumental in the design and delivery of the program. The author's recommendations would be to incorporate the identification of potential partners into the second step (i.e., when making the business case), as partnerships could alleviate resource constraints, while still allowing for business returns to be generated. This may also facilitate the creation of shared value by allowing those with the greatest expertise and experience with the social issue to develop and deliver the curriculum with input from each partner (i.e., co-creating). This was also recommended by Asif and Palus (2014) who stated that, when using inter-organizational networks to create shared value, managers explore the network of organizations that are working on societal challenges affecting the organization.

### **Limitations and Future Research**

While the current study poses a step towards understanding how shared value can be created, certain limitations still exist. The qualitative approach of this study has provided insights into how organizations view shared value; however, quantitative research will assist in understanding to what degree an organization benefits. This study identified several areas of benefit, as reported by stakeholders of a shared value initiative, and future research could use additional measures and methodologies to understand which benefits may be most prevalent. For instance, additional research should examine whether the positive changes to the community

partners' image and the sense of moral ownership occur for fans who are aware of the program and its benefits but did not directly participate. Due to the fact that each sport organization operates in a unique environment (e.g., city population), future research should examine how shared value can be applied within other contexts. This could include examining shared value programs that target a different demographic or stakeholder, such as sponsors or employees, and whether the findings from this study can be generalized beyond a non-professional North American sport context. Lastly, research could examine the influence of sponsoring a shared value initiative and the impact on sponsorship activation.

### **Conclusion**

The findings from this study demonstrate the potential for sport organizations to create shared value by addressing important social needs while developing potential business returns. Managers interested in creating shared value should first identify a social issue deemed to be important to their stakeholders before creating both social and business-related goals of the initiative. Programs that require cross-sector partnerships will also necessitate a clear understanding of each partner's motives, which are commonly to acquire new or additional resources, to protect their image relative to competitors, or to benefit through a reciprocal relationship. Furthermore, managers may wish to utilize prior interpersonal relationships to establish partnerships and should seek out potential organizations within close proximity to the implementing organization.

Although it can be a challenging process, it is imperative that shared value programs are co-created with each partner. While a "cookie cutter" approach may initially alleviate resource constraints for community partners, it can lead to challenges when they are not involved in the design process and, consequently, there are misconceptions regarding expected benefits and



strategies for achieving any organizational returns. Additionally, by not co-creating a program, issues can arise related to the evaluation of shared value and assessing the social and business outcomes of an initiative. When a shared value initiative that targets fans of a sport organization is perceived as genuine, and when the organization is sufficiently incorporated into the program (i.e., there is no disconnect), organizations may be able to positively influence fans' moral ownership and improve the organization's image within the community. This can also help with other business-related program outcomes such as improving loyalty, word-of-mouth, and generating positive media attention.

The current study extends the previous shared value literature by examining how shared value can be created, evaluated, and optimized within a sport setting. Moreover, it answers the call for research examining how social concerns can be strategically implemented into a company's operations. The findings also highlight the efficacy of Porter et al.'s (2012) SVSMP as a guide for creating shared value and how a shared value approach can resolve conflicting stakeholder demands. By critically examining the Hockey FIT program through the lens of shared value, insights were gained as to how a shared value initiative can be created within a non-professional sport context. Due to the lack of evaluation of business-related benefits, we are unable to determine whether shared value was indeed created; however, this research provides insights into what must occur so that shared value can be created (e.g., co-creating an initiative, establishing clear business and social goals, possessing a mutual understanding of motives). Furthermore, by taking a shared value approach, this research demonstrates how organizations can answer the call for a more strategic approach to their social strategy.

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## Study 2:

### **Sport Fans' Health and the Social Impact of Hockey Fans in Training**

Much of the corporate social responsibility (CSR) literature has examined the benefits that social programs can have on an organization (e.g., Bhattacharya, Korschun, & Sen, 2009; Burke & Logsdon, 1996; Hanke & Stark, 2009; Inoue, Kent, & Lee, 2011; Peloza, 2006, 2009; Walker & Kent, 2013; Weber, 2008) such as the relationship between CSR and corporate financial performance (e.g., Cochran & Wood, 1984; Margolis & Walsh, 2003; McGuire, Sundgren, & Schneeweis, 1988; Orlitzky, Schmidt, & Rynes, 2003; Van Beurden & Gössling, 2008). Recently, researchers and industry leaders have shifted their focus to the impact these initiatives can have on society, or social impact (Forester, 2009; Fuller, Percy, Bruening, & Cotrufo, 2013; Godfrey, 2009; Inoue & Kent, 2012, 2013; Irwin, Irwin, Miller, Somes, & Richey, 2010; Kay, 2009; Kihl, Babiak, & Tainsky, 2014; Olushola, Jones, Dixon, & Green, 2012; Schulenkorf, 2012; Walker, Hills, & Heere, 2017).

It has become common practice for Fortune 500 companies, such as General Mills (2015) and Walmart (2016), to state the social impact of their initiatives in various reports to the community and their shareholders. This call for research to shift away from justifying programs financially, to examining the impact on recipients and society at large, was initiated by Margolis and Walsh (2003). Du, Sen, and Bhattacharya (2008) have since echoed this call by stating that previous research “has focused almost exclusively on the business returns (e.g., positive changes in consumers’ attitudes, purchases, and word-of-mouth behaviours) of such activities rather than on the social returns” (p. 483). Although the need to evaluate the social contribution of these initiatives has been identified (e.g., Aguilera et al., 2007; Fuller et al., 2013; Inoue & Kent, 2013; Irwin et al., 2010; Kay, 2009; Kihl et al., 2014; McWilliams, Siegel, & Wright, 2006; Olushola

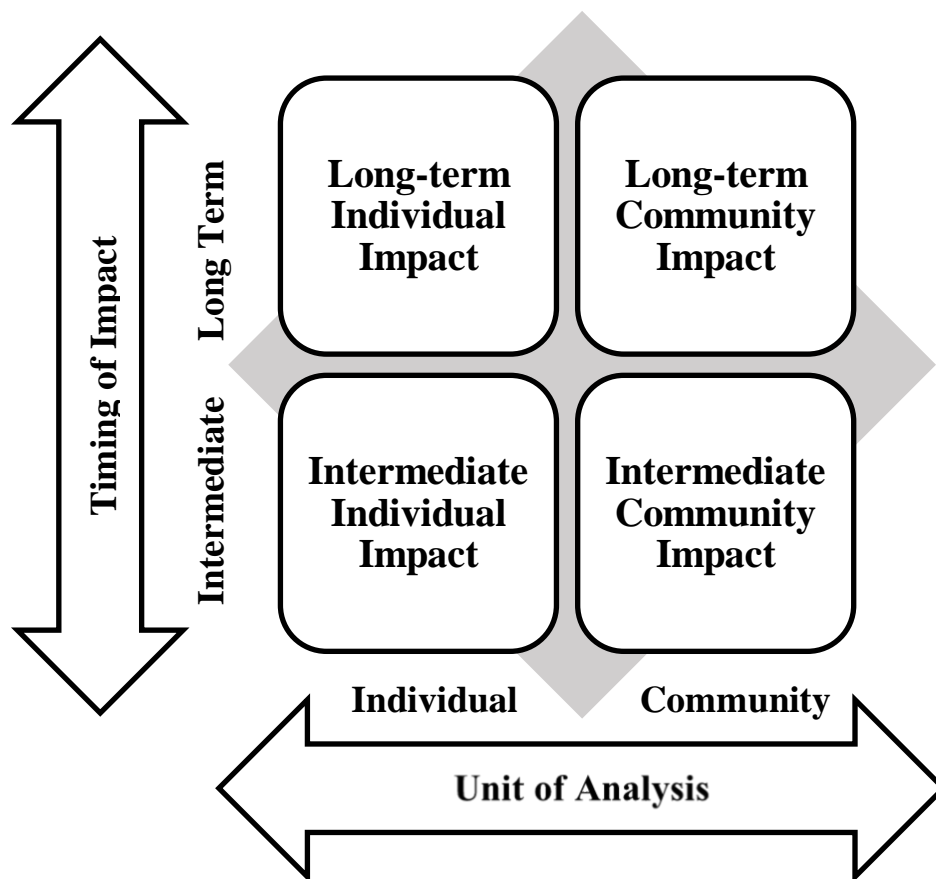
et al., 2012; Schulenkorf, 2012; Walker et al., 2015), researchers have faced numerous limitations and much of the literature has provided either minimal evidence of any substantial social contributions or inconclusive findings (Coalter, 2010; Levermore, 2011; Walker, Kim, & Heere, 2013).

There has yet to be a clear consensus as to what methodological approach is appropriate and best suited to measure the social benefits of programs. For instance, Lim (2010) suggests that the formal evaluation of social impact requires a rigorous experimental study, which compares outcome measures of the participants involved in the program with a control group consisting of non-participating individuals. Despite the complexity, expense, and time-consuming design of such an experiment, this design can enhance the program credibility and provides more precise information on outcomes (Lim, 2010). Conversely, others have called for more qualitative work to address methodological limitations. For example, while the popularity of European Football clubs engaging in social programs has increased, the Union of European Football Association's (UEFA) representative for CSR acknowledges it is difficult to measure the impact of its programs using quantifiable data and that more longitudinal research with qualitative elements will paint a clearer picture of whether the initiatives are having a desirable effect (Walters & Anagnostopoulos, 2012). Aguinas and Glavas (2012) conducted a review of CSR based on 588 journal articles and 102 books and book chapters and found qualitative research to be significantly underrepresented. In fact, only 20 (i.e., 11%) of the studies in their content analysis utilized qualitative methodologies and over half of those qualitative studies were case studies. Therefore, there is a need for more methodological diversity to address knowledge gaps and to better understand stakeholders' perspectives (Aguinas & Glavas, 2012).

A second challenge when attempting to assess the social impact of a program is the definitional issues that exist regarding the scope of social impact and determining the appropriate unit of analysis. For example, in their research on Crest's oral health programs, Du, Sen, and Bhattacharya (2008) assess the impact based on the benefits to the target audience. Alternatively, some organizations define social impact as a much wider range of activities that includes any change to social, economic, and/or environmental welfare (IMPACT, 2011). Burdge (2003) argues the need for a more holistic definition of social impact that takes into consideration both the individuals and the communities in which programs are implemented.

A third challenge in measuring an organization's social impact is determining the timing of the impact. The limited research that has examined societal benefits of initiatives tends to focus on the immediate benefits and there is currently a dearth of literature on whether programs can produce a long-term change through the continued engagement in any promoted behaviour after the programs have been offered. This could be addressed by researchers following up with participants of a program months or years after it has concluded to understand any long-term benefits. In an attempt to address these challenges, Inoue and Kent (2013) developed an integrative framework of CSR impact that includes two dimensions: the unit of analysis and the timing of impact. The unit of analysis is a reference to those benefiting from the program, and ranges from an individual participant of the program at one end, to a community or geographical area where the majority of the participants reside, at the other. The timing of the impact can be regarded as either intermediate or long-term and occurs when any results of the program are realized. Using these two dimensions, a two-by-two matrix is formed (see Figure 1). Finally, there is scant research that has examined the efficacy of using social programs as a vehicle for a

Figure 1. An Integrative Framework of CSR Impact (Inoue and Kent, 2013, p. 301)



positive change in health among the primary stakeholders of any sport organization – the fans and their communities.

The current study addressed these gaps by using a mixed methods approach to understand the impact of a program on the individuals and communities in which it was implemented. The purpose was to examine the social impact of an initiative aimed at improving the health and well-being of sport fans and their community. The research was guided using Inoue and Kent's (2013) framework where a pre-post design provided quantitative data on the impact to the program's participants and qualitative data provided insights into how a social program was used as a basis to improve the lives of sport fans and their community.

## Literature Review

### Measuring Corporate Social Responsibility

The measurement of CSR and its (un)intended business-related outcomes has been studied exhaustively by researchers and, having been conceptualized in several different ways, accounts for much of the literature. However, CSR measurement has been described as the Holy Grail due to its often complex and daunting nature (Breitbarth, Hovemann, & Walzel, 2011; CSR Network, 2004; Frankental, 2001; McWilliams et al., 2006; Rodriguez, Siegel, Hillman, & Eden, 2006). When CSR measurement is successful, it can offer a powerful means for influencing corporate behaviour and provide valuable insight into stakeholders' knowledge and beliefs about an organization (Epstein & Birchard, 1999; Porter & Kramer, 2006). By meticulously assessing an initiative, the implementing organization can better communicate its CSR impact or, if it is determined to be ineffective, it can provide insights into what can be improved. Furthermore, the need for measurement is maintained by Hartmann and Kwauk (2011) who believe "with little more than anecdotal evidence, beliefs about the impact of sport are driven mainly by heartfelt narratives and evocative images" (p. 285).

Outside of academia, the London Benchmarking Group developed a model for measuring CSR that uses input-output logic to examine the cash, time, and in-kind resources that are leveraged for community and business benefit (London Benchmarking Group, 2017). Within the sport industry, Breitbarth, Hovemann, and Walzel (2011) proposed the CSR Performance Scorecard as a means for measuring a sport organization's CSR based on what they describe as three core performance areas: economic, integrative-political, and ethic-emotional. While this method provides quantitative information, and can describe CSR performance in a single

number, the authors acknowledge that qualitative information is still necessary to provide contextual information and substantiate any claims to external stakeholders.

Researchers have identified a variety of difficulties in successfully measuring CSR initiatives. Pelozo (2006, 2009) acknowledges the difficulties in conceptualizing the various concepts, as he found 36 different metrics that have previously been used to assess CSR and 39 metrics used to assess financial performance. Pelozo and Shang (2011) frame their research exploring the value that CSR can create for various stakeholders and Orlitzky and Swanson (2012) further the discussion by proposing that stakeholder satisfaction ought to be used as a measure of corporate social performance. Heinze, Soderstrom, and Zdroik (2014) argue that success should be measured across multiple dimensions including any structures and processes that support CSR, the sustainability of programs and partnerships, and the economic and social impact of the activities. Given the number of measures that can be used to assess CSR, there continues to be a lack of consensus on a best practice approach.

When conducting a review measuring corporate social performance (CSP), Wood (2010) concluded that, although a positive relationship exists between CSP and financial performance, a considerable failing of CSP research is assessing the impact of business-society relationships and therefore “now it is time to shift the focus away from how CSP affects the firm, and towards how the firm’s CSP affects stakeholders and society” (p. 76). Sport has been identified as a means for contributing to positive social change (Green, 2009; Jarvie, 2003; Lee, Cornwell, & Babiak, 2012; Sherry, 2010); nonetheless, there is a dearth of research examining the social impact of a CSR initiative (Inoue & Kent, 2013). Within a CSR context, investigating the social impact of a program can help shift the focus from how programs can benefit an organization’s bottom line, to how they can benefit the stakeholders for whom they were intended.

## Social Impact

The need for measuring social impact is identified in one of the earliest conceptualizations of a corporate social performance model when Wood (1991) acknowledges that any assessment requires the consideration of the social impact (i.e., observable outcomes) of a firm's actions, programs, and policies. At the time, Wood (1991) argues that although "the concept of corporate social performance has received serious theoretical and empirical attention, . . . the concept's theoretical framework and impact have not moved significantly beyond Wartick and Cochran's (1985) articulation" (p. 692). More than 25 years later there continue to be difficulties in measuring the impact of a firm's social program.

A key issue in measuring social impact is that, similar to CSR, there remains a lack of consensus on what social impact entails. To help resolve this issue, the International Association of Impact Assessment (IAIA) provides a number of ways in which one can conceptualize social impact (see Table 1). For the purposes of this paper, the IAIA's (2017) definition of social impact assessment was utilized and is defined as "the processes of analyzing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions". While this definition of social impact applies to all of the eight types of impact identified by the IAIA, this study focused on a single specific component – health and well-being.

The definitional issues and challenges associated with CSR measurement is recognized by Inoue and Kent (2013). Building on the report of the Interorganizational Committee on Guidelines and Principles for Social Impact Assessment (ICGPSIA, 1994) and the work of Burdge (2003), Inoue and Kent (2013) describe social impact as "the impact of a given action on

Table 1

*International Association for Impact Assessment (IAIA) Types of Social Impacts (IAIA, 2017)*

<b>Type of Social Impact</b>	<b>Description</b>
People's way of life	How they live, work, play and interact with one another on a day-to-day basis
People's culture	Their shared beliefs, customs, values and language or dialect
People's community	Its cohesion, stability, character, services and facilities
People's political systems	The extent to which people are able to participate in decisions that affect their lives, the level of democratisation that is taking place, and the resources provided for this purpose
People's environment	The quality of the air and water people use; the availability and quality of the food they eat; the level of hazard or risk, dust and noise they are exposed to; the adequacy of sanitation, their physical safety, and their access to and control over resources
People's health and wellbeing	Health is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity
People's personal and property rights	Particularly whether people are economically affected, or experience personal disadvantage which may include a violation of their civil liberties
People's fears and aspirations	Their perceptions about their safety, their fears about the future of their community, and their aspirations for their future and the future of their children



both the *individuals* and the *communities* they make up” (p. 300). Therefore, an initiative can affect an individual through a change in their values or behaviours, or a community by influencing its collective members and producing cultural changes. Furthermore, the authors consider the timing of the impact as any changes that may occur *intermediately* as a direct result of the program, or *long-term* through continued engagement in the positive change of values or behaviours. Thus, when developing their integrative framework of CSR impact, Inoue and Kent (2013) consider both components: the unit of analysis and the timing of impact.

### **Theoretical Framework**

Inoue and Kent’s (2013) framework, which was derived through logic modeling (Cooksy, Gill, & Kelly, 2001), is based primarily on previous research, such as the social impact assessment of public and private programs (Burdge, 2003; ICGPSIA, 1994) and the assessment of philanthropic initiatives (Lim, 2010; McLaughlin, Levy, Noonan, & Rosqueta, 2009). The authors suggest that any impact can be categorized into one of four components within their framework: intermediate individual impact, intermediate community impact, long-term individual impact, or long-term community impact.

Inoue and Kent (2013) describe the intermediate individual impact as “the extent to which individual participants acquire desired knowledge, values, and/or behaviour due to program participation” (p. 302). The intermediate community impact is an aggregate of the intermediate individual impact on the community in which the program or initiative is implemented. The long-term individual impact is defined in the framework as “the desired state of physical, psychological and/or living conditions that individual participants would achieve by continuously engaging in the behaviour promoted in a CSR program” (p. 302). Lastly, the long-term community impact involves any cultural changes and improvements to the quality of life of

members within the community due to the long-term individual impact of an initiative. The authors explain that the long-term community impact is realized when participants of the program continue to engage in the promoted behaviour and encourage others to do so as well.

To further explain their framework, Inoue and Kent (2013) provided specific examples of the social impact of a program using a case study of the Get Fit with the Grizzlies health initiative for children offered by a team in the National Basketball Association (NBA) (Irwin et al., 2010). The intermediate individual impact was evaluated by administering a pre/post-test, which determined that the Get Fit with the Grizzlies program had positively improved students' health-related knowledge and behaviour. The intermediate community impact was evaluated by multiplying the intermediate individual impact (e.g., improved eating habits) by the number of participants in the program. Because the program had been offered over a span of five years, the intermediate community impact grew exponentially with each year the program was offered. While Inoue and Kent's (2013) research provided an excellent starting point for measuring social impact, limitations still exist. For example, the study design only allowed for the intermediate impacts to be assessed and did not incorporate follow-up assessments with the participants to measure the long-term impact. Therefore, the long-term components were only theorized and were not measured.

Inoue and Kent (2013) provided four recommendations for how sport organizations can maximize the social impact of an initiative. First, they acknowledge that because the intermediate individual impact is a measurement of change among participants resulting from the program, organizations must focus their programs on promoting behaviour that the community has the greatest need for change. This will ensure that the participants have the greatest amount of room for improvement, thereby maximizing the program's potential. Second, Inoue and Kent

(2013) reiterate that, because the intermediate community impact is an aggregate of the intermediate individual impact, the more frequent an initiative is offered, the greater the impact on the communities in which it is implemented. With regards to the long-term individual impact, Inoue and Kent (2013) recommend sport organizations provide participants of the program with support following the completion of the program. This will help to ensure that the participants continue to engage in the promoted behaviour. Finally, Inoue and Kent (2013) state that the long-term community impact will be maximized when the recommendations for the other three impacts are achieved (i.e., the program positively influences the participants, it is able to reach many people within the community, and the participants continue to engage in the promoted behaviour). The research context for this study will now be discussed.

