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# Coaching, Capacity, and Change: Youth Sport Providers' Perceptions on Creating a Health-Promoting Environment

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# Coaching, Capacity, and Change: Youth Sport Providers' Perceptions of Creating a Health-Promoting Environment

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## Executive Summary

**Background:** Rising youth public health disparities can be attributed to the social determinants of health that influence health and wellness. Youth sport providers can be influential in creating healthier environments that facilitate positive youth development and social emotional learning, thus positively impacting life-long health behaviors choices and public health.

**Purpose:** The purpose of this Capstone Project was to explore youth sport provider's perceptions, after completing an educational module, of their capacity to implement positive youth development programming and to create a health-promoting environment.

**Theoretical Framework.** The Model of Human Occupation (Taylor, 2017) and the Transtheoretical Model of Behavioral Change (Prochaska & Velicer, 1997) guide this project's assumption that the physical, social, and cultural environment's constant influence on the process of occupation is a critical core component of societal health and well-being.

**Methods.** A qualitative descriptive approach allowed for purposive sampling, inductive thematic analysis, and flexible, multiple source data collection. Participants were given two weeks to review an educational module before completing a semi-structured interview. Interviews were transcribed and analyzed until themes emerged.

**Results.** Thematic analysis produced the following themes: (1) health-promotion education facilitates occupational balance, (2) occupational identity enhances the social and cultural environment, and (3) supporting occupational behaviors promotes positive youth development. Each theme represented an interdependent relationship to participants' capacity to change their environment.

**Conclusions:** Research exploring youth sport providers occupational identity, behaviors, and capacity for change can better inform the occupational therapy profession on how to best motivate, advocate, and empower change in public health. Occupation-based interventions, education, and policymaking utilizing valued leisure occupations can create healthier physical, social, and cultural environments for youth athletes.

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**EASTERN KENTUCKY UNIVERSITY**
**COLLEGE OF HEALTH SCIENCES**
**DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

# CERTIFICATION OF AUTHORSHIP

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Student's Signature: Jennifer Papenfuse

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## Section One: Nature of Project and Problem Identification

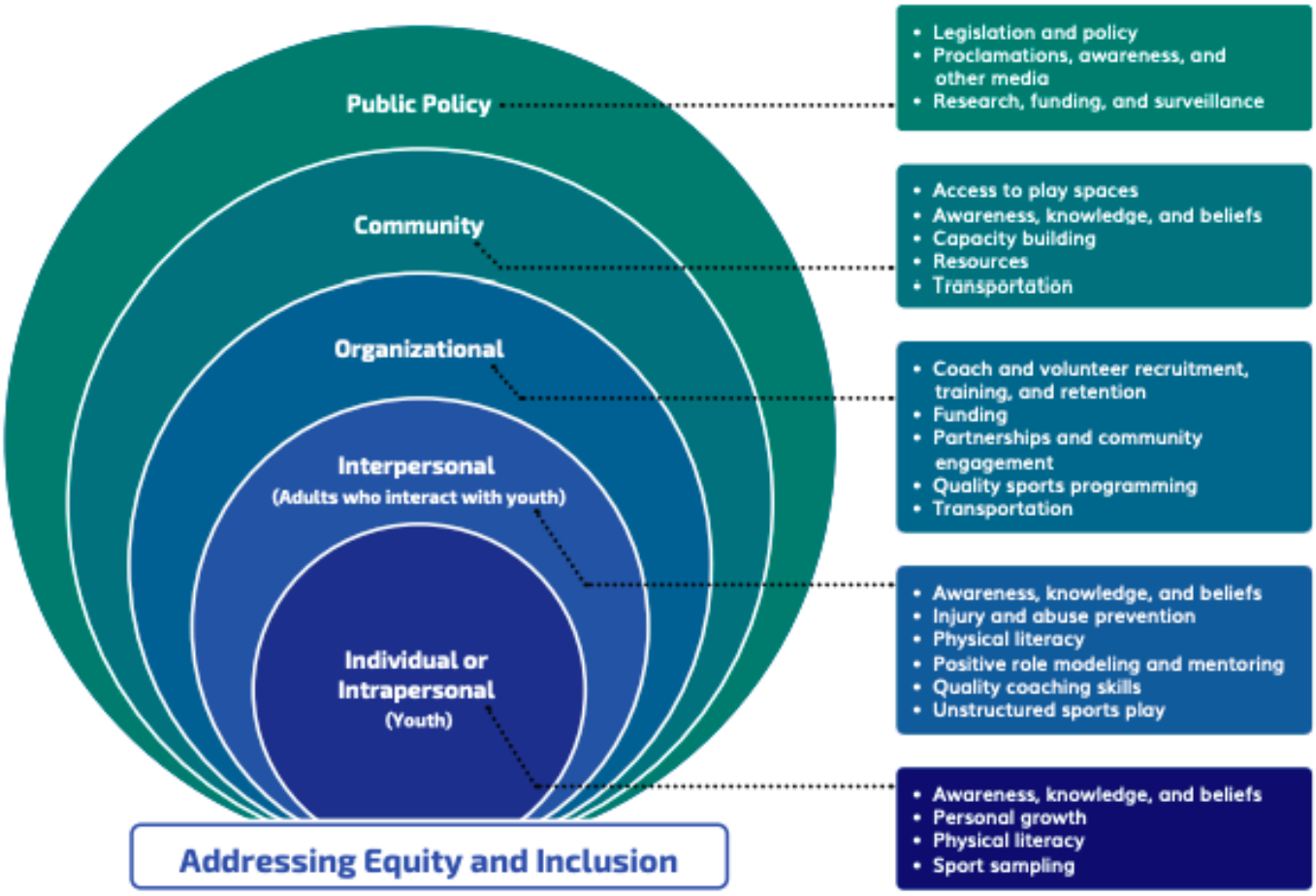
> Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does. It speaks to youth in a language they understand. Sport can create hope where once there was only despair. It is more powerful than government in breaking down racial barriers. It laughs in the face of all kinds of discrimination. *Nelson Mandela* (Laureus, 2020).

### Health Disparities and Occupational Justice

Organized youth sport, both in the U.S. and globally, is a complex system that encompasses diversity, equity, and health from the intrapersonal level to the public policy level (See *Figure* 1.). Youth are at the intrapersonal level, generally ranging in ages five to eighteen, having diverse demographic backgrounds and sociocultural histories. Many factors or social determinants of health, especially at the community and organizational levels, influence participation in youth sports to include (but not limited to): accessibility, socioeconomics, parental support, coaching beliefs/education, gender, religion, community resources, proliferation of electronic media, social constructs, and cultural attitudes/norms (AOTA, 2008; Aspen Institute, 2015; HHS, 2018a; HHS, 2020; Lee et al., 2018; Merkel, 2013; NYSS, 2019). Limitations in social determinants of health have given rise to youth public health disparities (Aspen Institute, 2015; HHS, 2018a; HHS, 2020). Youth public health disparities can progress into adulthood contributing to preventable chronic illnesses, billions in medical management, and the subsequent healthcare financial crisis (HHS, 2020; Merkel, 2013). Research has identified the child obesity epidemic, sports-related injuries/medical management, mental health

disorders, psychosocial development, and decline in physical activity as critical youth health issues (Aspen Institute, 2019; HHS, 2018a, 2018b; Lee et al., 2018; Merkel, 2013; NYSS, 2019).

*Figure 1: Framework for Understanding Youth Sport Participation (NYSS, 2019)*




The American Occupational Therapy Association (AOTA) posits that *play*, a primary domain of occupation, is fundamental to children's physical, cognitive, social, and emotional growth, and development (AOTA, 2008; AOTA, 2020b). Youth sport meets the criteria of play and leisure occupations, as defined in the *Occupational Therapy Practice Framework- 4th edition* (*OTPF-4*), as intrinsically motivated, freely chosen, complex, and multidimensional activities shaped by

sociocultural factors (AOTA, 2020b). Costalonga et al., (2020) describe youth sports as an important and wide-reaching leisure occupation that has the same essential developmental elements as play. Thus, limited participation in meaningful occupations such as sports, can inhibit youth development; negatively impacting academic performance, physical health, mental health, social relationships with peers, and occupational identity (HHS, 2018a; HHS, 2020; Lee et al., 2018; Merkel, 2013; MBYS, 2013; NYSS, 2019).

Youth public health disparities also indicate a concern for occupational justice as it relates to creating a socially inclusive environment and its impact on participation and health (Hall et al., 2015; NYSS, 2019; Ziviani et al., 2006). Occupational justice recognizes the right to participate in everyday occupations regardless of demographic and sociocultural factors (AOTA, 2020b). Social determinants of health that have become contextual barriers have affected both sport providers' and children/adolescent's ability to purposefully engage in youth sports (AOTA, 2020b; Aspen Institute, 2019; HHS, 2018a, 2018b; Lee et al., 2018; Merkel, 2013; NYSS, 2019). Sport providers have stated common barriers to optimal engagement as financial and community resources, access to safe environments, and parental support (NYSS, 2021). These contextual barriers limit the number of youths they can recruit, amount of time they can spend with them, and their ability to learn and implement positive youth development (PYD) programming (NYSS, 2021).

**Call To Action**

Surveillance of sport participation and analysis of the social determinants of health impacting the rise in health disparities has generated an interprofessional call to action. Inspired by a 10-year decline in participation/attrition rates, governing organizations, such as the Department of Health and Human Services and the Aspen Institute, have implemented national

and federal initiatives (Aspen Institute, 2015; HHS, 2018a; HHS, 2020; NYSS 2019). These initiatives strive to (a) facilitate strategies to increase and maintain participation in youth sports, (b) support youth sport provider's education in PYD, and (c) build partnerships that collectively produce/share innovative resources focused on changing the culture of youth sports (Aspen Institute, 2015; HHS, 2018a; HHS, 2020; Lee et al., 2018; Merkel, 2013; NYSS, 2019). Changing the culture of youth sports means shifting from roles and approaches that focus on teaching only sport-specific tactical and technical skills and physical performance outcomes (known as *coaching the sport*) to teaching individuals' life skills, social skills, and healthy lifestyle habits through a positive sport experience (*coaching the player)* (Danish et al., 2003; NYSS, 2019). In addition to this cultural shift, the COVID-19 Pandemic, further significantly and adversely affected participation/return to play, especially with regards to minorities and lower socioeconomic classes (NYSS, 2021; Project Play, 2021). Providing a positive sport experience can teach children and adolescents how to manage and integrate healthy behaviors into other aspects of their lives (MBYS, 2013; Riley & Anderson-Butcher, 2012). McLean and Penco (2020) concluded that participation in "physical activity is a positive strategy for overcoming adverse life experiences, coping with trauma, and developing one's identity" (p. 8). However, with limited resources dedicated to youth sport-based programming and governing organizations' goal to educate 6.5 million coaches in the U.S., changing youth sport culture to coach the player has been slow, sporadic, and frustrating for those on the frontlines (Aspen Institute, 2019; Million Coaches Challenge, 2022; NYSS, 2021).

**The Role of Youth Sport Providers**

In response to this call to action and the paradigm shift in organized youth sports, youth sport providers have been deemed key facilitators of PYD (NYSS, 2021). Youth sport providers

are the coaches, club administrators, event coordinators, and board of directors' members who exert, either directly or indirectly, decision-making power. Their roles include the primary responsibility of structuring the content, context, and environment of the youth sport experience (Aspen Institute, 2019; NYSS 2019). Research strongly supports the validity that participation in youth sports enhances development and can progress to lifetime improvements in physical, intellectual, and psychosocial functions leading to overall healthier adult lifestyles (Aspen Instituted, 2019; Bean & Forneris, 2017; Cahill et al., 2020; Costalonga et al., 2020; Geidne et al., 2013; Lee et al., 2018; MBYS, 2013; Merkel, 2013; NYSS, 2019). Maximizing the developmental benefits of participation in youth sports requires at least three critical components: (1) a health-promoting environment structured with positive youth development programming, (2) sport providers trained in facilitating social emotional learning (SEL) and (3) measuring health outcomes to modify strategies as needed to achieve desired results (Aspen Institute, 2019; Kochanek & Erickson, 2019, NYSS, 2019; MBYS, 2013; NYSS 2021). As key facilitators, the expectation is for sport providers to shift not just their roles but also their occupational identity to prioritize and meet the need of coaching the player (Aspen Institute, 2019; NYSS, 2019; NYSS 2021).

