

Community Attitudes Survey: Healthy community sporting environments

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**Community
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sporting
environments**

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Summary

Many local community sports clubs rely on alcohol and junk food sales and sponsorship to support their operations. However, it is unclear to what extent the broader community supports this dependency. The *VicHealth Community Attitude Survey on Healthy Community Sporting Environments* was administered to a random sample of 1500 Victorian adults between 20 October and 17 November 2009 to determine community sentiment on these issues.

The survey results provide evidence of Victorian community support for reducing community sporting clubs' reliance on alcohol and junk food sales and sponsorship. These results are relevant to the *VicHealth Healthy Sporting Environments Demonstration Project*, which intends to achieve minimum standards in relation to responsible use of alcohol and healthy eating at local community sporting clubs.

- Forty percent of survey respondents are opposed to the sale of alcohol, and 55% of respondents are opposed to alcohol sponsorship at community sports clubs.
- There is very high support (83%) for the removal of alcohol sponsorship at community sports clubs if clubs are supported to replace any lost revenue.
- Three-quarters of respondents would support a levy on alcohol advertising if the funds generated by the levy were allocated to community sports clubs to replace any revenue lost from reducing alcohol sales and sponsorship.
- Forty-nine percent of survey respondents are opposed to the sale of junk food, and 53% are opposed to junk food sponsorship at community sports clubs.
- There is very high support (81%) for the removal of junk food sponsorship at community sports clubs if clubs are supported to replace any lost revenue.
- Seventy-seven percent of respondents would support a levy on junk food advertising if the funds generated by the levy were allocated to community sports clubs.

Background

All Victorians, whether drinkers or non-drinkers, are touched in some way by the negative consequences of harmful consumption of alcohol. These consequences include public drunkenness, violence, property damage, workplace absenteeism, road injury and alcohol-attributable diseases.

The majority of Victorians who regularly drink do so in moderation. Around three-quarters (73.7%) of Victorians drink below levels for long-term risk of harm, and almost a fifth (17.2%) of Victorians are non-drinkers.¹ However, short-term consumption of alcohol at harmful levels, while only occasional, is also a prominent feature of Australia's drinking culture.

One in five (19.4%) Victorians aged 14 years and over drink at short-term risky/high-risk levels at least once a month¹, a pattern commonly referred to as binge drinking. This equates to almost 10 million occasions of binge drinking in Victoria each year.

The annual cost to the Victorian community from alcohol-related harm is estimated to be more than \$3.7 billion.² The settings in which alcohol-related harm occurs are often highly visible, including licensed premises such as pubs, nightclubs and sporting events.

There is an emerging leadership role in the prevention of alcohol-related harm being taken by police, emergency services, child and family welfare services, the health and hospital systems and most importantly, by sporting bodies.

Victorians are also affected by the negative consequences of the harmful consumption of junk food. As individuals increase in size, so too does the risk of having serious physical and psychological health problems. For example, the World Health Organization includes cardiovascular disease, type 2 diabetes, some types of cancer, sleep apnoea, osteoarthritis, psychological disorders and social problems as chronic health consequences of being overweight or obese, leading to a decreased life expectancy and/or reduced quality of life.³

An overweight and obese population leads to negative outcomes not only for individuals but also communities, with increased health care costs and demands on health services affecting all Victorians. A high body mass index ranks in the top three sources of the total burden of disease and injury in Australia.⁴ The estimated annual cost for obesity in Victoria is over \$2.0 billion.⁵ Approximately one in four Victorian primary school children and three in five Victorian adults are overweight or obese and alarmingly, prevalence rates are increasing.⁶ In addition, the majority of Victorians do not eat the recommended serve of vegetables and fruit.⁶ One contributor is through the ready accessibility of unhealthy foods in canteens, cafes and vending machines in settings such as schools, sports clubs or leisure centres and public spaces. However, the Healthy Canteens project run in a number of Victorian sports clubs found strong customer demand for healthier choices and that replacing foods and drinks high in fats, salts or sugars with healthier options did not reduce profits nor sales.⁷

Sport settings are recognised by governments and the broader community as "healthy environments". Traditionally the focus on sporting environments has been to emphasise opportunities for physical activity and provide a meeting point for socialising and sharing common interests.

