Enabling the powerful? Participatory action research with local policymakers and professionals for physical activity promotion with women in difficult life situations

Annika Frahsa, Alfred Rütten, Ulrike Röger, Karim Abu-Omar, Diana Schow

Enabling the powerful? Participatory action research with local policymakers and professionals for physical activity promotion with women in difficult life situations

ANNIKA FRAHSA[1]*, **ALFRED RÜTTEN**[1], **ULRIKE ROEGER**[2], **KARIM ABU-OMAR**[1] **and DIANA SCHOW**[1]

[1]*Institute of Sport Science and Sport, University of Erlangen-Nürnberg, Gebbertstr. 123b, D-91058 Erlangen, Germany and* [2]*Institute of Sport Science and Sport, University of Augsburg, Augsburg, Germany*
*Corresponding author. E-mail: annika.frahsa@sport.uni-erlangen.de

SUMMARY

Enabling is a concept central to health promotion. It is perceived as a mechanism that can help people gain control over determinants of health. Little is known, however, about enabling among policy-makers and professionals. This case study investigates enabling among policy-makers and professionals who engaged in a specific participatory approach, cooperative planning. We define 'enabling' as creating action situations that allow policy-makers and professionals to (i) build individual capacities for health promotion and to (ii) apply these capacities to concrete organizational and political action at the institutional level. This case study followed policy-makers and professionals as they participated in a local physical activity promotion action research project in Germany. We conducted a secondary analysis of qualitative data gathered in that project (2005–2011). Methods included participant observation, document analysis, focus groups and qualitative interviews. All data were revisited for the case study and analyzed using qualitative content analysis. Findings include examples of enabling among policy-makers and professionals related to the co-operative planning process. Individual capacities were developed in perceived project roles, interactions with target groups and decision-making procedures. Findings also demonstrated municipal policy changes. Access to physical activity infrastructures improved, and an intersectoral job position was funded to support physical activity promotion among target group participants. Findings were analyzed using a model that links cooperative planning with a framework on policy change from a political science perspective. We conclude that cooperative planning might be a pathway to negotiated agreements that foster systematic enabling and health-promoting policy change.

Key words: community-based participatory research; health-promoting policies; policy and implementation; physical activity

INTRODUCTION

Enabling has been identified as an important element associated with improving health from the earliest stages of health promotion. Enabling approaches reflect the principle of a positive health definition and have been shown to effectively address and solve potential challenges in health-promotion action and research (Israel *et al*., 1998; Frohlich *et al*., 2001; Minkler and Wallerstein, 2008).

Few health-promotion studies, however, deal with the impact of such approaches on public policy (Minkler and Wallerstein, 2008; Israel *et al*., 2010). Even fewer look at impacts of such approaches on local politicians, people with organizational decision-making competences (policy-makers) or staff-level practitioners and experts, who often shape decisions through their day-to-day activities (professionals).

Theoretically rooted in social change theories, a major component of research on enabling in health promotion is the concept of self-determination (Cargo and Mercer, 2008). Research driven by this value tends to focus on the so-called 'target group's' participation in health-changing activities. Papers often discuss to what extent participation or increased control over their lives correlates with the target group's empowerment (Zimmerman and Rappaport, 1988; Laverack, 2004; Tengland, 2008). If such studies refer to policy-makers and professionals, they often only deal with the question of whether or not those individuals' participation may improve project planning or implementation and contribute to better outcomes among the primary 'target group' (Scheel *et al*., 2003; Hoeijmakers *et al*., 2007).

This paper takes an innovative approach to this subject and presents a case study on three policy-makers' and professionals' involvement in a local physical activity promotion action research project, which incorporated a specific procedure called cooperative planning (Rütten and Frahsa, 2011; Rütten and Gelius, 2011). Cooperative planning integrates all relevant stakeholders—primary target group members, policy-makers, professionals and researchers—and fosters shared and equal decision-making in a systematic process. Researchers act as overall project coordinators and evaluators. They also facilitate meetings, structure the content of meetings and safeguard participants' equal contribution and say.

The theoretical section of this paper introduces a multilevel concept of enabling among policy-makers and professionals. It defines essential individual capacities of policy-makers and professionals for participating in cooperative planning and supporting physical activity-promoting policy change. It then links the process of enabling to two theoretical constructs: a model on cooperative planning that addresses the interplay of structure and agency at individual and institutional levels and the Advocacy Coalition Framework (ACF), a political science approach for analysis that addresses negotiated agreements (Sabatier and Jenkins-Smith, 1993; Sabatier and Weible, 2007). Herein, the ACF is used to analyze the potential that cooperative planning provides for policy change.

In the findings section, we show examples of enabling among policy-makers and professionals and their subsequent impacts on changes in local policies. We discuss how cooperative planning promotes enabling at individual and institutional levels of health-promotion action and we link it to current discussions on the interplay between structure and agency (Rütten and Gelius, 2011; Abel and Frohlich, 2012). We discuss how processes in cooperative planning might represent an adequate arena within which to develop negotiated agreements that promote healthy public policy. We conclude by examining the potential use of findings for evidence-informed policy and knowledge transfer and explaining how further analyses might consider other policy analysis frameworks and contexts.

THEORETICAL FRAMEWORK OF ENABLING

Enabling: what is it?

We consider the concept of 'enabling' in the context of the Ottawa Charter for Health Promotion, amended by the Jakarta Declaration (WHO, 1986, 1998). The idea given therein of 'enabling people to take control over the determinants of their health' has been linked to the ability of target groups to make decisions and have control over forces that affect their lives (Rappaport, 1981; Bernstein *et al*., 1994; Zimmerman, 2000; Wallerstein, 2006).

We also set a special focus on policy-makers and professionals and define 'enabling' as creating action situations that allow policy-makers and professionals to (i) build individual capacities for health promotion and to (ii) apply these capacities to concrete organizational and political action at the institutional level. Table 1 gives a summary of the two levels of enabling and their different dimensions.