Occupational identity, one's essence or *being*, is shaped by the interaction of what one does (*doing*) and the (social, physical, and cultural) environment in which one does it (Ennals, et al., 2016; Wilcox, 1999). Sport providers' perceptions of their occupational identity influences their self-efficacy, capacity, and motivation to *become* better equipped in PYD (Ennals et al., 2016; Matthews et al., 2019; Wilcox, 1999). *Being* and *becoming* educated in PYD in turn may influence sport providers' perceptions of their capacity to create (*doing*) health-promoting environments (Ennals et al., 2016; Wilcox, 1999). Resources for PYD and further education will

serve to develop and support occupational identity by facilitating a sense of *belonging. Belonging* to a sports community with similar beliefs, values, and goals may help sport providers to shift or construct their new occupational identity (Ennals et al., 2016). Shifting sport providers' occupational identities and roles requires an exploration and understanding of internal and external constructs that influence, enable, or impede the process of coaching the player (Ennals et al., 2016). Thus, the need to explore alternate routes of development to support sport providers' occupational identity reformation is evident in creating healthier environments for youth (Ennals et al., 2016; Wilcox, 1999).

**Empowering Roles Through Health Promotion**

With over 45 million youth participating in organized sports in the U.S., this setting is a prime venue to address health promotion/prevention, health literacy, and health disparity awareness with an occupation-focused population health approach (AOTA, 2013). AOTA implements the definition of *health promotion* provided by the World Health Organization (WHO) to state its support in the development of programs and services that promote health, well-being, and social participation for individuals with or without disabilities, that enables opportunities for being, doing, and becoming what they value (AOTA, 2013). Health-promoting settings are socially inclusive environments that offer the opportunity to situate practice in the contexts of where people live, work, and play (Poland et al., 2009). Likewise, the WHO and AOTA's definition of health promotion posits that by enabling and/or empowering people to operationalize their own health behavior choices, positive changes/outcomes are more likely to be meaningful and sustainable (AOTA, 2013; Geidne, 2013).

Certified Health Coaching (CHC) mirrors the same philosophy as AOTA and WHO of self-efficacy, empowerment, and partnership between the coach and their client (Karmali et al.,

2019; Matthews et al., 2019). CHC is a rapidly developing field of practice that employs behavioral change theories, positive psychology, and motivational strategies to promote and guide health-related behavior and lifestyle change (Best, 2021; Karmali et al., 2019; Lee et al., 2021; Matthews et al., 2019). Coaching is defined by the *International Coaching Federation* as the process and partnership of teaching and learning, aimed to inspire the client to maximize and improve their potential (International Coaching Federation, 2022). Coaching is recognized in the *OTPF-4* as an effective service delivery approach for occupational therapists to (1) employ therapeutic use of self, (2) practice within organizations and systems, and (3) to facilitate motivation and goal achievement (AOTA, 2020; Coronado et al. 2022). CHC can enhance occupational therapy's role by infusing an advanced and specialized skillset that capitalizes on sport providers' strengths, motivation, and resourcefulness to develop healthier performance patterns in *coaching the player* (AOTA, 2020; Coronado, et al., 2022). Solution-Focused Coaching in Pediatric Rehabilitation, Occupational Performance Coaching, and Coaching-in Context (CinC) are evidence-based approaches used within occupational therapy, however, are rarely taught in entry-level curriculums (Coronado et al., 2022).

Historically, sport organizations have been established with very little scientific, evidenced-based frameworks that prioritize PYD, positive social norms, self-improvement, providing safe and inclusive environments, and rule-governed teamwork (Bean & Forneris, 2017; Kochanek & Erickson, 2019; Merkel, 2013). Change in health-related behaviors are best achieved through their everyday settings and occupations with focus on cognitive restructuring and actions towards changing environmental conditions and organizational structures (Cahill et al., 2020; Geidne et al., 2013; Matthews et al., 2019).). Geidne et al., (2013) discusses the concept of sports organizations as health-promoting settings, however no further literature has

been found since its publication on this specific topic. Cahill et al., (2020) and Lee et al., (2015) give additional support for future research and collaboration in reframing youth sports environments prioritizing health and wellness. Literature specifically exploring the implications of OT partnerships/interventions to address youth public health through youth sports is also scarce. Despite the gaps in literature and the lack of OT involvement on any sport governing board, AOTA's position on health promotion places these issues within its scope and expertise (AOTA, 2013, Dwyer et al., 2009).

**Problem Statement**

Organized youth sport is an occupation-based intervention socially positioned to address the alarming rise in public health disparities impacting the youth population. Cahill et al., (2020) describes youth sport as an occupation-based intervention that practitioners can use to promote mental health, positive behavior, and social participation in daily performance patterns. However, literature supporting occupational therapy's role in organized youth sports as an occupation-based intervention is very limited. The negative impacts of these issues can translate into preventable adult chronic illnesses, increases to the national healthcare burden, and long-term unhealthy lifestyles (Hall et al, 2015; HHS, 2018a; HHS, 2020; Ziviani, 2006). To address these disparities *Healthy People 2030* has set a goal to increase participation in youth sports from current participation of 56.1% (~45 million children) to 63.3% (Aspen Institute, 2019; HHS, 2018b). With participation rates declining since 2011 and further implications from the COVID-19 Pandemic, there is a need to explore evidence-based interventions to support sport providers' evolving roles, occupational identity, and capacity to implement PYD (AOTA, 2020; Project Play, 2021; NYSS, 2021). Directing the focus of health promotion to sport providers, presumed to be the key influencers in youth sport organizations, may have a greater impact on youth health

disparities (NYSS, 2021). Future research can empower sport providers to not only improve participation/attrition rates but to facilitate PYD that can improve health and well-being through the pervasive occupation of youth sports (Cahill et al., 2020; Costalonga et al., 2020; MBYS, 2013; MBYS, 2013; Noble & Vermillion, 2014; NYSS, 2019).

**Purpose of the Project**

The purpose of this capstone project was to explore youth sport provider's perceptions of their capacity to implement PYD programming and to create a health-promoting environment. There is limited published data that focuses on the occupational identity of sport providers or the exploration of their perceptions of local determinants of health. As such, this project highlighted the potential impact of both concepts on occupational roles and the environment in which they occur. Furthermore, analyzing this information and proposing recommendations helped inform occupational therapists of entrepreneurial roles in health and wellness.

**Project Objectives**

This project focused on youth sport providers' perceptions of how their roles impact PYD and the physical and social environment for youth athletes. By educating sport providers on socially inclusive environments, age-appropriate social emotional learning, health outcome measures, and available resources, they became more aware of public health disparities and gained practical knowledge in addressing health concerns in their everyday roles.

This project included the following grand question and four primary objectives:

*Grand question*:

What are youth sport providers' perceptions of the influence of education on their capacity to create a healthier sport environment?

*Primary objectives*:

1. Sport providers will describe their understanding of PYD as expressed by their personal experiences and exploration of opportunities and barriers to implementation.
2. Sport providers will describe perceptions of local determinants of health and explore resources for creating a health-promoting environment.
3. Sport providers will reflect and describe their perceptions of their occupational identity and roles prior to and after the education module.
4. Sport providers will discuss their perceptions of socially inclusive environments and its impact on health.

Achieving these objectives may increase awareness of (a) opportunities to modify/enhance the physical and social environments of sport organizations and (b) introduced practical methods of integrating PYD and social emotional learning into current operating procedures. Increased awareness and practical knowledge may enhance sport providers' capacity, motivation, and performance in positively influencing the environment in which many children are constructing their own identity, social relationships, and developmental skills. Moreover, sport providers educated in PYD and coaching the player, could have a direct impact on improving youth athletes' participation and well-being.

**Theoretical Framework/Scientific Underpinnings**

The Model of Human Occupation (MOHO) and the Transtheoretical Model of Behavior Change (TTM) are the theoretical framework that guided this capstone project. MOHO is concerned with how people participate in daily occupations to achieve a sense of occupational identity and competence while adapting to meet the needs of the environment (Taylor, 2017).

The physical and social environment's constant influence on the process of occupation is a critical core component of MOHO (Cole & Tufano, 2020). As this project explores sport providers' perceptions of their shifting occupational identity, evolving roles, and capacity to create health-promoting environments, MOHO best describes how sport providers can modify their roles and behaviors as they interact with and receive feedback from their environment (Taylor, 2017). These theoretical assumptions suggest that a person's actions, performance, habits, and occupations are generated by a cycle of sensory input from their social and physical environment and human interactions that guide automatic routines and conscious and unconscious decision making (Taylor, 2017). Relatively stated, sport providers' motivations and how they perceive the environment affects their actions that impact their roles. MOHO's core principles also focus on the personal and social significance of engagement in work and play within a person's sociocultural context as necessary to well-being (Larsson-Lund & Nyman, 2017). This correlates to the significance of the sociocultural factors present in youth sport organizations. MOHO further links person, environment, and occupation as "interdependent and reciprocally influencing of the other" (Cole & Tufano, 2020, p.111). This assumption underpins this project's focus on shifting the occupational identity of sport providers to evolve their roles and enhance their capacity to create health-promoting environments. This capstone project encompassed MOHO's nine key strategies of therapeutic intervention, as described by Cole & Tufano (2020). This project further elicited subjective experiences corresponding to MOHO's client-centered nature and emphasis on the "importance of the client's subjective view on life occupations" (Cole & Tufano, 2020, p. 121; Larsson-Lund & Nyman, 2017).

TTM assumptions are centered on the progressive stages of change, decisional balance, and employing strategies to address the client's readiness to change (Prochaska & Velicer,

1997). TTM suggests change occurs over time and through a non-linear progression of stages in which people must weigh the pros and cons of the change, become aware of the negative consequences of their behaviors, and link personal values to healthier behaviors. As people become aware of the costs and benefits of a behavioral change it can lead to debilitating ambivalence, inhibiting progression. The goal of this health-promoting project was to improve awareness, health literacy, and resourcefulness. It was designed to meet clients in any stage of change, evoke motivation for change, and support self-efficacy for change. TTM supports the processes of change, that guided the client through *consciousness raising, self-reevaluation, environmental-reevaluation, self-liberation, social-liberation, counterconditioning, and helping relationships* (Prochaska & Velicer, 1997).

**Study Significance**

*Practice:* The outcome of this project implicates the need for emerging or non-traditional OT roles/expertise in supporting youth sport providers using health coaching (Matthews et al., 2019) and a population health approach as described by AOTA (2013). Stepping into the youth sports arena means expanding the community-based scope of OT to include innovating the use of leisure occupations as an intervention strategy in addressing public health issues including roles in grant/funding proposals, policy advocacy/development, research partnerships, and health coaching.

*Healthcare outcomes:* This project's concentration was on increasing awareness and building capacity of youth sport providers' roles that have evolved to include facilitating PYD and social emotional learning through the occupation of youth sports. Capacity building and creation of practical knowledge empowers sport providers to manage their own circumstances (Taylor, 2017). In agreement with *Healthy People's 2030* PA-12 objective, this knowledge can

positively influence health and wellness by increasing youth participation in occupations that provide the recommended physical activity within scientifically structured social and physical environments. Scientifically structured environments ideally provide physical and social feedback grounded in positive psychology, PYD, social emotional learning, and cultural awareness.

*Healthcare delivery:* Youth sport organizations are a prime venue for delivering health literacy and health promotion/prevention education to coaches, parents, and youth participants in a widespread, relevant, and meaningful environment. Exploring occupational roles and capacity for change through a health-promotion approach may lead to innovative service delivery solutions, such as health coaching, thus supporting national and federal initiatives.

*Healthcare policy:* Results from this capstone project may be useful in decision-making and advocating/developing policy that ensures occupational justice regarding social inclusion, allocation of funding/resources, legislature (i.e., legalizing sports betting), and mandated coaching training/licensure.

**Operational Definitions**

The following concepts are defined as they relate to this capstone project.

*a.* *Coaching the sport*- refers to the coaching mentality/approach focused on teaching sport-specific technical and tactical skills and physical performance outcomes (Danish et al., 2003).

*b.* *Coaching the player*- refers to the coaching mentality/approach focused on teaching individuals' life skills (teamwork, leadership, communication, etc.), social skills, and healthy lifestyle habits (nutrition, physical activity, coping strategies, sleep/rest, etc.) through a positive sport experience (Danish et al., 2003).

c. *Certified Health Coaching (CHC or HC)*- credentialed members of the healthcare industry with additional training in the science of health behavior change. A HC is a partner in the client's behavior change process, adding advanced coaching skills to their professional expertise to better manage or prevent chronic conditions

d. *Governing organizations*- non-profit, federal/national/state organizations that produce evidence-based policy, guidelines, and support for youth sport

e. *Positive youth development (PYD)*- is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances strengths; and promotes positive outcomes by providing opportunities, fostering positive relationships, and furnishing support needed to build leadership strengths; origins in the field of prevention (youth.gov, n.d.).

f. *Social emotional learning (SEL)*- the process of developing the self-awareness, self-control, and interpersonal skills that are vital for school, work, play, and life success (Commitment for Children, n.d.).

g. *Youth sport providers (YSPs)*- adult individuals or organizations/clubs that provide direct or indirect youth sport services or programs i.e., coaches, club administrators, board of director members, event organizers

h. *Health-promoting environment*- physical and social environments that practice health literacy, positive youth development (PYD) strategies, and collaborative health partnerships.