It has recently been reported among a survey of Australian university students that the practice of drinking with competitors after sports games predicts higher levels of alcohol consumption.⁸ The same survey also reported that high-profile sportspeople were not perceived to be heavy drinkers and the perceived drinking of high-profile sportspeople was not predictive of others drinking. In other words, high profile sporting role models may have less impact on drinking than the drinking norms operating in the sports that people directly participate in. These results suggest that intervening in the norms and practices of everyday drinking environments (such as the practice of drinking with competitors after the game) may prove to have beneficial effects in reducing alcohol consumption in sporting environments.

The unrealised potential of sporting environments as settings for health promotion is now more widely recognised. In addition to promoting physical activity, community sports clubs provide an ideal setting for broader health promotion and reducing the impact of lifestyle risk behaviours.

Although community sports clubs provide essential opportunities for physical activity and socialising, they are also commercially important as marketing environments for alcohol and junk food. There is debate as to whether participating in sport and being exposed to sponsorship in sporting contexts increases the likelihood of hazardous alcohol and junk food consumption.⁹ Peck et al (2008)¹⁰ have suggested that there is a positive relationship between participating in sports and alcohol use. The results of a number of studies suggest that it is not simply participating in sports that drives the apparent relationship between sport activity and alcohol use. There are a variety of factors that may influence alcohol use, including personal factors and the social and sporting context in which these activities occur.

Many local community sports clubs rely on alcohol and junk food sales and sponsorship to support their operations. However, it is unclear to what extent the broader community supports the dependency of local sports clubs on such sales and sponsorship.

The *VicHealth Community Attitude Survey on Healthy Community Sporting Environments* was administered to a random sample of 1500 Victorian adults between 20 October and 17 November 2009 to determine community sentiment on these issues.

The survey

The survey assessed respondents' perceptions about what constitutes a healthy sporting environment, gauged attitudes towards the role of alcohol and junk food in community sporting clubs, and determined support for structural interventions to make community sporting environments healthier.

The telephone survey was conducted on a stratified sample of 1000 Melbourne residents and 500 residents of the rest of Victoria. A response rate of 47 % was achieved. Appendix A provides further details about the survey method.

The respondents

Survey respondents ranged in age from 18 to 94 years (mean 49.1 years). Respondents were mostly female (56.6%) and aged between 45–54 years (21.4%). Over a third of respondents were the parent/guardian of a dependent child living in their household (34.0%).

In the 12 months prior to the survey, 43.4% of the survey respondents were involved with a local community sports club either as a player, spectator or in a non-playing role. The most commonly identified community sports clubs the participants were involved with included Australian Rules football (31.8%), basketball (15.4%), cricket (14.6%), netball (13.2%), tennis (12.0%), and soccer (11.2%).

Eighty-five percent of respondents had consumed an alcoholic drink in the last 12 months. Regarding drinking status, most respondents defined themselves as "occasional drinkers" (42.9%).

Ability to make inferences about the Victorian population using survey findings

The dataset was post-weighted by age and sex to align with the latest Victorian residential population estimates.¹¹ The weighted sample proportions presented in this summary paper are accompanied by confidence intervals, which estimate with 95% confidence that the true population proportions would fall within this range.

Findings

Respondents were asked to list the key benefits of being involved in a local community sports club, and to identify what aspects of a community sports club are unhealthy. Responses were unprompted and multiple responses were accepted—therefore, percentages can total greater than 100%.

Key benefits of being involved in a local community sports club

The most commonly identified benefit of involvement in a local community sports club was 'socialising'; over half of the respondents identified this as a benefit.

'Health' (27%) was ranked as the fourth most commonly identified benefit, behind 'socialising' (53%), 'exercise and physical fitness' (45%), and 'participating in the local community' (35%) (Table 1).

Less than 2% of the sample believed there were no benefits of being involved with community sports clubs.

Table 1

Ten most commonly identified key benefits of being involved with a local community sports club; Victorian residents aged 18 years and over (N=1500)^a

	Per cent	95% Confidence Interval
Socialising	52.7	50.0–55.4
Exercise/physical fitness	44.6	41.9–47.3
Participate in/support the local community	34.6	32.0–37.2
Health	26.8	24.4–29.3
Meet new people	15.4	13.4–17.3
Kids can be involved	9.6	8.2–11.1
Belonging to a team	7.1	5.7–8.5
Develop skills	5.3	4.0–6.5
Fun	4.1	2.9–5.2
Build confidence/self-esteem	3.7	2.7–4.8

^a Respondents were asked "What, if anything, do you think are the key benefits of being involved with local community sports clubs, either as a player or in a non-playing role?"