### **Research Context**

Football Fans in Training (FFIT) is a program originating in the United Kingdom (UK) aimed at attracting men, who are at risk for chronic diseases, into living a healthier lifestyle through a sports-related medium (i.e., participation in a program in collaboration with their local professional football teams) (Gray et al., 2013). Hockey Fans in Training (Hockey FIT) aimed to have similar success as FFIT in Canada by following an adapted protocol and incorporating male fans of local ice hockey clubs into an exercise, physical activity, and healthy lifestyle program. The program was designed by researchers at a local educational institution in collaboration with FFIT and was launched in 2015 as an attempt to address the poor health of male Canadian ice hockey fans. Specifically, the program aimed to leverage middle-aged, overweight, and obese men's love for hockey to participate in the program. Two local major junior hockey organizations, who compete in the Ontario Hockey League (OHL), were approached by the

researchers and agreed to collaborate in combating the trend of increasing obesity rates and chronic disease.

The fans met weekly for 12 weeks where they participated in physical activity, healthy eating and health promotion sessions led by trained instructors and hosted in local hockey club facilities. Approximately half of the 90-minute session was allocated for class-based learning and half to the physical activity component. Topics that were covered in the class-based component included group goal-setting, Specific, Measurable, Attainable, Realistic, Timely (S.M.A.R.T) goals, getting support, stages of change, facts about physical activity, overcoming barriers, target heart rates, local resources, dietary information, and eHealth tools (see Appendix A). The physical activity component started slow, provided modifications to accommodate all fitness levels, and was focused on walking, aerobic activity, strength and muscular endurance activities, and flexibility activities. For each component, hockey drills were incorporated as much as possible. Outside of the weekly sessions, fans were asked to monitor their daily physical activity with a provided pedometer and record the number of servings of each food group they consumed. Following completion of the program, participants relied on the eHealth tools to help with maintaining their changes, emails from session instructors to provide encouragement, and a booster session held 6-months after completing the program.

While the assessment of the Hockey FIT's effectiveness has been reported elsewhere (Gill et al., 2016; Petrella et al., 2017; Muise et al., 2016), this study expanded on this work by offering a more comprehensive understanding of the program's social impact based on Inoue and Kent's (2013) framework.

## Method

### Participants

Men between the ages of 35-65 years with a BMI of at least 28 kg/m<sup>2</sup> and who cleared the Physical Activity Readiness Questionnaire were eligible to participate in the Hockey FIT program. They were recruited through the hockey team's social media, email blasts (to self-enrolled fans and season ticket holders), word of mouth, local recreational hockey leagues, informational pamphlets handed out at team games, and through local media (i.e., newspapers, magazines, radio, and TV coverage). Forty male fans were recruited from two cities: a medium-sized market (London, ON, population 366,151 in 2011) and a smaller urban centre (Sarnia, ON, population 89,555 in 2011) resulting in a total of 80 participants. Majority of the men were white ( $n = 76$ ), employed ( $n = 72$ ), married/living common-law ( $n = 73$ ), and approximately three-quarters of them had completed education greater than high school ( $n = 59$ ) (see Table 2).

### Procedure

Utilizing a collaboration of cross-sector partnerships, Hockey FIT was implemented in two cities. Following assessment of eligibility, men at each site were individually randomized (1:1) to the intervention group (Hockey FIT;  $n = 40$ ) or the comparison (wait-list control;  $n = 40$ ) group. Men in the intervention group received the Hockey FIT program, while the men randomized to the control group continued with usual daily life without any intervention (or restrictions) and received the Hockey FIT program after a three-month delay.

Table 2

*Baseline Participant Characteristics*

<b>Characteristics</b>	<b>Total</b> ( <i>N</i> = 80)	<b>Comparator</b> ( <i>n</i> = 40)	<b>Intervention</b> ( <i>n</i> = 40)
<b>Demographics</b>			
Age, mean year (SD)	48.7 (9.0)	48.4 (9.1)	49.1 (9.1)
White ethnicity, n (%)	76 (95.0%)	38 (95%)	38 (95%)
Education > high school, n (%)	59 (73.8%)	32 (80%)	27 (67.5%)
Married or common-law, n (%)	73 (91.3%)	38 (95%)	35 (87.5%)
<b>Objectively-Measured Characteristics</b>			
Weight, kg mean (SD)	116.82 (12.2)	116.97 (18.3)	116.67 (20.3)
Body Mass Index, kg/m <sup>2</sup> , mean (SD)	37.00 (6.6)	37.50 (7.0)	36.41 (6.3)
Waist Circumference, cm, mean (SD) <sup>a</sup>	121.55 (12.3)	122.58 (12.0)	120.49 (12.6)
Systolic Blood Pressure, mm Hg, mean (SD)	138.68 (15.6)	136.73 (16.4)	140.64 (14.6)
Diastolic Blood Pressure, mm Hg, mean (SD)	89.93 (11.1)	87.69 (9.3)	92.18 (12.3)
<b>Self-reported Physical Activity, Eating, and Quality of Life</b>			
Average steps/day, mean (SD) <sup>b</sup>	6671.7 (3315.9)	6483.8 (3407.7)	6859.6 (3253.8)
Healthful eating score, mean (SD) <sup>c</sup>	7.5 (2.5)	7.5 (2.3)	7.6 (2.8)
Fatty food score, mean (SD) <sup>ad</sup>	22.7 (6.7)	23.3 (6.9)	21.9 (6.6)
Self-rated health, mean (SD) <sup>e</sup>	60.8 (15.3)	62.2 (15.8)	59.5 (14.8)

*Note:* Percentages were calculated excluding missing values. Abbreviations: SD, Standard Deviation

<sup>a</sup> n=1 missing (from intervention)

<sup>b</sup> Measured over a 7-day period using Yamax Digiwalker (SW-200) pedometers

<sup>c</sup> From Starting the Conversation (lower score = more healthful eating, possible range: 0-16)

<sup>d</sup> From modified version of Dietary Instrument for Nutrition Education [DINE] (lower score = lower consumption, possible range: 8-68)

<sup>e</sup> From European Quality of Life 5 Dimensions Questionnaire – 3 Level Version (higher score = better self-rated health, possible range: 0-100)

Objective health measures (i.e., weight (kg), body mass index (kg/m<sup>2</sup>), waist circumference (cm), resting blood pressure (mm Hg)), and self-reported physical activity (steps/day), diet (healthful eating, fatty food), and quality of life (self-rated health) were measured at baseline, and follow-up assessments occurred at twelve weeks for both groups and twelve months for the intervention group. The participants' physical activity was measured using Yamax Digiwalker SW-200 pedometers and was self-reported using a 7-day paper log. The participants' healthful eating was measured using the Starting the Conversation (STC) questionnaire (Paxton, Strycker, Toobert, Ammerman, & Glasgow, 2011) and the fatty food score was measured using a modified version of the Dietary Instrument for Nutrition Education (DINE) (Roe, Strong, Whitesdie, Neil, & Mant, 1994). The self-rated health was measured using the European Quality of Life – 5 Dimensions – 3 Levels (EQ-5D-3L) visual analog scale (VAS) scoring (EuroQol Group, 1990).

Although 80 males were recruited as part of the Hockey FIT program, only the 40 who were randomized to the intervention group were invited to participate in one-on-one interviews. Of the 40 males, a total of 28 volunteered to participate in the interviews, which occurred one year after the completion of the Hockey FIT program. During the interviews, points of discussion included what changes the participants maintained after the program had been offered, whether the program had an indirect effect on those who did not participate in Hockey FIT, the strengths and weaknesses of the program, and the fans' overall experience.

The interviews were conducted at a local education institution or the hockey club's facilities and averaged 15 minutes in length. The audio from the 28 participant interviews were recorded and transcribed verbatim. The interviews were semi-structured face-to-face interviews and participants were selected using a purposeful sampling technique (i.e., fans from the intervention group who had completed the Hockey FIT program; Denzin & Lincoln, 2005; Sekaran, 2000; Silverman, 2001). Arksey and Knight (1999) believe that semi-structured interviews are "designed to obtain information about people's views, their ideas, and their experiences" (p. 96). Furthermore, Weed (2003) argued that a purposeful sampling technique can help draw knowledge from the most informed sources. All transcripts were cleaned to remove possible identifiers.

### **Qualitative Analysis**

A qualitative descriptive approach was taken and has been described as "the method of choice when straight descriptions of phenomena are desired" (Sandelowski, 2000, p 339). Sandelowski (2000) recommended qualitative description when researchers are seeking to discover the who, what, and where of events or experiences. The transcripts were analyzed through a qualitative content analysis, which is a systematic, non-obtrusive, and replicable method for examining communication and summarizing the informational content (Altheide, 1987; Berger, 2000; Hsieh & Shannon, 2005; Morgan, 1993; Sandelowski, 2000).

The author first read each transcript to become familiarized with the content. Using the IAIA (2017) definition of social impact, a list of a priori codes was then generated. The transcripts were subsequently coded for any impact the program had on the health and well-being of community members (i.e., those who were not directly part of Hockey FIT). IAIA (2017) describe the health and wellbeing component of social impact as "a state of complete physical,



mental, social and spiritual wellbeing and not merely the absence of disease or infirmity”.

Throughout the coding process, the initial list of codes was modified to ensure the best fit to the data (Sandelowski, 2000). Consistent with Sandelowski’s (2000) recommendation for qualitative content analysis, the number of participants who responded either positively or negatively to the question “Has your involvement in this program had an impact on other community members?” were counted for frequency totals. This allowed the data to be summarized numerically with descriptive statistics in a “quasi-statistical analysis style” (Miller & Crabtree, 1992, p. 18).

## **Findings**

### **Intermediate Individual Impact**

The intermediate individual impact of the Hockey FIT program was evaluated by comparing the intervention and comparator group’s health-related measures (i.e., weight, body mass index (BMI), waist circumference, blood pressure (BP), steps/day, healthful eating, fatty food, and self-rated health) after the implementation of the program (week 12). An Analysis of Covariance (ANCOVA) was conducted to examine differences between the control and intervention group on each measure at 12 weeks while controlling for their corresponding baseline value (see Table 3).

When comparing the fans who received the program to those allocated to the wait-list, the men who received Hockey FIT lost on average 3.6 kg ( $F(1, 64) = 18.05, p < 0.001, \eta^2 = .22$ ) more than the wait-list at 12 weeks. They also reduced their BMI by 1.11 kg/m<sup>2</sup> ( $F(1, 64) = 18.21, p < 0.001, \eta^2 = .22$ ), their waist circumference by 2.79 cm ( $F(1, 63) = 6.24, p = .015, \eta^2 = .09$ ), and their systolic BP by 6.65 mmHg ( $F(1, 63), p = .033, \eta^2 = .03$ ).

Table 3

*Difference Between Groups at 12 Weeks*

<b>Characteristics</b>	<b>12 Week Comparator (95% CI)</b>	<b>12 Week Intervention (95% CI)</b>	<b>Difference Between Groups (95% CI)</b>	<b>F</b>
<b>Objectively-Measured Characteristics</b>				
Weight, kg mean	115.68 (114.50- 116.83)	112.10 (110.91- 113.30)	-3.58 (-5.26, -1.89)	18.05****
Body Mass Index, kg/m <sup>2</sup> , mean	36.14 (35.78-36.51)	35.03 (34.66- 35.40)	-1.11 (-1.63, -0.59)	18.21****
Waist Circumference, cm, mean <sup>a</sup>	119.77 (118.22- 121.33)	116.98 (115.38- 118.58)	-2.79 (-5.02, -0.56)	6.24**
Systolic Blood Pressure, mm Hg, mean	134.95 (130.65- 139.26)	128.31 (124.00- 132.61)	-6.65 (-12.73, -0.56)	4.76*
Diastolic Blood Pressure, mm Hg, mean	88.08 (84.63-91.52)	83.45 (80.01- 86.89)	-4.63 (-9.50, -0.24)	3.61
<b>Self-reported Physical Activity, Eating, and Quality of Life</b>				
Average steps/day, mean <sup>b</sup>	7156.55 (6274.84- 8038.25)	10250.55 (9326.55- 11174.56)	3094.01 (1807.61- 4380.40)	23.12****

Healthful eating score, mean <sup>c</sup>	6.70 (5.97-7.45)	4.51 (3.78-5.25)	-2.19 (-3.23, -1.15)	17.73***
Fatty food score, mean <sup>ad</sup>	23.26 (21.34- 25.18)	19.79 (17.84- 21.74)	-3.47 (-6.22, -0.72)	6.36**
Self-rated health, mean <sup>e</sup>	66.76 (63.33- 70.20)	73.73 (70.25- 77.21)	6.97 (2.06- 11.87)	8.05**

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*Note:* \*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

<sup>a</sup> n=1 missing (from intervention)

<sup>b</sup> Measured over a 7-day period using Yamax Digiwalker (SW-200) pedometers

<sup>c</sup> From Starting the Conversation (lower score = more healthful eating, possible range: 0-16)

<sup>d</sup> From modified version of Dietary Instrument for Nutrition Education [DINE] (lower score = lower consumption, possible range: 8-68)

<sup>e</sup> From European Quality of Life 5 Dimensions Questionnaire – 3 Level Version (higher score = better self-rated health, possible range: 0-100)

Men in the intervention group reported, on average, 3,094 more steps/day ( $F(1,62) = 23.12, p < 0.001, \eta^2 = .27$ ) than the waitlist group, noticed improvements in their healthful eating score ( $F(1,63) = 17.73, p < 0.001, \eta^2 = .22$ ), were found to eat less fatty foods ( $F(1, 64) = 6.32, p = 0.014, \eta^2 = .09$ ), and scored higher when self-reporting their overall health ( $F(1, 64) = 8.05, p = 0.006, \eta^2 = .11$ ). These findings provide several examples of the intermediate individual impact of the Hockey FIT program.

The Hockey FIT program incorporated Inoue and Kent's (2013) suggestion for maximizing CSR intermediate individual impact when they recommend organizations "choose to promote behaviour in which members of their community have the greatest areas of need" (p. 303). This was necessary as the intermediate individual impact is a measurement in the level of behaviour change, and therefore participants needed to have room to improve if the program was to enhance this component. Hockey FIT focused on overweight and obese Canadian men, which

represents the 60% of Canadian men who are at an increased health risk due to excess weight (Statistics Canada, 2014). Furthermore, the CSR initiative specifically targeted sport fans who represent an even greater health risk than non-sport fans due to their diet, weight, and general health habits (Sweeney & Quimby, 2012). Therefore, the initiative maximized this component by focusing on members of the community with such a great need for change.

### **Intermediate Community Impact**

Inoue and Kent (2013) stated that the intermediate community impact could be evaluated using the product of the intermediate individual impact and the number of participants in the program. Due to various reasons, not all of the men who participated in the program were able to be assessed following the program's completion (e.g., due to scheduling conflicts during the assessments). Therefore, an approximation of the potential intermediate community impact can be estimated using the total number of participants that received the program (i.e., both the intervention and the waitlist groups), rather than those who attended the 12-week assessments. When examining weight-loss, given that men lost on average 3.6 kg and there were 80 participants in the program, a component of the intermediate community impact was approximately 288 kg in weight lost. The group's BMI was reduced by approximately 88.8 kg/m<sup>2</sup>, their waist circumference reduced by approximately 223.2 cm, and they noticed a decrease of approximately 532 mmHg in systolic BP. As a result of Hockey FIT, the men collectively took an additional 247,520 steps/day.

Inoue and Kent (2013) believed that the intermediate community impact is enhanced as the program is offered to more individuals within the community. Currently, Hockey FIT has been offered as a pilot program; however, it is the goal of the initiative to be implemented across the league (i.e., the OHL), umbrella organization (i.e., the CHL), and in other levels of

competition (e.g., the NHL). By continuing to offer the Hockey FIT program, the intermediate community impact will continue to increase as more participants take part in the program.

### **Long-term Individual Impact**

The purpose of Hockey FIT was to inspire changes to the men's lifestyles that would be maintained; therefore, this component was evaluated by comparing participant health-related behaviour at baseline to one year after the program had been offered. Only individuals allocated to the intervention group were assessed at 12 months and therefore a Repeated Measures Analysis of Variance (ANOVA) was conducted examining the differences within subjects for three time periods (i.e., baseline, 12 week, and 12 month) (see Table 4).

There was a significant main effect of time on the participants' waist circumference ( $F(2, 48) = 11.28, p < .001, \eta^2 = .32$ ), systolic blood pressure ( $F(2, 50) = 18.87, p < .001, \eta^2 = .43$ ), diastolic blood pressure ( $F(2, 50) = 12.85, p < .001, \eta^2 = .34$ ), steps per day ( $F(2, 48) = 26.87, p < .001, \eta^2 = .53$ ), healthful eating score ( $F(2, 54) = 34.54, p < .001, \eta^2 = .56$ ), and self-rated health ( $F(2, 54) = 9.99, p < .001, \eta^2 = .27$ ). The results indicated that there was also a significant main effect of time on the participants' weight-loss ( $F(1.52, 39.54) = 9.97, p < .001, \eta^2 = .28$ ) and fatty food score ( $F(1.51, 40.87) = 4.36, p = .028, \eta^2 = .14$ ); however, sphericity could not be assumed and therefore the Greenhouse-Geisser correction was applied. There was no significant main effect of time on the participants body mass index ( $F(1.06, 23.33) = 0.64, p = .442, \eta^2 = .03$ ). Post-hoc analyses were conducted for each significant main effect in order to compare differences across the three time points. When comparing the baseline values to 12 months, the post-hoc analysis showed a reduction in weight of 4.13 kg ( $p = .002$ ), waist circumference of 3.84 cm ( $p < .001$ ), systolic blood pressure of 18.04 mmHg ( $p < .001$ ), and diastolic blood pressure of 11.65 mmHg ( $p < .001$ ).

Table 4

*Intervention Group Changes from Baseline to 12 Weeks and 12 Months*

<b>Characteristics</b>	<b>12 Month (SD)</b>	<b>Change at 12 Weeks Compared to Baseline (95% CI)</b>	<b>Change at 12 Months Compared to 12 Weeks (95% CI)</b>	<b>Change at 12 Months Compared to Baseline (95% CI)</b>	<b>F</b>
<b>Objectively-Measured Characteristics</b>					
Weight, kg mean	115.15 (24.02)	-4.53 (-6.08, - 2.99)***	0.40 (-3.09, 2.29)	-4.13 (-6.66, -1.61)**	9.97***
Body Mass Index, kg/m <sup>2</sup> , mean	35.21 (7.50)	-1.09 (-1.70, - 0.49)***	-0.13 (-2.85, 3.11)	-1.22 (-4.24, 1.80)	0.64
Waist Circumference, cm, mean <sup>a</sup>	116.80 (15.34)	-4.1 (-5.84, -2.36)***	0.26 (-2.38, 1.86)	-3.84 (-5.95, -1.74)***	11.28***
Systolic Blood Pressure, mm Hg, mean	121.71 (10.93)	-12.67 (-18.67, -6.78)***	5.37 (-0.30, 11.03)	-18.04 (- 24.94, - 11.14)***	18.87***
Diastolic Blood Pressure, mm Hg, mean	80.48 (9.01)	-7.48 (-12.60, - 2.36)**	-4.173 (0.183, 8.163)*	-11.65 (- 16.84, - 6.47)***	12.85***
<b>Self-reported Physical Activity, Eating, and Quality of Life</b>					

Average	8137.27	3836.99	-2798.76	1038.24 (-	26.87***
steps/day, mean <sup>b</sup>	(3126.26)	(2802.55,	(-3977.08,	96.51,	
		4871.44)***	-1620.42)***	2172.98)	
Healthful eating	5.00	-3.32 (-4.27, -	0.86	-2.46	34.54***
score, mean <sup>c</sup>	(2.51)	2.38)***	(-1.52, -0.19)**	(-3.38,	
				-1.55)***	
Fatty food score,	19.05	-2.54 (-4.53,	0.36 (-1.66,	-2.18	4.36**
mean <sup>d</sup>	(5.72)	-0.54)**	0.95)	(-4.47, 0.11)	
Self-rated health,	64.48	11.89 (7.52,	-8.3 (2.33,	3.59 (-2.69,	9.99***
mean <sup>e</sup>	(19.68)	16.27)***	14.27)**	9.86)	

Note: \*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

<sup>a</sup> n=1 missing (from intervention)

<sup>b</sup> Measured over a 7-day period using Yamax Digiwalker (SW-200) pedometers

<sup>c</sup> From Starting the Conversation (lower score = more healthful eating, possible range: 0-16)

<sup>d</sup> From modified version of Dietary Instrument for Nutrition Education [DINE] (lower score = lower consumption, possible range: 8-68)

<sup>e</sup> From European Quality of Life 5 Dimensions Questionnaire – 3 Level Version (higher score = better self-rated health, possible range: 0-100)

The post-hoc analysis also showed improvements (i.e., a lower score) in the participants' healthful eating by 2.46 ( $p < .001$ ) at 12 months when compared to baseline. However, there were no statistically significant differences for steps per day ( $p = .071$ ), fatty foods score ( $p = 0.061$ ), and self-rated health ( $p = .251$ ). From 12 weeks to 12 months there was a statistically significant improvement in the participants' diastolic blood pressure of 4.17 mmHg ( $p = .041$ ) and an increase (i.e., poorer) in their healthful eating score by 0.86 at 12 months ( $p = .013$ ).