***i.*** *Evolving occupational roles*- refers to the paradigm shift from *coaching the sport* to *coaching the child* with respect to PYD, social-emotional learning (SEL), and occupational identity.

***j.*** *Coaching-in Context (CinC)*- a client-centered process that combines two primary interventions: Coaching and Context-therapy. Process prioritizes modifying the environment and task demands of an occupation rather than skill remediation. Motivational Interviewing is central to the process (Potvin et al., 2019).

***k.*** *Occupational Performance Coaching (OPC)*- developed by Dr. Fiona Graham, is an occupation-client-centered intervention and strength-based approach that addresses the achieving everyday functioning goals; promotes collaboration between interventionist and client to develop egalitarian relationships that increase client's capacity to problem-solve independently (Kraversky, 2019; Potvin et al., 2019).

**Summary**

Research supports participation in organized youth sports and has the potential to positively impact physical, emotional, social, psychological, mental, and academic development; benefits that can transition into long-term healthy lifestyles as adults. However, participation in youth sports as well as long-term engagement in activities that render the recommended daily amount of physical activity have declined (HHS, 2018a). Several factors can be attributed to this decline such as socioeconomic levels, access, transportation, ethnicity, gender, sexual identity, shortages in qualified coaches and volunteers, and most recently the COVID-19 Pandemic. Research links these factors to the rise of public health disparities amongst youth to include the childhood obesity epidemic, drug use, violent experiences, sport injuries/medical management, chronic disease, and increases in teen suicide/mental health disorders.

Current federal and national initiatives are focused on training sport providers in positive youth development and sport-based youth programming to increase youth participation with the overarching goal to improve health and wellness. Governing organizations are calling for an interprofessional approach to address the complexity of youth sport occupations as an intervention to youth public health. However, little research has been found exploring sport providers perceptions of their occupational identity and roles or their experiences/capacity in creating health-promoting environments. This Capstone Project sought to contribute to practical knowledge regarding occupational therapy's potential role in empowering sport providers to address youth public health disparities through shifting their occupational identities, evolving their roles, and changing their environment. A qualitative inquiry following an education module aimed to conceptualize how educating sport providers empowers them to engage in the interprofessional vision of increasing inclusive and meaningful participation, health, and wellness of the youth population. Integrating health coaching (HC) enhanced the module's educational content infusing behavioral change strategies/theories and positive psychology. This project goes beyond traditional occupational therapy settings to exemplify the profession's cornerstones of occupation-based practice, leadership, diversity, and reasoning with regards to public health and well-being.

## Section Two: Review of the Literature

This literature review provided evidence-based research documenting (1) the sport provider's role in positive youth development (PYD) and participation in youth sports, (2) rising youth public health disparities and the impact on long-term chronic health/mental illness, (3) current health initiatives that align with occupational therapy (OT), and (4) relevant health

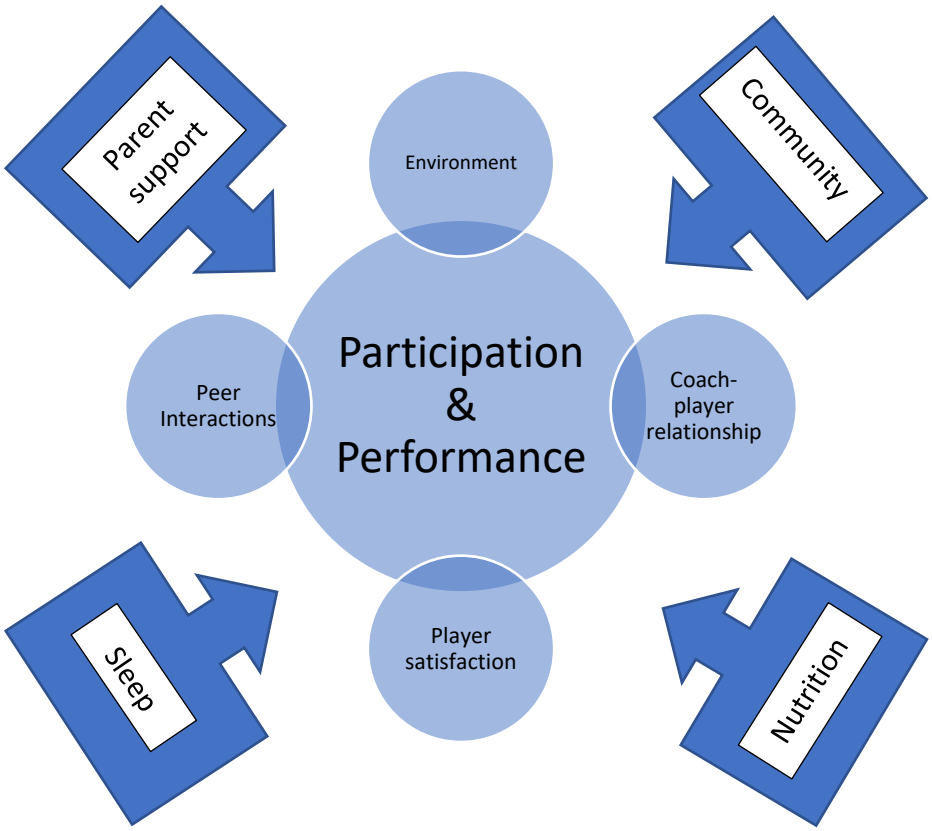
promotion/prevention interventions. Research was retrieved through data bases (CINAHL, PubMed, Google, OT Seeker, and Google Scholar) using key words to include occupational therapy, positive youth development, youth sports, health-promotion, health coaching, and youth public health. Articles not written in English were excluded. In addition, a search of the Department of Health and Human Services (HHS) and subsidiary websites (Office of Disease Prevention and Health Promotion, ASPEN Institute, National Youth Sports Strategy) provided youth public health information relative to demographics, participation statistics, federal/national initiatives, and projected goals. Certification in Health Coaching complimented integrative and lifestyle medicine evidence relative to expertise in health behavior change (American Council on Exercise, 2022; Matthews et al., 2019). Attendance to interactive workshops also provided valuable information and interprofessional insight into barriers to participation and resources (NYSS, 2021). Lastly, the American Occupational Therapy Association's (AOTA) website provided evidence and practice framework to support the importance of play/leisure occupations on human development, occupational identity, and occupational justice.

**Youth Sport Providers' Role in PYD and Participation**

Research strongly supports participation in youth sports can have substantial positive impacts on intellectual, mental, physical, social, and emotional development reinforcing one's occupational identity and lifelong healthy behaviors (AOTA, 2016; Bean & Forneris, 2017; Collins et al., 2018; Costalonga et al., 2020; DiFiori et al., 2014; Hall et al., 2015; Lee et al., 2018; McLean & Penco, 2020; Merkel, 2013; Nobel & Vermillion, 2014; NYYS, 2019; Riley & Anderson-Butcher, 2012). A consensus of the research posits that the degree of influence depends significantly on the multi-contextual environment, resources, youth sport providers'

training/education, and community engagement (Agnew & Pill, 2016; Danish et al., 2003; Kochanek & Erickson, 2019; MBYS, 2013; Project Play, 2021; Watson & Brickson, 2019).

*Figure 2: Influences on Participation and Performance*




Youth sport providers' training in social emotional learning (SEL) and positive youth development are two constructs gaining national attention as research has established an interconnected and reciprocal relationship between physical health and psychosocial health (Kahn et al., 2019). Social emotional learning in sports is the "process through which individuals learn and apply a set of social, emotional, behavioral, and character skills required to succeed in schooling, the workplace, relationships, and citizenship (Kahn et al., 2019, p.6). SEL skills can be grouped into three domains: cognitive regulation, emotional competencies, and

social and interpersonal skills (Kahn et al., 2019). Youth sports are an ideal context for developing these skills as sport settings, unlike school settings, tend to provide greater flexibility and are less structured/formal thus increasing opportunities to develop relationships that foster social and emotional competency within an occupation that many youths spend a significant amount of time participating in (Kahn et al., 2019). However, few sport providers/organizations state they explicitly structure social and emotional competencies into their programming (Kahn et al., 2019). Evidence evaluating sport programs that specifically target SEL through research-based curriculum demonstrated youth gains in character, self-esteem, physical activity levels/frequency, self-concept, self-confidence, positive connections with others, body size satisfaction, behavioral regulation, judgment, honesty, perseverance, integrity, and responsibility (Kahn et al., 2019). Sport providers roles could be influenced by awareness of four key factors that support healthy social and emotional development. First, high-quality relationships with adults and peers play a vital role in the development of social, emotional, and cognitive skills (Kahn et al., 2019). These relationships are heavily influenced by several environmental factors including climate and culture (Kahn et al., 2019). The role of the sport provider may also be compensatory in nature, buffering the effects of negative relationships, chronic stressors, or challenges in other domains of the child's life (Kahn et al., 2019). Second, SEL skills develop and change over time and may be exhibited or salient at different developmental stages (Kahn et al., 2019). Basic building blocks must be mastered before more complexed executive functions can be reinforced and applied to game and life situations (Kahn et al., 2019). Third, effective implementation is imperative to positive outcomes (Kahn et al., 2019). This includes supportive contexts, adult competencies, community partnerships, targeting skills that are developmentally and culturally appropriate, and setting achievable goals (Kahn et al., 2019). Fourth, sport

providers need adequate training and support to effectively influence SEL (Kahn et al., 2019). Research supports the importance of professional development for coach effectiveness (Kahn et al., 2019). Conclusions posit it is difficult for sport providers to facilitate SEL skills if they themselves do not learn them (Kahn et al., 2019).

Positive youth development, also known as life skill development, is believed to be maximized when it is purposefully instructed and intentionally integrated into youth sport programs, meaning that positive outcomes are not a naturally occurring by-product of participation alone (Agnew & Pill, 2016; Bean & Forneris, 2017; Danish et al.,2003; Kochanek & Erickson, 2019; MBYS, 2013). Danish et al., (2003) discuss at length the process and conditions under which youth sports can be an effective intervention for PYD with a heavy focus on coach education programs. Youth sport providers who are educated in facilitating physical/ social/life skills, trusting relationships, and positive peer interactions make playing sports more enjoyable for children and adolescents thus likely to increase participation (Danish et al., 2003). The extent of PYD is heavily influenced by sport providers as they are primarily responsible for structuring youth sport context (Aspen Institute, 2019; Bean & Forneris, 2017; NYYS, 2019). As such and like with this Capstone Project, researchers continue to explore sport providers perceptions of youth health and well-being for health promotion (Bean & Forneris, 2017). In contrast to the overwhelming evidence that supports youth sport as an effective occupation to enhance the forementioned developmental categories, there is a lack of evidence that examines the benefit or role of OT as a conduit for such health promotion. The literature search resulted in a scarce number of studies since 2010 with the most relevant, Costalonga et al., 2020's scoping review of sport as a leisure occupation, only able to include six studies meeting its inclusion criteria. None the less, this article concluded that opportunities do exist for the occupational

therapy profession to use sport occupations to facilitate positive health outcomes (Costalonga et al., 2020).

**Impacts of Youth Public Health Disparities**

Youth public health disparities most impacted by sports relative to this project are identified as the child obesity epidemic, mental health disorders, psychosocial development, and inadequate physical activity (Aspen Institute, 2019; HHS, 2018a, 2020; Lee et al., 2018; Merkel, 2013; NYSS, 2019). The Department of Health and Human Service's *Healthy People 2030* report associated social determinants to be significantly influenced by adverse experiences in childhood such as violence and maltreatment; and in adolescence to be environmental influences such as family, peer group, school, neighborhood, policies, and societal cues (HHS, 2020). Other equally important factors are lower socioeconomic status, education level, and health literacy, compounding youth's participation and access to healthy occupations and environments (HHS, 2020). HHS's Physical Activity Guidelines (2018) validates lack of physical activity (PA) in youth to be another major contributor, especially to the childhood obesity epidemic. Indicative of the gravity of these issues, *Healthy People 2030* includes a Physical Activity (PA-12) objective to increase the proportion of children who participate on a sports team from (pre-COVID) 56.1% to 63% (HHS, 2020). HHS (2020) currently lists the status of this goal as getting worse, as the current 56.1% is down from 58.4% in 2017 (HHS, 2020; Project Play, 2021). Focusing on positive youth development facilitates healthy behaviors/choices and helps to ensure healthy and productive lifestyles for adult populations" (HHS, 2020).