What is unhealthy at local community sports clubs?

Alcohol consumption was identified by 30% of respondents as an unhealthy aspect of local community sports clubs.

Other commonly identified unhealthy aspects included 'overbearing parents' (18%), 'competitiveness' (15%), 'fights between attendees' (12%), and 'junk food' (6%) (Table 2).

Twenty-two percent of the sample believed there were no unhealthy aspects to local community sports clubs.

Table 2
Ten most commonly identified unhealthy aspects of local community sports clubs; Victorian residents aged 18 years and over (N=1500)^b

	Per cent	95% Confidence Interval
Alcohol consumption	29.8	27.3–32.2
Nothing	22.2	19.9–24.4
Overbearing parents	18.1	16.1–20.2
Competitiveness	15.2	13.2–17.3
Fights between attendees	12.4	10.6–14.2
Food or drink high in fat, sugar or salt	5.9	4.6–7.3
Sporting injuries	4.9	3.6–6.1
Smoking	4.6	3.5–5.7
Discrimination	3.2	2.2–4.3
Poor hygiene, cleanliness, maintenance	2.2	1.4–3.0

Attitudes towards alcohol in local community sports clubs

To further explore community sentiment towards the role of alcohol at community sports clubs, a series of questions were asked about the relationships between alcohol sales, fun and family-friendly environments.

- Thirty-eight percent of respondents (35.9–41.1, 95% CI) believe that there is too much alcohol sold at community sports clubs—31% believe the right amount is sold and 1% believe not enough is sold.^c
- Ninety-two percent of respondents agree that it is the responsibility of community sports clubs to promote responsible drinking behaviour—65% strongly agree (62.0–67.3, 95% CI) and 27% agree (24.6–29.6, 95% CI).^d
- Nearly three-quarters of respondents (72%) agree that community sports clubs would be more family-friendly if less alcohol was sold and consumed—42% strongly agree (39.2–44.5, 95% CI) and 30% agree (27.4–32.4, 95% CI).^e
- Ninety-four percent of respondents disagree that you can only have fun at local community sports clubs if alcohol is involved—65% strongly disagree (61.9–67.2, 95% CI) and 29% disagree (26.7–31.8, 95% CI).^f

^b Respondents were asked "What, if anything, do you think can be unhealthy at local community sports clubs?"

^c Respondents were asked "What is your opinion about the amount of alcohol sold at community sports clubs? Would you say there is too much, the right amount, or not enough?"

^d Respondents were asked "To what extent do you agree or disagree with the following statement? It is the responsibility of community sports clubs to promote responsible drinking behavior."

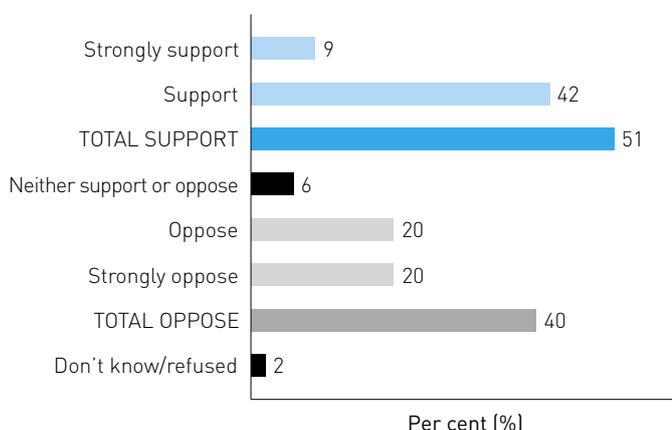
^e Respondents were asked "To what extent do you agree or disagree with the following statement? Local community sports clubs would be more family-friendly if less alcohol was sold and consumed."

^f Respondents were asked "To what extent do you agree or disagree with the following statement? You can only have fun at local community sports clubs if alcohol is involved."

Support for community sports clubs relying on the sale of alcohol to help with running costs of the club

Respondents were asked the level of support for clubs relying on the sale of alcohol to help with the running costs of the club (Figure 1).

Figure 1
Community sentiment for reliance on alcohol sales to help with running costs of clubs; Victorian residents aged 18 years and over (N=1500)^a



Just over half of respondents (51%) supported the practice of community sports clubs selling alcohol to contribute to club running costs. There was a greater proportion of “strong” opinion opposing this practice (20% strongly oppose), than supporting (9% strongly support).