Individual capacities to be developed among policy-makers and professionals refer to changes in the perception of their individual roles, e.g. the acknowledgment and realization that they are co-participants in cooperative planning, representing one perspective rather

Table 1: Levels and dimensions of enabling among policy-makers and professionals

Level	Dimensions		
Individual level	Individual capacities Shifts in individual roles	Interacting with target group participants	Decision-making and managing capacities
Institutional level	Organizational and political action toward physical activity-promoting policy change		

than being 'the experts' (Laverack and Wallerstein, 2001; Rütten and Gelius, 2011). Individual capacities also need to be developed with regard to interacting with target groups. Enabled policy-makers and professionals show increased competences in interacting with target group participants, and understand and consider their obligations and demands in a systematic manner (Laverack and Wallerstein, 2001; Rütten and Frahsa, 2011; Rütten and Gelius, 2011). Enabling also refers to changes in decision-making and managing procedures. Health-promotion approaches work outside the health sector; and physical activity promotion through cooperative planning engages multifold actors from various policy sectors, ranging from sports, health, social affairs to the environment and transport fields. Enabling policy-makers and professionals to promote intersectoral and collaborative decision-making is therefore decisive for sustainable changes.

Enabling: how to promote it?

Cooperative planning in health-promotion action research is a participatory approach. It considers action at both individual and institutional levels (Rütten and Gelius, 2011). The approach equally involves representatives from the target group(s), policy-makers, professionals and researchers in the planning and implementation of health-promotion projects. Cooperative planning groups share decision-making about goal setting, implementation procedures, activities and measures to implement, selection of research methods and use of findings (Frahsa et al., 2011). As such, cooperative planning activities display a direct parallel to activities and approaches promoted through participatory action research (Baum, 2006) and community-based participatory research (Israel et al., 1998; Minkler and Wallerstein, 2008; Israel et al., 2010).

Cooperative planning activities pursue a standardized interaction scheme that guides all participants toward achieving a specified goal. The scheme is constructed to include five meetings per planning group and three meetings of a steering committee. In the first meeting of each planning group, ideas for activities are brainstormed. Ideas are structured and clustered by facilitators, who usually come from academia. Results are discussed, changed and then agreed upon at the second meeting. Clustering of ideas supports the groups as they make decisions about priorities for concrete development. The following two meetings focus on the development of activities, including assigning specific steps to be taken for each activity, developing a time schedule for implementation, clarifying responsibilities for different implementation tasks, addressing resources needed and allocated and determining indicators of successful implementation. All participants then make a consensus-based decision about the action plan at a final meeting and feed back the action plan into their relevant communities and decision-making bodies.

Cooperative planning represents a kind of extra-territorial space for negotiation. Enabling processes occur in these contexts by creating action situations that promote (i) processes of individual skill development at the operational level, e.g. changes in perceptions and knowledge among policy-makers and professionals about their individual roles in dealing with primary target groups as well as decision-making procedures and (ii) a re-orientation toward health promotion on the part of policy-makers and professionals, e.g. through concrete application of insights to the relevant political, social and economic environments by creating physical activity-promoting rules and resources at city council or organizational decision boards.

Cooperative planning activities develop an 'enabling environment' (Rifkin, 2003) or 'health enabling community' (Campbell, 2001). The creation of this kind of extraterritorial space for participation is a political process in and of itself, and it therefore already constitutes a political change (Frohlich and Potvin, 2010).

Rütten, Frahsa and Gelius' (Rütten and Frahsa, 2011; Rütten and Gelius, 2011) model on the interplay of individual and organizational/political levels in health-promotion links these dynamics to cooperative planning. The authors distinguish agency and structure (i) on the operational level, with individual skill development representing agency and supportive environments representing structure and (ii) on the collective choice level, with community action representing agency and healthy public policy representing structure. Cooperative planning creates 'knowledge for understanding' as well as 'knowledge for action' among the powerful (Cornwell and Jewkes, 1995).

Enabling: how to analyze it?

Policy analysis in health-promotion research usually focuses on measuring and evaluating policy impacts and outcomes rather than on analyzing policy processes (Bernier and Clavier, 2011). Additionally, a systematic review of the health-promotion literature by Breton and de Leeuw (Breton and de Leeuw, 2011) found that policy-related articles in the field rarely incorporate theoretical insights from political science when studying the policy process.

The ACF provides an analytical guide to understanding policy processes that deal with complex problems (Sabatier and Jenkins-Smith, 1993; Sabatier and Weible, 2007). It applies a long-term perspective to understanding policy change and takes a comprehensive look at subsystems of policy-making. It also examines individuals based on tenets of social psychology (Sabatier and Weible, 2007). The most recent edition of ACF introduces negotiated agreements as one pathway to policy change (Sabatier and Weible, 2007). According to Sabatier and Weible (Sabatier and Weible, 2007), the starting point for policy change through negotiated agreements in a professional forum is often a dispute that originates from interpreting the same piece of information in very different ways. Several other issues may also be the impetus for policy change via negotiated agreements. These include rejection of the current *status quo* as an incentive for change, inclusion of all relevant stakeholders, neutral and respected leadership by chairpersons or facilitators of the process, consensus-based collaborative decision-making, intercoalitional funding, long-term and committed participation, non-normative rather than purely normative issues to deal with, trust-building and unattractive alternatives.

DATA AND METHODS

Study background: BIG—local physical activity promotion action research

This paper focuses on three policy-makers and professionals using a case study approach (Travers, 2001; Flick, 2002). The case study follows the three subjects' participation in a local physical activity participatory action research project in Bavaria/Germany that started in 2005. While the German Federal Ministry of Research funded the project, called 'Bewegung als Investition in Gesundheit (BIG)—Movement as an Investment for Health', during 2005–2008, research has continued through 2011.