The impact of COVID-19 on youth sports has further isolated the youth population. Project Play's *State of Play 2021 Report* provides national statistical data and analysis of children's participation in youth sports (giving special attention to the impact of COVID-19 on

physical and mental health) and how leaders can mobilize for action (Project Play, 2021). Childhood obesity has alarmingly increased from 19% to 22% (Project Play, 2021). A surge in demand for mental health services is putting a strain on pediatric providers (Project Play, 2021). Before the pandemic, mental health was the leading cause of disability and poor life outcomes in youth (HHS, 2021). Since the pandemic, the Surgeon General has declared a national emergency in the youth mental health crisis citing the 40% increase since 2009 from one in five to one in three youth as having a mental health disorder (HHS, 2021). Between 2007 to 2018 youth suicide rates increased 57% (HHS, 2021). The youth mental health crisis, further impacted by the pandemic, has implications for long-term adverse consequences (HHS, 2021). Since the pandemic, 44% of families report their community-based programs have closed, merged with other programs, or returned with limited capacity impacting quality and accessibility (Project Play, 2021). Forty-seven percent of Hispanics and 42% Black minorities have resumed sports at lower levels than before COVID-19 (Project Play, 2021). This is attributed to the increased mental health impact of COVID-19 on communities of color (Project Play, 2021). Only 32.6% of Asian Americans participate in youth sports reportedly due to fear of discrimination during the pandemic (Project Play, 2021). Fifty one percent of parents report they trust their child's coach to address mental health issues as coaches often spend more hours in the day with the child than parents do (Project Play, 2021). Surveillance is the collection of national data, demographics, and statistical tracking of youth participation and health measures (NYSS, 2019). These results indicate both a need and a desire for sport providers to support youth mental health (Project Play, 2021).

Also, in the wake of COVID-19, a CDC study of 400,000 youth reports body mass index doubled during the pandemic with ages six-11 having the biggest increase (Project Play, 2021).

Alex Azar II, HHS's secretary, stipulates that about 50% of adults (117 million people) have one or more preventable chronic diseases (HHS, 2018). "Seven of the ten most common chronic diseases are favorably influenced by regular physical activity", however, ~80% of adults are not participating in adequate amounts of activity (HHS, 2018). Researchers believe that targeting PA and healthy lifestyle choices early in the formative years will transition into a healthier adult population (HHS, 2018; HHS 2020; NYSS, 2019). However, a major barrier is most sport providers are not adequately prepared to address public health needs (NYSS, 2019; Project Play, 2021). Less than 34.4% of coaches are trained in basic health concepts such as concussion management, general safety/injury prevention, physical conditioning, sport skills and tactics, and effective motivational techniques (Project Play, 2021). Less than one third of the country's six million coaches are trained in positive youth development (Million Coaches Challenge, 2022). Youth sport providers report training programs are costly, time-consuming, difficult to implement, or lack PYD strategies (Danish et al., 2003; Million Coaches Challenge, 2022; NYSS, 2021).

**Current Initiatives Align with Occupational Therapy: Same Dream, One Team**

The pillars of *AOTA's Vision 2025* are effective, leaders, collaborative, accessible, and equity, inclusion, and diversity (AOTA, 2022). Current federal and national youth sport initiatives with the overarching goal of improving youth health and well-being echo that same vision calling for effective solutions, mobilization of leaders, collaborations and partnerships, cultural awareness and education, and the equitable inclusion for all demographic populations (Aspen Institute, 2019; Million Coaches Challenge, 2022; NYSS, 2019; Project Play 2021). Current initiatives are focused on research and funding partnerships, program development, health promotion, policy change, participation surveillance, and public education (Aspen

Institute, 2021; NYSS, 2019; NYSS, 2021). Governing organizations' call for action includes functions well known to occupational therapy such as the need for assessments, scientific frameworks, collaborative intervention planning, outcome measures, an expert understanding of human functioning and the capabilities approach to occupation (Bailliard et al., 2020; NYSS, 2019; Stellefson et al., 2019). The capabilities approach posits that justice is reflected in the extent to which society supports peoples' capability to do and be what they value in real life (Bailliard et al., 2020). HHS sponsored NYSS workshops host a transdisciplinary team of professions from university professors, psychologists, teachers, sport foundation administrators, coaches, HHS personnel, professional athletes, and sport journalists, sharing PYD resources and working towards sport-based solutions for youth public health disparities (NYSS, 2021). Another issue that may impact youth sports is the legalization of sports betting. The bill, that has been passed in only two states thus far, allocating a portion of tax revenue from legalized sports betting to support non-profit youth sports organizations (Cooper, 2022). Initiatives like this one reflect the political philosophy of occupational therapy in advocating for policy change that enables real opportunities for sport providers to facilitate PYD and perform their roles effectively (Bailliard et al., 2020).

In the *Occupational Therapy Practice Framework 4th edition (OTPF-4),* the domain of occupational justice underscores the "progressive social vision" of youth sport initiatives (AOTA, 2020; Bailliard et al., 2020, p. 145). The language of occupational rights mirrors that of Project Play's *Children's Bill of Rights* and the National Youth Sport Strategy (2019) emphasizing that environmental factors and social determinants of health impact participation in occupation (AOTA, 2013; AOTA, 2020; Bailliard et al., 2020; NYSS, 2020; Project Play, 2020). Making efforts to improve addressing social determinants of health with the goal of enhancing

participation is a matter of occupational justice that strengthens sport providers capacity and functioning in reducing health inequities through sport (Bailliard et al., 2020). Occupational therapy is masterfully skilled in socio-cultural narrative approaches to professional/clinical reasoning and realization-focused comparison approaches; thus, inherently positioned to lend expertise to this transdisciplinary team thus improving occupational justice (AOTA, 2013; AOTA, 2020; Bailliard et al., 2020). Occupational scientists, Costalonga et al., (2020), Cahill et al., (2020), Hall et al., (2015), and Kugel & Javherian-Dysinger (2017), conclude that engagement in productive occupations, specifically sports, (categorized as a pervasive leisure occupation) is an opportunity and a responsibility for OT to address public health; supporting people in the everyday natural environment of work and leisure. Occupational therapy's place on the transdisciplinary team would exemplify professional leadership and occupation-based practice. However, to date, there is limited evidence within the literature of OT's overt involvement in combining youth sports as a productive occupation, nor roles for consulting with youth sport providers.

**Health Coaching for Health Promotion/Prevention**

Going beyond *typical* and *traditional* practice models and settings is a reoccurring beckoning in recent OT literature. Broadening this perspective is the paradigmatic shift from the clinician having all the decision-making power and expert prescription to a client-centered partnership where the client is the expert in their own life (Best, 2021; Cosgrove & Corrie, 2020; Karmali et al., 2019). This stems from a global recognition amongst health care entities that health promotion and health coaching, resulting in healthier lifestyles, can avert the impact of preventable chronic diseases (Best, 2021; Cosgrove & Corrie, 2020; Karmali et al., 2019; Lee et al., 2021; Mathews et al., 2019). Health promotion, "the process of enabling people to increase

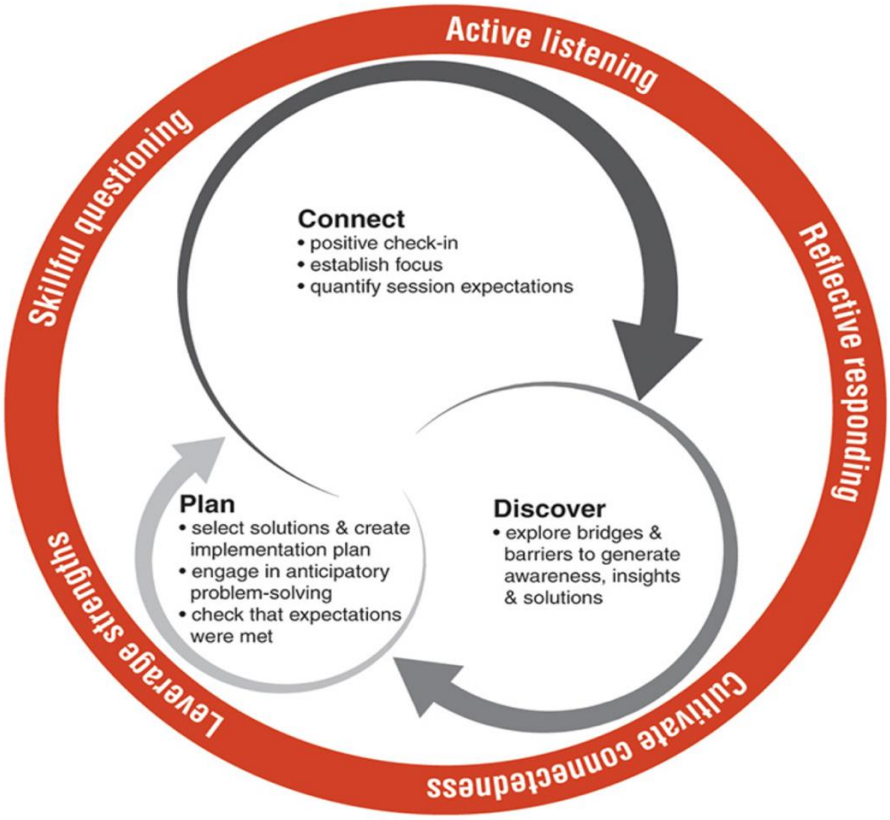
control over, and to improve, their health" (AOTA, 2013, p. S47; Karmali et al., 2019), has been deemed a critical element for early intervention and successful behavioral change. Preventable chronic diseases, such as obesity, diabetes, and cardiovascular disease, are leading causes of death and disability worldwide. Of the nine major chronic disease risk factors, seven are modifiable lifestyle behaviors. The U.S. spends more on healthcare than any other nation in the world but ranks poorly on every health measure status (Matthews et al., 2019 as cited in Squires & Anderson, 2015). When in fact, it's behavior choices, not healthcare, that have the greatest impact on premature death (Matthews et al., 2019). Lifestyle interventions are often the first option in primary and secondary prevention (Matthews et al., 2019).

Health coaching is a rapidly developing practice specialty focused on empowering self-efficacy and behavioral change using intervention techniques such as Motivational Interviewing (skillful open-ended questioning), positive psychology, strength-based coaching, Coaching-in-Context, affirmation, reflective listening, and health literacy (Best, 2021; Coronado et al., 2022; Cosgrove & Corrie, 2020; Karmali et al., 2019; Lee et al., 2021; Matthews et al., 2019). Motivational Interviewing (MI) is an evidence-based intervention commonly used in the context of stages of behavior change (Mathews et al., 2019; Park et al., 2019). MI employs *OARS* (open-ended questions, affirmations, reflective listening, and summarizing) and is found to be effective in reducing maladaptive behaviors while promoting healthy behavior change (Park et al., 2019). Health coaching utilizes the progressive narrative approach of *storytelling* (also frequently used in occupational therapy) to create deeper meanings that motivate clients to shift their occupational identities and perspectives (Best, 2021; Stellefson et al., 2019). The outcome is clients who can increase their own capacity, discover their own solutions, and resolve their own issues (Best, 2021; Karmali et al., 2019). Clients can become empowered, developing

transferrable skills, to coach themselves as well as peers with a newfound ability to effectively adapt to an ever-changing world. Recent research has examined the effects of health coaching on youth resiliency, retired college athletes, childhood obesity, neurodivergent college students, and career development of academic faculty; all concluding certified health coaching to be an effective tool in addressing unmet healthcare needs and improving multiple clinical/academic/professional aspects of well-being (Coronado et al., 2019; Cosgrove & Corrie, 2020; Karmali et al., 2019; Lee et al., 2021; Seehusen et al., 2021; Stellefson et al., 2019). Karmali et al., (2019) and Cosgrove & Corrie (2020) both suggest this approach may be applied more broadly outside of the medical arena to impact change through public health interventions addressing youth populations. Park et al., (2019) specifically explores integrating MOHO with Motivational Interviewing in occupational rehabilitation as a comprehensive framework for understanding dysfunctions and change processes and improving outcomes. This study also supports occupational therapists using an integrative coaching approach to meet clients at their level of readiness in addressing various societal issues. Potvin et al., (2018) provides a manual for the Coaching-In-Context (CinC) process which is shown to significantly increase participation and self-efficacy in everyday life activities. A weakness of health coaching literature is longitudinal evidence supporting, however conceivable, its efficacy to (a) lower future healthcare costs, (b) client sustainability of behavioral change over the lifespan, (c) universal standards for health coaching training and intervention design, and (d) lack of randomization, blinding, and control groups in which to generalize results (Best, 2021; Cosgrove & Corrie, 2020; Karmali et al., 2019; Lee et al., 2021). However, its strength is in its evidence-based and theoretical foundation that embraces the same occupational therapy framework of client-centeredness, multi-contextual environment, internal/external motivation, empowerment,

and the connection of human occupation to health and well-being (AOTA, 2020; Best, 2021; Cosgrove & Corrie, 2020; Karmali et al., 2019; Lee et al., 2021). Occupational therapists use theoretical models in practice to coach clients' volition, habituation, and performance capacity within the social and physical environment in which their occupations occur (Taylor, 2017). Health coaching can enhance occupational therapy practice by adding advanced strategies to strengthen the collaborative relationship and help clients understand health, conceptualize action plans, and enable occupational change (Gerhardt et al., 2022).