When comparing the baseline values to 12 weeks, the post-hoc analysis showed a reduction (i.e., improvement) in fatty food score by 2.54 ( $p = .015$ ), an increase in steps per day

of 3837 ( $p < .001$ ), and a higher self-rated health 11.89 ( $p < .001$ ). Therefore, we can conclude that the participants were successful in maintaining or continuing to improve their weight-loss, waist circumference, systolic blood pressure, and diastolic blood pressure one year after the program had been offered. Although the participants made improvements at 12 weeks to their steps per day, fatty food score, and self-reported health, they were unable to maintain these changes at 12 months. At 12 months the participants regressed slightly in their healthful eating scores; however, the participants still reported statistically significant improvements over their baseline values.

In their recommendations for enhancing CSR impact, Inoue and Kent (2013) stated that to maximize the long-term individual impact, the implementing organization must provide support for the participants after the conclusion of program. In the case of Hockey FIT, the participants were encouraged to use free eHealth tools, such as a smartphone app for sustaining physical activity, and a private online social network to remain in contact with their session instructors and fellow participants. All participants received six standardized emails in the 40 weeks following the program's delivery to encourage them to maintain their positive changes. Furthermore, Hockey FIT offered a 9-month booster session, which included an overview of concepts that were discussed during the 12-week program and a brief physical activity component, to continue to support the men.

### **Long-term Community Impact**

The long-term community impact entails the “improved quality of life in the community due to the combined effects of the long-term individual impact of a CSR program” (Inoue & Kent, 2013, p.302). This component was conceptualized through qualitative research examining the potential long-term community impact (i.e., as perceived by the program participants) the



program had on those who were not participants of the program (e.g., friends, family members, and coworkers). The findings indicated that 68% (n = 19) of the participants reported the program had a positive impact on other members of the community. Participants who had responded that the program did not influence other community members reported that others were either generally unaware of their involvement or that the benefits of the program occurred on a more personal level. Of the participants who responded positively, many reported that the healthy habits taught in the Hockey FIT program extended to the participants' social network and had an indirect impact on other community members. Themes that emerged following analysis include the following types of potential impact on community members: (a) family bonding time, (b) dietary changes, (c) changes in physical activity levels, and (d) awareness of health programs and components.

**Family bonding time.** Participants reported spending more time with their families, which led to more bonding time through engaging in physical activity with their children and spouses. For example, one of the participants signed up for a running class with his son and now views this positive change as a way of engaging in family time while also helping to lose weight:

My boy wants to start running more, so we're signed up for a running course. I know how to run already, but we're doing that together so just some of those things, [...] will help with my goal of getting down, eventually, to what I want to [weigh] but it's good.

Another participant found that the changes realized through Hockey FIT has allowed him to participate in new activities with his family: "My wife and I would go for walks when we could, although she wasn't part of the program; it helped her because of my choice and what I was doing." Other participants stated that the support they received from their families during the program has led them to exercise together, including walking to local hockey games:

My family, my wife and kids, were super supportive of it and then we would do stuff as a family, we might go for a bike ride, whether we go for a walk to the park, it actually got us all active (Program Participant).

**Community dietary changes.** Part of the impact that the Hockey FIT program had on the community came in the positive dietary changes that occurred for those who were not part of the program, such as family members. One participant reflected on how his changes in grocery shopping behaviour can impact his children: “I was trying to eat better and [when I would] go to get groceries, I’d look at the stuff and make a healthier choice, my family was supportive of that and wanted to eat what I was eating.” Another participant explained that, after each session, he would discuss the recommended diet changes with his wife and they would make the positive changes together. For other men, the fact that they had joined a program such as Hockey FIT helped motivate their spouses to join their own weight-loss program: “Oh yea, my wife definitely knew I was in [Hockey FIT] and she supported me, she’s actually joined Weight Watchers because of it and so [Hockey FIT] has helped us that way” (Program Participant). The majority of men reported being optimistic that they will be able to maintain the positive changes for their family in the future, including one participant who recalled: “I think [Hockey FIT has impacted] my family for sure, we changed a lot of our eating habits over the twelve months and going forward I’m sure it will continue. Definitely.”

**Changes in physical activity levels of others.** Outside of the positive dietary changes, the men reported positively influencing the physical activity of other community members. For instance, some of the men reported that they are now competing with family members and coworkers to be more active, including one participant who stated: “You know, not only being competitive with my wife, but a couple of the neighbors have got [pedometers] too that are

golfers, so that awareness I think has only been encouraged by the Hockey Fit program.”

Participants also reported that their friends were much more aware of their physical activity and have since begun monitoring their daily activity using equipment (e.g., FitBit): “I’ve told my friends what I’ve been doing [...] I made them cognizant of how it has impacted or affected me and how it has worked, some of them bought Fitbits or step counters” (Program Participant).

**Awareness of health programs and components.** Overall, the participants recalled discussing with others the Hockey FIT course content and how it likely helped improve the awareness of health programs and educated other members of the community on the various components. Participants reported telling others about Hockey FIT and the unique aspects of the program that motivated them to attend:

Well the people that I go to the hockey game with of course I told them about the Hockey FIT group, and so at the hockey games they would ask me about it and how it was going and things like that, so there was some support that way. They were certainly interested in what we did that week and obviously when we met (the players), they were interested in that and when we went to the dressing room they were interested in that, so they were interested because they asked me about it and it also kept it fresh in my mind (Program Participant).

The participants commented on how other community members noticed the positive changes they were making and were surprised to hear that programs such as Hockey FIT existed. One participant indicated that the positive changes he had made helped motivate his friend: “(Hockey FIT) inspired my friend to work harder to lose weight, it’s an ongoing issue for him, he sees me changing you know with what I’m doing, I think it helps him.” For others, the changes were

enough to convince previous skeptics about joining a health promotion program like Hockey FIT in the future:

Family is always awesome, family and friends are really good about it, like they noticed, even the ones who didn't know I was in the program, so it was cool and then to get the word out about a program like this, some are like, really? There's things like this out there? I'm like hopefully there is again in the future (Program Participant).

### **Discussion**

The study of social programs implemented within sport has been approached from many different angles including the motives, antecedents, stakeholder perceptions, and organizational benefits (e.g., Inoue et al., 2011; Walker & Kent, 2009); however the critical perspective that examines the social impact of these programs has been largely ignored (Du et al., 2008; Margolis & Walsh, 2003). Previous research that has examined the outcomes of programs has traditionally been represented in dollars, rather than the true impact on society (Walker et al., 2017). Consequently, researchers and industry leaders now focus on how initiatives can benefit the constituents for whom they were intended (General Mills, 2015; Inoue & Kent, 2013; Walker et al., 2017; Walmart, 2016). The positive health-related results from this study contradicts previous research that has suggested there is minimal evidence of any substantial contributions from social programs (see Coalter, 2010 and Levermore, 2011). Through a collective approach with several partners, this research demonstrates the ability for sport organizations to contribute to meaningful social change and the positive role that they play within the community. Furthermore, while the initiative involved in the current study was implemented within a sport context, the implications from the current findings are relevant and may be applied to other industries as well.

The current study sought to examine the social impact of the Hockey FIT initiative using Inoue and Kent's (2013) CSR Social Impact framework. The findings suggest that Hockey FIT had a significant, positive social contribution by influencing the health of sport fans and their community. Specifically, the intermediate impact was noticed as improvements in weight-loss, BMI, waist circumference, systolic blood pressure, steps per day, healthful eating, self-reported overall health, and fatty food scores among the intervention group compared to the wait-list group at 12 weeks. Furthermore, the long-term individual impact of Hockey FIT was realized as participants maintained or continued to improve their weight-loss, waist circumference, healthful eating, systolic blood pressure, and diastolic blood pressure at 12 months after the program had been offered. Inoue and Kent (2013) indicated that the long-term community impact is a by-product of the framework's three other components and therefore is maximized when the program results in a change in behaviour among participants (intermediate individual impact), reaches many people within the community (intermediate community impact), and participants of the program continue to engage in the promoted behaviour (long-term individual impact). Through qualitative research with the program participants, it was determined that Hockey FIT had a positive social impact on the fans and potentially other members of the community (i.e., those who did not directly participate in Hockey FIT) one year after the program had concluded. Specifically, the participants reported that the program increased family bonding time and improved the diet, daily physical activity, and general awareness of health promotion programs and components for friends, family members, and coworkers. This positive long-term impact on the community was consistent with Inoue and Kent's (2013) expectations of a successful social initiative.

The majority of participants believed that Hockey FIT had a positive, indirect impact on their community. One of these impacts was that the men were spending more time with their children and spouses by participating in family activities. The participants reported that, previously, they were either unable to (due to their weight) or had not thought of engaging in these activities. This was viewed positively by the participants and demonstrates the potential Hockey FIT has in influencing the happiness and well-being of other family members.

An additional positive outcome was the dietary changes that occurred for many of the participants' family members. For the participants who were responsible for their family's grocery shopping, they reported making healthier choices by deliberately buying foods that they thought would have a beneficial impact on their families. Other participants, who were responsible for doing most of the family's cooking, indicated they were making healthier meals for their families. For some, it was simply discussing with their spouse the healthy concepts they learned that week and making a conscious decision to eat healthier together. By educating the participants on healthy eating, Hockey FIT has the potential to influence other family members and motivate other community members to join their own weight-loss and healthy eating program. If a social program is able to effectively influence the health of its participants, then it can be an important step towards preventing future disease and ultimately improving the quality of life within a community.

One of the main components of Hockey FIT was the emphasis on increasing the fans' physical activity; however, the program was also able to show the potential for improving the physical activity of other community members. The findings suggest that due to the fans' personal improvements in physical activity and awareness, many of their friends and coworkers are now cognizant of their physical activity levels and are making their own improvements. By

purchasing pedometers for themselves, other community members who were not directly involved in Hockey FIT were now competing with themselves and others to improve their daily physical activity. Additionally, the improvements in physical activity impacted community members in a much wider geographical scope. For instance, the participants reported competing for the higher daily step count with family members across the country. The previously mentioned examples demonstrate how Hockey FIT has the potential to have a positive long-term community impact due to the participants encouraging and promoting positive health behaviour to others.

Hockey FIT may also be able to impact other community members in terms of awareness of health promotion programs and its components. Participants reported conveying information to friends and coworkers about the program, what they learned, and discussed their own personal success. This provided motivation for others who were attempting to lose weight and helped to educate community members on both the availability of health promotion programs, and the concepts that were being discussed. The long-term value for a community may very well lie in the distribution of important information to others in need and the ability for Hockey FIT to better educate a historically difficult demographic to reach (i.e., other male sport fans) about healthy living.

Examining the social impact of an initiative using Inoue and Kent's (2013) framework offers several contributions. First, it responds to the recent calls for research to focus on the impact these programs are having on recipients and society at large, rather than further attempting to understand organizational benefits. Second, this study represents the first time that Inoue and Kent's (2013) CSR impact framework has been applied empirically in its entirety. Although the authors conceptualized the framework using the Get Fit with the Grizzlies example,

they were unable to empirically incorporate all four components of the framework due to limitations within the study's design. Third, by measuring the impact that a program is having on its recipients, organizations can better communicate their social efforts to stakeholders and the positive effect they are having within the community by demonstrating who is benefiting, and to what degree. If it is determined that the program is ineffective in achieving social change, the assessment can provide insights into what must be improved. This departs from the standard practice of organizations typically only stating *that* they are engaging in CSR. Improvements on how CSR is communicated can better allow organizations to realize the potential organizational benefits and may help to convince skeptics of their motives behind such efforts (Du et al., 2010). By clearly stating the outcomes of these programs and their ability to produce significant change, the implementing organization can demonstrate the sincerity of a program and convince consumers that they are not a mere marketing ploy. This may help to generate favorable stakeholder attitudes, improve consumer purchasing behaviour, encourage employment seeking, attract potential investors, and avoid potential negative business repercussions (Du et al., 2010; Inoue, Funk, & McDonald, 2017; Yoon, Gürhan-Canli, & Schwarz, 2006). From a theoretical perspective, the current findings suggest that the community impact of a CSR program is much more than "an aggregate of the individual impact" (Inoue & Kent, 2013, p. 302) as the current study demonstrated the potential for a spill-over effect to other members of the community.

This research addresses the need identified by academics and industry leaders for more qualitative research of a social program as it currently represents only 11% of the research (Aguinas & Glavas, 2012). This type of research is important to better understand the potential benefits and consequences that are a result of programs, and to determine whether they are having the intended desirable effect (Walters & Anagnostopoulos, 2012). In the current example,



Hockey FIT attempted to improve the health of overweight male hockey fans; however, it may also be able to have a positive benefit on other members of the community (i.e., coworkers, children, spouses). Therefore, it is possible that social programming is positively impacting society in ways that were initially not intended and, therefore, further qualitative research is necessary to better understand this possibility.

Walker, Hills, and Heere (2015) believed that research examining the long-term social benefits associated with an initiative is necessary. The current study addressed this concern by examining social outcomes in a community one year after the program concluded. By following-up with participants after a program had been offered, researchers are able to understand whether any outcomes have been sustained by the participants and communities in which they were implemented. In the case of Hockey FIT, these sustained outcomes had a positive long-term community impact with regards to the health and well-being of the fans and their communities.

Social programs have evolved from philanthropy to a strategic business decision that is capable of creating social and organizational value. As they evolved, the strategic partnership between corporations and communities has progressed from cash donations to programs that are based on the communities' needs (Zappal & Cronin, 2003). Given the prevalence of obesity and the number of overweight male sport fans in Canada who are at increased health risk, Hockey FIT continues to be a necessary community intervention. Whether an organization is motivated to engage in social programs for normative or instrumental reasons, ought to be considered secondary to whether they are having a beneficial social impact.

### **Limitations and Future Research**

Although the current study focused on a single component of IAIA's social impact (i.e., health and well-being), the results may be generalizable to programs aimed at other social needs

(e.g., environmental, indigenous populations, reduced socioeconomic status). Future research is necessary to understand the generalizability of these findings in programs that target social behaviours aside from health and well-being and in other contexts (e.g., other sports and levels of competition). Finally, while this is an important first step, additional research is necessary that examines the long-term community social impact of an initiative that promotes social change within both a sport and non-sport context.

While using Hockey FIT as a research context provides several advantages, certain limitations still exist. One such limitation is the fact that the 12-month participant assessments were only compared within group (i.e., 12-month to 12-week to baseline). Ideally, the intervention group would be compared to the control group at 12-months; however, this was not possible because the control group was put on a waitlist and therefore received the intervention after their 12-week testing. A second limitation is that the long-term impact was conceptualized as 12-month data. Additional longitudinal data collected past the 12-month assessments would be valuable in evaluating a program's long-term social impact.

The qualitative sample size poses a possible limitation; however, Cousins and Whitmore (1998) believed programs are optimized with a smaller number of participants to enable a more intensive and personal experience. Moreover, the interviews with Hockey FIT participants were conducted during the 12-month assessments for both sites, therefore the perspective of anyone who did not attend the 12-month assessments was not explored. Ideally the perspectives of every participant who received Hockey FIT would be explored; however, the researchers are confident that saturation was achieved based on the reoccurring themes that emerged.

An additional limitation is that it was the program's participants who were asked about the influence of Hockey FIT on their friends, family, and co-workers, and not the community

members directly. This perspective still allowed valuable insights to be gained (i.e., the participants perceived program influence on others) and explored the potential for community impact, but it would be of benefit to interview these community members directly. This is a first step in the investigation of social impact and future research should be designed in such a way that the community members' voice can be heard to provide a more comprehensive evaluation of the social impact of a program and to substantiate the program participants' claims. These insights may better allow us to understand what facilitates or impedes community members from engaging in the socially desirable behaviour.

### **Conclusion**

Previously, the measurement of social programs has focused on how they can benefit the organizations directly involved (Bhattacharya et al., 2009; Burke & Logsdon, 1996; Hanke & Stark, 2009; Inoue et al., 2011; Pelosa, 2006, 2009; Walker & Kent, 2013; Weber, 2008). Only recently have researchers attempted to measure the benefit these initiatives can have on the community and the constituents for whom they were intended (Inoue & Kent, 2013; Irwin et al., 2010; Schulenkorf, 2012; Walker et al., 2015). By changing the focus of measurement to the social impact of initiatives, we can examine how these programs are benefiting the intended constituents and further understand the (un)intended benefits that many of these programs are having on society. In the case of Hockey FIT, the program was designed to improve the health of overweight and obese male hockey fans and the findings from the current study suggest the program's benefits extended to the communities in which it was implemented.

Sport has been identified as having the capability of transforming the lives of individuals (Hartmann & Kwauk, 2011). The case of Hockey FIT reflects how this may not be limited to direct participation in sport, but by spectator sport organizations offering initiatives aimed at

addressing various social needs. By examining the impact of programs, we can better understand the capacities of sport (Lee et al., 2012) and how programs can contribute to meaningful change (Green, 2005, 2009; Jarvie, 2003; Sherry, 2010; Thibault, 2009). Specifically, by exploring the social impact we can determine whether certain social initiatives are having an even greater benefit on society than previously understood.

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**Study 3:**  
**Stakeholder Perceptions of a Corporate Community Involvement**  
**Health Initiative for Male Sport Fans**

Sport has been positioned as a vehicle for social change and is often considered an advantageous industry for implementing outreach, intervention, and prevention programs that target various social, physical, and mental outcomes (Babiak & Wolfe, 2006, 2009; Edwards & Rowe, n.d.). One lens through which this has been viewed is corporate social responsibility (CSR), whereby sport organizations offer such programs as corporate community involvement (CCI) initiatives that have the potential to create shared value. However, CCI programs are often difficult to design, with many different aspects that may influence the quality of a program and its ability to achieve its intended goals (Lund-Thomsen & Reed, 2009; Vurro, Dacin, & Perrini, 2010). Additionally, managers face significant obstacles when implementing CCI programs, such as establishing necessary partnerships (Seitanidi & Crane, 2009), insufficient funding (Jenkins & James, 2012), and other resource constraints (e.g., human, knowledge, and expertise) (Walters & Tacon, 2011). Consequently, researchers are calling for a more strategic approach and have encouraged engaging in cross-sector partnerships to overcome these obstacles and address important social needs within the community (Breitbarth, Hovemann, & Walzel, 2011; Hess, Rogovsky, & Dunfee, 2002; Selsky & Parker, 2005).

Today, most professional sport organizations offer some form of CCI programing; however, there is minimal evidence of social impact (Walker, Hills, & Heere, 2017). This is particularly problematic because these programs are often viewed as mere marketing ploys used to generate organizational returns (Walker, Hills, & Heere, 2017). Furthermore, while CCI is common within professional sport leagues (Babiak & Wolfe, 2006; 2009), many of the social

needs these programs aim to address are present, and even exacerbated, in smaller communities where professional teams do not exist (e.g., rural community health issues). Additionally, there has been limited research that has examined the use of CCI within an amateur sport context, where organizations are more prevalent but face intensified resource constraints. Therefore, if sport organizations wish to create shared value and truly make a significant, positive contribution to society, whereby they reach the greatest number of people, evaluation of the design and implementation of amateur CCI programs and its partnerships is warranted. This type of process evaluation is the focus of the current study and can help to ensure that stakeholder needs are met, resources are allocated strategically, and insights into how the program is managed are gained (Kihl, Babiak, & Tainsky, 2014; Seitanidi & Crane, 2009; Zappalà & Arli, 2010).