BIG aimed at promoting health through the promotion of physical activity among women in difficult life situations (Rütten *et al.*, 2008; Rütten *et al.*, 2009; Rütten *et al.*, 2010; Röger *et al.*, 2011). BIG targeted three settings in a Bavarian city of Germany: a residential area, a work site and a sports club—all selected because of potentially high percentages of women who had low income or educational status, or were unemployed, on social welfare, single mothers or from ethnic minorities. Central to BIG was the approach of cooperative planning, in which women in difficult life situations, local policy-makers, professionals and researchers equally participated in project planning, implementation, evaluation and sustainability activities. Cooperative planning groups in the three settings decided about the type, content, time, location, costs, recruitment and marketing of activities. Representatives of the cooperative planning groups as well as additional participants—researchers, representatives from funding agencies—established a steering committee. This committee was responsible for overall project coordination and strategic decision-making about planning, implementation, evaluation and sustainability.

Low-fee exercise classes featuring child care, women-only indoor pool hours, women-only swimming classes, project offices run by women who participated in planning to organize exercise classes and different physical activity marketing activities were outputs of the cooperative planning process.

Funding for the research project ended in 2008; the municipality took over responsibility for the local activities and kept following the participatory approach of cooperative planning. Since then, the BIG approach has been transferred and implemented in other municipalities in Germany. Currently, ~800 women weekly take part in BIG activities in 10 locations across Germany.

Methods

Information for the case study was drawn from secondary analysis of data collected in the context of BIG during 2005 and 2011. Ethical approval for research within BIG was granted by the dlr, the project agency of the Federal Ministry of Research.

The case study focuses on three policy-makers and professionals: Subject I—the mayor, responsible for sports policy, Subject II—the head of the local sports department and Subject III—the manager of the largest sports club in the municipality. All three subjects joined BIG in the very beginning and are still active in the project. We focus on these three subjects because they represent the configuration of individuals who portray a 'typical' organized-sports perspective, advocating the interest of the sports club system. Sports clubs are the main institutions that organize leisure-time sports in Germany. They originally participated in BIG to secure interests and financial stakes of sports clubs in public funding of physical activity promotion. Some of them also saw an opportunity to win a new target group for induction into sports clubs and to enhance the sports clubs' mandate for broader health and social affairs in the city. Exploring the process of enabling among such traditional organized sports professionals was of particular interest from a health-promotion perspective.

The original research on BIG used different qualitative and quantitative research methods, including focus groups and interviews with policy-makers, professionals and target group members; pre-post surveys about health and health behavior and assessments of social, political and health impacts of physical activity classes on target group members.

For this case study, a secondary analysis was conducted of qualitative data collected in the original action research project. The focus was on qualitative interviews, focus group extracts, statements from meeting minutes and extracts from other documents that directly relate to the three case study subjects.

To contextualize data from and on the case study subjects, more than 100 documents were considered, including participant observation notes and meeting minutes from all interactions associated with the development of the project. Document sources include cooperative planning meetings, network meetings, city council meetings and informal conversations during breaks of meetings. We also returned to transcripts from six focus groups held with members of the cooperative planning groups, and 62 qualitative face-to-face interviews that were conducted with policy-makers, professionals and women both at the beginning and end of BIG research. We also carried out a secondary analysis of BIG-related material submitted to the city council, protocols and memos to increase the rigor of the case study.

Two members of the research team used non-computer assisted qualitative content analysis (Miles and Huberman, 1994; Mayering, 2002). They analyzed all data with a special focus on the three subjects of this case study. We looked for (i) individual capacities, e.g. shifts in individual roles, changes in perception about dealing with women in difficult life situations, changes in decision-making procedures and (ii) changes toward physical activity-promoting policy, i.e. all actions, structures or resources directed toward physical activity promotion at the institutional level.

For purposes of triangulation (Miles and Huberman, 1994; Flick, 2002), we searched the other documents for evidence relating to healthy public policy, e.g. multi- and intersectoral action by participants and institutions represented in BIG as well as local policy change that could be linked to BIG.

This case study was conducted separately from, and subsequent to, the original research in BIG, without direct involvement of the three subjects or target group members in the research. However, we discussed and verified findings with them at project meetings that were hosted by the municipality.

Results presented herein about processes of participation and dimensions of enabling represent a synthesis from the analysis of various data collected during BIG research. This synthesis was discussed and agreed upon by all authors of the paper.

FINDINGS

Enabling among the three policy-makers and professionals of the case study appeared to be strongly built upon and reinforce participation in cooperative decision-making, trust-building activities and ownership of the project.

Findings are presented in six sections. The first two sections deal with the context of co-operative planning. Section one presents the three policy-makers' and professionals' motivations for joining in cooperative planning activities. Section two refers to their perceptions about facilitation and decision-making inherent in the cooperative planning process.

The following three sections of findings refer to enabling results among the three subjects of the case study at the individual level. Section three looks at shifts in the subjects' perceptions of their individual roles in cooperative planning. Section four deals with competences in interacting with women in difficult life situations. Section five refers to shifted managing and decision-making procedures.

The sixth and final section deals with enabling results at institutional levels—community, organizational and political—and refers to policy-makers' and professionals' engagement for physical activity-promoting policy change and how that engagement is reflected in concrete changes at the local level. Table 2 gives a summary of enabling results among policy-makers and professionals identified at individual and institutional levels.

Policy-makers' and professionals' motivation for participation in BIG

Prior to the inception of BIG, a local sports development planning process was being implemented in the municipality; and it was conducted in close collaboration with the researchers responsible for BIG. During this process, policy-makers and professionals had tried to identify the physically least active population groups ('non-movers') in the city but had failed to reach and activate them through various offers.