*Figure 3: Coaching-in-Context, reprinted with permission from Potvin et al., (2021).*



**Summary**

This literature review provided strong evidence on the positive effects and perceptions of participation in youth sport occupations on public health and well-being. The U.S. government databases and national surveillance provided compelling statistical data justifying the cause for alarm and need for initiatives that target the invasiveness and complexity of the social determinants of health limiting youth participation in sports. This initiative shares a common goal of training coaches in PYD and SEL with the expectation that their influence will increase return to play after COVID-19, decrease attrition rates, and improve the overall health and well-being of participants. Given there are ~6.5 million youth sport coaches in the U.S. this is no easy task.

Calls for action are emphasizing the recruitment of a transdisciplinary team who can execute an innovative game plan. Health promotion integrated with the rapidly emerging field of health coaching has the potential to change the game. Occupational therapy's founding principles and progressive philosophy are perfectly aligned with the theoretical underpinnings of health coaching and the current national and federal initiatives. This illustrates a shared vision of empowering an inclusive, health-promoting environment to improve youth population health and wellness. However, research exploring occupational therapy's role in youth sport occupations as well as interventions integrating health coaching in public health are scarce and lack longevity. Given the detrimental effects of the current pandemic on youth public health, especially regarding marginalized and vulnerable populations, further inquiry using health promotion to creatively empower people's control over their own health and environment, is imperative (Aspen Institute, 2019; HHS, 2020; HHS, 2021; NYSS, 2021; Project Play, 2021). Although occupational therapists possess the unique skill set to expand into communities for health

coaching, a void exists in the literature about OT's role. Understanding sport providers perceptions of positive youth development, their everyday roles/identity, and public health disparities, within the context of occupation, will advance the knowledge of occupational therapists for future consultation roles within local communities.

## Section Three: Methods

### Setting

This project took place in Southeastern United States either in-person or by Zoom (web-based communication application) as determined by participant preference. Interviews transpired in a quiet, comfortable location (i.e., home or office) convenient to the participant. Zoom options allowed participants to engage regardless of geographical location or pandemic restrictions/quarantine.

### Identification of Participants

Purposive sampling was used to select participants based on the Primary Investigator's (PI) knowledge of occupational science, understanding of the sports community, and judgment of participant contribution. Youth sport providers were selected for their diversity in socioeconomic levels, gender, and coaching experience which was expected to produce rich data. Youth sport providers included head coaches, assistant coaches, program administrators, organization department members, event coordinators, and board of directors' members. A recruitment letter was emailed to youth sport providers and snowballing occurred afterwards. Participants and key informants were identified based on pre-existing relationships within athletic programs with the primary investigator. Additionally, they were selected based on the

extent of their experience and administrative ability to provide access to other potential participants.

Inclusion criteria included English-speaking youth sport providers working in recreational, competitive travel, public/private middle and high schools who have experience working with children and adolescents from 5-18 years and 12 months of age. The age requirements for recreational league often begins at age five. According to the literature and demographic information, most individuals are still considered an adolescent through age 19 (WHO, 2022). Age of youth sport providers ranged from 21-65 years as most individuals begin coaching during this time frame or after having children of their own, are currently still coaching, and have accrued at least three years of experience. Participants demonstrated experience as a youth sport provider within an organized youth athletics program licensed or unlicensed, paid or volunteer.

Participants were not excluded based on race or gender. Participants were excluded if youth sport experience or knowledge of youth sports culture was deemed insufficient or less than three years. Number of participants with similar genders, age, and amount of coaching experience were excluded to allow for a maximum variation of purposive sampling. The PI sought to have a sample representative of the current U.S. coaching population of 75% male and 25% female. However, participants were not excluded based on gender, race, religion, or ethnicity.

**Project Methods**

A qualitative descriptive approach was used as this capstone project aimed to explore youth sport providers' perceptions of their roles and capacity to create a health-promoting environment (Stanley, 2015). This design allowed for purposive sampling, inductive thematic

analysis, and flexible, multiple source data collection. Participants meeting inclusion criteria received an education module (Phase 1) that required no more than three hours to complete. Two weeks after receipt of the module, participants engaged in a semi-structured interview (Phase 2). This design facilitated a deeper understanding of the concepts through the participants' voices, perceptions, experiences, and expertise in their occupations.

In Phase 1 of the Capstone Project, the PI gave each participant a written education module. The education module consisted of information and examples on youth public health disparities, positive youth development (PYD) strategies, social emotional learning, the *Situational Leadership Model II*, and qualities of healthy physical and social environments as these concepts relate to youth sports. The education module integrated health coaching strategies such as positive psychology and reflective self-awareness. The PI was available to answer participants' questions about the module during this two-week period.

In Phase 2 of the project, the PI collected data from the participants to include in-depth, semi-structured interviews. Participants engaged in in-depth interviews conducted in-person or via zoom. The primary investigator assigned aliases/pseudonyms to maintain confidentiality in reporting the data. Demographic information was compiled to assist in data analysis. An interview guide, integrated with Motivational Interviewing (MI) strategies, was used to ask open-ended questions. Participants were prompted if necessary to elicit deeper responses and evoke change talk. Field notes and reflective journaling were ongoing throughout the research process and used to document participants' non-verbal communication such as affect, tone, and body language during the interviews. Reflective journaling was also used to bracket PI biases. Interviews were audio recorded and transcribed verbatim using the *Otter* transcription application. The PI reviewed transcripts for technical accuracy.

Data collection and data analysis occurred simultaneously with iterative reflexivity until saturation occurred (Creswell & Poth, 2018). Transcribed data was read and reread to identify the meaning of the responses. Responses were organized by question using *Excel* spreadsheets (Microsoft Corporation, 2018). Meanings were assigned codes based on similarities and differences. Coded data was organized into categories based on patterns of common ideas, behaviors, or phrases. Categories were compared to journaling and field notes. Categorization occurred until themes emerge. MOHO and TTM principles guided the interpretation of these themes and the relationship to occupational roles, occupational capacity, occupational identity, and the environment (Prochaska & Velicer, 1997; Taylor, 2017). Charts and tables assisted in the representation of data comparisons and the relating of categories to the themes (Creswell & Poth, 2018).

### *Trustworthiness*

Trustworthiness was ensured by the research methods: collecting data from multiple sources (triangulation), audit trails, peer debriefing, and reflexivity (Lysack et al., 2017). Several of these techniques dually served to manage bias as misrepresentation of the phenomenon is a threat to validity in qualitative research. Triangulation included using multiple types of both interviews and member checking (neutrality) to ensure conclusions (applicability) were "true" (credible) representations of the phenomenon (Krefting, 1991; Lysack et al., 2017). An audit trail served to manage the threat of inconsistency of the data (Krefting, 1991). Bias, another threat to validity, was managed using reflexivity, audit trails (consistency), and peer debriefing (neutrality) to ensure the researcher was aware of and accounted for social influences that can impact analysis and conclusions thus increasing credibility (Krefting, 1991; Lysack et al., 2017).

The researcher's positionality as a youth sport coach, parent, volunteer, and former athlete was explicitly stated.

**Interview Questions**

A sample of semi-structured interview questions are provided below. See Appendix C for a full list of interview questions. Interview questions were structured concepts learned from the educational module in phase 1. Questions started by asking in the format of "After reading the module and understanding more about positive youth development and health-promoting environments..."

1. Envision the optimal sports experience. (Elicit change talk)
    a. What would that social and physical environment look like?
    b. What would your athletes' identity look like?
    c. What would the best version of yourself as a sports provider look like?
2. How did the educational module influence your perceptions of a health-promoting environment?
    a. (Prompt) How does this differ from your perceptions prior to the educational module?
    b. What elements of the social, cultural, or physical (sports) environment do you think are creating barriers to good health? Prompt: personal experiences?
    c. What resources could remove some of those barriers?
    d. What are your thoughts on the federal and national initiatives currently taking place to change the culture and structure of youth sports? (Prompt #1: mandated coaching training); (Prompt #2) How would changing the culture

and structure to a health promoting environment impact youth sports for better or worse?

e. What opportunities do you have available to help create a health-promoting environment?

**Ethical Consideration**

Prior to beginning the Capstone Project, institutional review board (IRB) approval was obtained (Appendix A) and *AOTA's Code of Ethics (2020)* was consulted and followed throughout the project to ensure respect for persons, beneficence, justice, and to maximize the potential benefit to participants (AOTA, 2020a; Workman et al., 2017). The purpose of the project and voluntary participation were clearly explained. Participants are community members/leaders who may be potentially identified by the demographics collected and descriptive nature of this project. Anonymity is an ethical consideration that was addressed by assigning aliases or composite profiles to protect participants from harm/privacy breach (Creswell & Creswell, 2017; Creswell & Poth, 2018). Also, because of potential limited medical knowledge, it was important to review informed consent in detail, answer all questions participants may have prior to consenting, and confirm ongoing consent throughout the research process (Workman et al., 2017).

Another ethical consideration is this investigator's prior and current experience and participation in community sport organizations. While conducting research activities, the PI took measures to distinguish her role as PI from parent/volunteer to include professional dress (appropriate to the natural environment), use of unbiased language, and professional conduct.

The PI stored data in a locked, secure place or password protected files during data collection. Data was deidentified prior to submitting to the faculty mentor to be stored in a locked office for a minimum of five years thereafter before being properly discarded.

**Timeline of Project Procedures**

Table 1 outlines the timeline of this Capstone Project. This timeline guided project development and implementation.

*Table 1: Capstone Project Timeline*

| | |
|---|---|
| **CITI Training** | September 2019 and January 2022 |
| **Project Proposal** | June 2021 through March 2022 |
| **Submit IRB Application** | March 2022 |
| **IRB Approval** | April 2022 |
| **Certified Health Coach credential** | March 2022 through August 2022 |
| **Develop Education Module and Interview Questions** | May 2022 to August 2022 |
| **Recruit Participants** | August 2022 |
| **Disperse Education Module** | August 2022 to September 2022 |
| **Participants Review/Reflect Period** | August 2022 to September 2022 |
| **Conduct Data Collection/Analysis** | August 2022 through October 2022 |
| **Data Results and Discussion** | October 2022 to November 2022 |
| **Final Capstone Paper and Presentation** | November 2022 to December 2022 |

## Section Four: Results and Discussion

### *Participant Characteristics*

Nine youth sport providers (seven men and two women) participated in this capstone project ranging in diverse ages, years of experience, and educational backgrounds. See Table 2 for each participant's demographics. Pseudonyms were assigned to all participants to maintain confidentiality. All participants engaged in an education module 2 weeks prior to completing semi-structured interviews lasting 53 minutes to one hour seven minutes. Data saturation was reached between interviews seven and eight however interviews continued to allow for one more female perspective and to add depth and breadth to the results.

*Table 2: Participant Demographic Chart*

| **Alias and Gender** | **Age** | **Years of Experience** | **Level of Competition** | **Paid or Volunteer** | **Education** | **Genders Coached** |
|---|---|---|---|---|---|---|
| 001 Randall; M | 33 | 12 | High school | P | BS in economics with Minor in coaching | M |
| 002 Wayne; M | 48 | 15 | High school, travel, private trainer | P/V | BS in criminal justice, AS in exercise physiology | M/F |
| 003 Ross; M | 29 | 8 | Travel, recreation | V | High school diploma, community college business courses | M/F |
| 004 Steven; M | 64 | 43 | High school | P | BA | M/F |
| 005 Maggie; F | 45 | 25 | High school, middle | P/V | BA with minor in | M/F |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | school, travel, recreation | | education, professional development courses | |
| 006 Travis; M | 34 | 12 | Middle school, travel, private trainer | P/V | BS in business management | M/F |
| 007 Trey; M | 45 | 22 | Travel, recreation | V | BS in social work, Minor in criminal justice | M/V |
| 008 Nick; M | 49 | 24 | Travel, recreation | V | Two-year college, online coaching courses | M/F |
| 009 Taylor; F | 30 | 7 | High school, travel, and recreation | P/V | MS in sports management | F |

**Educational Module**

The educational module, *Creating Healthier Sport Environments: An Educational Guide for Youth Sport Providers*, consisted of the following sections:

- An Introduction to occupation, occupational therapy/science, and health coaching
- Section 1: Youth Public Health Disparities and the Effects on Long-Term Health
- Section 2: Sport-Based Positive Youth Development and Social Emotional Learning
- Section 3: Resources and Training for Youth Sport Providers
- Section 4: Health-Promoting Environments: Physical, Social, and Cultural Environments

Topics discussed were intended to promote health literacy, self-awareness, and change talk towards creating a healthier physical, social, and cultural environment for youth athletes. The

module was designed using occupational science, health coaching, MOHO principles, and the Transtheoretical Model of Behavior Change (TTM).