To date, the evaluation of CCI programs has received minimal attention and is a process that tends to be overlooked both in the literature and in practice (Kihl et al., 2014). The few assessments of CCI programs that have occurred have tended to focus on program outcomes (e.g., shareholder value, consumers' perspectives, corporate financial performance, etc.), and there is a dearth of research that has evaluated the design and implementation processes of CCI programs and the various stakeholders' perspectives. By evaluating an organization's structures and strategies for providing resources to the community, managers can better understand how to address social needs and instil positive social change. Furthermore, evaluation can be used to optimize current programs, tailoring them to the specific needs of stakeholders, and influencing the development of future CCI initiatives (Green, 2009; Sherry, 2010; Thibault, 2009).

Chen (2015) recommends the use of theory-driven evaluation, where the stakeholders' perspectives and their various needs can be taken into consideration, to provide insight into how the program is managed, thus identifying any shortcomings in the process and ensuring resources



are being used in a strategic manner (Kihl et al., 2014; Seitanidi & Crane, 2009; Zappala & Arli, 2010). One such form of theory-driven evaluation is program theory, which has been defined as “a set of explicit or implicit assumptions by stakeholders about what action is required to solve a social, educational or health problem and why the problem will respond to this action.” (Chen, 2015, p. 66). Chen (2015) believes that program theory can provide insights into *how* and *why* a program works, which is necessary for managers when designing or improving future programs. By using Chen’s (2015) program theory to evaluate a CCI initiative, managers can understand what components are critical to the program, what type of organization or partnerships are required to design and implement the program, who is best qualified to deliver the sessions, how session instructors are trained, and how the target population is identified and reached. Research conducted by Kihl et al. (2014) suggests that Chen’s (2005) program theory is one means in which a CCI program can be assessed; however, the authors call for further research to understand the generalizability of their findings.

There is currently a dearth of research that has utilized program theory to evaluate a CCI program, specifically within a non-professional sport league setting. The current study does not aim to evaluate the outcomes of a CCI program (see Study 2), but rather to take a stakeholder approach in understanding the design and implementation of a program aimed at improving the health and well-being of sport fans and their communities. This approach can ensure that stakeholder needs are met, resources are being used in a strategic manner, shortcomings in the design and implementation are identified, and recommendations for CCI programs implemented within an amateur sport setting can be provided. Therefore, the purpose of this study was to evaluate the design and implementation of an amateur sport CCI health promotion program from the perspective of its stakeholders and was guided using Chen’s (2015) program theory.

## Research Context

Globally, more than 1.9 billion adults are categorized as overweight and approximately 650 million as obese (World Health Organization, 2018). In Canada, this problem is even more prevalent among men (62%) compared to women (46%), and almost 70% of middle-aged (45-64 years) men are overweight or obese (Chassé & Fergusson, 2017). Compounding this problem is the fact that sport fans, who tend to be male, often weigh more, eat higher fat foods, and have worse general health habits than non-sport fans (Sweeney & Quimby, 2012). Although weight-loss programs can help combat obesity rates and reduce healthcare spending, men are typically reluctant to join such programs (Gavarkovs, Burke, & Petrella, 2016; Pagoto et al., 2012) as some see them as a threat to their masculinity (Bunn, Wyke, Gray, Maclean, & Hunt, 2016; de Visser & McDonnell, 2013). Prior research has found that weight-loss programs that are based in a sport context are more successful in attracting men and helping them to improve their health (Bottorff et al., 2015; Gray et al., 2013; Hunt et al., 2014).

A key component of the Canadian culture is the sport of ice hockey with two-thirds of the adult population following the game and 24% saying they love the sport and consider themselves to be huge fans (The Environics Institute, 2012). Despite such a large number of hockey fans, only 4% of Canadians aged 15 and older regularly participate (CBC, 2013). Managers seeking to reduce sedentary behaviour and improve participation in sport must take into consideration the gender differences that exist in motivation for engaging in sport (Kilpatrick, Hebert, & Bartholomew, 2005). Men typically report higher levels of motivation than women for activities that include challenge, competition, social recognition, and strength and endurance, with the largest effect size for competition (Kilpatrick et al., 2005). By incorporating gender-specific

components into health intervention programs, managers can improve their engagement with the target population.

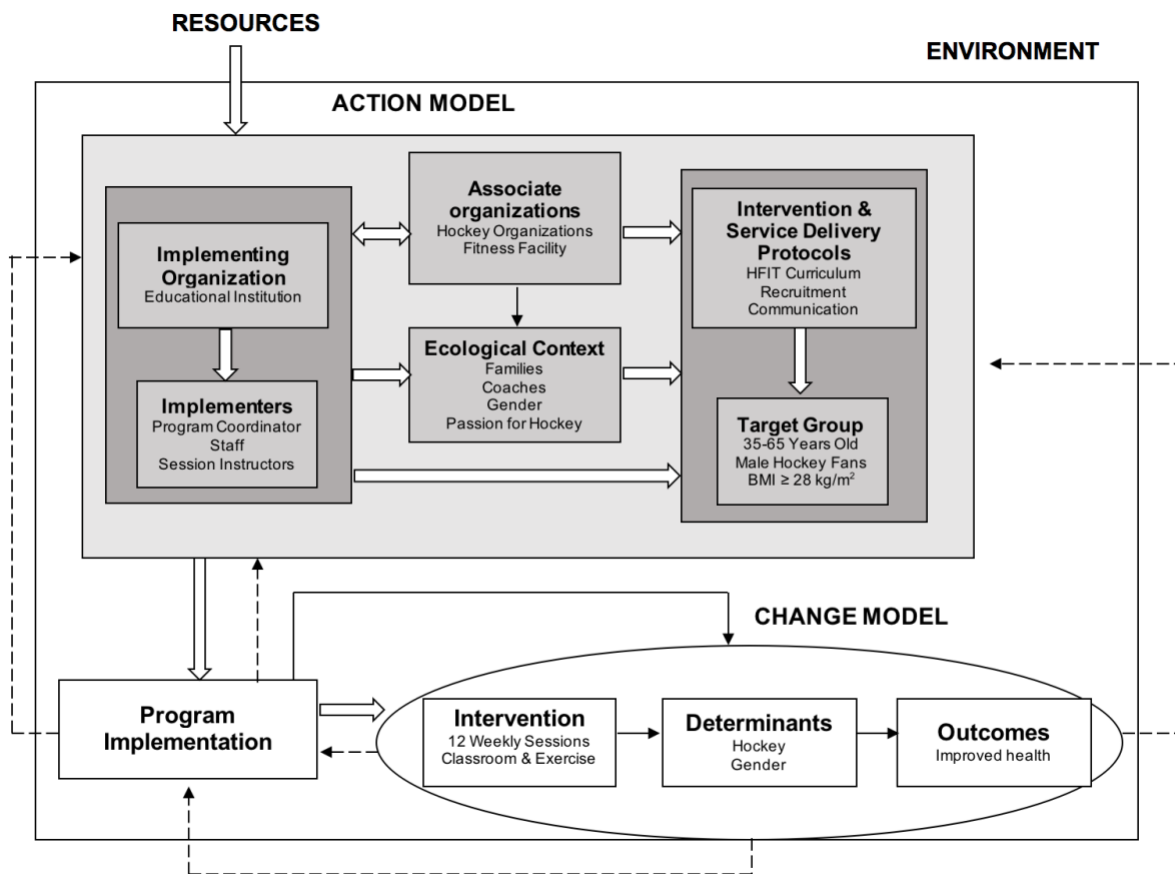
Hockey Fans in Training (Hockey FIT), which is the focus of this study, is an example of a CCI initiative that was created as a weight-loss and healthy living program designed specifically for overweight or obese male ice hockey fans and was delivered through two local Major Junior (i.e., amateur) ice hockey organizations over a 12-week period. The program's participants (i.e., hockey fans) were recruited to participate through the hockey team's social media, email blasts (to self-enrolled fans and season ticket holders), word-of-mouth, local recreational hockey leagues, informational pamphlets handed out at team games, and local media (i.e., newspapers, magazines, radio, and TV coverage). Hockey FIT was modelled after a football (soccer) program called Football Fans in Training, which was originally implemented within the United Kingdom (Gray et al., 2013). The weekly sessions were hosted at the hockey organizations' facilities or an affiliated local fitness organization and consisted of a healthy living educational component and a physical activity component that incorporated hockey-related drills. The Major Junior hockey organizations compete in Canada's top-tiered amateur hockey league (i.e., the Canadian Hockey League), which consists of 60 teams and vary in average attendance (1,420 – 13,738 fans) (Ontario Hockey League, 2012; Slawson, 2016). The program involved a collaboration of cross-sector partners, including the educational institution engaged in this research project, a non-profit charity organization that provided funding support, a for-profit fitness organization that provided access to their facilities, and two amateur sport organizations. Following the completion of the 12-week program, participants were expected to continue their exercise and healthy eating regimen on their own accord.

## **Theoretical Framework**

Program theory evaluation is a framework that allows evaluators to gain insights from the appropriate stakeholders and to better understand how and why an intervention program works (Chen, 2015; Coryn, Noakes, Westine, & Schröter, 2011; Weiss, 1998). There are several advantages of using program theory evaluation. First, program theory takes a holistic approach and allows evaluators to understand how a program is implemented, and the various mechanisms that influence it, to explain how and why a program works. Second, it is useful in optimizing a program by evaluating the program's structure, implementation procedures, and causal processes. Third, it is able to take into account the program's stakeholder views and interests, an important component of any evaluation (Fetterman, Kaftarian, & Wandersman, 2014; Patton, 2011). Fourth, program theory allows for flexibility into the most appropriate research methods for a holistic evaluation and is not confined to a single approach. Fifth, the contingency approach to program theory evaluation ensures that any component of the program could be evaluated individually and within the appropriate context. Lastly, it includes a feedback loop that can be used to improve the program's design and delivery.

Chen's (2015) program theory can be useful when assessing a CCI program as it seeks to evaluate whether the program that is implemented is congruent with the intended program (Kihl et al., 2014). A component of Chen's (2015) program theory is the action model, which is "a systematic plan for arranging staff, resources, settings, and support organizations in order to reach a target population and deliver intervention services" (Chen, 2015, p.74). There are six components of the action model: the implementing organization, program implementers, associate organizations or community partners, the program's context or environment, the target population, and the intervention and service delivery protocol (refer to Figure 1).

Figure 1. Program theory applied to Hockey FIT (adapted from Chen, 2015)



The implementing organization is responsible for coordinating activities, allocating resources and recruiting, training, and supervising the program's implementers. Chen (2015) states that capacity building must often occur within the implementing organization, which typically consists of involving subject matter experts or consultants to help design and implement a program, or through training and the transferring of technologies. The program implementers are the people who are responsible for delivering the program to the target group. Several attributes can impact the quality of an intervention program including the implementers' competency, qualifications, enthusiasm, and commitment. Successful intervention programs have a strategy in place for monitoring the implementers' performance and providing feedback,

have clear lines of communication between the implementing organization and implementers, and ensure that the implementers have received appropriate training.

Typically, programs require the cooperation of associate organizations or community partners to deliver the program to its intended target group. Therefore, it is important that a program has strategies in place for establishing and maintaining relationships with these partners, along with a clear understanding of each partner's roles, responsibilities, and potential outcomes from the program. The ecological context is explained as the portion of the environment with which the program interacts. This includes micro-level contextual support through any psychological, social, and material supports that allow participants to enroll and continue within an intervention program and often include support from the target group's immediate social units (e.g., family, friends, co-workers). The macro-level contextual support includes any community norms, cultures, political and economic processes that are necessary for a program to succeed. Chen (2015) refers to a program that can build the capacity of an implementing organization, while simultaneously establishing partnerships with community partners, ensuring contextual support, and obtaining necessary resources as a multi-level intervention program. Although it may be more difficult to implement a multi-level intervention program, such programs are capable of attaining goals for the program's participants as well as the implementing community.

The target population of an intervention program is the group of people for whom it is intended to serve. Clients may vary in their degree of readiness, and their mental and physical state may either facilitate or inhibit the intervention program. The intervention protocol is a curriculum that indicates what activities or content will be delivered during the program while the service delivery protocol refers to the steps taken to deliver the program. This includes how a

participant enrolls in the program (client-processing procedure), who is responsible for what (division of labor), the program's setting, and the necessary communication channels.

## **Literature Review**

### **Corporate Community Involvement (CCI)**

A particular component of CSR is corporate community involvement (CCI), which has been defined as “the way in which a company shares its resources with the communities that it impacts upon” (Uyan-Atay, 2013, p. 1). CCI can refer to a variety of supports for the community, including employee volunteer programs, charitable contributions, cause-related sponsorship and marketing, community projects, and gifts-in-kind (Uyan-Atay, 2013). Often CCI initiatives focus on children and youth, community services, education, culture and arts, and the environment (Zappal & Cronin, 2003). These activities are typically seen as an important component of an organization's CSR (Hess et al., 2002; Zappalà & Arli, 2010) and are founded in the idea that competing on both price and corporate citizenship is a more strategic approach than competing on price alone (Smith, 1994).

To date, the most common form of corporate philanthropy is cash donations (Uyan-Atay, 2013), but an increasing number of firms are starting to engage in *strategic* CCI by aligning their social programs with their core competencies and long-term strategic development (Hess et al., 2002; Zappalà & Arli, 2010). Organizations that have succeeded in strategically implementing CCI programming often have a publicly stated policy on CCI, a systematic plan in place for measuring and evaluating programming, and a strategy for communicating with stakeholders and consulting them on initiatives (Zappal & Cronin, 2003). By linking CCI programs to the organization's core competencies, corporations can take advantage of the goods or services that they produce to develop and implement social initiatives. Hess et al. (2002) believe that social

programming should ultimately match the values of the firm and help to address a specific problem or need that has been identified within the community and should be related to the organization's stakeholders.

Organizations can also implement CCI programs more strategically by engaging in cross-sector partnerships and developing inter-organizational relationships (IORs) (Hess et al., 2002; Seitanidi & Crane, 2009; Selsky & Parker, 2005). Several motives for developing IORs have been identified; however, two of the most commonly cited reasons are for reciprocity purposes and to access complementary competencies and/or resources (Huxham, 1997; Oliver, 1990). Organizations that are motivated to engage in IORs out of reciprocity do so to pursue a mutually beneficial goal with a partner. These cross-sector partnerships could include corporations working with non-profits through a variety of CCI practices and, although they may be more labor and resource intensive, they have the potential to provide more impactful CCI programming. For example, partnerships can help address the business-related needs of a corporation involved, while simultaneously addressing social needs (Porter & Kramer, 2011; Sagawa & Segal, 2000).

Previous research has found that, when developing IORs, there is often a strong reliance on networks of interpersonal relationships (Babiak, 2007). Many IORs then require interdependence of personal relationship management to be undertaken by someone who has a professional or personal connection to the partner. In these situations, the individual acts as a champion and is often required to do a significant amount of work to establish and maintain the relationship (Misener & Doherty, 2013). Additionally, organizations need to identify strategic partners and develop an understanding of their various needs and requirements before tailoring goods or services to meet those needs (Cousens, Babiak, & Bradish, 2006). This will help to



avoid structural challenges such as the partners' roles, responsibilities, and who is accountable for evaluating, managing, and measuring various outcomes.

### **The Role of Sport in Corporate Community Involvement**

The sport industry has been identified as being in an advantageous position for developing and implementing CCI programming due to its unique aspects such as passion, economics, and transparency (Babiak & Wolfe, 2006, 2009; Smith & Westerbeek, 2007). For example, rarely do other organizations instill the type of passion that fans of sport organizations possess, nor do other organizations typically receive the type of public funding for infrastructure (Cashman, 2004; Noll, 20003). The sport industry is also much more transparent than others due to the public availability of both positive and negative information (e.g., contributions to social causes, behaviour of personnel) (Armeiy, 2004). Much of the previous literature has focused on the motives of professional sport organizations and how CCI can be used as a vital means of engaging their local communities and fostering loyalty among their stakeholders (e.g., fans, local businesses, non-profit organizations, and local governments; Babiak & Wolfe, 2009; Walker & Kent, 2009). For instance, when sport organizations effectively engage with their fans through relationship marketing, consumers are more committed to their team through continued attendance at games and repeat purchasing behaviour (e.g., ticket sales and merchandise; Bee & Kahle, 2006).

Community organizations are now using sport as a “hook” for participation in various social programs and a number of non-sport organizations are partnering with sport organizations to help deliver CCI programs (Coalter, 2010; Green, 2009; Walker et al., 2017). For instance, health intervention programs based in a sport context, where the participants consider themselves to be fans of the team, have been shown to reduce dropout rates and result in higher reported

rates of satisfaction among participants than traditional programs (Bottorff et al., 2015; Robertson et al., 2014). Furthermore, socially interacting over the topic of sports, or sports talk, has been shown to be a rewarding experience, and helps to define roles and establish shared values (Kahle, 1997). This promising approach is one way in which managers can implement programs to promote health within their community, using sport as a vehicle for health promotion among males who are often an under-served population in weight-loss programs.

In these types of partnerships, a non-profit or public organization can provide a more specialized service in the program's area of focus, effectively addressing social issues, while relying on resources from a sport organization (Andrews & Entwistle, 2010; Cohen & Eimicke, 2008; Husted, 2003). Partnerships that are developed with specific knowledge and expertise in mind can help align objectives and the resulting outcome may be a more impactful partnership (Dowling, Robinson, & Washington, 2013). Heinze, Soderstrom and Zdroik (2014) believe that partnerships are most effective when sport organizations serve as enablers of the non-profit organization, rather than levying their own direction, and look for innovative ways to contribute. This approach allows the sport organization to outsource the more specialized tasks of designing and implementing a CCI program to the community or non-profit organization that is more current with the social needs and the most effective methods for addressing the issues (Cohen & Eimicke, 2008).

While many managers agree the evaluation of their CCI programs is important, only 61% of companies surveyed currently have any measures in place (Zappal & Cronin, 2003). Assessing CSR-related programs, such as CCI initiatives, can be a difficult task for both researchers and practitioners and evaluation has tended to focus on program outcomes. For example, the London Benchmarking Group uses input-output logic to examine the resources

required to benefit the community and implementing organizations (London Benchmarking Group, 2017). Breitbarth, Hovemann, and Walzel (2011) advanced the sport literature by developing a CSR Performance Scorecard. While this method provides valuable quantitative data, the authors acknowledge that qualitative research can help to substantiate any claims to stakeholders and to provide contextual information. Kihl et al. (2014) acknowledged this gap in their assessment of a professional sport organization's CCI program that aimed at promoting sport to under-served youth. This study aimed to build on this prior research by evaluating the design and implementation process of a CCI health promotion program implemented in amateur sport.

### **Method**

This study utilized a qualitative research approach through semi-structured one-on-one interviews. Interviews were selected as the most appropriate form of data collection, as Kvale (1996) states they seek to understand the "world from the subjects' point of view, to unfold the meaning of peoples' experiences, and to uncover their lived world prior to scientific explanations" (p. 1). Furthermore, Merriam (1998) found a semi-structured interview approach to be most useful when attempting to draw meaningful and descriptive information from participants.

### **Participants**

Purposeful sampling (Patton, 2002) was used whereby various stakeholders (N = 37) who took part or had a role in designing and/or delivering the Hockey FIT program were invited to participate in one-on-one interviews. The stakeholders included the Hockey FIT instructors (n = 4), program designer (n = 1), fitness facility representative (n = 1), representatives from the associated hockey organizations (n = 3), and program participants (n = 28). The current study's

participants were recruited during the Hockey FIT's final program assessments, via email, or telephone calls.