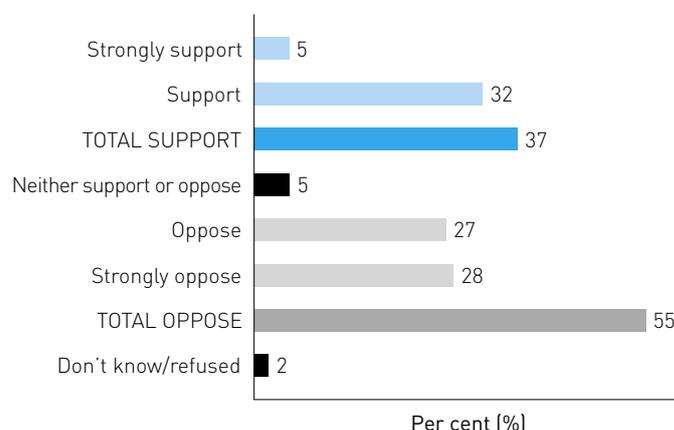
To further explore community sentiment towards the role of alcohol sales to participation at community sports clubs, respondents were asked “If local community sports clubs reduced their sale of alcohol, would you be more or less likely to participate in these clubs, or would it make no difference?”

Most respondents (82% [79.5–83.7, 95% CI]) indicated that there would be no difference to their participation at community sports clubs if alcohol sales were reduced. Sixteen per cent said they would be more likely to attend, and 1% said they would be less likely to attend.

Support for community sports clubs receiving alcohol sponsorship in return for promoting the sponsor’s products at the club

Respondents were asked the level of support for clubs receiving alcohol sponsorship to promote sponsors products at the club (Figure 2).

Figure 2
Community sentiment towards alcohol sponsorship to promote products at clubs; Victorian residents aged 18 years and over (N=1500)^b



More respondents opposed (55%) than supported (37%) the practice of community sports clubs receiving alcohol sponsorship. A far greater proportion of “strong” opinion opposed this practice (28% strongly oppose), than supported this practice (5% strongly support).

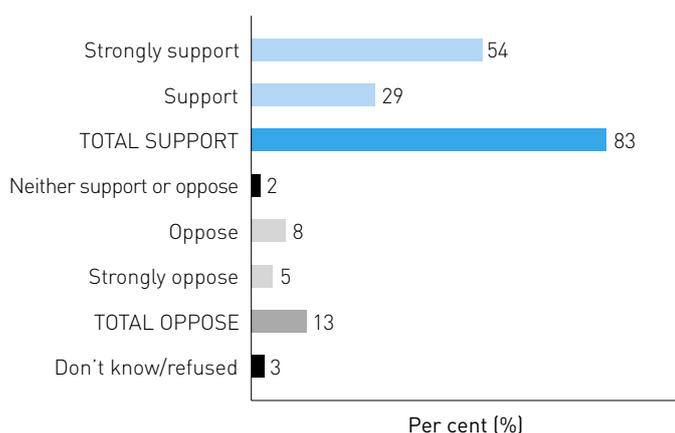
^a Respondents were asked “Many community sports clubs rely on the sale of alcohol to help with running costs. Do you support or oppose this practice?”

^b Respondents were asked “Some community sports clubs receive alcohol sponsorship in return for promoting the sponsor’s products at the club. Do you support or oppose this practice?”

Support for the removal of alcohol sponsorship at community sports clubs if the government provided financial support to replace any lost sponsorship revenue

Respondents were asked the level of support for removal of alcohol sponsorship if government provided financial support to replace any lost sponsorship revenue (Figure 3).

Figure 3
Community sentiment for the removal of alcohol sponsorship if government provided financial support to replace any lost sponsorship revenue; Victorian residents aged 18 years and over (N=1500)ⁱ