## Themes

Findings from this project revealed three distinct themes related to how youth sport providers perceived education to influence their capacity to create health-promoting environments: (1) health-promotion education facilitates occupational balance, (2) occupational identity enhances the social and cultural environment, and (3) supporting occupational behaviors promotes positive youth development.

### *Health-Promotion Education Facilitates Occupational Balance*

Occupational balance occurs when an individual makes time to do the things they want to do, balanced with the things they must do, facilitating optimal health and well-being (AOTA, 2020). Occupational balance can be achieved when individuals have conscious knowledge or self-awareness of their own character traits, emotions, intensions, and desires. All participants demonstrated self-awareness, through change talk, as they described their desire and intent to improve their capacity to incorporate PYD and SEL into sport occupations. Evoking self-awareness and change talk are two of the primary functions of motivational interviewing (MI) illustrated by the following comments.

*Randall* stated:

> I think it was good to learn with some intention, to see a lot of the research and statistics that back it up… All of that kind of intentional work around athletics is all of a sudden now much more important.

*Ross* added:

> It [module] has opened my eyes to how it really is…how serious it is and how we as a whole really need to take a different approach… Honestly, I was just kind of showing up and doing my thing and going with the flow and what I felt was right.

Participants linked their desire to be more educated in PYD to their character traits and positive emotions towards coaching with the intent of transferring life skills to their athletes. Participants unanimously agreed they needed more PYD education to achieve a balance between coaching the sport and coaching the player.

**Awareness Overcomes the Barrier of Time.** A common barrier to obtaining additional PYD education was time. Participants described their desire, positive character strengths, and positive feelings towards education. However, time, a limited resource in their profession, limited their capacity to consume additional education. The education module provided easily accessible evidence-based content and streamlined occupation-relevant strategies in a single document that significantly reduced the amount of time participants would expend researching on their own. This intervention enhanced their ability to balance current roles with becoming more knowledgeable in implementing PYD. These three comments reinforced their understanding.

*Randall* stated:

> Just the sheer time aspect of it [education]… It definitely does [put more on coaches' plate], to ask them to participate more in social emotional learning and I think coaches have to be ready to seek out the resources and training…and be willing to put in that time. But I think the dividends from that would be huge.

*Taylor* affirmed:

> Most coaches aren't just coaches. So, they have a full-time job that takes up a lot of their time. And then as coaches we also spend a lot of our free time preparing for whatever practice or stuff. So sometimes it's hard to find that balance, to find that time because when you do have free time you want to do something else.

*Nick* expressed,

> It's a fine line as a coach. You got to understand who that player is, how their household is, and try to coach them at that level…you're juggling, how do I approach this right?

The module empowered participants to restructure occupational balance with regards to time while simultaneously decreasing ambivalence.

**Change Talk Bridges the Gap of Ambivalence.** Ambivalence is a natural component of change (Mathews et al., 2019; Park et al., 2018). It is the space in the change process where an individual explores their current state and their desired goals while weighing the pros and cons of the task demands and personal benefits. Moreover, ambivalence creates a gap or disruption in occupational balance. (Mathews et al., 2019; Park et al., 2018). People can progress through ambivalence when they become self-aware of this gap and decide on a course of action. People can also waver indefinitely in ambivalence ultimately impeding the occupational balance they desire (Mathews et al., 2019).

All participants exhibited varying degrees of ambivalence and sustain talk in describing their current occupational roles and behaviors and desire to change. Participants adamantly expressed the desire and need for changes in educational requirements, community support, and the governing of youth sports. However, participants cited barriers to change that limited self-efficacy, autonomy, intrinsic motivation, and performance capacity in creating healthier

environments. Limited resources in these areas resulted in an *occupational imbalance* in several areas of their occupation. The following quotes reiterate participants' occupational imbalance being influenced by ambivalence.

*Taylor* stated*:*

> It's hard to be like, well, you now have to do all this training, because people would not want to do that. But if we could get people to consistently volunteer and go through these trainings, we would see the benefit of it five, 10, 15 years down the road.

*Randall* added:

> I think the thing that puts me off a little bit about mandated training is it tends to be more receptive, as opposed to interactive…when done well, with being interactive and offering the opportunity for reflection and continuing education and continued conversation, I think that could be a really great thing…I think I would welcome it a lot…[but] we have to be ready to handle an increase in participation…there are some challenges there.

*Ross's* ambivalence to education:

> I feel like sometimes we get caught up with a piece of paper that says you're certified…but if you don't know how to put it into action, then it defeats the purpose. Yes, we all do need education. I really feel like as a coach now you kind of got to be a little bit of everything…and that's tough.

Participants weighed the benefits of what PYD education could bring to their skills and capacity with the cost of time, financial burden, and continuity amongst sport providers. Time and ambivalence to change influenced participants' ability to bridge the gap between desires to do what they wanted to do, improve PYD education, with fulfilling their current roles and responsibilities. Ultimately, limited ability to achieve satisfactory occupational balance influenced participant's educational capacity to create healthier environments. After engaging in

the education module, participants conveyed either a new or renewed awareness of the importance of making time to become educated in PYD. The education module also created a disruption in participants' prior thought patterns, helping them to clearly identify the gap in their ambivalence and begin to contemplate action plans for change.

### *Occupational Identity Enhances the Social and Cultural Environment*

Occupational identity is a sense of who one is and who one wishes to become generated from past occupational participation and experiences (AOTA, 2020). Participants perceived that sport culture and the social environment perpetuates the occupational identity of youth sport providers as *a winning coach is a good coach*. Two subthemes were observed in this theme.

**Reconstructing A Winning Identity.** Youth sport culture assimilates winning to the quality or characteristics of the coach. Participants conveyed that the culture of the sport social environment fosters a winning identity as parents want a quality coach or none at all. This may negatively influence youth participation and attrition rates. Furthermore, participants also expressed their identity was influenced by lack of support for healthier occupational behaviors. Ultimately, how society identifies youth sport providers can influence how they perceive themselves and impact their decision-making. Occupational behaviors and habits focused on winning versus health may stem from external pressures and a culture that links winning to personal identity. The following quotes portray the pressure of a winning identity.

*Ross* recalls his experience with parents:

> I've had so many people be like over the years, 'well if my kid can't play for you, they're just not gonna play this year'…You [parents] want that good quality coach…

*Maggie* had a revelation:

> They seem to think 'oh, that's a good coach because they're winning'… they try to define you by your wins and losses…that's going to be hard for some people to get through their brains… turn it over to health and it's not just about the wins and losses…when you ask me that, it makes me go back and think, because why do I not worry about wins and losses as much in travel [volunteer position] versus with my varsity girls at school [paid position] but I just thought about that. But I do think about those differently.

*Nick's* perspective:

> Everything's just so competitive right now to where if you ain't winning, you ain't doing something right …it's bad for the kids…but that winning mentality is not coming from the kids. It's the parents, really, and the coaches.

*Taylor* stated:

> Failure is unacceptable…pressure on coaches, because when you see a coach losing, they immediately want that coach out and they don't ever give the coaches grace too. And so, there's just a whole lot of pressure coming from the outside.

Participants perceived their occupational identity to be influenced by a culture and social environment that values winning over health and wellness. It is their perception that if they don't produce a winning team, they are viewed as a bad coach. *Trey* described the success of a community feeder system and its positive affect on the community. He defined a feeder system as continuity of knowledge between all levels of sport that support the same community of youth. The youth are funneled from one level (recreation) into the next levels (middle school, high school, travel) receiving congruent and consistent youth development strategies. Adopting society's cultural and social values and beliefs influences sport providers' occupational identity and subsequently their decision-making. If occupational identities were socially reconstructed,

based on values and character strengths, it may impact participants' capacity for healthier decision-making.

**Guided Discovery of Discrepancies Leads to Stronger Occupational Identity.** After completing the module, participants were asked to describe their current: occupational identity, their ideal occupational identity, and later, the identity of their ideal athlete. Discrepancies were noted in descriptors (words or phrases) used for each of these occupational identities. Ideal occupational identities were described as coaches who exhibited a healthy balanced of being good facilitators, current in their knowledge, demanding of high standards, and engaged in the evolution of youth sports. Likewise, ideal athlete identities were described as those youth who were disciplined, accountable, receptive to feedback, and who exhibited leadership qualities and a growth mindset. Ideal athletes and ideal coaches were described as people who gave their very best effort in achieving their goals. In contrast, descriptors of participants' current identity centered on having room for improvement, being positive, and creating a fun, loving environment. The education module and Motivational Interviewing facilitated the self-discovery of discrepancies between (1) how participants currently see themselves versus who they want to become and (2) their expectations of their athletes versus the character traits/behaviors they exhibit themselves. This guided self-discovery of discrepancy enhanced self-awareness and desire to change; subsequently building stronger occupational identities and enhancing their capacity to create healthier social and cultural environments.

In having participants describe current versus ideal occupational identities after an educational intervention, participants were able to link education and experiences to personal values. Participants also defined their occupational identity by their occupational behaviors demonstrating an interconnectedness between the two. Simultaneously, a disconnect between

who they are or want to become and the occupational behaviors they exhibited was also represented. These discrepancies in occupational identity indicated a disruption in being, doing, and becoming, ultimately, influencing their occupational balance. Defining occupational identity by their occupational behaviors also reinforced the same cultural and social logic that *a winning coach is a good coach*. Prior to the module, participants described occupational identities linked to their behaviors. After completing the module, participants indicated a shift towards new behaviors and thought patterns more congruent to their description of their ideal identity.

### *Supporting Occupational Behaviors Promotes Positive Youth Development*

Participants were receptive and fascinated to learn more about their role in positive youth development. Participants exhibited a sense of pride and accomplishment from positively impacting young lives. However, they also conveyed a sense of isolation, stating in various ways how they feel undervalued and underfunded in their efforts to improve youth health and well-being. Many decisions and behaviors were based on the resources they had available to work with.

**Community Support Guides Decision-Making.** Participants expressed lack of support for youth sport occupations and the coaching profession to be a primary barrier to their capacity to create a healthier environment. Lack of support was conveyed in several domains including lack of community support, lack of financial support, lack of knowledge of educational support, lack of parental support, and lack of peer support. As such, participants stated decision-making is contingent upon the resources and support available to them. As a result of lack of support and education to implement PYD, participants perceived health and wellness to be indirectly occurring and therefore, not the intentional focus of their occupational behaviors and habits. Participants described a common misconception that

health and wellness is thought to be a naturally occurring byproduct of participation alone; if a child participates then they will acquire the benefits to health. Moreover, the influence of the multi-contextual environment was perceived to be either an outlier (usually in more affluent organizations) or a direct inhibitor (in lower socio-economic locations) to health and participation.

*Randall,* who coaches in a predominantly middle-class school, reflected,

> I think it's [health and wellness] kind of in the air for those of us who are around sports, but it's not often enough made the focus of what we're doing.

Randall referred to health and wellness as being an outlying consideration but not the primary focus of his decision-making.

*Ross* and *Trey,* coaches in lower socioeconomic locations, both focused on lack of community support regarding access to available spaces, access to safe spaces, and crime surrounding youth sport environments and how it impacts mental and physical health. *Ross* reflected several participants' experiences.

> We have more than enough gyms. But the problem is you either gotta pay a certain amount of money for it that some organizations just can't afford, or you got some gyms where they're just like we're just not letting you in period. I've seen dozens of gyms in this area sitting empty. I think it can be draining [impact on mental health] …you're almost telling them [kids] they're not worthy or you don't want them...I feel like it's up to the city to put the proper people to create a safe environment and it can go hand in hand with bringing the community closer.

Participants sharing this experience made decisions regarding PYD based on community resources and support available, or lack thereof, which they perceived to inhibit their capacity to create healthy environments.