> There was a workgroup on 'non-movers'. This group worked for more than a year. We realized they did not make any progress. They did surveys, surveys, and adjustments to those surveys. But nothing happened. Well, at least, not a single non-mover started to move. (Interview, Subject I)

Policy-makers and professionals responded to the failure in two different ways. One group wanted to refrain from any further activities because they believed they had tried everything one could imagine. The other group, among them the three policy-makers and professionals of this case study, wanted to change the approaches used and believed in the importance of continuing physical activity promotion efforts among previously inaccessible target populations.

This latter group thought that BIG offered a new and different approach to this dilemma.

> Not a single non-mover started to get active. Only through BIG and cooperative planning, we were able to follow a new track. The main question was how to overcome the incredibly high challenges to reach people who had never been involved in sports. (Interview, Subject I)

Facilitation and decision-making in cooperation planning

All three case study subjects expressed trust in the researchers to coordinate and facilitate the cooperative planning process.

Table 2: Findings with regard to the different levels and dimensions of enabling among policy-makers and professionals

Level	Dimensions		
Individual level	Individual capacities Shifts in individual roles • Professional re-orientation toward co-participation rather than expert position	Interacting with target group participants • Understanding women's obligation and demands • Intercultural competence	Decision-making and managing capacities • Collaborative decision-making procedures • Intersectoral managing capacities
Institutional level	Organizational and political action toward physical activity-promoting policy change • Adaptation of municipal policy regulations on access to sports facilities • Creation of an intersectoral job position at the municipality		

Why did I participate? Because you asked me to! Out of the experience from the sports development planning process, the non-movers and so. (…)Yes, I worked with you in the sports development planning process, also in 'Moving Companies'…through that we had a, well, closer connection. (Interview, Subject I)

As cooperative planning activities progressed, the case study subjects expressed a shift in perception about the decision-making process. Initially, they viewed it as an activity led by the researchers. Eventually, they saw it as an activity that turned out to be more collaborative.

The longer BIG was running, the more I was satisfied with how it went. At the beginning, well, it was like, a lot was planned and decided at the research institute. Everything, everyone just had to grow to each other. Now, I can identify myself much more with the work done, the shared goals…BIG has a lot more team character. (Interview, Subject III)

They also expressed a shift in perspective regarding the utility of the interactive approach and with having to work directly with participants from the target population rather than with professionals only.

And there were phases, where I questioned the procedure, the cooperative planning, all the meetings and coordination, at least partially, and I wished… well, if one would the experts allow to go for it…it would be faster. Standing here now, I would no longer say that it was a wrong procedure…one just did not know the target group too much. Now I know about this empowerment. (Interview, Subject II)

Shift in perception of individual roles

Policy-makers' and professionals' roles were as co-participants. They shared skills and resources with women in difficult life situations rather than controlling decisions and actions.

Subject I was used to his role as 'the' decision-maker. He expressed irritation about being a co-participant only. It was not until the end of the BIG cooperative planning process that he started to support the idea of cooperative decision-making and acknowledge its benefits.

I would draw my attention to the project processes. At the beginning, I did not get it in detail, the situation, the approach, cooperative planning, who are the non-movers. I knew that non-movers should be the target group. But how it works in the details. Integration, participation and empowerment, I did not give a lot of attention to that. Well, I did not fully see the intention of the project – at the beginning, not as much as I did in the middle or towards the end. (Interview, Subject I)

At the end of the BIG cooperative planning process, he expressed confidence in cooperative planning and sustaining the BIG project through shared funding. He began to identify himself as BIG spokesperson in the city council and his political party.

At the party meeting, I got really angry and I told my fellow policymakers that a job position is necessary for sustainability. And that that is the reason why we have to agree to that in city council …I had told them several times about BIG at meetings…they had neither cared nor listened. And then, when they have to make a decision, when they have to work towards sustainability, then some people show up and try to tell me that they just do not know enough? Well, then I got really angry. (Interview, Subject I)

Subject II had joined BIG to represent the organized-sports perspective. He participated in the sports club cooperative planning group to advocate the interests of the sports club system.

It is my task as the head of local sports administration to initiate projects for the organized sport sector. Projects and things that can be handed over to the sports clubs or can be coordinated by us, the sports administration. (Interview, Subject II)

Following a proposal by the BIG project coordinator, he agreed to participate in the cooperative planning group of a residential area. This group had been without representation from the sports sector up to that point. He then tried to persuade 'non-movers' living in that area to become sports club members via BIG. During the project and his collaboration with women and other experts, his focus shifted. Subject II no longer solely advocated the interest of sports clubs but broadened both his goals and the sports administration tasks toward physical activity promotion among women in difficult life situations.

We had a local sports development process at the municipality. We succeeded to improve existing offers. But we also concluded that we want to reach those who do not participate in sports. Women in difficult life situations tend to be 'non-movers'. BIG reaches them, we reach them through BIG. (Interview, Subject II)

While Subject II clearly laid out his goals and actions with regard to physical activity promotion with women in difficult life situations, he was less explicit about linking it to changes in his own perception.

> Changes? For me? Nothing changed. I mean, I was involved from the beginning. All along the way, I was involved in the processes; I knew what was going on. (Interview, Subject II)

To reach women in the targeted residential area, Subject II tried to establish partnerships with sports clubs located in that area and to advocate women's interests with regard to sports administration by seeking their access to infrastructures for classes at municipal facilities without requiring a sports club membership.

Subject III had been used to a 'professional' management style that did not engage the target audience, except in a voluntary capacity. The BIG project turned this style around by focusing on the women and their life situations. In the beginning, he stated that he disliked the approach because of the time-consuming meetings and the patience required during brainstorming and other activities. Subject III continued to express confusion about his role in BIG and how it challenged his identity as an 'expert'.

> I belong to the experts, that is how it is, I think … I develop pretty quickly concrete ideas and I try to implement them. It needed quite some patience to sit and let them, the women, decide on their own … it tried my patience. (Interview, Subject III)

He expressed irritation about allowing the target population to have a say in project development. This process challenged established power structures. With time, however, he altered his position.