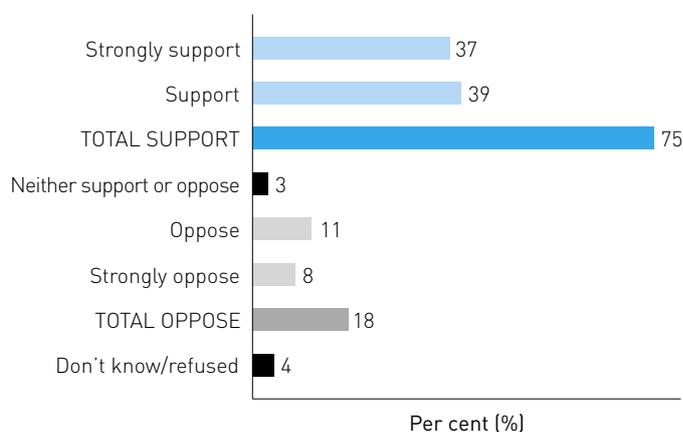


Eighty-three percent of respondents would support the removal of alcohol sponsorship if community sporting clubs were supported to replace lost revenue; most respondents strongly supported this initiative (54%) and only 13% (in total) opposed.

Support for a levy on alcohol advertising, if generated funds allocated to community sports clubs

Respondents were asked the level of support for a levy on alcohol advertising, if this generated funds allocated to a community sports club (Figure 4).

Figure 4
Support for a levy on alcohol advertising if generated funds are allocated to community sports clubs; Victorian residents aged 18 years and over (N=1500)^j



Three-quarters of respondents would support a levy on alcohol advertising (39% strongly support) and less than twenty percent oppose (18% in total).

ⁱ Respondents were asked "Would you support or oppose the removal of alcohol sponsorship at community sports clubs if the government provided financial support to replace any lost sponsorship revenue?"

^j Respondents were asked "It has been suggested that alcohol manufacturers pay a levy when they advertise in places like television or newspapers. The funds from this levy could then be allocated to community sports clubs to replace any revenue lost from reducing alcohol sales and sponsorship. Would you support or oppose a levy on alcohol advertising if the money was used in this way?"

Attitudes towards junk food in local community sports clubs

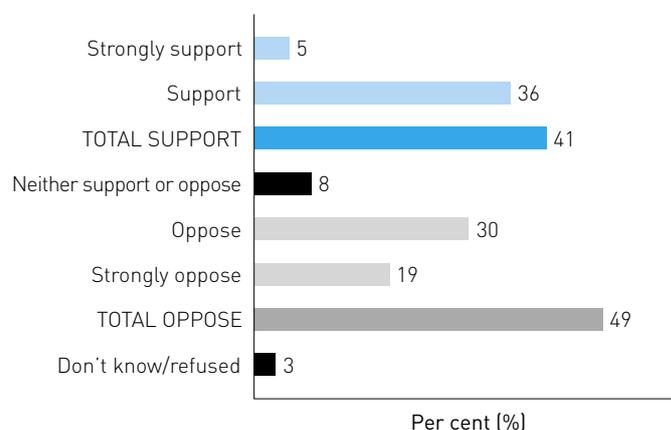
To further explore community sentiment towards the role of junk food^k at community sports clubs a series of questions was asked examining

- Fifty-one percent of respondents (47.9–53.4, 95% CI) believe that there are not enough healthy food options sold at community sports clubs—22% believe the right amount is sold and 1% believe there is too much.^l
- Eight-two percent of respondents agreed that it is the responsibility of local community sports clubs to promote healthy eating—42% strongly agree (39.1–44.5, 95% CI) and 40% agree (37.0–42.4, 95% CI). Only 16% disagreed.
- Eighty-five percent of respondents agreed that in the interests of children’s health, community sports clubs should reduce the sale and consumption of junk food—51% strongly agree (48.5–53.9, 95% CI) and 33% agree (30.7–35.8, 95% CI).^m
- Three-quarters of respondents (74%) agreed that community sports clubs should reduce the sale and consumption of junk food in the interests of adult’s health—36% strongly agree (33.8–38.9, 95% CI) and 38% agree (35.3–40.7, 95% CI).ⁿ

Support for community sports clubs relying on the sale of junk food to help with running costs of the club

Respondents were asked the level of support for community sports clubs relying on the sale of junk food to help with running costs (Figure 5).

Figure 5
Support for the sale of junk food at community sports clubs to help with running costs; Victorian residents aged 18 years and over (N=1500)^o



Community sentiment was split on the issue of community sports clubs relying on the sale of junk food to support their club. More respondents opposed (49%) than supported (41%) the practice of community sports clubs relying on sales from junk food to help with the running costs of the club, however these differences are small.

^k For the purposes of this research, junk food was defined and described to respondents as “food and drinks that are high in fat, sugar or salt, such as some types of fast food, soft drinks and confectionery products”.