### **Procedure**

Each semi-structured interview occurred at a location deemed to be convenient to the participant (e.g., their place of work, during their Hockey FIT assessment). The interviews with the program participants averaged 15 minutes, while the interviews with the other stakeholders averaged 22 minutes. The interviews occurred after the program had concluded and followed a guide that was specifically based on the type of stakeholder being interviewed. The questions asked during the interviews with the instructors, program designer, fitness facility representative, and hockey organization representatives focused on the design of the initiative, communication strategies among delivery agents, how effectiveness was measured, areas for improvement, whether the program that was carried out was congruent with the initially planned program, and their motives for participating. The questions asked during the interviews with the program participants focused on the components of Hockey FIT that either facilitated or impeded their ability to improve their physical activity levels and healthy eating diet, factors that impacted their adherence to a healthier lifestyle, why they decided to join Hockey FIT, what motivated them to continue to attend, what aspects of the program they found effective, and what areas required refinement. All transcripts were transcribed verbatim and cleaned to remove possible identifiers and, with the exception of the program participants, each transcript was returned to the stakeholders for member checking (Lincoln & Guba, 1985).

### **Data Analysis**

The data analysis followed a hybrid process of deductive and inductive thematic analysis (Fereday & Muir-Cochrane, 2006). This method allows for both a deductive approach whereby a

priori codes are identified (Crabtree & Miller, 1999) and a data-driven inductive approach (Boyatzis, 1998). The value of this methodology lies in its ability to identify themes that are theoretically informed (i.e., deductive analysis) while also allowing for themes to openly emerge from the data during the inductive analysis.

First, when reading the transcripts, initial memos were made to highlight any similarities and contrasting opinions among stakeholders. Using an inductive coding approach, the authors then followed a line-by-line open coding procedure to “expose the thoughts, ideas, and meanings contained therein” (Strauss & Corbin, 1998, p. 102). Themes and quotes that were related to the program’s design and implementation were then identified before axial coding was applied and any similar codes were grouped together. Next, a list of codes was deductively (Corbin & Strauss, 2008) created from the program theory, inter-organizational relationships, and CCI literature. The transcripts were then openly coded with this list to better understand how the data did or did not support Chen’s (2015) action model and examples were sought that answered questions related to the evaluation of Hockey FIT. Each interview was coded by the author and co-author to ensure reliability and any disagreements were discussed and resolved. Validity of the data was maintained through the use of multiple researchers to avoid researcher bias (Maxwell, 2012).

### **Findings**

The findings from this study are presented as themes that address the facilitation and impediment to the design and delivery of a CCI health promotion program implemented in amateur sport. A list of emergent themes is presented in Table 1<sup>2</sup>.

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<sup>2</sup> Although an inductive analysis was conducted as well as the deductive analysis, no new themes emerged from the inductive analysis.

Table 1

*Program Evaluation Emergent Themes*

<b>Chen's Action Model</b>	<b>Theme</b>	<b>Subthemes</b>
<b>Component</b>		
Associate Organizations	Managing Partnerships	(a) Partnership Challenges (b) Motives for Collaborating
Ecological Context & Target Population	Psychological and Social Supports/Barriers	(a) Internal and External Social Support (b) Sport Culture
Service Delivery Protocol & Program Implementers	CCI Delivered Through Sport	(a) Expertise of Implementers (b) Face-to-Face Communication
Intervention Protocol	Hockey Content	(a) Involvement of Sport Organizations (b) Hockey-related Activity
Implementing Organization	Capacity Building	(a) Collaboration (b) Coordinating Activities (c) Transferring Technology

**Managing Partnerships: Associate Organizations**

Chen (2015) maintained that programs may require collaborations with associate organizations, also referred to as community partners, to successfully deliver a program to its target population. An emergent theme from the analysis was the managing of the partnerships

between the implementing organization (i.e., the educational institution) and the associate organizations involved in Hockey FIT (i.e., the two hockey organizations and the fitness facility). Specifically, the stakeholders discussed: (a) partnership challenges, and (b) motives for collaboration<sup>3</sup>.

### **Partnership challenges**

The program designer reported that one of the most difficult aspects when designing the program was establishing the necessary partnerships with the associate organizations, which included the two hockey organizations and the fitness facility. He found that it was difficult when initially connecting with the organizations to find the correct personnel who had the authority to decide whether to participate and, furthermore, to convince them of the value of participation. Ultimately, the program designer and his implementing organization relied on prior interpersonal relationships to help establish collaborations with the associate organizations:

We had some luck having people available like [session instructor] who had connections and opportunities to build on with those organizations, but I have to tell you, establishing partnerships wasn't easy. It wasn't as smooth as I would have hoped.

These relationships were instrumental in establishing the partnerships; however, the program designer believed that to successfully maintain the partnerships, a “champion” is required from each associate organization who would be someone responsible for communication and decision making, acting on behalf of their organization. The program designer recalled other challenges he faced in maintaining the partnerships:

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<sup>3</sup> The theme of understanding partners' motives for collaboration emerged in both Study 1 and Study 3. The decision to include this theme in both studies was intentional, as it appears to be an important consideration when creating a shared value initiative (Study 1) and when optimizing a program to meet stakeholder needs (Study 3).

With the [hockey organization 2] there always seem to be some delays with the system because the organization is a bit short on staff and multitasking on their end. I get that, and maybe not the top priority so that was always a concern. With the [hockey organization 1] it seemed that we got lost in the shuffle with turnover of personnel, and priority possibly, and (they) didn't really have a champion.

A significant factor that impeded the delivery of Hockey FIT was the ambiguity in each partner's roles, responsibilities, and resources. For example, the task of receiving feedback from the program participants was left to the implementing organization. However, the hockey organizations wished to conduct their own internal evaluation of the participating fans' satisfaction and to use the participants' testimonials to promote their involvement to the community. Additionally, the hockey organizations indicated the program could be improved if they were provided with results of the program participants' progress, in order to provide updates on their social media outlets and in hopes of encouraging others to join. These two examples represent cases where clear communication and a mutually determined understanding of each partner's roles prior to the delivery of the program could have resolved discrepancies.

Additional discrepancies existed regarding the expected resource contribution of the associate organizations. For instance, although the fitness facility provided access to their facilities, the session instructors and program designer believed there were too few human resources made available to the program, which made both the design and delivery of Hockey FIT challenging at times. The fitness facility representative believed this was due to the lack of priority attributed to the program by the organization's chief operating officer:

Because our COO wanted this to be very, very limited in terms of effort for our marketing, operations, and even personal training team, really my role was just to



facilitate and coordinate between Hockey FIT and the clubs so that they knew what was happening and to make sure that the space was available. But it was really on a shoestring because I wasn't supposed to devote a lot of time to it.

Despite being instructed to focus on the more traditional day-to-day operations, the fitness facility representative believed that the partnership between Hockey FIT and their organization could be improved in the future with the appropriate amount of resources, and that there was an opportunity for mutual benefit between Hockey FIT and their organization through an increase in membership sales.

### **Motives for collaboration**

The program designer's primary motivation for establishing partnerships with the associate organizations was to recruit participants and to gain access to the facilities. He had found that traditional weight-loss programs have difficulties attracting overweight male sport fans and therefore utilized the partnerships with the hockey organizations to attract and retain these hard-to-reach men. This was made possible by utilizing the team's social media and email mailing list and leveraging the passion that the fans possess toward their favourite teams.

The representatives from the associate organizations were motivated by a sense of reciprocity and social responsibility. One hockey organization acknowledged that their involvement could help improve ticket sales, but viewed their involvement as a necessary component of their overall social responsibility. Although they were happy to be engaging in a form of relationship marketing, the hockey organization believed they were participating as a benefit to the fans rather than their organization. When asked whether they would participate again, the second representative from the same hockey organization responded:

Absolutely! I did not even look at the bottom line of the business. To me, when you are in the community and people see that you are helping, it always helps the bottom line because then people see that you are really trying to do good things for the community. [CITY2] is a fairly small town so they usually support people that are helping out in the community and that is what we try to do.

This viewpoint differed from the representative from the other associate hockey organization, who found it difficult to convince their organization's management of what value their involvement would provide the team. This hockey organization's primary motivation was for the potential organizational benefits, such as creating loyalty between the club and season ticket holders. Their secondary motivation was altruistic where they wanted to give back to the community and improve the health of their fans. However, their participation was also out of protection of their own image, given that one of their competing hockey organizations had already agreed to participate:

It's goodwill in the community. When your university calls upon you to do something like this, you try your best to make it happen if it is not too disruptive to your own schedules. [Hockey organization 2] was getting on board as well so it didn't look right from an image standpoint if another team was getting involved with a [university] study when they are in our backyard (Hockey Organization 1 Representative).

An additional motive that was identified by both associate hockey organizations was the fact that it was a new and innovative health program that provided a service specifically targeted to their fan base. This was appealing to the organizations because it was something that neither had previously offered as, typically, the initiatives would focus on a younger demographic, such as children or minor hockey. Hockey FIT distinguished itself from many of

the other community program requests that both teams receive because the program was aimed at, what the organizations viewed as, an important stakeholder group – their fans and season ticket holders:

The premise behind it was definitely very interesting. We noticed that a lot of our fans, primarily males within Hockey FIT's age category, are not leading healthy lifestyles. They're overweight and it is easy to notice, so that was one of the big motivators – to see if we could do something to help benefit our season ticket holders without asking for anything in return (Hockey Organization 2 Representative 2).

The fit between Hockey FIT's focus on health promotion and the three associate organizations' purpose was also recognized as an important motivator for collaboration. For example, one of the hockey organizations recognized how a sport team is an appropriate fit with a community organization that is trying to promote health and fitness. Similarly, the fitness facility indicated that the Hockey FIT initiative was a good fit with their company's goals and believed that, after the program concluded, they could assist the participants in continuing to live healthy lives.

### **Psychological and Social Supports/Barriers: Ecological Context and Target Population**

Chen (2015) indicated that contextual support is necessary to ensure that the participants of an intervention program are in a supportive environment. Specifically, efficacious CCI initiatives consider the types of psychological, social, and material supports that can facilitate or impede the target population's motivation to join a social program, their progress throughout the program, and their ability to maintain positive changes once it has concluded. Several ecological factors facilitated or impeded the design and delivery of Hockey FIT including: (a) internal and external social support, and (b) sport culture.

### **Internal and external social support**

The social support that the participants receive is an important component as participants may require encouragement from their immediate social units, including friends, family members, co-workers, or fellow participants. As Hockey FIT progressed, the men became much more social with each other and began to support one another during the classroom sessions and physical activity. This was illustrated through the competition that was built into Hockey FIT as the men described competing against one another during the session's physical activity and their number of step counts outside of the program. The program participants believed that this competition provided a sense of accountability during their weekly meetings, as many of them did not want to feel like "the odd man out", which helped motivate them to continue in the program. This form of competition for the greatest number of steps per day carried over to other members of the community where the men reported competing against family members, coworkers, neighbors and, as a collective group, against the other group of men who were involved in the second site where Hockey FIT was offered. When asked what kept them coming back to the program each week, one participant responded:

It would be the competition between the guys. Everybody is trying to do better than the other person, so you would show up and you would do your stuff and you would weigh in and (ask each other) "how did you do?" It was the competitive nature of it. You did not want to disappoint your friends who were there at the same time (Program Participant 17).

The competition between participants created a social unit of support that was instrumental for the continued participation in the program. It was not until after the program had

ended that the men realized how important that support was for them to continue making positive lifestyle changes:

(After the program) you're reporting to yourself and you don't have that direct eye-to-eye contact. You can't show up your guys and say, "I'm looking better than you, I'm faster than you, I'm stronger than you" that kind of stuff (Program Participant 2).

Other social units, such as family members, coworkers, and friends, were also reported as being important when making a lifestyle change. For example, the men reported that their families would provide a sense of social support by reminding them about their healthy eating to help keep them on track. As noted by one participant:

Food wise they would ask questions, "Dad, what did you learn last night at the seminar?" "Dad, are you supposed to be eating those?" and so they would give me a little guilt trip here and there. Or they would know before I even do it, they would put a post-it note on it "Daddy – do not touch" (Program Participant 2).

In addition to providing social support, the men indicated that their families could also impede their ability to continue with the program. That is, some of the men believed that they did not have the necessary time to exercise outside of the program because of family obligations and found it difficult to make healthy meals that their spouse and children would also eat. An area of improvement identified by the second hockey organization was providing better social support directly from the organization through a representative associated with the hockey team. This could foster a stronger relationship with their fans and help support the participants after the program concluded:

If we can talk to them directly, I am sure everyone who was in the program actually has a representative here in the office who they talk to monthly, or weekly even with some

people, so it would be nice for them to be able to build that relationship and talk about how their training is going along, how their healthy eating is going along (Hockey Organization 2, Representative 2).

The participants of the program indicated that the like-mindedness of everyone made them more inclined to join and continue attending the program. The majority of men reported that they were committed to the program because they believed it was designed for “men like me” in terms of physical stature and love for ice hockey; therefore, there was a lack of judgement among the program participants. The men indicated that one of the components that helped them remain committed to the program was hearing the other participants discuss what they found difficult and the suggestions that the group provided regarding strategies they found to be effective. Although each of the men had his own personal goal, many of them referenced the “common goal” that everyone was working towards and found the group mentality to be a form of social support.

### **Sport culture**

Chen (2015) maintained that the program setting that an intervention program is based in can influence the quality of programming. The fans who participated in Hockey FIT unanimously enjoyed getting to experience a behind-the-scenes look at their favourite team’s facilities by exercising where their favourite players train and getting to see the ‘sacred’ dressing room. Their love for the sport of hockey was therefore identified as a form of psychological support, as many of them recognized the passion that Canadian males have towards hockey and stated that was why they decided to join in the first place. “I think that’s a fantastic tie-in because most guys are into hockey. It’s a natural partnership” (Program Participant 25). Chen (2015) describes how psychological support can be necessary to continue with the program once they

have joined and, by promoting a culture of sport, the men remained motivated to participate. Further support came in the form of socializing with their peers as the men reported that the sports talk that would occur during each session was a rewarding experience. One participant explained:

That 12 weeks was awesome, we get there and before things started guys would talk about what was going on during the hockey season or just general conversations of sports, just socializing, and that social aspect was incredible (Program Participant 4).

### **CCI Delivered Through Sport: Service Delivery Protocol & Program Implementers**

Chen (2015) explained that the service delivery protocol refers to the necessary steps required to implement an intervention program and includes the client processing procedure, division of labor, program setting, and communication channels. Therefore, the quality of CCI programming is highly dependent on the service delivery. Moreover, managers developing CCI programming must not only consider what content will be delivered to the target population, but also how it will be delivered (Chen, 2015).

A theme that emerged was the concept of CCI being delivered *through* (i.e., in conjunction with) sport organizations, rather than *by* (i.e., designed and delivered solely by) sport organizations. Specifically, the stakeholders indicated that a critical component of Hockey FIT was allowing each partner to focus on their own area of expertise whereby trained session instructors delivered the content and the associate organizations provided access to their facilities and/or the use of their brand to attract the target population. This is an example of delivering meaningful CCI programming through sport, rather than by sport organizations.

### **Expertise of implementers**

Each stakeholder identified Hockey FIT's division of labour as contributing to the program's success. The program differed from many other CCI programs in that the program implementers were from the educational institution and trained individuals with a background in research, coaching, and hockey. Although many sport organizations utilize team personnel when implementing social programs, they are not always the most knowledgeable or qualified persons to do so. By using representatives from the implementing organization to deliver the program rather than the associate organization (i.e., hockey organization), Hockey FIT was able to ensure the qualifications and prior experience of the implementers. The uniqueness of Hockey FIT was noted by one individual:

Hockey FIT [...] actually provided the training through a third party and not having players (delivering it) was definitely different as well. With this program, there is actually a purpose to it, so Hockey FIT was actually doing the training on health and physical activity whereas with other programs we had our players going in and talking to kids (Hockey Organization 2, Representative 2).

Furthermore, Hockey FIT incorporated Chen's (2015) strategies for ensuring the program implementers' competency by including instructor training prior to the program commencing. The session instructors and program designer agreed that the communication throughout the program delivery was excellent, which Chen (2015) identified as critical for the successful delivery of any program.



### **Face-to-face communication**

The program participants indicated that the face-to-face communication with their session instructor was a key component of the Hockey FIT program that motivated them and allowed them to succeed:

For me personally it's not a tie-in with a session instructor through email or through the internet, it's more in-person [...] I guess maybe some people can work in that environment, but I prefer to be in a physical class and talking to someone there. It gives me more motivation to do the work (Program Participant 26).

While the associate hockey organization recommended that the Hockey FIT program be offered to as many fans as possible through their team website, the service delivery and communication channels were identified by the program participants as successful in achieving positive health change. Specifically, the program participants believed it was the face-to-face delivery that was instrumental for them continuing in the program and maintaining their changes.

### **Hockey Content: Intervention Protocol**

Chen (2015) described the intervention protocol as the curriculum or operating procedures that outlines what content the program will cover. Two sub-themes that emerged were the degree to which hockey-related activity was incorporated and the involvement of the sport organizations within the program.

#### **Hockey-related activity**

The primary criticism from the program participants was that there was not as much hockey-related activity as expected. For example, some of the men expected to be exercising on the ice, which was not incorporated into the program curriculum. While the participants desired to exercise on the ice, the program designer did not feel this approach would be practical or safe,

given that the men were either overweight or obese and had a variety of medical conditions. This is related to the second concern reported by participants, which was that they believed many of the off-ice exercises had been designed for hockey players, and not for overweight or obese men with pre-existing injuries. This was, in part, a deliberate decision when designing the program in order to establish a connection between Hockey FIT and the sport of hockey, and to leverage the fans' passion for the game. Therefore, the physical activity component was developed based on exercises commonly used by hockey players and did not take into account the uniqueness of the men for whom the program was intended. The Hockey FIT participants did, however, appreciate the practicality of many of the exercises, and learning to be physically active without the need for any specialized equipment.

#### **Involvement of sport organizations**

An additional concern raised by the participants was that some of them expected a greater level of involvement from their respective hockey organization. For instance, they thought there would have been more players present during the sessions and would have enjoyed learning about their favorite players' exercise regimens. Due to the fact that most of the men had been recruited to the program through the team's social media and email mailing list, they believed the hockey organizations could have been further incorporated in a number of ways, such as more sessions taking place at the team's arena, increased presence of team personnel, and an invitation to the team's practices or off-ice workouts. The associate hockey organizations agreed that the connection between the CCI program and their team could be enhanced if additional resources were provided. For example, they proposed incorporating the team's fitness trainer, coaches, and owners into the curriculum as ways of meeting the wants of the program participants.

### **Capacity Building: Implementing Organization**

Chen (2015) stated that the implementing organization is responsible for recruiting, training, and supervising the program implementers as well as coordinating activities and allocating resources. Therefore, the quality of a program is often dependent on how well the organization that is implementing it is structured. In the case of Hockey FIT, the implementing organization relied on their pre-existing credibility as a reputable educational institution to motivate the fans to participate and was an important consideration for the hockey and fitness facility organizations when agreeing to partner. Furthermore, the implementing organization utilized several of the capacity building strategies identified by Chen (2015) when designing the program.

The capacity building that occurred through collaboration was between the implementing organization and representatives of Football Fans in Training who were the researchers involved with the original program implemented within the United Kingdom. This collaboration provided an opportunity to consult with subject matter experts and to learn from prior experiences when making decisions regarding the implementation of Hockey FIT. While the collaboration and credibility of the implementing organization facilitated the delivery of Hockey FIT, the program designer believed that the coordination of activities could have been improved. Specifically, he suggested that there could have been further support from the implementing organization by promoting the program and establishing connections with community partners:

Basically, beyond setting up some media contacts, they don't invest in any of this. They never gave us any infrastructure to help us build the program. (Other organizations) are trying to build and our institution doesn't seem to have those mechanisms and those tracks available to us (Program Designer).

Chen (2015) proposed that a second capacity building technique is through the transferring of technology. The implementing organization (i.e., educational institution) utilized this strategy by incorporating resources from an internal department when developing the nutritional content of the program and one session instructor's knowledge of hockey-related exercises to develop the physical activity component. While this approach facilitated the design and implementation of Hockey FIT, the program participants suggested the physical activity component be developed by a more specialized individual from within the implementing organization who could take into account any relevant injuries or medical conditions.