> At the beginning, there were several marketing approaches … professional ones...that failed. I use the example of the flyer. We printed and distributed it and then recognized – nobody came … and then we learned, if we do it differently, it works. If Mrs X calls her friends and Mrs Y talks to other mothers at kindergarten and it is not us, the experts, doing these things (Participant III, during a workshop with other BIG locations)

He began to perceive himself as a co-participant rather than as an 'expert'. Still active in BIG activities, he now contributes his management skills where needed and appropriate. He has learned to appreciate other people's roles and engagement, e.g. target group participants using personal networks to market activities.

Competence in dealing with women in difficult life situations

Participation in BIG contributed to Subject I's understanding about characteristics of 'non-movers' and how to reach them. He got a different understanding of women's structure of lifestyle and cultural factors, in particular, that influenced their perception of physical activity and how structural barriers might prevent them from becoming active.

> That women-only pool hours in BIG … that is not real integration, I first thought. It looked like isolation to me. … but German and non-German women, immigrant and non-immigrant women, together in our local pool … that is the integration. Exactly. … I guess there are hard to understand prejudices. I guess women-only pool hours without the specific BIG target group would not have faced the same opposition. (Interview, Subject I)

Subjects II and III shifted their perceptions about women in difficult life situations and gained intercultural competence. They experienced, on a very concrete and practical level, how important women-only activities are for the BIG target group. They learned how to conduct context-oriented meetings and to consider holidays and periods of fasting of different religions in the planning of activities.

> Since we have been responsible for planning the BIG activities, I have used an intercultural and interreligious calendar. We do not do any class during periods of fasting. I know that many women follow the rites. So, we just start a month later or so. (Subject II, during a project presentation at a conference)

Both gained an understanding about the resources needed to reach women in difficult life situations and that the women's participation was dependent upon them. At the same time, the two subjects learned about the restraints and obligations women faced and how these contributed to their physical inactivity.

> And then, suddenly, you were there, in the middle, really in the middle. And then you get to know how daily life looks like for these women, I mean, really looks like How difficult it is for women from, from this target group, to have a bit of freedom and

how, how complicated daily life looks like in reality. It was an eye-opener to me. My understanding just grew. (Interview, Subject III)

Shifts toward intersectoral and collaborative decision-making procedures

Subjects II and III began working directly with target group members as partners. In addition, cooperative planning also turned out to be a new method for collaborating with other sectors in cooperative decision-making. Subject III underlined the spin-off effects and benefits of cooperative planning for his sports club.

Well, through BIG, through cooperative planning, we were in regular contract with people from the municipality. Distance went away, you get closer to each other . . . you can use short tracks when it comes to other issues as well. You are more accepted by municipal staff to be able to initiate things, to get things done. (Interview, Subject III)

Representatives of the sectors of sports, health, leisure-time, social work and education joined BIG and negotiated compromises that could be shared by all sectors and representatives involved in BIG. They no longer distributed tasks in accordance with well-established sectoral responsibilities but tried to interlink activities and responsibilities.

For me, the main change, an advance in quality, is that we were successful in interlinking sports administration, adult education center, leisure time and cultural affairs. The responsible people had several meetings to define common goals, responsibilities and actions to be taken to sustain BIG . . . Subject II took the lead . . . but we jointly drafted a proposal for submission to the city council. This collaboration would not have been taken place without the BIG experience, I think (Interview with a city councilor who participated in cooperative planning)

For Subject III, BIG provided a new pathway to link his organization to other partners, rather than compelling him to use the traditional pathways available to him in the sports sector. It also provided an opportunity for him to get more involved in local activities in the field of integration and social issues. For example, he used partnerships initiated by the project to raise funds for integration projects through a 24-h-spinning-fundraising event.

I guess, my sports club just learned with the spinning event about this image benefit. You must not underestimate what you gain through participation in those kinds of projects. Promoting integrative approaches, integration of different cultural groups, many can identify with that, at the municipality, but also at companies here. And the sports club realized that there is a return for participation, a pay-off, financial-wise but also reputation-wise. (Interview, Subject III)

Subject III also recruited a woman for a paid position at the sports club to reach other target group members and make visible the club's commitment to this issue.

Mrs Z is a women coming from the target group. But through BIG and cooperative planning, she also has become a kind of expert . . . now she can reach and win other women much better . . . You need help and supporters . . . I could not have done a project that size on my own and now, we have to sustain it . . . we have to try to involve more people from the target group who are interested to join and support BIG. (Interview, Subject III)

Enabling policy change toward physical activity promotion

The enabling environment of BIG resulted, as described, in a shift of actions taken by the three case study subjects. Specific project actions were also reflected and fed back into the organizational and political structures, for which we present two examples:

(i) One change at the political level was the adaptation of local policy regulations on access to sports facilities in order to allow BIG activities to take place in the gym of the neighborhood elementary school (cf. details Rütten et al., 2009). Women participating in BIG had continuously put this issue on the agenda of the cooperative planning meetings. However, plans to use the gym in this way challenged existing policy regulations. Municipal regulations restricted gym access to institutional users, i.e. schools (during the day) and registered sports clubs (late afternoon, evening). To create an option for change, Subject II negotiated with Subject III, whose sports club had registered hours at the elementary school gym. Subject III agreed to move some sports club offers to another gym in order to create free hours at the

elementary gym so that BIG activities could be held there.

> We moved our youth soccer training to another gym. He (Subject II) asked and we knew from the cooperative planning meetings how important it was for the women. They knew about that school from their kids, they knew the gym. It is in the basement. You cannot see inside. That is important for the BIG participants, I guess. (Subject III, during a focus group discussion)

Discussions in the cooperative planning sessions with women, policy-makers and professionals highlighted the fact that the adult education center represented an attractive host for BIG classes. It turned out to be a familiar (e.g. from language classes and family training) and affordable (course-based activities rather than annual membership fees) institution for the women. Participant II then initiated a successful proposal at the sports council to allow the adult education center access to sports facilities. Subject I supported that change in his political party as well as in city council.