^l Respondents were asked “What is your opinion about the amount of healthy food options (such as fresh fruit, water and salad rolls) sold at community sports clubs? Would you say there is too much, this right amount or not enough?”

^m Respondents were asked “To what extent do you agree or disagree with the following statement? In the interests of children’s health, community sporting clubs should reduce the sale and consumption of junk food.”

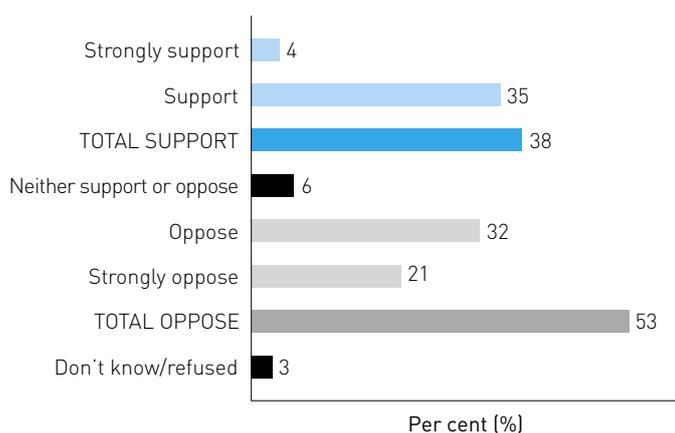
ⁿ Respondents were asked “To what extent do you agree or disagree with the following statement? In the interests of adult’s health, community sporting clubs should reduce the sale and consumption of junk food.”

^o Respondents were asked “Many community sports clubs rely on the sale of junk food to help with running costs. Do you support or oppose this practice?”

Support for community sports clubs receiving sponsorship from companies which sell junk food as a source of revenue, in return for promoting the sponsor's products at the club

Respondents were asked the level of support for community sports clubs receiving sponsorship from companies which sell junk food as a source or revenue in return for promoting the sponsor's products at the club (Figure 6).

Figure 6
Support for the junk food sponsorship at community sports clubs to help with running costs; Victorian residents aged 18 years and over (N=1500)^p

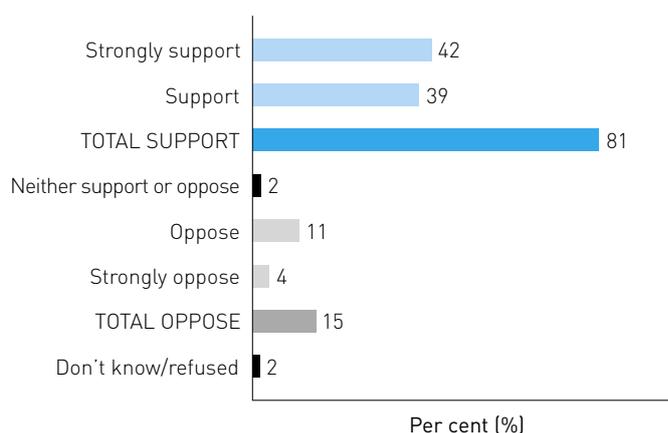


Over half of respondents (53%) oppose the practice of community sports clubs receiving sponsorship from companies which sell junk food (21% strongly oppose). Thirty-eight percent of respondents supported this practice.

Support for the removal of junk food sponsorship at community sports clubs if the government provided financial support to replace any lost sponsorship revenue

Respondents were asked the level of support for the removal of junk food sponsorship at community sports clubs if the government provided support to replace any lost sponsorship revenue (Figure 7).

Figure 7
Support for the junk food sponsorship at community sports clubs if government provided financial support to replace lost revenue; Victorian residents aged 18 years and over (N=1500)^q



Eighty-one percent of respondents would support the removal of junk food sponsorship if community sporting clubs were supported to replace lost revenue; most respondents (42%) strongly supported this initiative and only 15% opposed.