### **Discussion**

The purpose of this study was to examine the design and implementation of an amateur sport CCI health promotion program from the perspective of its stakeholders and was guided using Chen's (2015) program theory. Specifically, using Hockey FIT as the context offered a unique opportunity to conduct an evaluation of a program with the potential to create shared value and is a multi-level intervention health program that established community partnerships, ensured contextual support, and obtained the necessary resources (Chen, 2015; Porter & Kramer, 2011).

A strategic approach to CCI has been proposed in which partnerships between non-profit organizations, sport organizations, and other for-profit community social organizations can successfully address growing social needs (Hess et al., 2002; Zappalà & Arli, 2010). Therefore, managers implementing CCI programs must be cognizant of how these relationships with partners are formed and maintained. Consistent with Babiak's (2007) IOR research, the case of Hockey FIT demonstrated how interpersonal relationships were necessary to establish partnerships with community partners when developing a new CCI program. Once partnerships

are established, identifying a champion who will act as the primary person of contact can help to ensure clear lines of communication and, as the decision-maker representing their organization, that needs are met in a timely basis (Misener & Doherty, 2013). A challenge in the present study was that a champion from each community partner was not identified by any of the stakeholders involved with Hockey FIT. The process of dedicating a champion can be difficult for organizations that are working under resource constraints; however, it is one means in which an organization can demonstrate that the program is prioritized. As mentioned by Kihl et al. (2014) in their program evaluation of a CCI youth initiative, successful programs require the stakeholders to have a genuine interest in the program and therefore consider it to be a priority.

During IOR formation, managers implementing CCI must consider the various motives of each partner's involvement, as with Hockey FIT the program designer and two hockey organizations established partnerships for different reasons. The program designer was motivated to establish partnerships as a means of acquiring competencies (i.e., recruiting participants) and resources (i.e., access to facilities). While one hockey organization believed it was important to contribute to the community, the second organization was motivated by a sense of reciprocity and found it difficult to convince management of the benefits of participation (Huxham, 1997; Oliver, 1990). These findings demonstrate how organizations within the same field can have different expectations of cross-sector partnerships and motives for relationship formation (Babiak, 2007). Non-profit or public organizations seeking to establish partnerships with sport organizations may need to rely on emphasizing the potential for creating shared value and generating business-related benefits (Porter & Kramer, 2011; Sagawa & Segal, 2000), encouraging organizations to engage in CSR, and identifying key stakeholders as a means of convincing management to participate (Hess et al., 2002). For example, Hockey FIT was

distinguished from other community requests by serving a target population that was identified as important stakeholders of their organization (i.e., fans and the local community) in need of a health intervention. The fact that the associate organizations were motivated to participate because the target population was an important stakeholder of their organization (i.e., fans) suggests that it may be more difficult to establish these partnerships for social programs aimed at the broader community. An additional commonly reported motive for the associate organizations' participation was the congruence between the CCI program's area of focus and their own organizational goals. The focus of the Hockey FIT program (i.e., health promotion) was congruent with what representatives believed to be their own organizational purpose. While academics often position participatory sport as health promotion, it is of interest that industry representatives also view spectator sport as a form of health promotion. This is an important consideration as managers seeking to establish partnerships should first identify potential organizations with similar core values and ones that produce relevant goods and/or services (Hess et al., 2002).

Successful cross-sector partnerships receive commitment throughout the organization, including top management and the supply of necessary resources (Heinze, Soderstrom, & Zdroik, 2014). The lack of human resources made available to the program by the fitness facility in this study highlights the difficulties of effectively utilizing partnerships to acquire resources even after partnerships have been established without commitment throughout the organization. A formalized partnership agreement that is established prior to delivering the program can assist in understanding each partner's role, responsibilities, and expected contribution of resources (Kihl et al., 2014). To avoid misconception, managers developing CCI programs across sectors should incorporate into a formalized partnership agreement how the implementing and associate

organizations use and receive feedback from stakeholders and what dimensions are measured for effectiveness.

Managers often try to find innovative ways to attract new or difficult to reach consumers and those in the health industry are not immune to this approach. Chen (2015) believed that successful programs consider the ecological context that allows participants to succeed and continue their participation. The findings from this current study provide several examples of social support that can be beneficial to ensuring successful CCI health programming including situating a program in a sporting context, which was found to be an effective method to motivate obese and overweight men to participate (Bottorff et al., 2015; Gray et al., 2013; Hunt et al., 2014). Additionally, the case of Hockey FIT supported Kahle's (1997) findings in that male hockey fans found sports talk to be a rewarding experience and helped facilitate their progress in a health program.

Although participants may desire sport-related activity, managers designing CCI programming are required to take into account the target population and any unique aspects about them that may impede their ability to participate. This poses a difficult balance of satisfying the wants of participants and incorporating content that is suitable and appropriate. The inclusion of content that has been tailored to the specific target group, such as competition, can be effective in facilitating the continued participation in the program once the target group has joined (Kilpatrick et al., 2005). By incorporating accountability among the participants into the design of a CCI health program, managers can foster the participants' continued adherence. Although these components can be difficult to maintain after the program has concluded, the participants of Hockey FIT found these specific components to be the most helpful.

A component of the Hockey FIT program that was identified as contributing to the program's success was the service delivery. Specifically, each community partner was responsible for their own area of expertise whereby trained session instructors delivered the content and the associate organizations provided access to their facilities and/or the use of their brand to attract the target population. Future CCI programing can be delivered through sport, rather than by sport organizations, by utilizing the expertise of community partners to deliver the services and relying on the sport organization to act as enablers by providing their resources or capacities (Cohen & Eimicke, 2008; Heinze, Soderstrom, & Zdroik, 2014). A successful CCI program may be one which is initially implemented by a social organization (or, in the case of Hockey FIT, an educational institution), but becomes sustainable long-term by transitioning to a model that incorporates the sport organization as the implementation organization. This would be an example of CCI delivered *through* sport before eventually becoming implemented *by* sport organizations once the program has been designed. This would also address potential issues related to a lack of sincerity or involvement by the sport organizations.

A final recommendation made by the associate hockey organization was to offer Hockey FIT content to as many fans as possible through their team website; however, the service delivery and communication channels (i.e., face-to-face) were identified by the program participants as instrumental for them continuing in the program and maintaining their changes. Therefore, CCI health promotion programs may be best delivered with a similar approach.

### **Limitations and Future Research**

To the best of our knowledge, this study represents the first time a health CCI program implemented within amateur sport has been evaluated; however, a limitation of the current study is that it was an evaluation of a single health CCI program. Further research is necessary to



understand whether the findings are specific to sport CCI programs aimed at health promotion, in a Canadian Major Junior hockey context, or generalizable to programs that address similar or other social concerns and target populations. Evaluation of a CCI program that was unsuccessful in achieving its outcomes would be of value in determining (in)effective components and implementation strategies. Additional research should examine organizational characteristics (e.g., a team's average attendance, private/community ownership group, the population of the team's city, etc.) that could explain the different motives for participating in CCI programs. Moreover, research should focus on whether CCI programs can be sustainable through sponsorship from a community organization that wishes to demonstrate their CSR and cobrand with local sport organizations. Lastly, further investigation is warranted to understand whether partnership agreements that are established prior to program delivery can prevent future challenges for stakeholders.

### **Conclusion and Implications**

This research contributes to the field of sport management by examining the design and implementation of an amateur sport CCI health promotion program from the perspective of its stakeholders. The findings from the current study have practical implications in understanding how CCI programs can be successfully implemented within an amateur sport context, thereby having the potential to reach an even greater number of people. Various CCI program components were identified by stakeholders as being critical and provides insights into: (a) understanding how managers can overcome resource constraints by establishing and maintaining cross-sector partnerships, (b) understanding the importance of agreed upon roles, responsibilities, and resource commitment when designing initiatives, and (c) recognizing common motives for establishing partnerships. Efficacious CCI initiatives further consider the ecological context and

the factors that can facilitate or impede the target population's motivation to join a health promotion program, their progress throughout the program, and their ability to maintain positive changes once it has concluded.

Various social and psychological supports were identified by stakeholders including the value of incorporating gender-specific components into CCI programming that are based in a sport setting with like-minded individuals. The participants' social units were also identified as a crucial means of support throughout the program's delivery. As noted by Chen (2015), the quality of CCI programming is also highly dependent on the service delivery and the intervention protocol. Managers developing CCI programming must not only consider what content will be delivered to the target population, but also how it will be delivered. While many sport organizations traditionally utilize team personnel for the implementation of CCI programs, the current findings highlight the importance of utilizing individuals who are qualified, trained, and familiar with the social cause. This may include relying on the use of community or social organizations' personnel for the implementation of programs, while sport organizations contribute their cachet within the community to attract participants. The current study also demonstrates the importance of sport organizations being involved in programs to ensure participant satisfaction. By doing so, managers can play a key role in working with social organizations to attract previously hard-to-reach demographics to social initiatives.

Through the use of program theory to evaluate a CCI health initiative, this study furthers the previous research and expands the generalizability as recommended by Kihl et al. (2014). Specifically, in their research on evaluating a CCI program, Kihl et al. (2014) identified a shortfall of program theory in that a feedback loop, which provides recommendations to the implementing organization and can assist in improving the delivery of a program, is implied and

not explicit. This recommendation is incorporated into Chen's (2015) model as he acknowledged the importance of feedback to identify programmatic concerns and possible remedies. He indicated that this feedback can be used to determine the merits of a program, potential changes that may be necessary, and the future direction of the program. The current study appears to represent the first time an explicit feedback loop to the implementing organization has been incorporated into a CCI program evaluation. However, the associate organizations involved in Hockey FIT stated that this was one area that could further be improved. Specifically, they would have liked to receive testimonials from the program participants so that they could promote their CSR to their own stakeholders and conduct their own program evaluation. By receiving timely updates on the progress of the program participants, the associate organizations can better communicate their CSR and the positive impact the program had on their local community. The theoretical implication of this recommendation would be incorporating an additional feedback loop directly into the associate organization, rather than passing through the implementing organization. However, this is not always possible as, in the case of Hockey FIT, they were collaborating with an educational institution conducting research and therefore ethical protocols prohibited the dissemination of this information prior to the completion of the program. This example further exemplifies how stakeholders involved in a partnership may have conflicting priorities that should be resolved in the partnership formation process.

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### **Summary, Implications, and Future Directions**

This dissertation consists of three studies that provided an examination of how shared value can be implemented within a sport context. The purpose of Study 1 was to examine how a health initiative can create shared value, mutually benefiting the implementing organizations and communities alike. The study was guided using Porter and Kramer's (2011) concept of shared value and Porter, Hills, Pfitzer, Patscheke & Hawkins (2012) Shared Value Strategy and Measurement Process (SVSMP), which consists of four steps that managers must undertake to successfully implement a shared value initiative. The methodology proposed by Porter et al. (2012) suggests managers: (a) identify the social issues to target, (b) make the business case, (c) track progress, and (d) measure results and use insights to unlock new value. Themes emerged related to the creation of shared value in sport, including: (a) the initiative's area of focus, (b) the initiative's goals, (c) motives for collaboration, (d) co-creation of an initiative, (e) shared value evaluation, (f) moral ownership, and (g) program outcomes.

Managers who wish to implement a shared value initiative must first identify a social area of focus and can do so strategically by identifying a need that is related to their organizational purpose and by serving a target population that is also an important stakeholder of the organization. The business and social goals must be identified when designing the initiative so that it can serve to benefit both community partners and society, and so that a measurement strategy can be established that identifies whether the specific goals have been achieved. Managers must also consider the various motives for collaboration as these can assist in establishing and maintaining any partnerships required to deliver the initiative. Discrepancies in expected roles, responsibilities, and organizational benefits can be resolved by co-creating the initiative and involving each partner in the design process. This can also ensure that partners

have a clear understanding of who will assess program outcomes and what measures will be collected. By offering shared value initiatives, sport organizations can instill a sense of moral ownership among fans and consequently benefit their organization through improvements to their image and fans' sense of loyalty. Other various program outcomes were also identified, and stakeholders made several suggestions for ways to enhance the business and social returns of an initiative. The findings highlighted the importance of the perceived level of organizational commitment and sincerity.

Given that a shared value initiative must also benefit society, the purpose of Study 2 was to assess the social impact of an initiative. The study was guided by Inoue and Kent's (2013) Corporate Social Responsibility Impact framework and utilized a mixed methods approach to examine the impact of a program on the health and well-being of the participating individuals and the communities in which a shared value program was implemented. Further, it contributed to the existing literature by evaluating the impact of a program both intermediately (i.e., following the completion of the program) and long-term (i.e., one year after the program was offered). The findings revealed the positive social contribution the program had on the participants and the communities, reflected by the improvements in weight, body mass index, waist circumference, blood pressure, diet, physical activity levels, self-rated health, and several other community benefits reported by the participants. The participants successfully maintained or continued to improve many of these positive changes following the completion of the program. The findings of Study 2 provide several examples of the positive social impact that initiatives can have when implemented within a sport context; however, evaluation of such initiatives can help to optimize a program and ensure stakeholder needs are met.

The purpose of Study 3 was to evaluate the design and implementation of an initiative from the perspective of its stakeholders. The research was guided using Chen's (2015) program theory, which can assist in evaluating and optimizing an initiative's design and implementation processes to ensure resources are used strategically and stakeholder needs are met. The findings identified themes that facilitated or impeded the design and implementation of a shared value initiative, including the managing of partnerships, psychological and social supports/barriers, delivery agents, hockey content, and capacity building. The establishment and management of partnerships can be a difficult undertaking. The use of interpersonal relationships was found to be helpful when initially establishing a partnership; however, a champion representing each partner is required to successfully manage the partnerships once they have been established. Managers must identify the psychological and social supports/barriers that may influence the target population's motivation to join a program, their willingness to continue throughout, and their ability to maintain any positive changes once a program has ended. The findings revealed that basing a program in a sport context was an effective means for promoting positive change and that encouraging internal and external competition can provide a sense of social support. The stakeholders reported that social programming is most effective when it is delivered through (i.e., with the assistance of) sport organizations, rather than by (i.e., designed and delivered by) sport organizations. The degree to which sport organizations are involved in an initiative can greatly influence the participants' perceived quality of programming and, therefore, the organizations should be integrated into the program's content whenever possible. Lastly, the organization responsible for implementing an initiative may first have to build their capacity, such as through collaboration with subject matter experts.

Collectively, the three studies in this dissertation contribute to the existing knowledge and theories of shared value in sport, provide practical implications for managers and sport practitioners, and identify areas for future research.

### **Contribution to Knowledge and Theory**

This dissertation extends the current literature on social responsibility by examining how shared value can be created, evaluated, and optimized within the sport industry. Specifically, it furthers prior research on social responsibility by expanding its applicability to non-professional sport organizations and answering the call for research that examines how social concerns can strategically be implemented into business operations (Breitbarth & Harris, 2008; Castro-Martinez & Jackson, 2015; Husted, Allen, & Kock, 2015; Porter & Kramer, 2011; Sheth & Babiak, 2010). Furthermore, by examining the social impact of a program, a contribution is made that contradicts prior research, which has suggested there is minimal evidence of any substantial contributions from social programs (Coalter, 2010; Levermore, 2011; Walker, Kim, & Heere, 2013). Additionally, the findings indicate that social programs implemented in a sport context may have an even greater, positive social impact than previously understood and the benefits can have a spillover effect on members of the community that do not directly participate in the program.

This dissertation also addresses a need for methodological diversity within the sport and social responsibility research (Aguinas & Glavas, 2012). By utilizing a qualitative methodology, insights have been gained regarding stakeholders' perspectives of shared value, whether programs are having the intended effect and benefiting the constituents for whom they were intended, and recommendations for the optimization of social initiatives. Theoretical contributions were also made as this research represents the first time Inoue and Kent's (2013)

CSR Impact framework has been applied empirically in its entirety. Additionally, this research extends the generalizability of Chen's (2015) program theory and the efficacy of incorporating an explicit feedback loop, a need which was identified by Kihl, Babiak, and Tainsky (2014). The findings from the current study highlight the efficacy of Porter et al.'s (2012) SVSMP as a guide for creating shared value within the sport industry.

### **Implications for Practice**

The recommendations put forth within this dissertation have practical implications for sport managers and practitioners that are seeking to utilize sport as a vehicle for delivering social programming. A shared value approach is one means in which sport managers can resolve conflicting stakeholder demands and strategically implement social programming. Various recommendations are presented for those wishing to develop, implement, and evaluate a shared value initiative. These recommendations can be used to tailor and optimize current programs whereby organizational returns are generated by addressing social concerns. Furthermore, through the evaluation of social programs, managers can better communicate their contributions to the community by indicating who is benefiting and to what degree. This can allow organizations to reap the potential organizational benefits and convince skeptics of its ability to achieve significant social change.

The findings reflect the efficacy of using cross-sector partnerships to overcome resource constraints and this approach was found to be an effective method for managers seeking to acquire resources or competencies. Lastly, the findings of this research suggest the importance of incorporating the program participants' immediate social constituents whenever possible to assist with promoting social change and adherence.

## **Directions for Future Research**

Several areas for future research have been identified throughout this dissertation. First, further research should examine the social impact of programs that aim to address other social needs and target populations. While the current research has identified several areas of social impact, additional research is warranted to understand the generalizability of these findings and the factors that contribute to social change. For instance, the evaluation of an initiative that was unsuccessful in achieving its program outcomes would be valuable for determining (in)effective components and strategies. Future research could also investigate the impact of an initiative on other community members, who were not directly involved in the program, to provide a more holistic impact assessment.

Furthermore, research is required to examine the organizational characteristics that facilitate or inhibit the design and implementation of social programs. This could also assist in expanding our understanding of organizational motives and the driving factors for their participation. The idea was put forth that sponsors of sport organizations could create value by endorsing social programming. This approach could benefit several stakeholders including the sport organization (that would not be responsible for the entirety of resource contribution and can provide additional value for their sponsors), the sponsors (that can promote their social responsibility and reap the potential organizational benefits), and the fans (who can benefit through participation in a program that is better equipped with resources). Therefore, research is needed on sponsorship activation and how it can be used to sponsor social strategies. Lastly, research is necessary to examine how social efforts are communicated, as the organizational returns are contingent on stakeholder awareness. This could include assessing the means of communication and those deemed to be most effective.