(i) Another change at the institutional level was the creation of a new structure: an intersectoral job position at the local municipality, whose funding was shared by sources from different sectors and agencies (Rütten *et al.*, 2009). The position was created to sustain BIG and to promote physical activity among women in difficult life situations at the local level. Subject I defended this position against municipal budget cuts and resistance in his own political party, which would have preferred to support the sports club system directly.

> There were problems with this new BIG job position. We had to find an internal solution, to re-allocate resources. Due to budget cuts, me, as the mayor, had to decline several proposals for new job positions over the year. So people would be very offended if we created a new job position for an initially external project. I mean they just do not understand what BIG is about. (Interview, Subject I)

By re-allocating existing resources from the sports and socio-cultural as well as adult education sectors, the BIG job position should support both sports club development and the development of socio-cultural work at the local level. The new position at the municipality, located within a sports administration headed by Subject II, reveals how Subjects I and II widened their previously narrow perspective of organized sports toward a broader intersectoral approach in physical activity promotion. Subject II stressed the importance of addressing social and developmental issues when promoting equity at the local level.

> The BIG position is to activate non-movers, like women in difficult life situations ... The new position can promote physical activity for an under-represented target group in Erlangen and promotes integration through its activities ... Sports clubs have a diverse membership distribution and succeed in integration men from various ethnic backgrounds – but not women. BIG is ideal to link these women to sport, physical activity and health. (Subject II, in an official statement to the city council)

At the same time, the link to sports administration, also responsible for managing sport facilities, ensures women's continuous access to municipal sports facilities. The position at public administration had initially been created for 3 years and has recently been approved for an additional 4 years, which indicates that the pathway of a negotiated agreement contributed to a relatively stable policy change.

DISCUSSION

Cooperative planning in BIG enabled policy-makers and professionals at the operational level. It led to the development of individual capacities and a shift in the roles of professionals and decision-makers. It resulted in a more comprehensive understanding of women in difficult life situations and better approaches to interacting with them. It led to the establishment of new decision-making and management procedures. Cooperative planning also contributed to enabling at the collective choice level, as framed by Rütten and Gelius (Rütten and Gelius, 2011). It resulted in new municipal regulations about access to sports facilities as well as the establishment of a long-term municipal job position to coordinate physical activity promotion among women in difficult life situations.

The BIG-enabling process linked the individual and institutional levels of health promotion. From a theoretical standpoint, findings suggest that this process is in line with approaches that show the interplay between structure and agency (Sewell, 1992; Rütten and Gelius, 2011; Abel and Frohlich, 2012). The interplay of structure and agency among policy-makers and professionals highlighted that supportive environments (e.g. the elementary school gym) in some cases can only be identified through individual capacities (e.g. policy-makers' and professionals' increased competences in interacting with women and their awareness of women's needs and demands). However, only through interaction at the institutional level could the gym be made accessible. Agency displayed for physical activity-promoting action (e.g. represented through policy-makers' and professionals' involvement in cooperative planning) was instrumental in promoting corresponding municipal regulations, e.g. on access to public sports facilities or the creation of an intersectoral job position.

From an analytical perspective, enabling processes in cooperative planning also align with the ACF's characteristics of professional arenas for negotiated agreements (Sabatier and Weible, 2007). Sabatier and Weible (Sabatier and Weible, 2007, p. 206) present the idea that a *stagnation of the current situation that is unacceptable* for all relevant parties is a major incentive for initiating a negotiated agreement. They also argue in favor of ensuring *representation of all relevant groups*, including potentially challenging ones. For the three case study subjects as well as other participants in BIG, cooperative planning provided a collaborative arena for policy change that followed the path of negotiated agreements. Participants had met in different constellations in the past and wanted to change the *status quo*. They shared an expertise in local politics, especially with regard to sports, social and leisure-time policy; and the majority of them had been active in the field for at least a decade.

Neutral and respected facilitators or mediators of such a professional forum are decisive, according to Sabatier and Weible (Sabatier and Weible, 2007). Leadership in that case asks for chairs that remind participants of professional norms and established rules. In BIG, project coordinators from academia took that role. Negotiated agreements, as introduced by Sabatier and Weible (Sabatier and Weible, 2007), call for a *consensus decision* rule to improve the prospects of implementation and to minimize dissatisfied obstruction. They also underline that negotiations and consensus take time. They state the importance of holding regular meetings for at least 12 months and continuous participation by people rather than institutional turnovers. The learning processes facilitated by the cooperative planning during 6 months of planning and 12 months of implementation resulted in consensus-based decision-making about activities, shifts in scope and resolution of goal conflicts. Participants developed a shared vision of how to promote health through physical activity with women in difficult life situations, reflecting *trust-building*, which is also indicated to be crucial for negotiated agreements (Sabatier and Weible, 2007). People with different perspectives in BIG had tended to mistrust others' belief about how/whether to deal with the issue. Continuous participation, though, provided room to develop ideas, concrete activities and agreed-upon compromises. It also built trust. The focus on translating ideas into concrete activities allowed participants to share in development and see the others keeping their promises, e.g. on actions to be taken between meetings.

At the same time, the inclusion of all relevant stakeholders ensured a feedback of the results into local politics and decision-making, e.g. in the city council that had to allocate funds to the project. There are indications that participants started to develop ownership of the whole BIG environment and to advocate for BIG in other professional and political arenas, like city council or party meetings. For them, BIG was not a research-driven academic exercise but a shift of reality and change toward enabling environments for health promotion. This is also reflected in *shared funding* of implementation activities, which meets other criteria of Sabatier and Weible (Sabatier and Weible, 2007).