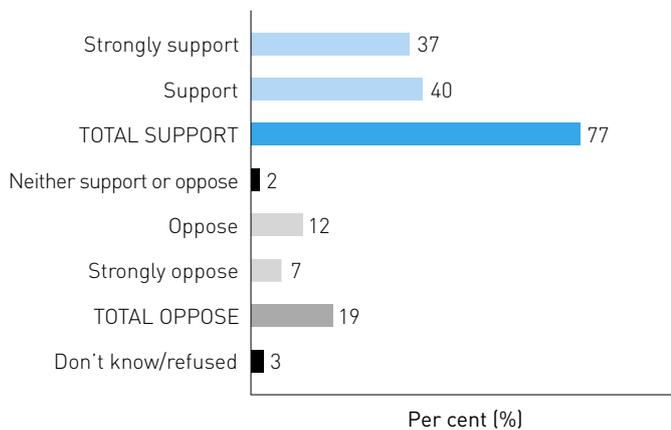
^p Respondents were asked "Some community sports clubs receive sponsorship from companies which sell junk food as a source of revenue, in return for promoting the sponsor's products at the club. Do you support or oppose this practice?"

^q Respondents were asked "Would you support or oppose the removal of sponsorship from companies which sell junk food at community sports clubs if the government provided financial support to replace any lost revenue?"

Support for a levy on junk food advertising, if generated funds allocated to community sports clubs

Respondents were asked the level of support for a levy on junk food advertising, if generated funds were allocated to community sports clubs (Figure 8).

Figure 8
Support for a levy on junk food advertising, if funds were allocated to community sports clubs; Victorian residents aged 18 years and over (N=1500)^f



Just over three-quarters of respondents would support a levy on junk food advertising (37% strongly support), and less than a fifth oppose it (19%). It should be noted that the level of support for a levy on advertising for junk food is of a similar level to support for a levy on advertising for alcohol. This is interesting as the alcohol and junk food occupy very different places in the Australian cultural landscape. The results suggest that when it comes to community sentiment for regulating advertising, the community treats the two advertising domains in a similar manner.

In order to further explore the role of junk food sales on participation at community sports clubs, respondents were asked about the likelihood of reduced junk food sales impacting on participation at community sports clubs.^g

Most respondents (88% [85.8–89.5, 95% CI]) indicated that there would be no difference to their participation at community sports clubs if junk food sales were reduced; 10% said they would be more likely to attend, and 1% said they would be less likely to attend.

^f Respondents were asked "It has been suggested that manufacturers of junk food should pay a levy when they advertise in places like television or newspapers. The funds from this levy could then be allocated to community sports clubs to replace any revenue lost from reducing junk food sales and sponsorship. Would you support or oppose a levy on junk food advertising if the money was used in this way?"

^g Respondents were asked "If local community sports clubs reduced their sale of junk food would you be more or less likely to participate in these clubs, or would it make no difference?"

Conclusions

The survey results provide evidence of Victorian community support for reducing community sporting clubs' reliance on alcohol and junk food sales and sponsorship. These results have relevance for Government, business, sporting bodies and the broader Victorian community.

The Australian Government's Preventative Health Taskforce Report *Australia: The Healthiest Country by 2020*¹² recommended reducing the exposure of children and others to marketing advertising, promotion and sponsorship of energy-dense and nutrient-poor foods and beverages. The report also recommended the staged phasing out of alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including sponsorship of sport and cultural events. It also recommended increasing the availability and demand for healthier food products and decreasing the availability and demand for unhealthy food products. The current data show general support among the Victorian community for these recommendations.

More specifically, the survey results confirm a balanced appreciation of the role of alcohol and junk food in the operations of community sports clubs. The community appreciates that sports clubs need financial support. However, the survey results suggest the community shows a preference for Government funding of sports clubs rather than commercial sponsorship arrangements from the alcohol and junk food industries.

There is little doubt that sports are an important vehicle for targeting the young male target audiences desired by alcohol marketers.¹³ North American studies suggest that entertainers and athletes are significant role models in shaping purchasing behavior¹⁴, and that athletes are reported to be stronger role models than entertainers in affecting purchasing intentions, especially for male young adult African-Americans. High profile sporting role models may have less impact on drinking than the drinking norms operating in the sports that people directly participate in.⁸

In an Australian context, it is not clear what impact placing further restrictions on alcohol and junk food sales and sponsorship will have on the finances of local sports clubs. Further research is needed to ascertain the relative impact such policies would make.

The results of this study should be interpreted in light of the findings of a recent study of drinking norms in sport.⁸ Community support for changing drinking norms in local sporting contexts may prove to have a beneficial impact on alcohol-related harm. Recent evidence suggests that drinking norms in Australian sporting contexts predict heavier drinking among sportspeople.

What is clear is that the Victorian community is in step with broader national and international¹⁵ interest to protect young people from the detrimental effects of marketing through sports settings. A challenge arising from this report is how to effectively balance the expectations of the community with the potential impacts of policy change.