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Appendix A

Overview of the Hockey Fans in Training Program Schedule

<b>12-SESSION OVERVIEW</b>	
<b>Classroom</b>	<b>Physical Activity</b>
<b>Week 1</b>	
<ul style="list-style-type: none"> <li>• Introduction of Hockey FIT team and program overview</li> <li>• Discuss eating habits, exercise and activity levels.</li> <li>• Introduction to lifestyle prescriptions and goal-setting.</li> <li>• Receive Physical Activity Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Short walk.</li> </ul>
<b>Week 2</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Explanation of the food groups &amp; eating a healthy diet.</li> <li>• Formal introduction to SMART goal setting</li> <li>• Receive Healthy Eating Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Short walk.</li> </ul>
<b>Week 3</b>	

<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Avoiding Compensation/zero sum or trade-off behaviour.</li> <li>• Healthy eating planning</li> <li>• Importance of support from others.</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction to principles of fitness</li> <li>• A session of warm up exercises and flexibility and stretching exercises.</li> <li>• Walk</li> </ul>
<b>Week 4</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Health benefits of exercise.</li> <li>• Overcoming barriers to exercise.</li> <li>• Local amenities</li> <li>• Receive Exercise Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Education around Heart Rate and Rating of Perceived Exertion (RPE)</li> <li>• STEP test</li> <li>• A session of aerobic activities, along with warm up and cool down.</li> </ul>
<b>Week 5</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Alcohol and Weight Gain.</li> <li>• Alcohol units.</li> <li>• Planning your drinking.</li> <li>• Cutting down on sugary drinks</li> </ul>	<ul style="list-style-type: none"> <li>• A session of aerobic activities, along with warm up and cool down.</li> </ul>

<b>Week 6</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Stages of change</li> <li>• Introduction to setbacks and strategies for dealing with them.</li> <li>• Weight taken (to review progress at Week 7).</li> </ul>	<ul style="list-style-type: none"> <li>• Principles of strength training using body weight</li> <li>• A session of strength and muscular endurance exercises, along with warm up and cool down.</li> </ul>
<b>Week 7</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Weight loss reviewed</li> <li>• Motivation and confidence</li> <li>• Reflection on how things are going so far.</li> </ul>	<ul style="list-style-type: none"> <li>• Principles of strength training using body weight</li> <li>• A session of strength and muscular endurance exercises, with the addition of flexibility, along with warm up and cool down.</li> </ul>

<b>Week 8</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Understanding food labels and healthier foods</li> <li>• Importance of regular meals and breakfast.</li> </ul>	<ul style="list-style-type: none"> <li>• A session of strength and muscular endurance exercises, aerobic exercises, and flexibility exercises, along with warm up and cool down (including some hockey style drills).</li> </ul>
<b>Week 9</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Making favourite meals healthier.</li> <li>• Eating out sensibly</li> <li>• Damage limitation for takeout meals</li> </ul>	<ul style="list-style-type: none"> <li>• A session of strength and muscular endurance exercises, aerobic exercises, and flexibility exercises, along with warm up and cool down</li> </ul>
<b>Week 10</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Common ideas about healthy living</li> <li>• Triggers for setbacks and how to avoid them</li> <li>• Receive new Exercise Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• A session of strength exercises, aerobic exercises, and flexibility activities, along with a warm-up and cool-down</li> </ul>

<b>Week 11</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• The energy balance and eating plans revisited</li> <li>• Locus of control revisited</li> <li>• Receive new Healthy Eating Prescription</li> </ul>	<ul style="list-style-type: none"> <li>• A session of strength and flexibility exercises, aerobic exercises, along with a warm-up and cool-down.</li> </ul>
<b>Week 12</b>	
<ul style="list-style-type: none"> <li>• Review healthy living goals + set new Physical Activity Prescription</li> <li>• Review of progress and next steps</li> <li>• Program feedback</li> <li>• Introduction to suite of health technology support options</li> </ul>	<ul style="list-style-type: none"> <li>• A session of strength exercises, along with a warm-up and cool-down.</li> </ul>



Appendix B:  
Focus Group Guide  
Study 1

## **Hockey Fans in Training Pilot Pragmatic Randomized Controlled Trial**

### *12 Week Focus group topic guide*

#### **Introduction**

- Aims of group – First, I want to find out what you thought of the Hockey FIT program, how being involved with it has affected your life, and any changes you would like to see made to the program.
- I am simply here as a sort of chairperson to make sure that everyone gets a chance to speak. What you have to say is important to me and the other researchers so please don't be afraid of speaking your mind.
- I will audio-tape the discussion, and the audio recording will be kept private and confidential with no names or ID numbers linking you to the recording. As part of the focus group, others participants may know your identity.
- Questions?

#### **Discussion**

- 1) I would like to start by discussing the reasons why you joined the Hockey FIT Program
  - Specific prompts – what motivated you? What helped you commit to joining?
- 2) How did the program affect your daily life?
  - Specific prompts: please be specific in how you made these changes, and what in the program helped you to make these changes
- 3) How did you feel about the coaches?
- 4) Was there anything you don't think should have been included in the program?
- 5) How did you find the group dynamics? Was there anything about the group that helped the dynamic?
- 6) What kept you coming to the program?

Appendix C:  
Session Instructor Interview Guide  
Study 1 & Study 3

## Hockey Fans in Training Coach Interview Topic Guide

### Introduction

- Aims of the interview – I want to find out what you thought of the HFIT program, how it was delivered, and any changes you would like to see made to it.
  - What you have to say is important to me and the other researchers so please don't be afraid of speaking your mind.
  - This interview will be kept private and confidential with no names or ID numbers linking you to your responses.
  - Questions?
- 1) How do you feel the program went overall?
  - 2) How did you find it to deliver? Prompts: new program. How did you feel about delivering dietary and lifestyle advice, not just training and physical activity advice?
    - a. Prompt: If so, what? Is there any aspect of the program that you would have wanted more support with?
  - 3) Tell me about some barriers you faced in delivering the program (prompt –timing, different physical activity abilities)
  - 4) Did you have to make any changes to the way the program was being delivered? (Prompts: condense two sessions into one and why; work around club fixtures/holidays/availability of guest speakers etc.)
  - 5) Which parts of the program did you think were most effective in helping the men to lose weight? Why?
    - a. Prompt: Elements you thought weren't helpful? Why?
  - 6) Which parts of the program did you think were most effective in helping the men to increase physical activity? Why?
    - a. Prompt: Elements that you thought weren't useful? Why?
  - 7) How did you handle questions that the men asked? Prompt: difficult dietary questions
  - 8) Are there any changes you would like to see made to any aspect of the program? (Prompt: more information; targeting different men) Why?
  - 9) Are there any questions you think that we should ask specifically to the men during the focus group we will have with them?

### Summary

At end of interview, summarise what has been said and ask the trainers if there is any thing else they would like to add. Recap the interview process and next steps. Remind them the interview will be transcribed and anonymized.

Appendix D:  
Program Designer Interview Guide  
Study 1 & Study 3

## Hockey Fans in Training Program Designer Interview Topic Guide

### Design

1. What prompted you to create Hockey FIT?
2. How do you feel the program went overall?
3. Tell me about some barriers, if any, that you faced in designing the program
4. Did you have to make any changes to the way the program was originally designed?
5. Tell me about some of the partnerships involved in Hockey FIT.

Prompt:

- a. Movember
  - b. GoodLife
  - c. BMO
  - d. Knights
  - e. Sting
6. What were your specific role and responsibilities in Hockey FIT?

### Communication

7. Tell me about the communication between yourself and the:
  - a. Coaches
  - b. Sponsors
  - c. Facility managers
  - d. Teams

### Delivery

8. Did anything unexpected or challenging arise during the delivery of Hockey FIT?

9. During the delivery of Hockey FIT, was there anything particularly helpful or anything that you appreciated?

**Outcomes**

10. Which parts of the program do you believe were most effective and least effective in helping the men lose weight? Why?
11. Which parts of the program do you believe were most effective and least effective in helping the men to increase physical activity? Why?
12. Do you feel you accomplished what you set out to achieve?

**Feedback:**

13. If the Hockey FIT program were to be offered again, what (if anything) would you change?
14. What are your future plans for Hockey FIT?
15. If you could have any question answered by anyone in Hockey FIT, what would you like to know?

Appendix E:  
Fitness Facility and Hockey Organizations Interview Guide  
Study 1 & Study 3



## **Hockey Fans in Training Fitness Facility and Hockey Organizations Interview Topic Guide**

### **Motivation, Measurement and Outcomes:**

1. What sort of events or initiatives does your organization support within the community?  
(Prompt: Events such as Teddy Bear Toss, Spin for Kids, etc. Are there any specific type of events?)
2. What criteria does your organization consider when deciding on the various causes / community programs to support?
3. What does your organization hope to get out of your involvement in those programs?
4. How does your organization evaluate whether that occurred?
5. How would you describe the Hockey FIT program?
6. How did your organization get involved with Hockey FIT?
7. What motivated your organization to participate?
8. Was Hockey FIT different from other community requests? (Prompt: Can you tell me how or how not?)
9. Were you hoping to benefit from your involvement in Hockey FIT? (Prompt: If so, what were you hoping to gain?)
10. Do you plan on evaluating whether that occurred? (If so, how? If they have already evaluated, were those benefits achieved?)
11. Do you believe that your organization has benefited from your involvement in Hockey FIT?  
How?

### **Delivery, Communication and Congruency:**

12. What was your role and responsibilities in Hockey FIT? How were your roles and responsibilities communicated?

13. Tell me about the communication between yourself and those involved in Hockey FIT?

Prompt:

- a. Researchers
- b. Coaches
- c. Sponsors
- d. Facility managers (GoodLife)

14. Prior to the start of the program, what sort of resources (human or financial) did you expect to contribute?

15. During the delivery of the program, did anything unexpected arise?

16. During the delivery of Hockey FIT, was there anything particularly helpful or that you appreciated?

17. Overall, how do you communicate your community involvement to fans/ sponsors/ consumers? Was this the same for Hockey FIT?

**Feedback:**

18. If the Hockey FIT program were to be offered again, what (if anything) would you suggest being changed?

19. Would you participate in Hockey FIT again? Why or why not?

Appendix F:

Western University Research Ethics Approval Notices



**Western University Health Science Research Ethics Board  
HSREB Full Board Initial Approval Notice**

**Principal Investigator:** Dr. Robert Petrella

**Department & Institution:** Schulich School of Medicine and Dentistry/Geriatric Medicine, Western University

**HSREB File Number:** 106310

**Study Title:** An Exercise and Healthy Living Program (Hockey Fans In Training) Delivered Through Hockey Clubs for Overweight and Obese Men: A Pilot Pragmatic Randomized Controlled Trial.

**Sponsor:** Movember Canada

**HSREB Initial Approval Date:** April 06, 2015

**HSREB Expiry Date:** April 06, 2016

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Other	Appendix D: Detailed Timeline	2015/01/27
Other	Appendix L: Attendance Record Sheet	2015/01/27
Instruments	Appendix N: 12 Week 12 Month Participant Focus Group Q	2015/01/27
Instruments	Appendix O: Program Exit Interview Q (Non-Completer)	2015/01/27
Instruments	Appendix P: Coach Interview Guide	2015/01/27
Instruments	Appendix Q: Program Observation Document	2015/01/27
Other	Appendix T: Tyze Data Controls	2015/01/27
Other	Appendix U: Sykes Data Control	2015/01/27
Western University Protocol		2015/03/19
Data Collection Form/Case Report Form	Appendix C: Screening Baseline CRF	2015/03/16
Data Collection Form/Case Report Form	Appendix V: Measurement Sessions CRF	2015/03/16
Letter of Information & Consent	Appendix E: Letter of Information	2015/03/16
Instruments	Appendix F: PAR-Q	2015/03/16
Instruments	Appendix G: Health Care Provider Clearance Form	2015/03/16
Advertisement	Appendix R: Hockey FIT Recruitment Poster	2015/03/16
Other	Appendix S: Telephone Script	2015/03/16
Instruments	Appendix M: Participant Feedback Form	2015/03/16
Other	Appendix J: E-Health Suite	2015/03/16
Other	Appendix K: Outcomes & Assessment Procedures	2015/03/16
Instruments	Appendix Ia: Exercise Rx Form	2015/03/16
Instruments	Appendix Ic: Healthy Eating Rx Form	2015/03/16
Instruments	Appendix H: Participant Log	2015/03/16
Instruments	Appendix Ib: Physical Activity Rx Form	2015/03/16

Other

Appendix B: Participant Flow Diagram

2015/03/16

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the above named study, as of the HSREB Initial Approval Date noted above.

HSREB approval for this study remains valid until the HSREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University HSREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use Guideline for Good Clinical Practice Practices (ICH E6 R1), the Ontario Personal Health Information Protection Act (PHIPA, 2004), Part 4 of the Natural Health Product Regulations, Health Canada Medical Device Regulations and Part C, Division 5, of the Food and Drug Regulations of Health Canada.

Members of the HSREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

[REDACTED]  
Ethics Officer, on behalf of Dr. Marcelo Kremenchtzky, HSREB Vice Chair

Ethics Officer to Contact for Further Information

Erika Basile	Grace Kelly	Mina Mekheil	Vikki Tran
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**Western  
Research**

**Western University Health Science Research Ethics Board  
HSREB Amendment Approval Notice**

Research Ethics

**Principal Investigator:** Dr. Robert Perrella  
**Department & Institution:** Schulich School of Medicine and Dentistry/Geriatric Medicine, Western University

**Review Type:** Expedited  
**HSREB File Number:** 106310  
**Study Title:** An Exercise and Healthy Living Program (Hockey Fans In Training) Delivered Through Hockey Clubs for Overweight and Obese Men: A Pilot Pragmatic Randomized Controlled Trial.  
**Sponsor:** Movember Canada

**HSREB Amendment Approval Date:** July 31, 2015  
**HSREB Expiry Date:** April 06, 2016

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Instruments	12 week Coach Interview Guide	2015/07/03
Instruments	12 week Focus group topic guide	2015/07/03
Instruments	12 week Program Questionnaire	2015/07/03
Instruments	12 month Program Questionnaire	2015/07/03
Letter of Information & Consent	Coach	2017/07/03
Change in Study Personnel	Addition of Stephanie Muise (Medical Student)	

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the amendment to the above named study, as of the HSREB Initial Approval Date noted above.

HSREB approval for this study remains valid until the HSREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University HSREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use Guideline for Good Clinical Practice Practices (ICH E6 R1), the Ontario Personal Health Information Protection Act (PHIPA, 2004), Part 4 of the Natural Health Product Regulations, Health Canada Medical Device Regulations and Part C, Division 5, of the Food and Drug Regulations of Health Canada.

Members of the HSREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000940.

Ethics Officer, on behalf of Dr. Joseph Gilbert, HSREB Chair

Ethics Officer to Contact for Further Information

Erika Basile	Grace Kelly	Anna Mikiail	Yusuf Tam
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**Western University Health Science Research Ethics Board  
HSREB Amendment Approval Notice**

**Principal Investigator:** Dr. Robert Petrella  
**Department & Institution:** Schulich School of Medicine and Dentistry/Geriatric Medicine, Western University

**Review Type:** Full Board  
**HSREB File Number:** 106310  
**Study Title:** An Exercise and Healthy Living Program (Hockey Fans In Training) Delivered Through Hockey Clubs for Overweight and Obese Men: A Pilot Pragmatic Randomized Controlled Trial.  
**Sponsor:** Movember Canada

**HSREB Amendment Approval Date:** April 08, 2016  
**HSREB Expiry Date:** April 06, 2017

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Revised Western University Protocol	Received 2016/03/09	2016/03/08
Data Collection Form/Case Report Form	12-month Program Questionnaire & Interview (Intervention Group Only) - Clean	2016/03/08

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the amendment to the above named study, as of the HSREB Initial Approval Date noted above.

HSREB approval for this study remains valid until the HSREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review.

The Western University HSREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use Guideline for Good Clinical Practice Practices (ICH E6 R1), the Ontario Personal Health Information Protection Act (PHIPA, 2004), Part 4 of the Natural Health Product Regulations, Health Canada Medical Device Regulations and Part C, Division 5, of the Food and Drug Regulations of Health Canada.

Members of the HSREB who are named as investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

\_\_\_\_\_  
Ethics Officer, on behalf of Dr. Joseph Gilbert, HSREB Chair

Ethics Officer to Contact for Further Information: Enka Baska \_\_\_ Kaitlyn Harris \_\_\_ Nazak Kauri  Grace Kelly \_\_\_ Vicki Tran \_\_\_



**Western University Non-Medical Research Ethics Board  
NMREB Delegated Initial Approval Notice**

**Principal Investigator:** Dr. Karen Danylochuk  
**Department & Institution:** Health Sciences/Kinesiology, Western University

**NMREB File Number:** 108817  
**Study Title:** Assessing an Amateur Ice Hockey League Corporate Social Responsibility Initiative

**NMREB Initial Approval Date:** January 30, 2017  
**NMREB Expiry Date:** January 30, 2018

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Western University Protocol	Received January 18, 2017	
Letter of Information & Consent	Appendix B	2017/01/15
Instruments	Appendix A - Interview Guide - Received December 5, 2016	


The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

  
Ethics Officer, on behalf of Dr. Riley Hinson, NMREB Chair or delegated board member

EO: Erika Besile \_\_\_ Noelle Kamiki \_\_\_ Omea Kelly \_\_\_ Kathleen Harris  Nicola Muepfler \_\_\_ Karen Copaul \_\_\_





**Partner Interview Letter of Information and Consent Form:**

**Project Title:** Assessing an Amateur Ice Hockey League Corporate Social Responsibility Initiative

**Principal Investigator:**

Dr. Karen Danylchuk, EdD; Professor and Associate Dean, Undergraduate Programs  
Faculty of Health Sciences, Western University ( [REDACTED] )

**Additional Research Staff:**

Brendan Riggin, BA, MA, PhD Candidate; School of Kinesiology, Faculty of Health Sciences,  
Western University ( [REDACTED] )

**Letter of Information**

**1. Invitation to Participate.**

You are being invited to participate in this research study assessing the Hockey Fans in Training (Hockey FIT) program because of your previous involvement in the delivery or implementation of the program.

**2. Why is this study being done?**

The purpose of this study is to collect your feedback on the program itself including what motivated you to participate, what your involvement in the program consisted of, what the communication was like among members of the program, as well as any changes you think may benefit the program. It also includes questions about whether anything unexpected occurred and what you found to be effective components of the program. This will help us to improve the Hockey FIT program for future delivery.

**3. How long will you be in this study?**

Your participation in the study will consist of one interview that will take approximately 30 minutes to complete.

**4. What are the study procedures?**

If you choose to participate in this study, you will meet in-person with an interviewer who will ask you a series of approximately 18 questions about the Hockey FIT program. By agreeing to participate in this study you are agreeing to be audio-recorded so that your feedback can be used to further refine the program for future studies. Your responses will be kept confidential.

**5. What are the risks / harms of participating in this study?**

There are no known or anticipated risks or discomforts associated with participating in this study.

**6. What are the benefits?**

Participants will benefit in knowing that their feedback may aid in improving a program that is meant to help men improve their health in the areas of fitness, physical activity, and eating habits

**7. Can participants choose to leave the study?**

Participation in the study is completely voluntary. If you decide to withdraw from the study, you have the right to request withdrawal of information collected about you. If you wish to have your information removed please let the researcher know.

**8. How will participants' information be kept confidentiality?**

Every effort will be made to keep your study records confidential. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Your research results will be stored in the following manner:

- All electronic files will be stored on an encrypted password protected device. Only the research team directly involved in this study will have access to these data.

Withdrawal of your participation does not necessarily include withdrawal of any data compiled up to that point. If we find information we are required by law to disclose, we cannot guarantee confidentiality. While we will do our best to protect your information, there is no guarantee that we will be able to do so. The researcher will keep any personal information about you in a secure and confidential location for a minimum of 5 years. A list linking your study number with your name will be kept by the researcher in a secure place, separate from your study file. The results

of this study are to be published in peer-reviewed journals as well as graduate student theses.

Your name will not be used in any publications.

**9. Are participants compensated to be in this study?**

You will not be compensated for your participation in this research.

**10. What are the rights of the participant?**

Your participation in this study is voluntary. You may decide not to participate in this study.

Even if you consent to participate, you have the right to not answer individual questions or to withdraw from the study at any time. We will give you new information that is learned during the study that might affect your decision to stay in the study. You do not waive any legal right by signing this consent form

**11. Contacts for further information.**

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics ( [REDACTED] ). If you have questions about this research study please contact Principal Investigator: Karen Danylchuk,

( [REDACTED] )

*This letter is yours to keep for future reference*

## INTERVIEW CONSENT FORM

**Project Title:** Assessing an Amateur Ice Hockey League Corporate Social Responsibility Initiative

**Study Principal Investigator:**

Dr. Karen Danylchuk, EdD; Professor and Associate Dean, Undergraduate Programs

Faculty of Health Sciences, Western University ( [REDACTED] )

**Additional Research Staff:**

Brendan Riggin, BA, MA, PhD Candidate; School of Kinesiology, Faculty of Health Sciences,

Western University ( [REDACTED] )

I have read the Letter of Information and have had the nature of the interview explained to me and I agree to participate and be audio-recorded. All questions have been answered to my satisfaction.

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

YES  NO

Participant's Name (please print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My signature means that I have explained the study to the participant named above. I have answered all questions.

Person Obtaining Informed Consent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Curriculum Vitae

### BRENDAN RIGGIN

#### EDUCATION

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**Ph.D. Candidate– Kinesiology; Sport Management** 2014 - 2018  
The University of Western Ontario London, ON

- *Dissertation title:* Shared Value in Sport: Creating Social and Organizational Value Through a Men's Health Initiative
- *Supervisor:* Dr. Karen Danylchuk
- *Certificates:* Western Certificate in University Teaching and Learning (WCUTL)

**Master of Arts – Kinesiology** 2012 – 2014  
The University of Western Ontario London, ON

- *Thesis title:* An Overview of the Long-Term Player Development (LTPD) Model Within Hockey: Why is the Message Not Getting Through?
- *Supervisor:* Dr. Bob LaRose

**Bachelor of Arts – Honors Specialization Kinesiology** 2008 - 2012  
The University of Western Ontario London, ON

- *Deans Honor List:* Awarded to full-time students who earned an average of 80% or more

#### RESEARCH FOCUS

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My research is focused in the area of corporate social responsibility (CSR) and sport, with a particular interest in the social impact of sport organizations and the creation of shared value.