There are also examples of policy-makers and professionals who did not engage in cooperative planning or the enabling process. Those who dropped out of BIG early on in the process or those who participated only on a sporadic basis often expressed disillusionment with the project's approach as a non-practicable, 'non-real but only academic exercise'. One professional perceived sectoral expert-based 'client' consultation without women's involvement in decision-

182

making as the only way to go and was not willing to adapt his approach to cooperative decision-making. He dropped out of BIG very early on in the process. It should be mentioned that dropouts neither tried to implement an alternative approach to promote physical activity among this target group nor did they in any way try to impede BIG. It may be that this shows a consistency with Sabatier's and Weible's (Sabatier's and Weible's, 2007) proposition that there was *no appealing alternative*.

CONCLUSIONS

Health-promoting policy-making via physical activity promotion is complex and complicated with highly interdependent actors and issues at stake. This paper described the relationship between cooperative planning in physical activity promotion, the enabling process and policy change. It highlighted that it might be worthwhile to consider participation in the context of health promotion with regard to those in power. Cooperative planning might lead to individual learning processes among policy-makers and professionals and result in increased capacities and policy change.

The case study highlighted interlinks between individual and institutional levels as well as interdependency between participants' actions and the structures within which they work or which they aim to change. With regard to that, we agree with concepts that build upon the duality of structure and agency (Giddens, 1984; Sewell, 1992; Rütten and Gelius, 2011; Abel and Frohlich, 2012) and those who argue that participation constitutes a political process (Frohlich *et al*., 2001; Frohlich and Potvin, 2010).

The findings might also provide links to evidence-informed policy and implementation research. Fostering health-promoting interventions, especially with vulnerable groups, is not only about how to frame evidence to get policy-makers and professionals to listen, but it is even more about how to design health-promotion research. Systematic participatory approaches like cooperative planning might be the key to enabling stakeholders to pursue policy change.

One potential limitation of this case study is that it focuses on three core policy-makers and professionals. In-depth analysis of their development throughout cooperative planning did

not provide a representative analysis of all participating policy-makers and professionals. Additionally, dropouts among policy-makers and professionals, especially in early project phases might hint at difficulties in reaching and engaging this group in time-consuming and intense health-promotion activities that are not their core business. The study shows that future research might be conducted to conceptualize how to motivate policy-makers and professionals to participate in processes that result in enabling and interlinked policy change—actually challenging the established power structures.

This paper, to our knowledge, is the first one that links a detailed description of policy-changing processes in physical activity promotion participatory action research to Sabatier and Weible's (Sabatier's and Weible's, 2007) criteria for negotiated agreements toward policy change (Sabatier and Weible, 2007; Weible *et al*., 2011).

It should be noted, however, that 6 years of analysis is a relatively short observation period when it comes to policy change. The ACF, for example deals with change over a decade or longer (Sabatier and Jenkins-Smith, 1993). Therefore, longitudinal research is needed to follow up on observed trends. An additional lens through which to look at cooperative planning as a policy process would be 'collective actors'. Policy network approaches (Kenis and Schneider, 1991; Hoeijmakers *et al*., 2007) could then help to look at the variety of actors, their power and perceptions of problems as well as the role of actors' bargaining in cooperative planning to coordinate resources and decisions. Multiple streams theory might help differentiate the relatively unstructured policy processes in cooperative planning into problems, political processes and policy processes (Kingdon, 1995). It also emphasizes stakeholders' roles and actions within processes but focuses more on the existence and emergence of *events* in the streams, rather than on the roles of actors in shaping such events. It might be a worthwhile endeavor to combine the ACF with a network perspective and the event-driven multiple streams theory to grasp the richness of processes and actors involved in cooperative planning.

Further in-depth analyses are necessary to understand the usability and transferability of the enabling concept in other contexts as well as to research whether or not participants

transferred experiences of cooperative planning to other arenas, like city council decision-making or other health-promotion policies.

REFERENCES

Abel, T. and Frohlich, K. (2012) Capitals and capabilities: linking structure and agency to reduce health inequalities. *Social Science and Medicine*, **74**, 236–244.

Baum, F. (2006) Participatory action research. *Journal of Epidemiology and Community Health*, **60**, 854–857.

Bernier, N. F. and Clavier, C. (2011) Public health policy research: making the case for a political science approach. *Health Promotion International*, **26**, 109–116.

Bernstein, E., Wallerstein, N., Braithwaite, R., Gutierrez, L., Labonte, R. and Zimmerman, M. A. (1994) Empowerment forum: a dialogue between guest editorial board members. *Health Education Quarterly*, **21**, 281–294.

Breton, E. and de Leeuw, E. (2011) Theories of the policy process in health promotion research: a review. *Health Promotion International*, **26**, 82–90.

Campbell, C. (2001) Social capital and health: contextualising health promotion within local community networks. In Baron, S., Field, J. and Schuller, T. (eds), *Social Capital: Critical Perspectives*. Oxford University Press, Oxford, UK, pp. 182–196.

Cargo, M. and Mercer, S. L. (2008) The value and challenges of participatory research: strengthening its practice. *Annual Review of Public Health*, **29**, 325–350.

Cornwell, A. and Jewkes, R. (1995) What is participatory research? *Social Science and Medicine*, **41**, 1667–1676.

Flick, U. (2002) *An Introduction to Qualitative Research*. Sage, Londin.

Frahsa, A., Rütten, A., Abu-Omar, K. and Wolff, A. (2011) Movement as an investment for health: integrated evaluation in participatory physical activity promotion among women in difficult life situations. *Global Health Promotion*, **18**, 31–33.

Frohlich, K. and Potvin, L. (2010) Commentary: structure or agency? The importance of both for addressing social inequalities in health. *International Journal of Epidemiology*, **39**, 378–379.

Frohlich, K. L., Corin, E. and Potvin, L. (2001) A theoretical proposal for the relationship between context and disease. *Sociol Health Illness*, **23**, 776–797.

Giddens, A. (1984) *The Constitution of Society*. University of California Press, Berkeley.