*Trey* added:

> There's really nothing out here for the [inner] city…I think [name] Park is supposed to become more like a community center and then they put it right in the heart of the city. Is it gonna last there? Is gun violence going to corrupt it? Is it gonna be safe for kids to walk to?

Participating in the module helped all participants gain an increased awareness of how their behaviors, habits, and routines can promote PYD. After the module, it was their perception that resources and community support not only helped to keep their decision-making focused on PYD but also held them accountable for implementing it.

Participants reflected that, prior to the module, they exhibited a general sense and knowledge of the impact of the sport environment on physical, mental, and social health, describing past readings or online education as more passive, less interactive and non-transformative. However, Taylor recalled how attending an interactive, in-person clinic that incorporated social relationships facilitated a lasting transformation. Her following quote suggested that an interactive platform may be more beneficial than a one-dimensional transaction for improving community support for PYD.

> I was like that, win at all costs…I went to a coaching clinic, that coaching clinic really talked about the relationship piece, and so that kind of flipped how I coach…and so the coaching clinic really was what shifted my mind.

*Taylor* expressed how completing this module caused her to reflect on her coaching approaches and guided her thinking towards ways she could improve her communication with her female

athletes. *Taylor* exhibited self-awareness, contemplation of behavior change, and plans for action that would guide her future decision-making.

**Knowledge Translation is Empowering.** Many participants were unfamiliar with the educational resources and national initiatives provided in the module. Participants were unaware of funding initiatives, advocacy campaigns, and relevant legislation taking place dedicated to participation and safe play spaces. Participants' responses concluded a consensus of the lack of knowledge about these resources. Most echoed Wayne's response,

> I have never heard of any of these initiatives…where are the promotional platforms that these initiatives are taking place?

The module provided easily accessible website links and information for several of the leading national organizations' initiatives that helped participants become better informed.

Participants agreed more knowledge of PYD and SEL would help support change toward healthier occupational behaviors. *Ross* quoted a familiar belief that knowledge is power. This underscored the concept that knowledge translation is empowering. Empowerment was stated to be a valued and desired role of sport providers in PYD. However, participants felt they lacked confidence and current knowledge to support this role. Participants' overarching goal in coaching was to teach transferrable life skills. Personal experience and self-taught skills were the common methods relied upon to direct decision-making and behaviors. The education module supported guided self-reflection of occupational behaviors and their influence on PYD exhibited by the following comments.

*Maggie* pondered:

> It made me think, am I doing everything that I can do to support them on all levels? Not just in sport. I don't know why but that emotional stuff just really stuck with me.

*Steven* added:

> There's a feeling like we can do this better…people really see the value in all this…you've got to constantly be reflecting on things asking yourself what are we doing…What can we do better?

*Maggie* also discussed the increase in support for social emotional learning she received from school administration during the COVID-19 Pandemic. However, returning to play meant returning to the status quo, and the prior support is now non-existent. Many participants stated the module reiterated or made them think and discussed new actions they had taken/wanted to take after reviewing the module. This data indicated the translation of knowledge and a heightened awareness of health literacy spurring *contemplation* or *action* stages of occupational behavioral change. Participants conveyed intent and desire to explore the resource and training links provided in the module ongoingly to stay current with youth sport initiatives.

**Discussion**

Occupational therapy combines occupation-based theory and evidence-based frameworks to inform interventions that address community and population-based rehabilitation and habilitation. Coaching, capacity, and change in youth sport communities are understood through an occupational science lens using MOHO, TTM, and Health Coaching (HC) to inform how youth sport providers perceive their occupational identity, habits and roles, and motivation for change. Occupational therapy can support youth sport providers' roles in creating health-promoting environments through rehabilitation of occupational balance and habilitation of occupational identities. Rehabilitation of occupational balance may assist sport providers in restoring and improving the desired balance of managing the task demands with the evolving role expectations of cultivating successful, yet healthy, athletes within an inclusive environment.

Time and resource management strategies implemented with PYD education may be effective in achieving client-directed goals. Habilitation of occupational identity may assist in developing a new socially accepted identity constructed from character strengths and healthy occupational behaviors. Sport providers who are educated and confident in PYD and navigating barriers may see themselves as *good coaches* independent of wins and losses. Empowering how sport providers see themselves may, in turn, give them the power to change how society sees them as well.

**Coaching**

*Coaching* is a client-centered, evidenced-based approach, moderately effective in improving participation, self-efficacy and enhancing occupational performance (Park et al., 2019; Potvin et al., 2018). More specifically, Coaching-in-Context (CinC) and Occupation Performance Coaching (OPC) are two coaching methods used by occupational therapists that prioritize modifying the environmental and task demands rather than skill remediation effective in reducing maladaptive behaviors and promoting healthy behaviors across diverse issues (Gerhardt et al., 2022; Potvin et al., 2018).

The most challenging barriers to participation in leisure occupations are often attitudes, environment, policies, and lack of support as opposed to skill deficits (Potvin et al., 2018). Sport provider's volition (personal values, interests, and personal causations) are what motivated them to make decisions about what is important to do and how to perform their occupations (Park et al., 2019; Taylor, 2017). Participants found meaning and purpose in being a good coach. Having the occupational identity of a winning coach as a good coach perpetuated by the social and cultural environment influenced how sport providers think and feel about themselves and how they incorporate PYD into their programs. A sport provider's occupational identity based on a

social system that perpetuates winning as more valued than health and well-being may be limiting their capacity to develop healthier occupational habits, routines, and behaviors. Moreover, this capstone illustrated that a winning occupational identity created ambivalence in their roles, a stagnation in contradictory beliefs, limiting progression through the stages of change and the attainment of occupational balance.

Creating an occupational identity and environment centered on PYD can be more beneficial to sport providers and their athletes as it supports valued character traits, social emotional competency, and prolonged engagement in physical activity. Shifting the culture from winning to health and well-being may improve life satisfaction for both sport providers and youth athletes leading to increased participation for both that addresses the coaching shortage and athlete attrition. Participants experienced role satisfaction in empowering their athletes to be leaders with transferable life skills. Providing PYD education that linked sport providers' volition with practical, time-efficient strategies for improving their ability to empower their athletes increased their motivation to prioritize PYD. Thus, modifying sport providers' physical, social, and cultural environment and task demands may yield faster, greater, and more meaningful changes in occupational balance and occupational identity (Potvin et al., 2018). The CinC process uses advanced skills, such as MI, to provide collaborative and supportive guidance to address client-identified goals (Gerhardt et al., 2022; Potvin et al., 2018). Occupational therapists can use OPC, a strength-based approach, to facilitate healthier performance patterns and habits that support occupational balance and occupational identity. Sport providers' perceptions of competence in these areas can increase their capacity to make healthier decisions and problem-solve independently (Kraversky, 2019; Potvin et al., 2018). OPC has been shown to

have positive impacts on cultural dynamics, self-awareness, and goal attainment (Potvin et al., 2018).

Coaching is one of 10 enablement skills utilized by occupational therapists (Gerhardt, et al., 2022). However, health coaching models, such as CinC, and MI strategies are not currently taught in occupational therapy curriculum as an entry-level skillset (Gerhardt, et al., 2022). This is contradictory to the expectation that occupational therapists/scientists are to be change agents in society's health and wellness continuum (AOTA, 2020). Being a change agent requires the advanced skillset to understand and evoke behavioral change as well as empowering individuals, populations, and communities to sustain that change. Integrating HC and MI as behavioral change interventions into entry-level doctorate OT curriculum may expedite the transformation of future practitioners into becoming change agents in the integrative healthcare system. ACOTE standards require entry-level graduates to have a broad understanding of how to apply occupation-based interventions and theories to populations in a community setting to support engagement in everyday life activities that affect health and well-being (ACOTE, 2018). ACOTE Standards *B.1.3. Social Determinants of Health, B.3.4. Balancing Areas of Occupation, Role of Health Promotion, Prevention,* and *B.4.27. Community and Primary Care Programs* support teaching evidence-based HC strategies to address public health and the prevention of chronic illnesses and dysfunction in new or emerging settings (ACOTE, 2018). The occupational therapy profession may benefit from introducing HC and providing resources or credit for students seeking to become certified in health coaching. Furthermore, teaching behavior change strategies, such as MI, as entry-level skills could extend the profession's value in new or emerging practice areas.

**Capacity**

*Capacity* refers to the ability to use and understand information to make decisions. Decision-making often precedes and influences occupational behaviors leading to change. Community support for sport providers' occupational behaviors and roles can enhance their capacity to implement PYD. Occupational therapists can inform sport providers, thus, influencing healthier decision-making by facilitating a Community of Practice. Lack of support and lack of knowledge of resources, identified as a sense of belonging, were two common barriers identified by sport providers in this capstone project. Occupational therapists can collaborate with community leaders and organizations to build a network that supports (1) safe and available access to leisure/sport spaces, (2) promotion of financial resources and initiatives, (3) linking of sport governing bodies (recreation, travel, and school levels) that service the same youth community (described by participants as a "feeder system"), and (4) advocacy for policy that prioritizes youth health in sports. Communities of practice can provide the educational, financial, and political support sport providers need to create healthier environments for youth. Communities of practice can also create a supportive environment for sport providers to collaborate with their peers, thus, facilitating creativity, sharing of ideas, and knowledge translation. As such, this interactive intervention may improve intrinsic motivation and accountability for continued education as an alternative to proposed mandated training courses.

**Change**

This project found that change can result from modifying occupational behaviors and identities to achieve desired outcomes (Mathews et al., 2019; Prochaska & Velicer, 1997). Change in sport providers' performance capacity is influenced by the environment, volition, and habituation (Park et al., 2019; Taylor, 2017). Habituation is the organization of patterns and

routines shaped by the environment that influenced occupational identity and the subsequent obligation to fulfill roles shaped by social systems (Park et al., 2019; Taylor, 2017). Prior to the module, participants occupational behaviors and habits demonstrated indirect coaching of the player but a primary focus on coaching the sport. After the module, participants conveyed a change in focus, intent, and, in some participants, actions of implementing the strategies they learned from the module.

TTM is a framework for understanding the stages of behavioral change while Motivational Interviewing (MI) can provide the means to facilitate change by (1) challenging ambivalence and evoking change talk, (2) exposing discrepancies in individual and systems-level thinking, and (3) support autonomy and self-efficacy in coping with barriers to successfully maintain change (Park et al., 2019; Prochaska & Velicer, 1997). Two participants, during the interviews, reported changing routines and occupational behaviors to include PYD strategies from the module. Two additional participants returned to the primary investigator within the first two weeks after interviewing to report commitment, activation of changes, and action steps taken to engage in PYD with the intent to create a healthier environment.

Occupational therapists, as change agents, can utilize advanced skillsets, such as MI, to evoke behavioral change with sport providers. MI is a cognitive-based intervention "shown to be effective across a spectrum of lifestyle problems" (Park et al., 2018, p. 635). MI identified discrepancies, viewed in this project as occupational imbalances, between current occupational behaviors and identities and desired behaviors and identities (Park et al., 2019; Potvin, 2018). Discrepancies often indicate a gap in processes or systems and through self-awareness can produce a disruption in habituation that can establish new habits (Park et al., 2019). Identifying discrepancies in occupations is fundamental to change as it can allow occupational therapists to

create a disruption in dysfunctional habits and routines (Park, et al., 2018). Disruptions in performance patterns and habits can provide occupational therapists the opportunity to guide sport providers in developing new habits. Participants' described discrepancies in occupational identities and ambivalence to barriers in education (time, money, knowledge of) impacting their occupational balance. Park et al., (2019) illustrates the correlation between MOHO and MI, and as such, the compatibility of occupational therapy with Certified Health Coaching. Occupational therapists educated in health coaching can be more effective in community rehabilitation by facilitating participation in healthier occupational behaviors at any stage of change. See Table 3. Community rehabilitation consisting of occupation-based interventions combined with HC strategies can help bridge the gap between sport providers' occupational behaviors and identities and their evolving roles in PYD and SEL.

*Table 3: Characteristics of MOHO and MI applied to Community Rehabilitation*

| **MOHO** | **MI** | **OT Focus for Change in Community Rehabilitation** |
|---|---|---|
| Personal Causation | Self-efficacy | Higher perceptions of ability are a significant predictor |
| Values | Elicit Change Talk (**D**esires, **A**bilities, **R**easons, **N**eeds) | *Values vital to decision-making re: healthier behavioral occupations<br>*Increases intrinsic motivation for change |
| Interests | Client-centered | *Volition impacts decision-making<br>*Autonomy facilitates participation |
| Habituation | Creating discrepancy | *Volition impacts decision-making<br>*Autonomy facilitates participation |
| Roles | Commitment Language (**C**ommitment, **A**ctivation, **T**aking **S**teps | Essential to creating new habits, patterns, & routines for behavioral change and occupational balance |
| Performance Capacity | Directive approach | Resolving ambivalence, desire for change |

Note: Modified from Park et al., (2018).