Appendix A: Survey methods

Project background

VicHealth commissioned the Social Research Centre to conduct a series of Health Monitors, with the first (Alcohol Monitor) conducted in early 2009 and the second (Healthy Sporting Environments monitor) reported herein. The subject matter of each Monitor was focussed on a health issue topical at the time of conduct.

VicHealth provided the questionnaire for the Healthy Sporting Environments Survey to the Social Research Centre. The questionnaire drew on published surveys used in previous studies, as well as new questions developed specifically for this study, with input from the Social Research Centre.

Survey overview

The in-scope population for the VicHealth Healthy Sporting Environments Survey was persons aged 18 years of age and over who were residents of private households in Victoria. Data collection was by Computer Assisted Telephone Interviewing.

The survey consisted of 1500 interviews, stratified by metropolitan / non-metropolitan location. The “known block” method of Random Digit Dialling (RDD) sampling technique was used as the sampling frame for the survey. Within qualifying households, the “next birthday” method of respondent selection was used. A range of strategies were adopted to maximise response, including repeated call backs to establish contact and the operation of a 1800 number. No interviews were undertaken in languages other than English. The average interview length was 17 minutes.

The in-scope population for the VicHealth Healthy Sporting Environments Survey was the non-institutionalised population of Australia aged 18 years or over. As such, the in-scope population excluded:

- residents of institutional quarters (prisons, nursing homes, etc) and military bases
- persons incapable of undertaking the interview due to a physical or mental health condition (including too old / frail)
- persons under the influence of drugs or alcohol
- persons who were unable to be interviewed in English.

Households with no person aged 18 years or over in residence were also considered out of scope.

The next birthday method was used to select the person 18 years or older in the household. No substitution of individuals within households was undertaken.

Call procedures

A 15-call protocol was used for the study, whereby up to six attempts were made to establish contact with the selected household, and upon making contact, up to a further nine attempts were made to achieve an interview with the selected respondent.

This call regime was adopted to help improve the representativeness of the achieved sample. Previous experience suggested that the representation of groups such as young persons, males and working persons is improved by using an extended call cycle.

Initial contact attempts were made between 4.30 pm and 8.30 pm on weekdays; 10.00 am and 4:00 pm on Saturdays; and 11.00 am and 4.00 pm on Sundays. Failing contact during these times, calls were then initiated on weekdays between 9.00 am and 5.00 pm. Appointments were made for any time within the hours of operation of the call centre.

Ethical consideration

Ethical considerations for the *VicHealth Healthy Sporting Environments Survey* included:

- ensuring informed consent
- ensuring the voluntary nature of participation was clearly understood
- protecting the privacy and confidentiality of respondent information.

Safeguards regarding the above were covered by the Social Research Centre’s contract with VicHealth and by the appropriate privacy laws. In addition, the Social Research Centre is bound to adhere to ASMRO Privacy Principles and the AMSRS Code of Professional Behaviour.

Sample characteristics

The final call sample is summarised in Table A1.

Table A1

Final call sample and its relationship to Australian population. Age, gender and birthplace figures taken from ABS 2006 Census data. Employment status taken from ABS July 2007 Labour Force publication and educational attainment taken from ABS Work May 2006 Education and Work. Please note that the latter two publications include Australians aged 15 years or over.

	Achieve sample profile (Unweighted)	Australian population
Total (n)	1500	
Age group		
18–24 years	6.5%	12.4%
25–34 years	13.8%	17.9%
35–44 years	21.2%	19.6%
45–54 years	21.4%	18.0%
55–64 years	19.4%	14.1%
65 years or more	17.4%	17.9%
Gender		
Male	43.4%	48.4%
Female	56.6%	51.6%
Employment status		
Employed	63.9%	62.2%
Educational attainment		
Year 11 or below	22.5%	33.5%
Year 12 or equivalent	18.9%	20.3%
Trade or technical	27.5%	24.4%
University (bachelor or Post graduate degree)	30.3%	20.6%

The sample broadly reflects the characteristics of the Australian population. Data for the *VicHealth Healthy Sporting Environments Survey* was weighted by age and sex within Victoria using 2006 Census data. No weighting has been performed to correct for educational attainment, as the educational attainment of the sample population (18 years or over) is likely to compare favourably with the population estimate (i.e. the estimate in Table A1 relates to Australians 15 years or over).

References

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