#### RESEARCH EXPERIENCE

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**APPLHSCI 9009 - Project Management** 2018 – Current  
*Course Content Creator* London, ON

- Responsible for supporting the development of online course materials to be offered through the eCampusOntario Graduate Diploma in Applied Health Sciences.

**Youth Sport Concussion** 2017 – Current  
*Research Assistant* London, ON

- Responsible for identifying the current state of knowledge regarding youth sport concussion and its management in different disciplines. This provided a foundation for identifying knowledge gaps that may be addressed through interdisciplinary research.

**Interdisciplinary Research for Managing Community Sport** 2016  
*Research Assistant* London, ON

- Responsible for (1) a systematic review of empirical literature pertaining to community sport management to capture what problems have been addressed and how; (2) identification of academic disciplines that have been used to investigate community sport management to date; and (3) identification of additional/alternative disciplines that may be useful to inform and shape community sport research.

**HealthSteps™** 2015 – Current  
*Program Evaluator* London, ON

- Responsible for collecting, analyzing, and reporting qualitative data for program optimization.

**Ticker Talk (Congestive Heart Failure Management)** 2015 – 2016  
*Coach* London, ON

- Assisted in the design of the program, responsible for delivering Ticker Talk to participants.

**Hockey Fans in Training (Hockey FIT)** 2014 – 2016  
*Head Coach* London & Sarnia, ON

- Assisted in the design of the program, responsible for delivering Hockey FIT at the Sarnia location and assisting with the London location, responsible for liaising with the Sarnia Sting to secure use of the facility and availability of players for the program, responsible for collecting data and assessing participants at baseline, 12 weeks, and 12 months for both locations.

## **PUBLICATIONS**

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1. Blunt, W., Gill, D.P., **Riggin, B.**, Brown, J.B., & Petrella, R.J. (in-press). Process Evaluation of the HealthSteps™ Lifestyle Prescription Program. *Translational Behavioural Medicine*
2. Blunt, W., Gill, D.P., Sibbald, S., **Riggin, B.**, Pulford, R.W., Scott, R., Danylchuk, K., Gray, C.M., Wyke, S., Bunn, C., & Petrella, R.J. (2017). Optimization of the Hockey Fans in Training (Hockey FIT) weight loss and healthy lifestyle program for male hockey fans. *BMC Public Health*, 17(1) doi: 10.1186/s12889-017-4926-z
3. Petrella, R.J., Gill, D.P., Zou, G., De Cruz, A., **Riggin, B.**, Bartol, C., Danylchuk, K., Hunt, K., Wyke, S., Gray, C.M., Bunn, C., & Zwarenstein, M. (2017). Hockey Fans in Training: A Pilot Pragmatic Randomized Controlled Trial. *Medicine & Science in Sports and Exercise*, 49(12), 2506-2516 doi: 10.1249/MSS.0000000000001380.
4. Gill, D. P., Blunt, W., De Cruz, A., **Riggin, B.**, Hunt, K., Zou, G., Sibbald, S., Danylchuk, K., Zwarenstein, M., Gray, C.M., Wyke, S., Bunn, C., & Petrella, R.J. (2016). Hockey fans in training (Hockey FIT) pilot study protocol: A gender-sensitized weight loss and healthy lifestyle program for overweight and obese male hockey fans. *BMC Public Health*, 16(1) doi:10.1186/s12889-016-3730-5
5. Muise, S. B., Gill, D. P., De Cruz, A., **Riggin, B.**, Pulford, R., Sibbald, S. L., & Petrella, R. J. (2016). Men's Experiences with the Hockey Fans in Training Weight Loss and Healthy Lifestyle Program. *International Journal of Medical Students*, 4(3), 91–95. <http://www.ijms.info/ojs/index.php/IJMS/article/view/441>

## **PUBLISHED ABSTRACTS**

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1. Blunt W, Gill DP, **Riggin B**, Brown JB, Petrella RJ. HealthSteps Process Evaluation: Exploring Delivery of a Healthy Lifestyle Program from Coach and Participant Perspectives. American College of Sports Medicine Annual Meeting (ACSM). Minneapolis, Minnesota. May 29 - June 2, 2018. *Med Sci Sports Exerc* 2018; 50(5) Supplement [Poster]
2. Gill DP, De Cruz A, **Riggin B**, Muise S, Pulford R, Bartol C, Hunt K, Wyke S, Gray CM, Bunn C, Treweek S, Zwarenstein M, Zou G, Danylchuk K, Petrella RJ. Impact of



Hockey Fans in Training Program on Steps and Self-rated Health in Overweight Men. American College of Sports Medicine Annual Meeting (Boston, MA; May 31-June 4, 2016). Abstract published in: *Medicine & Science in Sports & Exercise* 2016 (May); 48 (5 Suppl). [Poster]

3. Petrella RJ, Gill DP, De Cruz A, **Riggin B**, Muise S, Pulford R, Bartol C, Hunt K, Wyke S, Gray CM, Bunn C, Treweek S, Zwarenstein M, Zou G, Danylchuk K. Can a Sports Team-Based Lifestyle Program (Hockey Fans in Training) Improve Weight in Overweight Men? American College of Sports Medicine Annual Meeting (Boston, MA; May 31-June 4, 2016). Abstract published in: *Medicine & Science in Sports & Exercise* 2016 (May); 48 (5 Suppl). [Poster]
4. Muise S, Sibbald S, Gill DP, De Cruz A, **Riggin B**, Pulford R, Petrella RJ. Men's Experiences With The Hockey Fans In Training Physical Activity And Healthy Living Program. American College of Sports Medicine Annual Meeting (Boston; May 31-June 4, 2016). Abstract published in: *Medicine & Science in Sports & Exercise* 2016 (May); 48 (5 Suppl). [Poster]

## RESEARCH FUNDING

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- Petrella, P., Battram, D., Carroll, J., Danylchuk, K., Gavarkovs, A., Gill, D., Irwin, J., Marsh, J., **Riggin, B.**, Sibbald, S., Stranges, S., Tudor-Locke, C., Zou G. & Zwarenstein M. (2018). *Hockey Fans in Training (Hockey FIT): A pragmatic cluster randomized controlled trial of a gender-sensitized weight loss and healthy lifestyle program for men who are overweight or obese*. Canadian Institutes of Health Research (CIHR) Project Grant (\$948,600 = 5 yrs).

## SERVICE TO PROFESSIONAL COMMUNITY

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Guest Reviewer for *Sport Management Review*

2017

## PEER REVIEWED CONFERENCE PRESENTATIONS

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1. Petrella RJ, Blunt W, Gill DP, Sibbald S, Scott R, & **Riggin B**. Exploring the Role of External Social Supports in Creating and Maintaining Health Behaviour Changes in At-Risk Men Involved in the Gender-Sensitized Hockey Fans In Training (Hockey FIT) Program. Paper to be presented at the North American Primary Care Research Group (NAPCRG) Annual Meeting. Chicago, IL
2. **Riggin B**, Danylchuk K, Gill DP, & Petrella RJ. (2018). Shared Value in Sport: From Theory to Practice. Paper presented at the North American Society for Sport Management (NASSM) Conference. Halifax, NS
3. Doherty A, Greenhow A, Dithurbide L, Gordon K, **Riggin B** & Wamsley K. (2018). What's the Problem? Building an Interdisciplinary Research Program On Youth Sport Concussion Management. Workshop (60-minute) presented at the North American Society for Sport Management (NASSM) Conference. Halifax, NS
4. **Riggin B** & Danylchuk K (2017). Better Health and Better Business: The Shared Value of Hockey Fans in Training (Hockey FIT). Paper presented at the European Association for Sport Management (EASM) Conference. Bern, Switzerland
5. **Riggin B** & Danylchuk K (2017). The Measurement of Corporate Social Responsibility: Understanding the Social Impact. Paper presented at the European Association for Sport Management (EASM) PhD Seminar. Bern, Switzerland

6. Petrella P, Gill DP, De Cruz A, **Riggin B**, Bartol C, Pulford R, Blunt W, Zou G, Hunt K, Wyke S, Gray C, Bunn C, Danylchuk K, & Zwarenstein M (2017). Hockey Fans in Training Can Lead to Long-Term Weight Loss in Overweight and Obese Men. Paper presented at the International Society of Behavioural Nutrition and Physical Activity. Victoria, BC
7. Gill DP, De Cruz A, **Riggin B**, Bartol C, Pulford R, Blunt W, Zou G, Hunt K, Wyke S, Gray C, Bunn C, Danylchuk K, Zwarenstein M, & Petrella P (2017). The Impact of Hockey Fans in Training on Long-Term Maintenance of Healthy Eating Behaviours in Overweight And Obese Men. Paper presented at the International Society of Behavioural Nutrition and Physical Activity. Victoria, BC
8. Blunt W, Pulford R, Sibbald S, Muise S, Hill S, **Riggin B**, Scott R, Gill DP, De Cruz A, Hunt K, Gray C, Wyke S, Bunn C, Danylchuk K, & Petrella P (2017). Fidelity of the Hockey Fans in Training Program Targeting Obese and Overweight Men. Poster presented at the International Society of Behavioural Nutrition and Physical Activity. Victoria, BC
9. **Riggin B**, Danylchuk K, Gill DP, Sibbald S, & Petrella RJ. (2017). Assessing an Amateur Ice Hockey League Corporate Community Involvement Initiative. Paper presented at the North American Society for Sport Management (NASSM) Conference. Denver, CO
10. **Riggin B** & Danylchuk K (2017). Evaluating a Corporate Community Involvement Initiative from the Stakeholders' Perspective. Paper presented at the Kinesiology Graduate Student Association (KGSA) Symposium. London, ON
11. **Riggin B**, Danylchuk K, Gill DP, & Petrella RJ. (2017). Off the Bench and Into the Game: Combatting Obesity in Male Hockey Fans. Poster presented at London Health Research Day. London, ON
12. Gill DP, Blunt W, De Cruz A, **Riggin B**, Hunt K, Wyke S, Gray C, Bunn C, Pulford R, Bartol C; Danylchuk K, & Petrella RJ. (2017). The Hockey Fans in Training Weight Loss and Healthy Lifestyle Program Can Attract and Retain Overweight and Obese Men. Poster presented at the 5th Canadian Obesity Summit. Banff, AB
13. Scott R, Sibbald S, **Riggin B**, Gill DP, & Petrella RJ. (2017). Exploring the social support that men received during the Hockey Fans in Training weight loss and healthy lifestyle program. Paper presented at the Health & Rehabilitation Sciences Graduate Research Conference. London, ON
14. **Riggin B**, Danylchuk K, Gill DP, & Petrella RJ. (2016). Physical activity ... or inactivity of male Canadian ice hockey fans: A sport participation initiative. Paper presented at the European Association for Sport Management (EASM) Conference. Warsaw, Poland
15. **Riggin B**, Danylchuk K, Gill DP, & Petrella RJ. (2016). A Corporate Social Responsibility Initiative: More Than Just Bucks & Pucks. Paper presented at the Leisure and Recreation Association of South Africa (LARASA) World Leisure Congress. Durban, South Africa
16. **Riggin B**, Danylchuk K, Gill DP, & Petrella RJ. (2016). A Corporate Social Responsibility Initiative: Getting Fans off of the Bench and Becoming Active. Paper presented at the Kinesiology Graduate Student Association (KGSA) Symposium. London, ON

## **AWARDS**

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### **SOCIETY OF GRADUATE STUDIES (SOGS) TRAVEL AWARD** 2018

- The Society of Graduate Studies (SOGS) Travel Award helps to offset the costs of participating in an academic conference (Value: \$500)

### **ONTARIO GRADUATE SCHOLARSHIP (OGS)** 2017

- Ontario Graduate Scholarship (OGS) awards are merit-based scholarships available to students in all disciplines of graduate study (Value: \$15000).

### **FACULTY OF HEALTH SCIENCE CONFERENCE TRAVEL AWARD** 2016, 2017

- The Faculty of Health Science Conference Travel Award helps to offset the costs of participating in an academic conference (Value: \$430)

### **NASSM SURPLUS FUND AWARD** 2016, 2017, 2018

- The department of Sport Management NASSM Surplus Award helps to offset the costs of participating in an academic conference (Value: \$400)

### **GRADUATE STUDENT TEACHING ASSISTANT AWARD** 2017

- Each year, students and course instructors are able to recognize outstanding graduate student Teaching Assistants by nominating them for a Graduate Student Teaching Award.

### **PACKIANATHAN CHELLADURAI AWARD** 2016

- Awarded annually to a full-time graduate student in the Master's or Doctoral program in Kinesiology, within the Management and Leadership field who has maintained a minimum 80% academic average during their degree. The recipient is selected by the Kinesiology Graduate Affairs Committee based on academic achievement (Value: \$3000).

### **KINESIOLOGY GRADUATE TRAVEL AWARD** 2016, 2018

- The Kinesiology Graduate Conference Travel Award helps to offset the costs of participating in an academic conference (Value: \$600)

### **MITACS INTERNSHIP GRANT** 2016

- Canada's premiere research internship program provides recipients with the opportunity to transfer their skills from theory to real-world application, while companies gain a competitive advantage by accessing high-quality research expertise (Value: \$12000)

## **PROFESSIONAL DEVELOPMENT**

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**Hands-on Teaching Philosophy Workshop for Graduate Students** 2018  
*Western University Teaching Support Centre* London, ON

**Writing a Teaching Philosophy Statement** 2018  
*Western University Teaching Support Centre* London, ON

**Preparing Your Teaching Dossier** 2018  
*Western University Teaching Support Centre* London, ON

**Great Ideas for Teaching Panel** 2018  
*Western University Teaching Support Centre* London, ON

<b>Working Effectively with Teaching Assistants</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Flourishing in Your Teaching: Cultivating a Practice that Supports Your Well-Being</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Getting Students to Think Critically: Perspectives from the Disciplines</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Using Assessment to Nurture Critical Thinking</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Teaching with Our Signatures: Cultivating Disciplinary Habits of Mind</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Evaluating the Effectiveness of Team-Based Learning</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Quality in Research on Teaching and Learning: Evidence from the Field</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Simulations &amp; Case Studies: Welcome to My Education Classroom</b> <i>Western University Teaching Support Centre</i>	2017 London, ON
<b>Mental Health Awareness Workshop for Coaches</b> <i>Expand the Reach</i>	2015 London, ON
<b>Teaching Mentor Program</b> <i>Western Certificate in University Teaching and Learning (WCUTL)</i>	2015 London, ON
<b>Advanced Teaching Program</b> <i>Western Certificate in University Teaching and Learning (WCUTL)</i>	2014 London, ON

## **TEACHING RELATED EXPERIENCE**

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<b>The University of Western Ontario</b> <i>Teaching Assistant</i>	2016 – 2017 London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3399G: Sport Marketing</li> <li>• Responsible for lecturing three classes, assisted with the distribution and proctoring of exams, held office hours to assist students with various assignments, responsible for grading assignments and exams</li> </ul>	
<b>The University of Western Ontario</b> <i>Teaching Assistant</i>	2016 – 2017 London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 2276F: Introduction to Exercise Psychology</li> <li>• Assisted with the distribution and proctoring of exams, held office hours to assist students with various assignments, responsible for grading assignments and exams</li> </ul>	
<b>The University of Western Ontario</b> <i>Teaching Assistant</i>	2015 – 2016 London, ON

- Kinesiology 3474B: Psychological Interventions in Sport, Exercise and Injury Rehabilitation
- Assisted with the distribution and proctoring of tests, held office hours to assist students with various assignments, responsible for grading assignments

**The University of Western Ontario**

2015 – 2016

*Teaching Assistant*

London, ON

- Kinesiology 4489A: International Sport Management
- Responsible for the grading of weekly contribution posts by students

**The University of Western Ontario**

2014 – 2015

*Teaching Assistant*

London, ON

- Kinesiology 2925S/2912S: Alpine Ski and Snowboard
- Responsible for the distribution, proctoring, and grading of exams. Responsible for overseeing students during transportation and accommodations

**The University of Western Ontario**

2013 – 2014

*Teaching Assistant*

London, ON

- Kinesiology 2276F: Introduction to Exercise Psychology
- Assisted with the distribution and proctoring of exams, held office hours to assist students with various assignments, responsible for grading assignments and exams

**The University of Western Ontario**

2012 – 2013

*Teaching Assistant*

London, ON

- Kinesiology 1080B: Introduction to Psychomotor Behaviour
- Assisted with the distribution and proctoring of tests, held office hours to assist students with questions regarding labs, responsible for grading lab assignments

**The University of Western Ontario**

2012 – 2013

*Student-Athlete Mentor*

London, ON

- Academic Success Mentoring Program
- The Academic Success Program was developed in conjunction with Intercollegiate Athletics and the Student Development Centre as an attempt to assist those participating on any athletic team to achieve at the highest possible level both athletically and academically. The program was a great opportunity for graduate students to utilize their athletic and academic background and real life experience to assist new student-athletes to effectively combine their sport, academic, and social lives in a competitive university setting.

## **GUEST LECTURES**

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**The University of Western Ontario**

2016 – 2017

*Guest Lecturer*

London, ON

- Kinesiology 9032B: Sport Leadership – Leadership Panel Alumni Day

<b>The University of Western Ontario</b>	2016 – 2017
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3399G: Sport Marketing – Corporate Social Responsibility (CSR) and Hockey Fans in Training; The Practice of Contemporary Marketing Techniques; Race for the Cure – A Case Study Analysis</li> </ul>	
<b>The University of Western Ontario</b>	2015 – 2016
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3474B: Psychological Interventions in Sport, Exercise and Injury Rehabilitation – APA Formatting and Research Proposal Writing</li> </ul>	
<b>The University of Western Ontario</b>	2015 – 2016
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3399G: Sport Marketing – Corporate Social Responsibility (CSR): An Overview and Analysis of Current NHL Practices</li> </ul>	
<b>The University of Western Ontario</b>	2015 – 2016
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 9031A: Sport Marketing – Relationship, Cause, Social, and Ethnic Marketing</li> </ul>	
<b>The University of Western Ontario</b>	2014 – 2015
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3399G: Sport Marketing – Contemporary Marketing Techniques</li> </ul>	
<b>The University of Western Ontario</b>	2012 – 2016
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 2984A: Ice Hockey Skills – Ice Hockey Basics, Maximizing a Goaltender’s Potential</li> </ul>	
<b>The University of Western Ontario</b>	2012 – 2014
<i>Guest Lecturer</i>	London, ON
<ul style="list-style-type: none"> <li>• Kinesiology 3908T: Ice Hockey Coaching – Canadian Hockey</li> </ul>	

## **CERTIFICATIONS**

<b>Tri-Council Privacy Statement: Ethical Conduct for Research Involving Humans</b>	2015
<b>GCP: Good Clinical Practice</b>	2015
<b>Privacy and Confidentiality with St. Josephs Health Care London</b>	2015
<b>Lawson Clinical Research Standard Operating Procedures Training</b>	2015
<ul style="list-style-type: none"> <li>• N2-SOP002 Research Team Roles &amp; Responsibilities</li> <li>• N2-SOP003 Research Team Training</li> <li>• N2-SOP006 Informed Consent Forms</li> <li>• N2-SOP007 Research Ethics Board: Submissions &amp; Ongoing Communication</li> <li>• N2-SOP008 Informed Consent Process</li> <li>• N2-SOP009 Subject Recruitment &amp; Screening</li> <li>• N2-SOP014 Clinical Data Management</li> <li>• N2-SOP015 Investigator Study Files &amp; Essential Documents</li> <li>• N2-SOP019 Confidentiality &amp; Privacy</li> </ul>	
<b>Certified in Standard First Aid and CPR-C</b>	2015

**MEMBERSHIPS**

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<b>Member of Sport and Social Impact Research Group</b>	2017-Present
<b>Member of European Association for Sport Management (EASM)</b>	2017-Present
<b>Member of North American Society for Sport Management (NASSM)</b>	2014-Present
<b>National Coaching Certification Program Development 1 Hockey</b>	2012
<b>Respect Group Program (formally Speak-Out)</b>	2012
<b>National Institute of Health (NIH) Protecting Human Research: Participants Course</b>	2009