Hoeijmakers, M., de Leeuw, E., Kenis, P. N. and de Vries, N. K. (2007) Local health policy development processes in the Netherlands: an expanded toolbox for health promotion. *Health Promotion International*, **22**, 112–121.

Israel, B. A., Schulz, A. J., Parker, E. A. and Becker, A. B. (1998) Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health*, **19**, 173–202.

Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R. *et al.* (2010) Community-based participatory research: a capacity building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health*, **100**, 2094–2102.

Kemnis, S. and McTaggert, R. (2000) Participatory action research. In Denzin, N. K. and Lincoln, Y. S. (eds), *Handbook of Qualitative Research*. Sage, Thousand Oaks, pp. 567–605.

Kenis, P. and Schneider, V. (1991) Policy networks and policy analysis: scrutinizing a new analytical toolbox. In Marin, B. and Mayntz, R. (eds), *Policy Networks: Empirical Evidence and Theoretical Considerations*. Campus Westview, New York and Frankfurt am Main, pp. 25–62.

Kingdon, J. W. (1995) *Agenda's, Alternatives, and Public Policies*. Harper Collins College Publishers, Michigan, USA.

Laverack, G. (2004) *Health Promotion Practice: Power and Empowerment*. Sage, San Diego.

Laverack, G. and Wallerstein, N. (2001) Measuring community empowerment: a fresh look at organizational domains. *Health Promotion International*, **16**, 179–185.

Mayering, P. (2002) Qualitative content analysis—research instrument or mode of interpretation? In Kiegelmann, M. (ed.), *The Role of the Researcher in Qualitative Psychology*. Tuebingen, Huber, pp. 139–148.

Miles, M. and Huberman, A. M. (1994) *An Expanded Sourcebook of Qualitative Data Analysis*. Sage, Thousand Oaks, CA.

Minkler, M. and Wallerstein, N. (eds) (2008) *Community-Based Participatory Research for Health: From Process to Outcomes*. Josey-Bass, San Francisco, CA.

Rappaport, J. (1981) Studies in empowerment: introduction to the issue. *Prevention in Human Services*, **3**, 1–7.

Rifkin, S. (2003) A framework linking community empowerment and health equity: it is a matter of choice. *Journal of Health, Population and Nutrition*, **21**, 168–180.

Röger, U., Rütten, A., Frahsa, A., Abu-Omar, K. and Morgan, A. (2011) Differences in individual empowerment outcomes of socially disadvantaged woman: effects of mode of participation and structural changes in a physical activity promotion program. *International Journal of Public Health*, **56**, 465–473.

Rütten, A. and Gelius, P. (2011) The interplay of structure and agency in health promotion: integrating a concept of

structural change and the policy dimension into a multi-level model and applying it to health promotion principles and practice. *Social Science and Medicine*, **73**, 953–959.

Rütten, A., Abu-Omar, K., Levin, L., Morgan, A., Groce, N. and Stuart, J. (2008) Research note: social catalysts in health promotion implementation. *Journal of Epidemiology and Community Health*, **62**, 560–565.

Rütten, A., Abu-Omar, K., Frahsa, A. and Morgan, A. (2009) Assets for policy-making in health promotion: overcoming political barriers inhibiting women in difficult life situations to access sport facilities. *Social Science and Medicine*, **69**, 1667–1673.

Rütten, A., Abu-Omar, K., Seidenstücker, S. and Mayer, S. (2010) Strengthening the assets of women living in disadvantaged situations: the German experience. In Morgan, A., Davies, M. and Ziglio, E. (eds), *Health Assets in a Global Context. Theory, Methods, Action.* Springer, New York, pp. 197–221.

Rütten, A. and Frahsa, A. (2011) Bewegungsverhältnisse in der Gesundheitsförderung, *Sportwissenschaft*, 41, 16–24.

Sabatier, P. A. and Jenkins-Smith, H. (1993) *Policy Change and Learning: An Advocacy Coalition Approach.* Westview, Boulder.

Sabatier, P. A. and Weible, C. M. (2007) The advocacy coalition framework: innovations and clarifications. In Sabatier, P. A. (ed.), *Theories of the Policy Process*, 2nd edition. Westview, Boulder, pp. 189–222.

Scheel, I. B., Hagen, K. B. and Oxman, A. D. (2003) The unbearable lightness of healthcare policy making: a description of a process aimed at giving it some weight. *Journal of Epidemiology and Community Health*, **57**, 483–487.

Sewell, W. H. (1992) A theory of structure: duality, agency, and transformation. *American Journal of Sociology*, **98**, 1–2.

Tengland, P. A. (2008) Empowerment: a conceptual discussion. *Health Care Analysis*, **16**, 77–96.

Travers, M. (2001) *Qualitative Research Through Case Studies.* Sage, London.

Wallerstein, N. (2006) What is the Evidence on Effectiveness of Empowerment to Improve Health? WHO Regional Office for Europe (Health Evidence Network report), Copenhagen. http://www.euro.who.int/Document/E88086.pdf (last accessed 6 December 2011).

Weible, C. M., Sabatier, P. A., Jenkins-Smith, H. C., Nohrstedt, D., Henry, D. A. and deLeon, P. (2011) A quarter century of the advocacy coalition framework: an introduction to the special issue. *Policy Studies Journal*, **39**, 349–360.

World Health Organization (1986) Ottawa Charter of Health Promotion. WHO, Geneva.

World Health Organization (1998) Jakarta Declaration on Leading Health Promotion into the 21st Century. WHO, Geneva.

Zimmerman, M. A. (2000) Empowerment theory: psychological, organizational and community levels of analysis. In Rappaport, J. and Seidman, E. (eds), *Handbook of Community Psychology.* Kluwer Academic/Plenum, New York, pp. 43–63.

Zimmerman, M. A. and Rappaport, J. (1988) Citizen participation, perceived control, and psychological empowerment. *American Journal of Community Psychology*, **16**, 725–750.