**Implications for Occupational Therapy Practice**

This project suggested innovative ways occupational therapy can support youth sport providers' roles in creating health-promoting environments. Occupation-based interventions include the following:

- rehabilitation of occupational balance using HC strategies and behavioral change theories
- habilitation of occupational identities using HC strategies and occupation-based theories
- health-promotion through the provision of education on PYD and its influence on youth public health

- health prevention through the provision of occupation-relevant approaches and strategies to decrease the risk of youth public health disparities and adult chronic illnesses with a focus on physical activity and SEL
- advocacy for policy changes that facilitate and fund education and community support for valued youth leisure occupations (youth sports) and safe play spaces
- facilitation and promotion of time-efficient and easily accessible Communities of Practice for youth sport providers
- future interprofessional research collaborations and evidence production on sport-based PYD to improve youth public health and decrease risks of preventable chronic illnesses

**Limitations of Capstone Project**

Participants were from one geographical location in the Southeastern part of the U.S. and thus, not an all-inclusive representation of youth sport providers' demographic backgrounds. The participants' coaching experiences were not inclusive of all socioeconomic levels or all larger urban cities or smaller rural locations. However, diversity in age, ethnicity, education, years of experience, and U.S. coaching gender statistics were represented. This small sample size limited transferability, however, saturation was reached between seventh and eighth interviews. One additional interview was completed to clarify the female perspective and to add depth and breadth to the results.

**Implications for Future Research**

Future inquiry exploring occupational therapy's efficacy in practice in youth sport organizations and systems using health coaching approaches is needed to examine the full potential of professional engagement in supporting occupational balance, occupational identity, and occupational behavioral change. Future research should evaluate outcome measures of

occupational therapy interventions and post-intervention perceptions of sport providers' self-efficacy, competence, confidence, and capacity to sustain change.

**Conclusion**

This project used an integrative approach of occupational science and health coaching to contribute to the knowledge of occupational therapy's potential role in addressing health and wellness in youth sport occupations. The *Occupational Therapy Practice Framework (OTPF-4)*, MOHO, TTM, and Certified Health Coaching guided this project's development, understanding, and analysis of youth sport providers' perceptions of their capacity and barriers to creating healthier youth sport environments. The grand question in this project was to explore youth sport providers' perceptions of education on their capacity to create a healthier sport environment. It is the interpretation of this capstone project that education resulted in a change in participants' knowledge, intent, desire, and actions, therefore, a positive change in perception of their capacity to create healthier environments. In this project, youth sport providers realized that (1) they must routinely seek out education to remain current with PYD and (2) the presence of an occupational therapist stimulated their focus and accountability to implement PYD. As change agents, occupational therapy's role in new or emerging practice areas includes stimulating people's critical thinking of health and wellness. Youth sport providers may be more likely to increase their capacity to meet the needs of their evolving roles if given the education and support needed to evoke change. The *OTPF-4* (2020) supports advocacy, health promotion interventions, and health and wellness coaching as integrative healthcare approaches to address dysfunction and health in leisure occupations within sport communities, organizations, and systems. This study's findings support the *framework's* position on occupational therapy's expertise in understanding

the relationship and influence of occupational identity, occupational behaviors, and occupational balance in transforming healthier sport communities.

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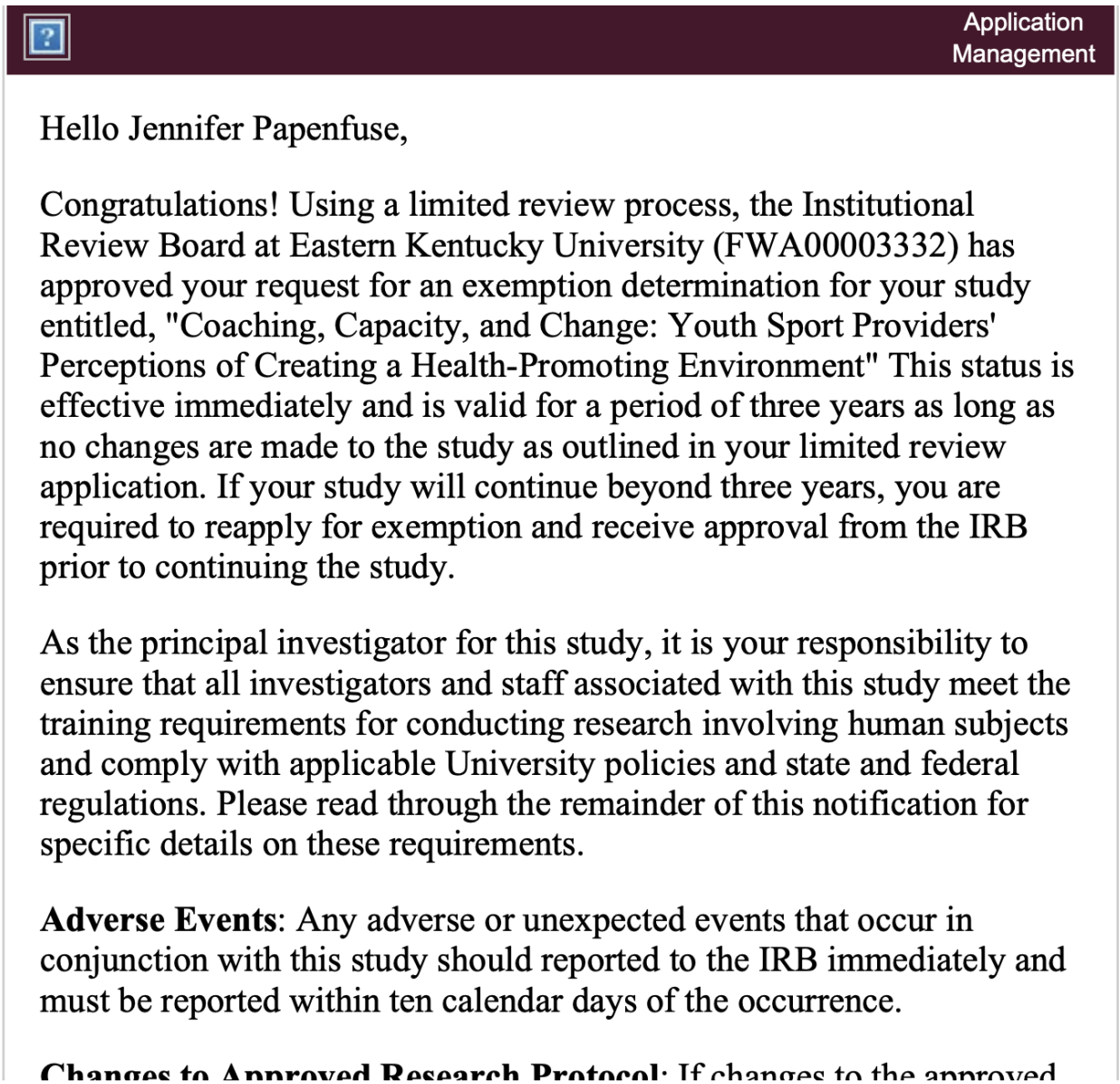
**Appendixes**

Appendix A: Institutional Review Board Approval for Capstone Project



Application Management

Hello Jennifer Papenfuse,

Congratulations! Using a limited review process, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your request for an exemption determination for your study entitled, "Coaching, Capacity, and Change: Youth Sport Providers' Perceptions of Creating a Health-Promoting Environment" This status is effective immediately and is valid for a period of three years as long as no changes are made to the study as outlined in your limited review application. If your study will continue beyond three years, you are required to reapply for exemption and receive approval from the IRB prior to continuing the study.

As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

**Adverse Events**: Any adverse or unexpected events that occur in conjunction with this study should reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

**Changes to Approved Research Protocol**: If changes to the approved

Appendix B: Informed Consent Form

## Eastern Kentucky University Institutional Review Board
## Informed Consent for Exempt Studies

**Coaching, Capacity, and Change: Youth Sport Providers' Perceptions of Creating a Health-Promoting Environment**

You are being invited to take part in a research study on your perceptions of your role as a youth sport provider. This study is being conducted by Jennifer Papenfuse, MS, OTR/L at Eastern Kentucky University.

If you decide to participate in the study, you will be asked to participate in an education module and then two weeks later to meet with the researcher in the agreed upon location for a one-on-one, in-depth interview. The module will be a binder with written information about health as it relates to youth sports. You will be asked open-ended questions about your role as a youth sports provider. The interviews will be audio/video recorded. Initially, only one interview is anticipated, however, you may be asked to answer follow up questions in 1 more session. You will also be asked to review documents with information that you and others have shared with me. Documents and artifacts (such as pictures, diagrams, protocols, etc.) that you willingly supply and approve may be used in data interpretations and in the final research presentation. Your participation is expected to take no more than 3 hours to complete the module and up to 90 minutes for the interview.

The purpose of this research study is to understand your beliefs on positive youth development and your perceptions of a healthy sport environment after completing an education module. This study will include the following four primary objectives:

5. Sport providers will describe their understanding of positive youth development from their personal experiences.
6. Sport providers will describe their perceptions of what contributes to a healthy sport environment.
7. Sport providers will reflect and describe their perceptions of their roles prior to and after the education module.
8. Sport providers will discuss their perceptions of social aspects of the sport environment and its impact on health.

This study is confidential. You will not be asked to provide your name or other identifying information as part of the study. No one, not even members of the research team, will know that the information you give came from you. Your information will be combined with information from other people taking part in the study. When we write up the results of the study, we will write about this combined information.

We will make every effort to safeguard your data, but as with anything online, we cannot guarantee the security of data obtained via the Internet.

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

This study has been reviewed and approved for exemption by the Institutional Review Board at Eastern Kentucky University as research protocol number FWA00003332. If you have any questions about the study, please contact Jennifer Papenfuse at Jennifer_papenfus@mymail.eku.edu or (540) 556-7776. If you have questions about your rights as a research volunteer, please contact the Division of Sponsored Programs at Eastern Kentucky University by calling 859-622-3636.

Verbally agreeing to participate in this study will be considered consent. By verbally consenting to participate, you agree that you (1) are at least 18 years of age; (2) have read and understand the information above; and (3) voluntarily agree to participate in this study.

Appendix C: Interview Guide

**Interview Guide**

**Capstone Project Title:** Coaching, capacity, and change: Youth sport providers' perceptions of creating a health-promoting environment

TIME OF INTERVIEW:

DATE:

PLACE:

INTERVIEWER: Jennifer Papenfuse, MS, OTR/L

INTERVIEWEE:

POSITION OF INTERVIEWEE:

{briefly describe the project}

QUESTIONS:

* **MI: (address sustain talk) Respond with reflections: complex, amplified, double-sided, emotional content, paraphrasing; Affirmations**

After reading the module and understanding more about positive youth development and health-promoting environments...

1. Envision the optimal sports experience. (Elicit change talk)
    f. What would that social and physical environment look like?
    g. What would your athletes' identity look like?

h. What would the best version of yourself as a sports provider look like?

2. How did the educational module influence your perceptions of a health-promoting environment?
    a. (Prompt) How does this differ from your perceptions prior to the educational module?
    b. What elements of the social, cultural, or physical (sports) environment do you think are creating barriers to good health? Prompt: personal experiences?
    c. What resources could remove some of those barriers?
    d. What are your thoughts on the federal and national initiatives currently taking place to change the culture and structure of youth sports? (Prompt #1: mandated coaching training); (Prompt #2) How would changing the culture and structure to a health promoting environment impact youth sports for better or worse?
    e. What opportunities do you have available to help create a health-promoting environment?
3. What are the local determinants of health in your community (for example, access to safe environments, childhood obesity, parental support) and how do they influence your role or sport environment?
    a. In your experience, how do these aspects influence physical and mental health and social participation?

4. Describe your identity as a coach/sport provider? Prompts: values, beliefs, behaviors you exhibit?
    a. What would be your role in positive youth development?
    b. How does this differ from your thoughts prior to the module?

c. What is most important to you in incorporating positive youth development in your organization? Prompt: What were your biggest take-a-ways from the module and why?

d. When you reflect on your personal behaviors, how do you see yourself relating to structural or organizational change in youth sports?

5. How could education on positive youth development and social emotional learning change your capacity to support your players in healthy lifestyle choices and social interactions off the court/field?

**Demographic Profile**

| **Alias and Orientation** | **Age** | **Years of experience** | **Level of Competition** | **Paid or Volunteer** | **Education or Training** | **Coach Male/Female** |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |